



## People Overview and Scrutiny Committee

**Date:** Thursday, 8 September 2016

**Time:** 6.00 pm

**Venue:** Committee Room 1 - Wallasey Town Hall

**Contact Officer:** Patrick Sebastian

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## AGENDA

**1. MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST / PARTY WHIP**

Members are asked to consider whether they have any disclosable pecuniary interests and/or any other relevant interest in connection with any item(s) on this agenda and, if so, to declare them and state the nature of the interest.

Members are reminded that they should also declare whether they are subject to a party whip in connection with any item(s) to be considered and, if so, to declare it and state the nature of the whipping arrangement.

**2. MINUTES (Pages 1 - 10)**

To approve the accuracy of the minutes of the People Overview and Scrutiny Committee meeting held on 14 July 2016.

**3. PUBLIC HEALTH ANNUAL REPORT (Pages 11 - 40)**

**4. MEETING THE HOUSING NEEDS OF VULNERABLE PEOPLE (Pages 41 - 52)**

**5. TRANSFORMING WIRRAL - DASS BUSINESS CASES (Pages 53 - 60)**

6. **CUMULATIVE IMPACT ON PUBLIC HEALTH SCRUTINY REVIEW**  
(Pages 61 - 86)
7. **AVOIDING ADMISSIONS SCRUTINY REVIEW**  
(Pages 87 - 120)
8. **HEALTHY WIRRAL - LOCAL DELIVERY PLAN - PRESENTATION**
9. **WIRRAL PLAN OVERVIEW REPORT: 2016-17 QUARTER 1 - PEOPLE THEME**  
(Pages 121 - 136)
10. **FINANCIAL MONITORING REPORT QUARTER 1 2016/17**  
(Pages 137 - 164)
11. **POLICY INFORM**  
(Pages 165 - 184)
12. **PEOPLE OVERVIEW & SCRUTINY COMMITTEE - WORK PROGRAMME UPDATE**  
(Pages 185 - 188)
13. **ANY OTHER URGENT BUSINESS APPROVED BY THE CHAIR (PART 1)**
14. **EXEMPT INFORMATION - EXCLUSION OF MEMBERS OF THE PUBLIC**

The public may be excluded from the meeting during consideration of the following items of business on the grounds that they involve the likely disclosure of exempt information.

RECOMMENDATION – That in accordance with section 100A (4) of the Local Government Act 1972, the public be excluded from the meeting during consideration of the following items of business, on the grounds that they involve the likely disclosure of exempt information as defined by the relevant paragraphs of Part 1 of Schedule 12A (as amended) to that Act. The public interest test has been applied and favours exclusion.

15. **ANY OTHER URGENT BUSINESS APPROVED BY THE CHAIR (PART 2)**

## PEOPLE OVERVIEW AND SCRUTINY COMMITTEE

Thursday, 14 July 2016

Present: Councillor M McLaughlin (Chair)

Councillors A Davies W Clements  
T Johnson B Berry  
C Meaden D Burgess-Joyce  
T Norbury C Povall  
D Roberts A Brighthouse  
W Smith P Doughty (In place  
of W Ward)  
T Usher A Sykes (In place of  
P Hayes)

In attendance: Councillor T Smith, Cabinet Member C&F Services.

Advisors Ms Sue Wells (in place of Dr Pete Naylor),  
Mrs Gill Peters and Mr Mark Harrison.

Apologies Councillors P Hayes and W Ward.

Advisors Mr Jon Develing, Ms Suzanne Edwards,  
Dr Pete Naylor and Ms Karen Prior.

### 1 MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST / PARTY WHIP

A number of declarations of interest in respect of various agenda items were received.

Name	Nature of Declaration	Action
Councillor Chris Meadon	General - Personal - by virtue of her daughter's employment within the CYPD.	Took part in the discussions, remained in the meeting.
Councillor Paul Doughty	Item 12 (Queen's Speech – Childcare Facilities) Personal and pecuniary - by virtue of his being the owner of a children's nursery on the Wirral.	No discussion on this specific item, remained in the meeting.
Councillor Angela Davies	General - Personal and pecuniary – by virtue of her employment with partner organisation, Cheshire and Wirral Partnership Trust. Personal – by virtue of her position as Director, Hope Place Prenton (unremunerated)	Took part in the discussions, remained in the meeting.

## 2 MINUTES

The Chair informed that as the remits of the Scrutiny Committees had changed, the minutes for the final round of Policy and Performance Committee meetings had been approved at Council on 12 July 2016. As this was the first meeting of the People Overview and Scrutiny Committee there were no minutes to consider.

## 3 TRANSFORMING WIRRAL

The Senior Manager Transformation & Improvement introduced her report that provided a suggested approach to pre-decision scrutiny of proposals for new business models.

The report informed that new business models were being developed for Council Services to deliver Wirral's 20 pledges, respond to stakeholder views and provide the financial savings required.

The Chair informed the People Overview and Scrutiny Committee that a briefing session on alternative delivery was to be held on 20 July 2016 and all Members were invited to attend. The session would provide an overview of the different types of alternative delivery models and their relevance and appropriateness to different services.

The report informed that pre-decision scrutiny of proposals for new business models enabled Members to engage in reviewing transformation proposals in line with the need for Council to radically change the way services are delivered to secure 2020 outcomes.

### **Resolved – That**

- 1) the committee note the report; and**
- 2) the Chair, Vice Chair and Spokesperson be given delegated authority to agree arrangements for the scrutiny of specific transformation projects, as appropriate.**

## 4 ELECTED MEMBERS AND THE QUALITY ASSURANCE OF CARE

Ms Amanda Kelly, Senior Manager, Families & Wellbeing - Adult Social Service Market Transformation and Contracts introduced the report of the Director of Adult Social Services that set out information on how elected members can become more fully engaged with promoting the quality of care. The report informed of three models - 'adopt a care home', 'formal visits with Quality Assurance Team' and 'Member as a lay assessor' - with the intention

of stimulating further scrutiny work to define a preferred approach to elected member visits to care homes.

Ms Kelly informed that the Director of Adult Social Services' report recommended that the option identified 'Member as a lay assessor' would best suit the development of this work. The People Overview and Scrutiny Committee was also invited to consider all three models or any hybrid of the three models to support the development of Elected Members in Promoting the Quality of Care in Wirral's care homes.

The People Overview and Scrutiny Committee noted that in the past, Wirral ran its own care homes, and as such regular member visits were required to ensure the Councillors had a role in improving the quality of care, and at the time the role had not been extended to independent care homes. Members noted that with the exception of a respite centre, Wirral now commissioned all of its care from independent sector care homes. Councillors had been concerned about the quality of care and Council had asked for member visits to be re-instated.

Members questioned the Senior Manager on a variety of aspects of adult care and independent sector care homes that included fee levels, benchmarking standards and consistency of care.

Members noted the officer recommendation in terms of Members as lay assessors, but felt that there was also opportunity to tailor the monitoring procedures to include additional elements such as briefing notes for Members based on past CQC inspection reports. The Chair informed that all Councillors would shortly be canvassed as to their wish to be involved in the lay assessor proposal. Members further noted that training would be organised, and feedback from Members would aid development of the final scheme.

#### **Resolved – That**

- 1) Option 3: 'Member as a Lay Assessor' be approved as the preferred approach to assist the Council's existing Healthwatch and Quality Assurance of Care resources in the assessment of care quality; and**
- 2) training opportunities be arranged to help develop Elected Members in their quality assurance role.**

## **5 THE IMPLICATIONS OF THE MODERN SLAVERY ACT 2015**

The Group Solicitor introduced the report of the Head of Legal and Member Services that highlighted the implications of the Modern Slavery Act 2015 ("the Act") for local authorities and how Wirral Borough Council ("the Council") would implement this legislation. The report further set out what steps were needed by the Council in order to comply with these new duties.

The report informed that the Modern Slavery Act 2015 received royal assent on 26 March 2015 and according to the Prime Minister will “*tackle the worst exploitation*” and consolidate various offences relating to human trafficking and slavery.

The Group Solicitor informed the People Overview and Scrutiny Committee of the key provisions of the Act and recommendations as detailed in the report. A Member questioned whether information on the Act would be distributed to partner organisations to raise awareness of the matter. Another Member suggested that, for example, the information provided to the committee could also be shared with local taxi and private hire firms.

The Chair introduced a further recommendation that the report be presented to the Environment Overview and Scrutiny Committee.

### **Resolved – That**

**in order to meet the Council’s legal duty to notify the Home Secretary about possible victims under section 52 of the Act:**

- 1) the Council roll out Modern Slavery specific mandatory training alongside all current mandatory training to alert staff in what circumstances a notification should be made to the Secretary of State and the process for doing so;**
- 2) there be a clear reporting system for all Council staff where a case of slavery is suspected. Reporting forms should be easily accessible on the Council’s website;**
- 3) Council staff should be trained on the reporting requirements and what must be included in any notification to the Secretary of State as per the Regulations;**
- 4) in accordance with the duty to notify, there will need to be a system in place for completing the necessary National Referral Mechanism (NRM) form or Notification of a Potential Victim of Modern Slavery (MS1) forms. These should also be accessible on the Council’s website with a clear system in place for who will be required to complete the forms;**
- 5) management should review their departments to identify any potential risk of slavery and human trafficking and take appropriate steps to manage that risk; and**
- 6) the report be forwarded to the Environment Overview and Scrutiny Committee for consideration.**

## 6 SAFEGUARDING CHILDREN SCRUTINY REVIEW - UPDATE

The Director of Children's Services introduced her report that provided an update on the Safeguarding Children Scrutiny Review. The People Overview and Scrutiny Committee noted that the report 'Safeguarding Children in Wirral' had been presented to Cabinet on the 21 March 2016, and that the decision of Cabinet had been that:

- the contents and recommendations of the Scrutiny Report, "Safeguarding Children in Wirral" be accepted; and
- an update report regarding the impact of the recommendations be presented to the Families and Wellbeing Policy and Performance Committee, and subsequently Cabinet at its July 2016 meeting.

Members were requested to consider and approve the actions as set out in the report appendix 'Safeguarding Scrutiny Review - Response to Report Recommendations 22/06/16'.

The Director of Children's Services provided a detailed summary of each recommendation and updated the People Overview and Scrutiny Committee on the latest position regarding actions undertaken to date, and proposed for the future.

The Committee were informed that the report had been welcomed by Members and Officers alike and had been a most useful document given that the Council was currently undergoing an inspection. Members questioned the Officer on a variety of subjects contained in the report that included data recording, child exploitation procedures, and number of (and handling of) referrals. Concerns were also expressed regarding the challenges faced by the Council with regard to staff turnover and vacancies, necessitating the use of agency workers.

Members ultimately expressed their desire for quality assurance and the safety of vulnerable children. A Member requested that information / feedback from the recent child exploitation training be circulated to all Members.

### **Resolved – That**

- 1) the actions set out in response to the recommendations of the scrutiny report be approved; and**
- 2) feedback from the recent child exploitation training be circulated to all Members.**

## 7 **PERFORMANCE MONITORING - END OF YEAR 2015/16**

The Committee considered the report of the Strategic Director Families and Wellbeing that set out the 2015/16 year-end position in relation to the Families and Wellbeing Directorate Plan Performance. As this was the end of the planning cycle for the 2015/16 Corporate and Directorate Plans, the report (included as Appendix 1) also acted as a closedown report for this Directorate Plan.

The report captured performance across a broad suite of performance indicators and directorate projects. The report included an overview which included a summary analysis that also highlighted the key achievements of the plan.

In relation to the performance indicators, the Director of Children's Services explained that at the time of reporting, 68 percent of the indicators showed as green or amber, and 77 percent showed a direction of travel of either improving or sustained.

The Committee was further informed that the directorate was coping well, given the background of reduced budgets and increased demand in its services. The challenges had resulted in a 4 percent overspend in its budget, but even so improvements had been made in the Leisure Services and School / Children Service areas of the directorate.

Members questioned the Officer on the importance of parents submitting claims for free school meals and the waiting list for child and adolescent mental health 'CAMHs' assessments (currently estimated at 6 months).

Members noted that as part of the new performance measures, training would be provided to aid Members in the analysis of the background data.

**Resolved - That the report be noted.**

## 8 **WORK PROGRAMME FOR THE MUNICIPAL YEAR**

The Committee considered the report of the Chair of the Committee, updating on the progress and the activity proposed for this Committee in relation to its agreed Work Programme.

The Chair's report further informed that the Cabinet report relating to future scrutiny arrangements (6 June 2016) set out a proposal describing how existing pieces of work being carried forward from 2015/16 would transfer into the new scrutiny committee model. Members noted that the items relevant to the People Overview & Scrutiny Committee were:

<b>Item</b>	<b>Former Committee</b>	<b>Timescale</b>
Cumulative Impact on Public Health	Coordinating Committee	Reporting to September Committee
Avoiding Hospital Admissions Review	Families and Wellbeing Policy & Performance Committee	Reporting to September Committee
Children Ready for School Review	Families and Wellbeing Policy & Performance Committee	Review at scoping stage
Local Welfare Assistance Scheme Review	Transformation and Resources Policy & Performance Committee	Evidence day to be scheduled
Looked after Children	Families and Wellbeing Policy & Performance Committee	Evidence day to be scheduled

Committee was asked to consider topics for inclusion on the People Overview & Scrutiny work programme for the 2016/17 municipal year and to providing delegated authority to the Chair, Vice Chair and Spokespersons to undertake further detailed consideration to the Committee's work programme prior to the next scheduled People Overview and Scrutiny Committee meeting on 8 September 2016.

The Chair informed that additional items were to be added to the programme relating to the Notice of Motion (Pharmacy Services) and feedback from Girtrell Court Carers / Users.

**Resolved - That**

- 1) the report be noted; and**
- 2) the Chair, Vice Chair and Spokespersons be authorised to give further consideration to the Committees work programme prior to the next scheduled Committee meeting in September.**

**9 FEEDBACK FROM THE MEETING OF THE HEALTH & CARE PERFORMANCE PANEL HELD ON 16 MARCH 2016**

The Chair of the Health and Care Performance Panel introduced the report which provided feedback on the key issues arising from the meeting held on 16 March 2016.

The report summarised information on:

- CQC inspection of Cheshire & Wirral Partnership Trust (CWP);
- Sensory Impairment Service;
- Feedback from the CQC Quality Summit: Wirral University Teaching Hospital NHS Foundation Trust (WUTH);
- Future Arrangements and Work Programme for the Panel; and
- Actions Arising from the Meeting.

The Chair updated the Committee on the following:

- That as a result of a CQC inspection of Cheshire & Wirral Partnership Trust (CWP), the Trust had received a rating of 'Good'.
- That as a result of a CQC inspection of Wirral University Teaching Hospital (WUTH), the Trust had received a rating of 'Requires Improvement', although CQC are confident that the direction of travel is improving.
- That a special meeting of the Health & Care Performance Panel, held in May, had reviewed the draft Quality Accounts of the four main local health providers. Formal responses had been sent on behalf of members to these providers.

**Resolved - That the report of the meeting of the Health and Care Performance Panel held on 16 March 2016 be noted.**

## 10 **ESTABLISHMENT OF THE HEALTH & CARE PERFORMANCE PANEL FOR THE MUNICIPAL YEAR**

The Committee considered the report of the Strategic Director of Families and Wellbeing which sought approval for the terms of reference and nomination for the membership to the Health and Care Performance Panel for the 2016/17 municipal year.

It was noted that the Panel would be established on a politically proportionate basis i.e. that the membership for the 2016/17 municipal year will be Labour 4; Conservative 2; Liberal Democrat 1.

Nominations from the Labour and Liberal Democrat groups were proposed and accepted. Conservative group nominations would be provided to the clerk following the meeting.

**Resolved - That**

- (1) **subject to the inclusion 'monitoring of the delivery of the Healthy Wirral Programme' under 'key responsibilities', the terms of reference for the Health and Care Performance Panel be approved;**

- (2) the following nominations for members to the Health and Care Performance Panel be agreed as follows:-

M. McLaughlin (L),  
T. Johnson (L),  
W. Ward (L),  
T. Usher (L), and  
A. Brighouse (LD).

11 **ESTABLISHMENT OF THE CHILDREN SUB -COMMITTEE FOR THE MUNICIPAL YEAR**

The Committee considered the report of the Strategic Director of Families and Wellbeing which sought approval for the terms of reference and nomination for the membership to the Children Sub-Committee (formerly the Attainment Sub-Committee) for the 2016/17 municipal year.

The report informed that the remit of the Committee would focus specifically on the outcomes for children, young people and families. As per the previous municipal year, it was proposed that the Children Sub-Committee be established on a politically proportionate basis i.e. that the membership for the 2016/17 municipal year will be Labour 4; Conservative 2; Liberal Democrat 1.

Nominations from the Labour and Liberal Democrat groups were proposed and accepted. Conservative group nominations would be provided to the clerk following the meeting.

**Resolved - That**

- (1) the terms of reference for the Children Sub-Committee be approved;
- (2) the following nominations for members to the Children Sub-Committee be agreed as follows:-

M. McLaughlin (L),  
A. Davies (L),  
C. Meadon (L),  
W. Smith (L), and  
A. Brighouse (LD).

12 **POLICY INFORM BRIEFING PAPER**

The Committee considered the report of the Strategic Director, Families and Wellbeing presenting Members with the January 2016 Policy Briefing papers

that included an overview of ongoing and recent national legislation, bills presented to Parliament and emerging policies.

**Resolved - That the contents of the Policy Briefing papers be noted.**

# DOMESTIC ABUSE

Let's Make a Difference

ANNUAL REPORT OF THE DIRECTOR  
OF PUBLIC HEALTH FOR WIRRAL 2015/16



# Contents



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# Introduction

The Wirral Plan has committed to a pledge of zero tolerance to domestic abuse. Wirral has higher than the national average rates of police recorded incidents of domestic abuse, and Merseyside has the second highest rate of police recorded incidents of domestic abuse in England. It is important we act locally and work collaboratively with our neighbours to tackle this significant problem within our society.

There remains a strong perception that domestic abuse is mainly physical male on female violence. As this report will outline, this is only part of the picture. Domestic abuse manifests in many different ways, it is not just physical violence. It can also be for example, controlling behaviour and or emotional abuse. It affects any age, any race, any class and any gender, and can occur in all types of relationships. It is also important to remind ourselves that it can happen in any area. While police recorded incidents are higher in our more deprived areas, looking at domestic abuse as a proportion of all crime shows some of our more affluent areas have a greater prevalence of domestic abuse crime than might be expected for localities with fewer social problems.

The impact of domestic abuse is far reaching as it affects individuals, families and society as a whole. The impact on children is particularly worrying with 90% of domestic abuse being witnessed by children. Consequences include children becoming withdrawn, depressed and finding it difficult to communicate, others may act out the aggression they have witnessed or blame themselves for the abuse. In adulthood children affected by domestic abuse have increased risk of poor mental health, substance misuse and behavioural problems. This strengthens the argument to ensure we do all we can to intervene early and support families to deal with domestic abuse.

There is a strong economic case to tackling domestic abuse. In addition to the significant suffering to victims it is estimated to cost the UK public services such as the criminal justice system, health, social care, housing, civil and legal services £3.1 billion per year with a £2.7 billion loss to the economy.

Work to raise awareness of domestic abuse and the stories of some of the people who have been supported are described in this report. I also urge you to watch a short film on [www.wirral.gov.uk/domesticabuse](http://www.wirral.gov.uk/domesticabuse) that has been produced with the help of Tomorrow's Women Wirral and Involve Northwest. This film provides first-hand accounts of domestic abuse and how, with the right support, safe solutions can be found.

In Wirral, we are fortunate to have many excellent services and strong multi-agency working to both prevent domestic abuse and support victims to build a better future. This includes the police, probation service, community and voluntary sector, advocacy, counselling, schools, family support and legal advice. Wirral's Domestic Abuse Alliance is leading the work to tackle domestic abuse with implementation of the cross agency domestic abuse strategy.

However, we know many people do not fully recognise the full extent of domestic abuse, which results in many cases left unreported. I hope this report helps to further your understanding of domestic abuse and illustrate the importance of achieving our zero tolerance pledge. We need to do more to both prevent domestic abuse and, where it is happening, enable people to access support that is right for them. I believe we all have a role, be it as individuals or organisations, to tackle this important issue and I encourage you to play your part.



A handwritten signature in black ink that reads "Fiona Johnstone".

**Fiona Johnstone**  
**Director of Public Health**  
Wirral Council

# What is domestic abuse and who is affected?

Sad



Domestic abuse has been defined as *‘any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over, who are or have been intimate partners or family members, regardless of gender or sexuality’* (Home Office, 2013).

This definition reflects the many forms of domestic abuse. It also recognises that domestic abuse is not just something that happens between partners or after a relationship has ended, it can be elder abuse, child on parent abuse and harmful cultural practices such as female genital mutilation. Although this definition is for those aged 16 or over, it should be noted that domestic abuse can also happen in relationships between young people.

#### **Domestic abuse can take different forms, it includes:**

**Physical abuse:** Hitting, pushing, kicking, choking and using weapons or objects to hit or threaten someone.

**Sexual abuse:** Unwanted sexual attention including making or putting pressure on someone to have sex, watch pornography, unwanted touching or groping someone.

**Financial abuse:** Taking money, controlling finances, not letting someone work.

**Emotional/psychological abuse:** Making someone feel bad or scared, playing mind games, stalking, blackmailing, constantly checking up on someone, reading emails, text messages or letters.

**Harmful Practice:** Honour based violence, forced marriage, female genital mutilation.

#### **Who is affected?**

##### **EVERYONE**

Historically there has been a perception that domestic abuse mainly affects women in heterosexual relationships. However, it is important to remember that **anyone** can be a victim of domestic abuse.

#### **Domestic abuse affects:**

- Men
- Women
- Heterosexuals, Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI)
- Families
- Children
- Young people
- People with ill health/disability
- Older people
- Ethnic minorities

#### **Key Risk Factors**

- Being female
- Having a long term illness or disability (this almost doubles the risk)
- Being younger
- Being unemployed
- Living in poverty
- Having a low education
- Having a mental health disorder
- History of abuse, this could be either personal experience or witnessing abuse of a parent
- Being separated or divorced
- Being pregnant, this can increase the risk of either the first episode of domestic abuse or an escalation of abuse
- Personal, community or cultural acceptance of domestic abuse

We often think of domestic abuse as something that happens between partners, however, it is important to remember it can also take other forms, such as child on parent or elder abuse. Below, Helen describes her experience of the difficulties she had with her daughter.

### Helen's story

I am 67. My husband died 8 years ago. I lived with my 38 year old daughter, Susan. I have bad arthritis and need help around the house and someone to do my shopping. Susan was my carer but she used to drink and has suffered from depression. It felt like it was me who was caring for her most of the time. She stopped being nice to me when I wouldn't give her money for her drink. She would shout and push me and then just take the money anyway. I felt guilty as I knew she was not well. She would drink from breakfast to bedtime and used to pass out sometimes in the kitchen, I used to worry she would set the house on fire as she smoked when she was drunk. I was ashamed.

One day Susan pushed me too hard. I fell over and really hurt my knee. My GP came out and I just broke down and told him everything. He asked me if I would speak to the police. I said I didn't want to get Susan into trouble but I knew I couldn't carry on much longer.

He arranged me for me to meet someone from the Family Safety Unit. They met me at the surgery and gave me lots of advice about what I could do to get help. I think I always knew deep down that she was not going to stop drinking and hurting me just

because I wanted her to. I knew I had to be tough and ask her to leave and look for somewhere else to stay.

They encouraged me to tell other members of the family what was going on and not to be ashamed. They also gave me ideas on how to stay safe in the house and arranged for the Fire Brigade to come to the house and check it for safety. My family were shocked but they made it clear to Susan that it had to stop and she had to sort her drinking out. I felt more confident and able to ring the police when she was really bad. I hated doing it, I felt sorry for her and I blamed myself as I was her mum so I must have done something wrong for her to be like this. Eventually her drinking got so bad she got taken into hospital. I decided then it had to stop. I got the locks changed and told her she could not come back.

She was offered support for her drinking and went to stay with her cousin. That did not work out and she is now living in the town centre in a hostel. Susan has been off the drink for a while. She does not need to live with me and I feel much better living on my own. I could not have done this without the help from everyone. No one should be scared of their own flesh and blood.

## The impact and scale of domestic abuse

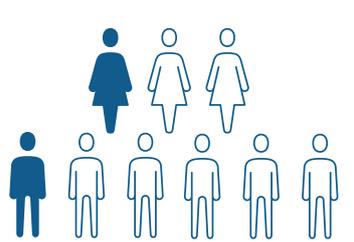
The impact of domestic abuse is far reaching. It affects individual victims, their families and the wider society.

Domestic abuse can result in:

- Physical harm e.g. bruises, cuts, broken bones, death
- Worsening of existing chronic conditions e.g. asthma, migraines, and hypertension
- Increased maternal risks of having a low weight baby, premature birth or miscarriage
- Increased minor illnesses
- Neurological symptoms, e.g. fainting, fits
- Increased risk of mental health problems e.g. depression, anxiety and post-traumatic stress
- Loss of confidence and self-esteem
- Substance misuse, especially alcohol which can be both a cause and consequence of domestic abuse
- Self-harm, suicidal thoughts and attempted suicide
- Homelessness
- Difficulty finding and/or maintaining work
- Family breakdown
- Children living in fear and anxiety, risk of behavioural problems and long term adverse outcomes

# The national scale of domestic abuse

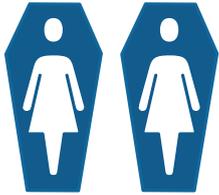
## NATIONAL STATISTICS



**1 in 3 women** and **1 in 6 men** will experience domestic abuse at some point in their lives.

EVERY YEAR  
**100,000**  
PEOPLE IN THE UK  
ARE AT HIGH RISK

of being murdered or seriously injured as a result of domestic abuse.



**2 domestic homicides a week** by a current or former partner.



**1 in 5 teenagers** have been physically abused by their boyfriends or girlfriends.

Government research shows

**1 in 4** GIRLS **1 in 5** BOYS

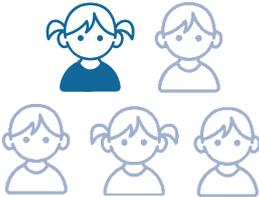
have been physically abused.

**3 in 4** GIRLS **1 in 2** BOYS

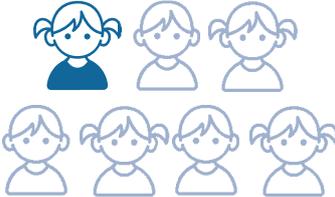
suffered emotional abuse.



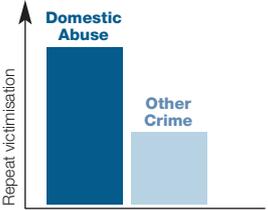
Every minute the police in the UK receive a domestic assistance phone call.



Around **1 in 5 children** have been exposed to domestic abuse.



Around **1 in 7 children** have lived with severe domestic abuse at some stage in their childhood.



Domestic abuse has a higher rate of repeat victimisation than any other crime.

### Tip of the iceberg

Determining the true scale of domestic abuse is challenging. It is estimated that just 35% of cases are reported to the police with victims likely to have experienced 30 incidents of abuse before reporting it.

Barriers to reporting can include lack of services or someone to safely disclose to, fear of not being taken seriously, prejudice, stigma or reprisals. Where children are involved fear of social services involvement can be a barrier to disclosure.

## Domestic abuse in Wirral

### WIRRAL STATISTICS

**5,984**  
INCIDENTS



**POLICE**

Domestic abuse incidents reported over 2015/16 to the police

**A&E** **216**  
ON AVERAGE  
PRESENTATIONS  
IN A YEAR

at Arrowe Park A&E are related to domestic violence.

**x5**  
IN 5 YEARS



**5 domestic homicides** of women in the last 5 years.

**MARAC**  
SUPPORTED  
**693**  
HIGH RISK CASES

In 2014 as part of the Wirral Multi Agency Risk Assessment Conference.

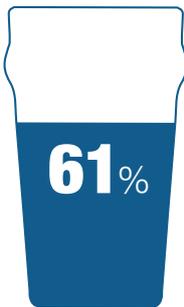
**1,206**  
CHILDREN  
WERE INVOLVED IN  
THESE CASES

**56**  
WOMEN  
with  
**FGM**

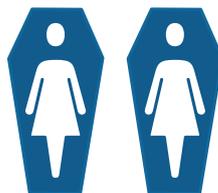


Estimated **56 women** with Female Genital Mutilation (FGM) equates to 0.3 per 1000 population.

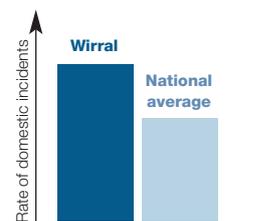
**61%**



Of the domestic abuse related presentations to Arrowe Park A&E from 2011/12 to 2014/15 61% had alcohol as an underlying factor.



Alcohol was a related factor in **2 domestic homicides** of women in the past 5 years.



Wirral has a higher rate than national average of domestic abuse incidents.

# Everyone's responsibility

- Breaking the cycle
- Raising awareness
- What organisations and individuals can do

Angry



## Breaking the cycle

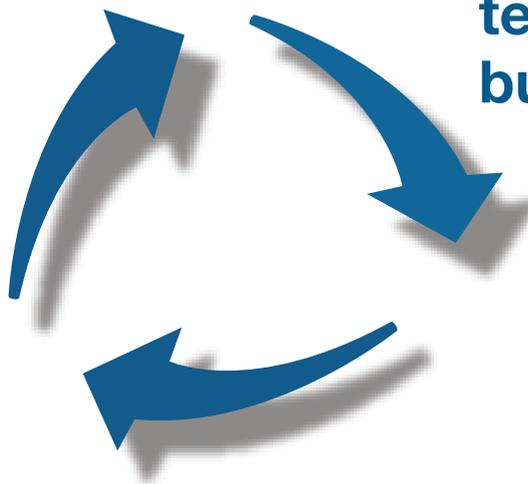
Domestic abuse is often about power and control and it rarely happens as a one-off. There is usually a pattern, or cycle whereby the victim is mistreated, then made to feel loved until the abuse begins again.

The cycle may not necessarily follow the pattern of one stage to the next, it may jump between stages. For someone suffering domestic abuse, their mental health and self-esteem is likely to be

affected making it difficult to talk about and get help. Its traumatising effects can last for years, but people can and do escape domestic abuse and move forward to enjoy healthy relationships.

### CYCLE OF ABUSE

**apologies  
excuses  
amends**



**tension  
builds**

**abuse takes place**

## A practitioner's perspective

Patrice Watson is a Project Coordinator for Involve Northwest. This is a third sector organisation that has delivered frontline services to the Wirral community for over 20 years. The organisation supports people who are experiencing difficulties in their lives and assists them to make sustainable changes. This includes support with domestic abuse.

Patrice describes here her experiences of helping people to deal with domestic abuse and find solutions that are right for them.

*I support women who experience domestic abuse at various stages. For some, it is a very clear victim/perpetrator situation where the woman has tried everything to make it work but now knows it's never going to happen and wants to end the relationship. There may be fear of how to do this so my role is to offer advice on how to move forward.*

*Safety is paramount for both woman and any children. A safety plan is put in place, which may involve a referral to the Family Safety Unit (FSU) and/or possibly a solicitor if legal assistance is required.*

*We also look at emotional support through our Leapfrog programme, a group based programme that supports women and their children to work through their experiences and helps them to rebuild relationships and trust. We use arts and crafts to help children explore and understand their feelings in a safe way.*

*For other women it's far more complex. They may not realise they are in an abusive relationship and think the behaviour is normal. They may still be in love with their partner/husband and believe he will change. Our role here is around education and support, while at the same time allowing the women to have control over the decisions made. If there*





*are child protection concerns we inform the women of our decision, unless this puts the child at greater risk.*

*Sometimes relationships can be dysfunctional in the sense that one or both parties don't know what a healthy relationship looks like, what tools you need to maintain it or use when things go wrong, and so the relationship often ends up being abusive. People may not have had role models, they may have witnessed domestic abuse from their parents and think it's normal, they may have come together through consequences rather than choice, such as living in the same hostel. This can often present itself as a co-dependent relationship.*

*The important thing is that situations can have really good outcomes if the correct help and support is in place for both women and children.*

*I have recently become involved with the delivery of the HELP programme, which is a healthy relationships programme for men with identified relationship difficulties.*

*The programme aims to help them make sense of their own world and find ways to develop and maintain positive, functional relationships with those around them.*

*Key to the programme's success is establishing a shared identity within the group. This takes away the men's feeling of isolation and encourages them to share and access support within the group.*

*Through the sessions I have witnessed the men challenging their thoughts and beliefs. They have reflected on and acknowledged past behaviours and showed an understanding for the need to change. Within the programme we look at empathy and this has proven to be a huge step for the men. It was evident that they were going away and putting this into practice.*

*I found myself rooting for these men in the same way I have done for years with the women. These men were really looking for answers, advice and tools.*

The Leapfrog programme run by Involve Northwest, provides a safe place for women and their children to work through what has happened and re-build relationships and trust. In the story below, Paula shares how Leapfrog has helped her and her family.

### Paula's story

My story began when I was 21 years old. I was in an abusive relationship until I was 47 years old. It took me 7 years to break away. I was thrown out of my home with nothing, no possessions and no clothes. Despite being a professional, I still struggled to find my way out of an abusive relationship, this added to my feelings of guilt and shame. I was supported by my parents, the Family Safety Unit and the police.

I self-referred to the Leapfrog programme because one of my sons was displaying high signs of anxiety and needed to share and make sense of the abuse his father had inflicted on us. He needed a safe and professional environment to help him with some scary emotions.

Even though I had been separated from my ex-partner for a number of years I was terrified of attending the Leapfrog programme. I was not judged or made to feel any shame. The programme has been a lifeline to me. After the first session my son said 'mum, this happened to other kids not just me!'

The sessions for mothers explored and discussed what constitutes domestic abuse. The facilitator showed us the cycle of abuse and how it destroyed my confidence and self-worth. The cycle keeps you in a constant feeling of shame, fear, anxiety and hope for change. The impact on our children was particularly painful to discuss and this was sensitively approached by the facilitator.

Moving forward and letting go of those helpless feelings which keep us stuck in the cycle, despite being free of the abuser, really helped me. I want my sons to be happy, well balanced, caring and to have healthy relationships. If I had continued in that abusive relationship my sons would have put themselves in a protective role and without doubt they would have been damaged further.

I was given ideas and tools to use to build on my support networks and to find time for myself in order to focus more positively on my children.

The HELP programme, run by Merseyside Community Rehabilitation Company, is a healthy relationships programme for men with identified relationship difficulties. Below, John explains how the programme has helped him build better connections with others.



### John's Story

I felt very isolated, like everyone was out to get me. I didn't feel like I had anyone I could confide in about my emotions. I was drinking heavily and finding it hard to communicate with those close to me. I felt anxious in social situations and was aggressive towards others.

I felt bad about myself because of how others were with me - strangers and those close to me. The programme helped me to see the vicious circle I was in, that in a way it was me doing it to myself. I was hurting the people closest to me which was making me feel worse. Having space to talk it through helped. I could look in at the situation and it made more sense. At first I wasn't sure it was for me because my problem was with my family. I have not had those problems with a girlfriend for ages. I've not been in a relationship. But now I look at it, it's still me with other people. It's made a difference with mum and dad, even in work. I'm less sensitive, easier to be with.

I've got a job - and kept it! I'm not drinking, the mood is great at home. I look forward to getting up. I know I've got to keep it going but I can see things differently now and that helps. Before, I thought people were getting at me, now I know they're saying things because they care. I think the ice is still thin because I've hurt people before, let them down, but that's a motivation to keep it going. Build the ice up underneath.

I feel like I've developed a real rapport with probation, it's the right time for me so that helps massively - I'm ready but just the way people have been with me, the group, the mentor, I like the way they speak to me, they respect me, but make me think. My mates tell me what I want to hear, they (probation) say things that are different to what I'm used to but things that make sense, fit with me and my situation.

I feel more confident, I communicate better, trust people more ...family, professionals, work even. I am now making new friends at work - I'm not rushing into getting offended easily, I'm more comfortable.

## Raising awareness

### 'Be a Lover, Not a Fighter'

If we are to tackle domestic abuse it is important that people fully understand what it is, who it affects and how they can engage to create a culture of healthy relationships.

The Champs Public Health Collaborative 'Be a Lover, Not a Fighter' campaign facilitated a community call to action to raise awareness and understanding of domestic abuse. This campaign engaged with over 60,000 people with the use of social media, celebrity endorsements and community roadshows, including events in the Pyramids Shopping Centre, Birkenhead and the Cherry Tree Centre, Wallasey.



Feedback from the campaign overwhelmingly found that people believed domestic abuse is a serious issue which should be talked about more. Key areas that needed to be discussed were sources of advocacy and help.

Community comments from the campaign included:

*"The actual details of it; people may not realise they are actually suffering it or actually doing it."*

*"If you don't talk about it, it just gets accepted."*

*"It's about realising it's not your fault, you are the victim."*

*"I know people that go through it and they are scared to talk about it...they think it's normal."*

*"That you as a victim, you're not in the wrong, it's men as well who are victims, it's not just violence, there are other forms of abuse."*

## **'If you loved me you would'**

Abusive relationships can and do happen between young people. We need to find ways to effectively help young people understand domestic abuse as well as encouraging those who have been affected by it to seek support.

A great example of this has been the work by Creative Youth Development (CYD) who have used theatre to engage with young people via the play 'If you loved me you would'. This follows the moving story of Lisa and Chris and their group of friends. As the tale unfolds, the play explores the issue of what is healthy and unhealthy in a relationship.

During 2014 and 2015 the play was delivered to over 2,700 young people in secondary schools, youth units and outreach venues from across Wirral. The before and after feedback showed a substantial improvement in the knowledge of abuse. Key to this intervention was the provision of leaflets providing advice and education, counselling support and follow up workshops recognising the impact of new understandings and insights on individuals.

Currently CYD are engaging with young people using drama to generate awareness and discussion about child sexual exploitation issues.

### Quotes from **'If you loved me you would'** play





30

The Leapfrog programme, run by Involve Northwest, provides a safe place for children and young people affected by family domestic abuse, to make sense of what has happened. Below, Julie shares her experience and explains how Leapfrog helped her learn about what is a healthy relationship.



### Julie's story

I came on the youth programme because my dad hit my mum. I never saw it happen, but I would hear them argue a lot. When they split up I was happy and sad. It was nice to see my mum smile and not look so unhappy. She also had more time for me and my sister. We could go and see our dad at the weekends and go for tea in the week which was good.

I went on the Leapfrog programme. I was scared at first and did not know what to expect but Abbie and Matt were really nice. We learnt about healthy and unhealthy relationships.

I had been with my boyfriend for 3 months and thought it was good, but when we started doing the work I realised that he was controlling me.

I didn't want to talk to my mum and was embarrassed to share it with my friends. I told Abbie some of the things he would say like "you look like a tart if you wear makeup" and "there is no point in you joining dance class, it's not like you will ever get a job doing it". He would also go through my Facebook and make me delete people and told me to only put pictures on of me and him.

Abbie did not tell me what to do or tell me I was wrong but she helped me see the difference and how I should be treated as a girlfriend. I ended it with my boyfriend. I now wear makeup like my friends and I go to dance every week. I did not think I would learn the things I did but I'm so glad I went.

## What organisations and individuals can do

As this report has attempted to highlight, domestic abuse is more than physical violence, it is complex and its impact is far reaching.

The staggering fact that one in three women and one in six men will experience domestic abuse at some point in their lives and that 90% of domestic abuse is witnessed by children tells us we need to do more.

If we are to create an environment where domestic abuse is not tolerated and appropriate help is provided at the earliest opportunity then all parts of the Borough, individuals and organisations, need to play their role.

### What organisations can do

Some of us may be in a position to influence public spending and the way in which organisations and services operate. Suggested actions organisations can do include:

- Adopt a zero tolerance to domestic abuse pledge.
- Develop organisational policies on domestic abuse which includes a commitment to zero tolerance and steps to raise awareness of domestic abuse and how employees and customers who are affected by domestic abuse will be supported.
- Develop referral pathways to support services as appropriate.
- Train frontline workers to understand, assess and respond appropriately to disclosed or suspected domestic abuse.
- Recruit and train organisational domestic abuse champions.

## What individuals can do

As individuals we can play our part by being more aware of what domestic abuse is, its impact and knowing that local services and support networks locally and nationally are available to help people.

If you know or suspect a family member, friend or work colleague is experiencing domestic abuse, it may be difficult to

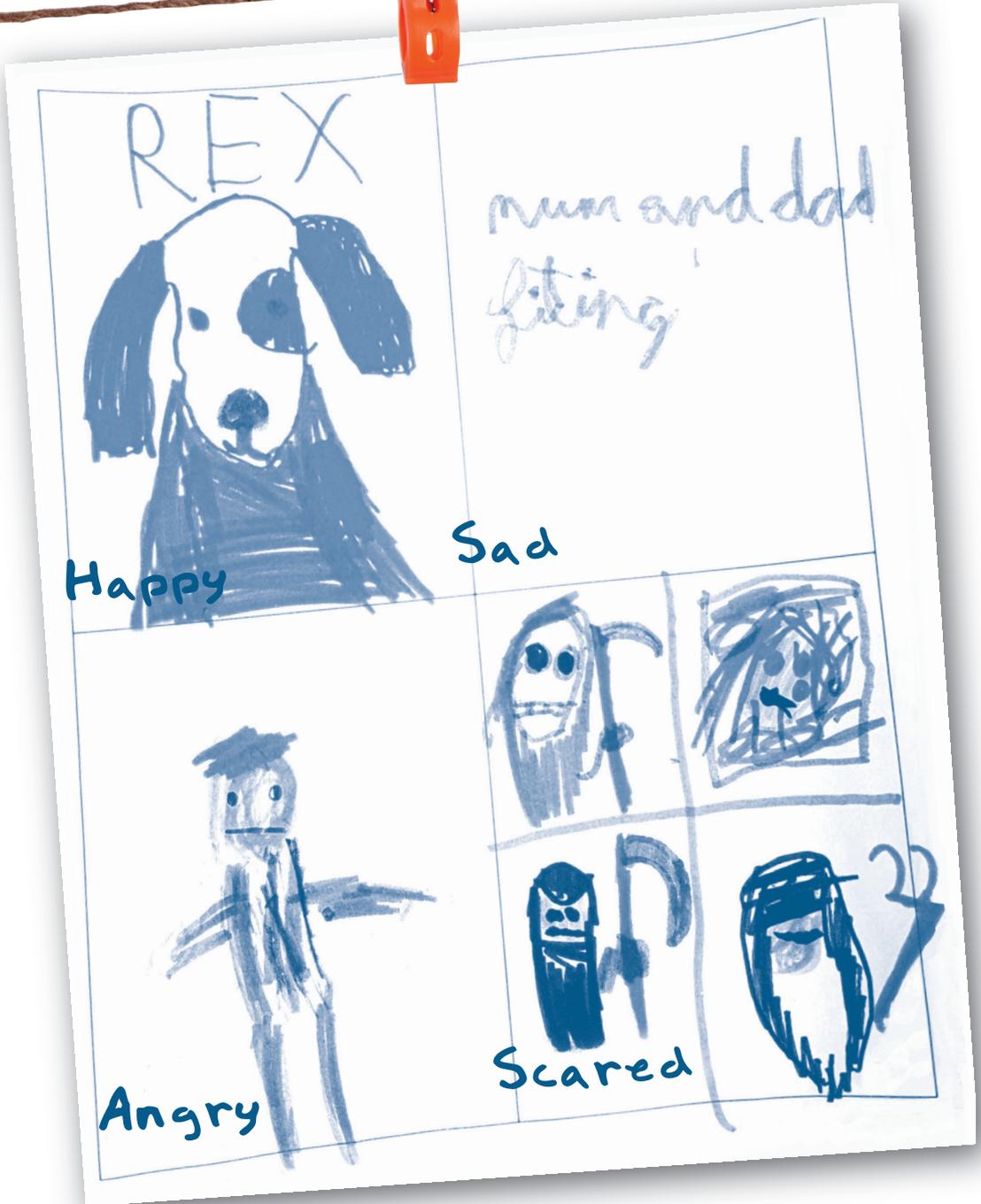
know what to do and it can be very upsetting. Your first instinct may be to protect them, but intervening could be dangerous for both you and them. This does not mean you should ignore it, rather approach the situation carefully.

It is helpful to remember domestic abuse is very common. It is a crime and is unacceptable and everyone has the right to live without the fear of abuse.

## What you can do to support someone

- Talk to them and help them to open up. This may take several attempts before they will confide in you.
- Try to be direct and start by saying something like, "I'm worried about you because ..." or "I'm concerned about your safety..."
- Do not judge, rather listen and believe what you are told.
- Provide reassurance that the abuse is not their fault and you are there for them, focus on providing support and building their self-confidence.
- Help them to develop or to keep up outside contacts. This can help to boost self-esteem and combat isolation.
- Don't tell them to leave or criticise them for staying. People need to make this decision in their own time. It is important to remember research shows victims are most at risk at the point of separation and immediately after leaving an abusive partner.
- Leaving takes a great deal of strength and courage. There can be many obstacles such as nowhere to go or no money.
- If they have not spoken to anyone else, encourage them to seek the help of a local domestic abuse agency. Please see the contacts at the end of this report.
- Be patient. It can take time for someone to recognise they are being abused and even longer to be able to take safe and permanent decisions about what to do. Recognising the problem is an important first step.

Adapted from the national domestic violence helpline <http://www.nationaldomesticviolencehelpline.org.uk/support-a-friend-or-family-member-experiencing-domestic-violence.aspx>



# Recommendations

In Wirral we have committed to zero tolerance to domestic abuse. If we are to make a difference we need to take actions to prevent it from happening and, where it has happened help people to access support that is right for them.

1. Increase awareness and understanding of what domestic abuse is and its impact. This should be alongside a clear message that it is not acceptable and where it is present there is safe, friendly and effective support available.
2. All frontline health and social care workers should, as part of their daily work, be aware of domestic abuse and be able to provide appropriate support and referral to services. For groups who are at high risk of domestic abuse, such as young female offenders or pregnant women, screening should be part of routine questions. Such requirements need to be included in service specifications and staff appropriately trained.
3. Children affected by domestic abuse should be provided with appropriate support at an early stage to help them cope with the affects and reduce the long term impact.
4. Borough wide organisational commitment to the delivery of the Domestic Abuse Strategy and the work of the Domestic Abuse Alliance.

# Some sources of further help and information

## Local Services

### **Tomorrow's Women Wirral**

Provides a supportive women only environment to help women make positive changes at a pace that is right for them. This includes courses, counselling, mentoring and legal support for women who have experienced domestic abuse.

[www.tomorrowswomen.org.uk](http://www.tomorrowswomen.org.uk)

0151 647 7907

### **Involve Northwest**

Runs the Leapfrog programme which supports small groups of 4 to 6 families. Provides help for young people with behavioural problems including situations of child-on-parent violence and parents who have been victims of domestic abuse. The service supports the delivery of the HELP programme a healthy relationship programme for men with identified relationship difficulties.

[www.involvenorthwest.org.uk](http://www.involvenorthwest.org.uk)

0151 644 1100

### **Family Safety Unit**

Support provided by qualified Independent Domestic Violence Advocates (IDVAs) for men and women aged 16 or over, and their children who are at high risk of harm from domestic abuse. IDVA's are independent of the police. The unit normally works with people at the point of crisis to assess the level of risk, discuss options, including housing and develop plans that address their immediate safety, as well as longer term solutions.

[www.wirral.gov.uk](http://www.wirral.gov.uk)

0151 604 3567

### **Wirral Women and Children's Aid**

Provides a bright, friendly refuge for women and their children who need a place of safety, with support to find permanent accommodation, training and employment. Groups are run for women to build self-confidence, self-esteem and self-belief and understand the impact that domestic abuse has had on them and their children. There is an onsite playroom. Play workers provide one to one family support, run after school sessions and child care so mums can attend appointments or groups. The service has a weekly youth club for older children.

[www.wirralwomensrefuge.co.uk](http://www.wirralwomensrefuge.co.uk)

0151 643 9766

**WEB Merseyside**

WEB has been based in Birkenhead for the past 21 years, providing a safe, welcoming and non-judgmental space for women, men and children. WEB provides one to one listening support, confidence building and personal development workshops, holistic therapies, counselling sessions, therapeutic art classes and group activities.

[www.webmerseyside.org](http://www.webmerseyside.org)

0151 653 3771

**Wirral Children's Centres**

There are children's centres across the Borough which provide activities and support for children under 5 years old and their parents/carers. This includes the 12 week 'Freedom Programme' which supports women who have been in an abusive relationship.

[www.wirral.gov.uk](http://www.wirral.gov.uk)

0151 666 4819

**Teen Wirral**

Provides confidential information, advice and guidance to young people aged 13 to 19 years old across Wirral. This includes domestic abuse and a range of subjects such as drug and alcohol misuse, benefits and housing issues.

[www.teenwirral.com](http://www.teenwirral.com)

0151 691 8089

**Offender Management**

Offenders receive probation support to help reduce the risk of reoffending. For some this is delivered as part of an integrated offender management (IOM) joint agency approach, which involves probation, police and other partners. As appropriate, support may include access to relationship programmes such as the HELP and Building Better Relationships (BBR).

[www.merseysidecrc.co.uk](http://www.merseysidecrc.co.uk)

## National Services

**National Domestic Violence Helpline**      [www.nationaldomesticviolencehelpline.org](http://www.nationaldomesticviolencehelpline.org)

This 24 hour helpline is run by Women's Aid and Refuge. 0808 200 0247  
It is answered by fully trained female helpline support workers and volunteers who will answer your call in confidence. All calls to the helpline are free from mobiles and landlines.

**Men's Advice Line**

Advice and support for men experiencing domestic abuse and for frontline workers working with men.

[www.mensadvice.org.uk](http://www.mensadvice.org.uk)

0808 801 0327

**National Sexual Violence Helpline**

Run by Rape Crisis South London. This free helpline is for women who have survived any form of sexual violence, no matter how long ago. Also for friends and family of survivors and professionals to help them understand how to best support female survivors of sexual violence.

[www.rasasc.org.uk](http://www.rasasc.org.uk)

0808 802 9999

**National Centre for Domestic Violence**

Provides a free, fast emergency injunction service to survivors of domestic violence regardless of their financial circumstances, race, gender or sexual orientation.

[www.ncdv.org.uk](http://www.ncdv.org.uk)

0800 970 2070

**Refuge**

National charity which provides a range of support to women and children experiencing domestic abuse. Services include refuges, independent advocacy and community outreach.

[www.refuge.org.uk](http://www.refuge.org.uk)

**Women's Aid**

National charity working to end domestic abuse against women and children. A federation of over 220 organisations, the charity provides more than 300 local lifesaving services to women and children across the country.

[www.womensaid.org.uk](http://www.womensaid.org.uk)

**Samaritans**

Provides 24 hour support and advice for all ages.

[www.samaritans.org](http://www.samaritans.org)

116 123

**Broken Rainbow  
(for lesbian, gay, bisexual,  
transgender and intersex people)**

Provides support to all members of the LGBTI communities, their family, friends and agencies supporting them. Help is available via a helpline, email or online chat.

[www.brokenrainbow.org.uk](http://www.brokenrainbow.org.uk)  
0800 999 5428

**Karma Nirvana**

Support network for both women and men who are experiencing forced marriage or Honour Based Violence. Helpline is for both victims and professionals.

[www.karmanirvana.org.uk](http://www.karmanirvana.org.uk)  
0800 599 9247

**The National Society Prevention of Cruelty to Children (NSPCC)** provides a free 24 hour helpline for parents, professionals and families to get advice or share their concerns about a child, anonymously if they wish.

[www.nspcc.org.uk/](http://www.nspcc.org.uk/)  
0808 800 5000

**ChildLine**

Free, confidential advice and support for under 18 year olds whatever the worry. Support can be provided via phone, email, message board or online chat.

[www.childline.org.uk](http://www.childline.org.uk)  
0800 1111





## People Overview and Scrutiny Committee Thursday, 8 September 2016

<b>REPORT TITLE:</b>	<b>Meeting the Housing needs of Vulnerable People</b>
<b>REPORT OF:</b>	<b>Director of Adult Social Services</b>

### REPORT SUMMARY

- To provide an update to Committee on the progression of housing for vulnerable people in Wirral.
- Outlines the current challenges in relation to legislation and delivery.
- Outlines actions in relation to land.
- Sets out the current plan for delivering “Extra Care Housing” in Wirral, and the challenges.

### Wirral Plan Links

- Older People Living Well
- People with Disabilities Living Independently
- Increase Inward Investment
- Good quality housing that meets the needs of residents
- Wirral residents live healthier lives

This matter affects all Wards within the Borough, and is not a key decision.

### RECOMMENDATION/S

That Committee:

- 1) Notes the challenges in relation to delivery in this area
- 2) Supports the progress made with Housing for Vulnerable Adults in Wirral
- 3) Consider the challenges in working with the private housing development sector, if Registered Social landlords are not able to progress schemes due to capital return requirements
- 4) Consider the impact on rent levels if schemes are to be developed with private developers

## **SUPPORTING INFORMATION**

### **1.0 REASON/S FOR RECOMMENDATION/S**

- 1.1 The challenges outlined in this report remain a significant issue for the delivery of Extra Care / Housing for vulnerable people in Wirral.
- 1.2 Whilst some progress is being made, this is slow due to the reasons outlined in the report.

### **2.0 OTHER OPTIONS CONSIDERED**

N/A

### **3.0 BACKGROUND INFORMATION**

- 3.1 Within the Wirral Plan, the council has stated ambition to build and improve 7000 homes over the lifetime of the five year plan. This includes building 3500 new homes, some of which will be to meet the need of vulnerable adults. Adult Social care has targets set to reduce the amount of people placed in permanent residential care, and increase the numbers of people maintained in their own home within a community setting. The cost of Extra Care and Supported Living care is predominantly lower in cost than that of residential and nursing care homes. Extra Care as a setting for care, produces good outcomes for people and reduces social isolation.
- 3.2 If we are not able to advance our plan, due to the issues described within the report, this will put the ambition for the Wirral Plan at risk.

#### **Update on progress**

### **3.3 Pipeline schemes**

Four schemes are currently being worked through which will, if they all come to fruition, provide 152 units of Extra Care housing for both older people and people with Learning Disabilities. New build requires extensive legwork and preparation and this is prior to any physical start on site at pre-construction. Less than 50% of a project duration is the viable construction period on site.

The majority of time is spent on planning approvals, progressing legal documentation and financing.

All four schemes which are being worked on collectively by officers from Housing, DASS, Housing Benefit, Finance and Legal are located in Pensby, Heswall, Rock Ferry and Beechwood. There are however a number of issues which have been identified which are causing delays in progressing through to formalising funding agreements and schemes starting on site.

Positively the potential schemes in Pensby, Beechwood and Heswall have full planning approval in place which will see the provision of 21 x one bed apartments for older people, 26 x one bed apartments for older people and 19 x 1 bed apartments for people with Learning Disabilities respectively. In addition three (Pensby, Beechwood and Heswall) schemes have had rent levels agreed by Housing Benefit and the schemes in Pensby and Heswall have also been appraised for state aid (where a public body provides financial support which could distort competition and affect trade). The potential scheme in Rock Ferry has a Registered Provider partner identified and has been initially worked up where it is proposed to provide 45 x 1 bed, 25 x 2 bed apartments and 16 bungalows for older people.

#### 3.4 **Barncroft, Heswall**

Plans have been approved with a Registered Provider in Wirral for this 21 unit apartment scheme. The landlord has however put the scheme on hold until the government has resolved its proposal to limit the housing benefit rate for social housing to Local Housing Allowance rate. Lower level rents would mean that the Registered Provider would not be able to recover the capital investment on the scheme and there would be a significant shortfall in the income from rents

### **3.5 Sevenoaks, Rock Ferry**

Plans are being drawn up with a Registered Provider to deliver an 86 unit scheme, and whilst the social landlord wishes to progress, again the issues relating to rents and Local Housing Allowance rates are a concern for the organisation's board. A bid for the Homes and Communities Agency Care and Support Programme to help support the delivery of this scheme is being made on the basis that the Government will move forward in a similar timescale with decisions on exemptions in relation to Local Housing Allowance.

### **3.6 Pensby Road, Heswall**

A significant amount of time and support has been provided to the Private Developer who is working up this potential scheme, as a considerable number of issues have had to be resolved to get to the point where appropriate planning approval is in place, rent levels agreed and state aid assessment taken place and signed off based on the information provided.

The Private Developer has a Registered Provider partner in place who will lease the finalised scheme and manage the Extra Care units and both have confirmed that they are prepared to progress this scheme rather than waiting for the final government decision on the outcome of the benefit cap to Local Housing Allowance Rates and supported housing. There are however a number of legal matters which need further clarification from the Private Developer, before a funding agreement can be signed.

### **3.7 Bidston Village Road, Beechwood**

This scheme will see the development of 26 x one bed apartments for older people by a private developer. Appropriate planning approval is in place and rent levels have been agreed with Housing Benefit however this scheme is also subject to the same issues as the Pensby Road in Heswall scheme (detailed previously) as it will be developed by the same Private Developer and leased to the same Registered Provider. Until the outstanding legal requirements have been resolved the scheme cannot be finalised.

### 3.8 **Other opportunities**

- 3.8.1 New sites are being considered via the Capital asset group, with templates being filled in for each available site. There are a range of sites currently under review, both large and small as Extra Care of varying sizes is required.
- 3.8.2 In addition, a strategic review of sheltered housing provision is currently ongoing with the initial scoping of services completed with site visits conducted jointly between Housing and Adult Social Care representatives.
- 3.8.3 This scoping exercise, which involved input from sheltered housing providers, has resulted in the identification of some schemes that may be appropriate for reconfiguration into an enhanced sheltered service or, alternatively, Extra Care.
- 3.8.4 The delivery of enhanced sheltered services would enable older people to maintain their independence for longer thereby reducing the pressure on Extra-Care Provision. It is envisaged that the allocation of this enhanced provision will be administered through the Extra Care Panel, rather than general needs allocations through Property Pool Plus. Thereby ensuring that the enhanced sheltered services are targeted at those in most need rather than accommodation/lifestyle choice linked to age.
- 3.8.5 This should result in maintaining current older tenants in existing schemes for longer and will enable enhanced sheltered to be used as an alternative to Extra Care or residential for those clients that do not yet require that level of provision, but who are struggling to continue to live independently in their own accommodation.
- 3.8.6 In pursuing this model we will be able to offer a pathway/tiered approach to specialist accommodation for older people that would be responsive to the varying levels of need.

- 3.8.7 The overall strategic review is expected to be concluded in October 2016 and will now focus on evaluating the current pattern and role of existing sheltered services and how efficiently they work with other, relevant services, to deliver appropriate outcomes for Service Users.
- 3.8.8 There is also a current identified capital allocation of £4m to support the ambition for Extra Care in Wirral, with an identified framework of providers to implementation existing target of 150 up to 2017. £933,000 has been initially committed to two of those schemes which are currently being progressed.
- 3.8.9 Discussions have been ongoing with officers from the Procurement team to identify and agree how more partners could be obtained using the Council Capital grant funding for further Extra Care developments in Wirral. Officers have been clear throughout these discussions that this process needs to be as flexible and fluid as possible, to ensure that the best options for future Extra Care units can be developed with a wide range of partner organisations.
- 3.8.10 An initial Procurement Information Notice (PIN) was placed on the Chest to notify those interested that Wirral Council was working on developing this process. Subsequently in July 2016 an information event was held for all those organisations who had expressed an interest in any opportunities to work with Wirral Council to develop Extra Care in the future.
- 3.8.11 A total of 24 organisations attended including Registered Providers and Private Developers, with discussion taking place regarding a range of matters including revenue funding, quantum of units on sites, Council owned site opportunities, timescales for development, implications of Welfare Reform including the issues arising if Local Housing Allowance Rates are implemented for supported housing along with discussion on opportunities for new schemes to progress without Council capital grant funding.

3.8.12 Following on from the event and the information attained, the feedback has been reviewed by the Project Group to formalise a way forward. Advice received from Legal indicates that there is a potential option to move away from a traditional procurement process for this initiative and work is now underway to map out how future Council grant can be awarded to facilitate the development of new Extra Care housing in the Borough.

### 3.9 **Current Challenges in relation to Legislation and Delivery**

- The Government is reforming the Welfare Benefit system. The relevant reforms include:
  - The capping of social housing rents at Local Housing Allowance levels
  - A required 1% rent reduction per year in social housing sector for the next four years

3.9.1 Housing costs, and therefore service charges for supported housing for vulnerable groups often have significantly higher than average rent levels. The above limitations on rent levels therefore represent particular challenges for housing this group.

3.9.2 As part of the Spending Review and Autumn Statement 2015, the government proposed to *“cap the amount of rent that Housing Benefit will cover in the social sector to the relevant Local Housing Allowance Rate. This will include the Shared Accommodation Rate for single claimants under 35 who do not have dependent children.”*

3.9.3 When first announced, the policy applied to new tenancies signed after 1st April 2016, with Housing Benefit entitlement changing from April 2018 onwards. As such the proposed cap severely limits the ability of Housing Benefit to cover the necessary rental costs needed to run supported housing, which has subsequently resulted in many providers of supported housing either suspending or cancelling new developments.

- 3.9.4 Supported housing by its very nature in terms of providing homes to vulnerable people, means that rents will often be higher than in general needs rented housing in the same area. These higher rents reflect the higher costs associated with particular requirements such as adaptations, maintenance and development costs, higher intensive management costs, the need for special design, assistive technology and general day to day running, along with ensuring properties remain fit for purpose.
- 3.9.5 Currently in recognition of these costs, supported housing is able to secure a higher rate of Housing Benefit than is available for other forms of rented housing because a significant proportion of supported housing occupies a special status known as 'Specified Accommodation'. This status is only available to supported housing that is offered on a not-for-profit basis and where care, support or supervision is also provided, as is the case with Extra Care housing.
- 3.9.6 At present, rents for Specified Accommodation provided by Registered Social Landlords are regulated by the Homes and Communities Agency. In addition, rents for both registered and unregistered social landlords are also discussed and agreed with local authority Housing Benefit teams, as has been the case with the Extra Care schemes currently being worked up in Wirral. This ensures that the amount of eligible Housing Benefit accurately reflects the relevant core rent and housing management costs.
- 3.9.7 On 1 March 2016 the Minister for Disabled People announced a one year exception to the Local Housing Allowance rate for supported accommodation in the social sector. This means the change will now apply to tenancies in supported housing signed from April 2017. Further guidance is to be issued but the statement highlighted those fleeing domestic abuse, homeless provision, housing for ex-offenders and supported housing for older people and disabled people as examples of accommodation subject to the exemption.

3.9.8 This one year exception will allow Department for Work and Pensions to complete their strategic review of supported housing before any further decisions are made, as well as offering a much needed opportunity for further consultation with a range of providers. This still does not offer any certainty to tenants or providers over the future of supported housing around future revenue, hence the reason some Extra Care schemes which have been worked up in Wirral, remain on hold. Until a decision regarding this cap is finalised, those Registered Providers we are working with advise that progress with potential schemes will remain on hold. This position is reflected nationally with Registered Providers and is not just happening in Wirral.

**Extra Care – Current Position**

3.9.9 There are five purpose-built Extra Care schemes funded by the Council to provide 191 general tenancies and 10 specialist dementia related tenancies. The schemes provide on-site domiciliary support and leisure facilities to enable older people to lead active and independent lives for as long as possible.

3.9.10 As at December 2015 all 201 Extra Care units were occupied or allocated and waiting lists are in operation. Analysis of current tenancies and the corresponding levels of support indicate increasingly high levels of frailty and dependency with a need to enhance core contracted support as there are now greater levels of those with high support needs.

3.9.11 The Housing Learning and Improvement Network has developed a tool which enables a range of interested parties including potential housing occupiers to understand and model the need for particular housing options to reflect changing demographics specific to geographical locations. The tool has been populated to provide projected trend analysis in relation to Extra Care and the following data has been profiled:

**Extra Care Units per 1,000 75 plus – Modelling Overview**

Demand	Supply	Variance	% Difference
770	203	-567	-74%

### **Estimated Future Needs**

Extra Care	2020	2025	2030	2035
% increase from 2014	12%	33%	47%	61%
Rent	865	1025	1133	1243

3.9.12 The above modelling reflects the assumed level of Extra Care Housing aligned to demographic projections but as the demand and supply analysis illustrates we are starting from a low level of current provision which increases market challenge to build such capacity and capability to afford greater choice to promote and sustain independent living with associated care and support.”

### **Care and Support Market**

- Increased fee rates in to the local care and support market have been agreed from June 2016, as agreed by Cabinet.
- Rates for Supported Living have been agreed at £13.02 a rise from £12.28
- Rates for domiciliary care provision have been agreed at £12.92 a rise from £12.28
- Rates for sleep in and overnight support are now paid a rate which meets the local requirement to pay the hours at least the minimum wage
- Extra Care schemes have recently been tendered and have been awarded to one provider for all 5 schemes, which will deliver efficiency and consistency across all schemes

## **4.0 FINANCIAL IMPLICATIONS**

4.1 There is a risk to the delivery of the proposed efficiencies (£1.3m) which have been put back to future financial years (2018/2019) due to the current issues relating to government’s rent proposals and the impact this has on the markets delivery of Extra Care properties.

## **5.0 LEGAL IMPLICATIONS**

5.1 Any proposal to support with capital grant will need to comply with rules on State Aid.

## **6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS**

- As land becomes available, all land is being considered for Extra Care development. This is being managed by the Capital Asset Group, which meets on a monthly basis.
- Capital that has been allocated for the development of development of Extra Care has not been able to be spent, and therefore this has been rolled over in to future years until the issues described above have been resolved.

## **7.0 RELEVANT RISKS**

- There is a risk to delivering the ambitions described in the Wirral Plan, to meet the numbers of new home builds
- There is a risk to the Adult Social care budget if Extra Care is not delivered, as placements will need to be made in residential and nursing care
- There is a risk in supporting people to maintain their independence within a community setting if there is insufficient supply of suitable housing to meet the need of vulnerable people

## **8.0 ENGAGEMENT/CONSULTATION**

- Regular meetings have been held with developers and social landlords. Both are keen to progress the developments of housing for vulnerable adults but are unable to do so at present due the proposed restrictions planned in respect of rent caps etc.

## **9.0 EQUALITY IMPLICATIONS**

N/A

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## **APPENDICES**

**REFERENCE MATERIAL**

**SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>



## People Overview and Scrutiny Committee

<b>REPORT TITLE:</b>	<b>Transforming Wirral - DASS Business cases</b>
<b>REPORT OF:</b>	<b>The Chair of the Committee</b>

### REPORT SUMMARY

At the previous meeting of this Committee (14<sup>th</sup> July 2016), the Senior Manager for Transformation & Improvement presented a report relating to the involvement of scrutiny in reviewing new service models as they are developed. Committee agreed to the general proposals in that report and gave delegated authority to the Chair, Vice Chair and Spokespersons to agree arrangements for the scrutiny of specific transformation projects, as appropriate.

Two business cases, both relevant to the remit of this Committee, are at a stage where review by scrutiny members is appropriate. The business cases relate to:

- Creating a commissioning hub to jointly commission services with Wirral Clinical Commissioning Group (CCG)
- Creating integrated community care teams with Wirral Community NHS Trust to deliver services to older people

As a result, a workshop was held on 10<sup>th</sup> August 2016 at which the approach to the two outline business cases were explained and examined in further detail. The outcomes from the workshop are detailed in this report.

### RECOMMENDATION/S

It is recommended that:

- 1) Committee notes the report;
- 2) Committee refers the report to a future meeting of Cabinet.
- 3) The operating model and contractual arrangements are developed to ensure that the key points made by Elected Members, detailed in the report, are addressed.
- 4) Further consideration be given to the optimal timing for the involvement of scrutiny in the development of future business cases.

## **SUPPORTING INFORMATION**

### **1.0 REASON/S FOR RECOMMENDATION/S**

To ensure that the views of scrutiny members on the two business cases are reflected to Cabinet, prior to further relevant decisions being taken.

### **2.0 OTHER OPTIONS CONSIDERED**

Pre-decision scrutiny is regarded as good practice and is aimed at strengthening the decision-making process.

### **3.0 BACKGROUND INFORMATION**

#### **3.1 Scrutiny workshop – 10<sup>th</sup> August 2016**

A workshop was held on 10<sup>th</sup> August 2016 to review two outline business cases which form part of Wirral Council's Strategic Transformation Programme. The business cases relate to:

- Creating a commissioning hub to jointly commission services with Wirral Clinical Commissioning Group (CCG);
- Creating integrated community care teams with Wirral Community NHS Trust to deliver services to older people.

All members of the People Overview & Scrutiny Committee were invited to attend. Nine Committee members attended the session: Councillors Moira McLaughlin(Chair), Angela Davies (Vice Chair), Bruce Berry, Alan Brighthouse, Wendy Clements, Chris Meaden, Tony Norbury, Denise Roberts and Warren Ward. Apologies were received from Councillors Treena Johnson and Tom Usher. The Director of Adult Social Services presented details of the business cases following which a question and answer session was held and members had the opportunity to comment on the proposals.

It is intended that the comments provided by members at the session will be made available to Cabinet prior to further decisions being made regarding the future of these two business cases.

#### **3.2 Integrated Commissioning Hub: Context**

It is proposed to establish an Integrated Commissioning Hub to work on behalf of Wirral Council and Wirral CCG. This project will enable both organisations to pool resources to meet growing demand and to develop a sustainable health and social care economy. Bringing together commissioning resources will help to achieve better outcomes for residents in Wirral by developing more joined-up services and un-locking resources across the health and care economy of circa £850 million.

Closer integration of health and social care has been a central policy driver to help meet growing demand for health and care services. Locally, the Healthy Wirral programme was established to provide a health and social care sector response to the significant system wide pressures in Wirral. It is intended to create an Accountable Care System working with a single set of resources by 2020. The creation of an integrated commissioning hub will be a significant step towards that goal.

### **3.3 Integrated Care Co-ordination Teams: Context**

It is proposed to work with Wirral Community NHS Foundation Trust for delivery of social care. The integration of the key assessment and support planning functions of adult social care will enable social workers and nurses to work together much more effectively delivering the “Right Care in the Right Place at the Right Time.”

Social workers and nurses provide front line support to the people of Wirral. They assess for and organise a whole range of inputs that are essential in keeping people healthy or in supporting them to remain independent including diagnosis, treatment, care and support planning, rehabilitation and health promotion and so on. It is proposed that, in Wirral, the Integrated Care Co-ordination Teams will be the method of delivering health and social care directly to older people that need support. It is intended that integration will be a means to improve access to services, client satisfaction and efficiency.

The integration of the key assessment and support planning functions of adult social care with the community NHS support functions of the Wirral Community Trust will enable social workers and nurses to work together much more effectively in a single organisational model.

### **3.4 Elected member comments**

During the session the following comments were raised by members:

#### Staffing:

A member raised concerns regarding the impact of the proposals on existing staff with particular reference to job security and the potential impact on roles. Members were informed that, in general, staff support the principle of creating an integrated health and care model. No redundancies were envisaged, although the changes may eventually lead to some changes in roles at a future point. The impact on terms and conditions is also a key element for staff. Joint engagement sessions with health and social care staff have been held and monthly meetings with the Trade Unions are being held. Best practice from other Local Authorities shows that, in order to achieve a positive outcome, staff need to be fully engaged in the process.

It is envisaged that the commissioning hub will be primarily based in Old Market House; whereas the care delivery teams will continue to be based in the relevant localities across the borough, albeit in Wirral Community Trust accommodation.

#### Increasing demand for services and the need to reduce resources:

A member questioned whether the major driver for change was the need to pool reducing resources or the ability to commission new services. A major driver for change is the necessity to manage demand across the health and care system. In the past, commissioning of services has taken place in silos. An aim for the future is to work towards commissioning for outcomes. Joint commissioning will provide greater scope to increase the role of technology in creating greater independence for people in their own homes. The commissioning process will also need to enable different services to be commissioned on different footprints where appropriate.

#### Back-office staff:

Members were reassured that the role of back-office staff, including administrative staff, will be carefully considered during the transition process. However, the impact on the potential use of re-chargable services, such as HR, Finance and Legal needs to be considered further. As staff transfer to alternative providers, the demand for these re-chargeable services, continuing to be provided by the Council, will reduce.

#### Improved focus on the needs of clients:

A member queried the likely impact of the proposals on the people who receive care. Members were informed that clients expect services to be integrated. Currently, clients may well have to tell their story more than once. As an example, a client may currently have separate assessments for a health, care or Continuing Healthcare need. From a client's perspective, there are benefits to be gained from an integrated system rather than being passed from one provider to another or by falling through the net.

The role of primary care is also critical to the delivery of an integrated service. Part of a national programme, the inclusion of Wallasey practices in a Health Education North West trial demonstrated the value of professionals working together effectively. During the trial social workers were placed within the GP practice.

#### Risk management:

The due diligence process is helping to identify the major areas of risk and ensuring that effective actions can be put in place to mitigate against them. Key areas include:

- As the statutory duty to deliver the implementation of the Care Act lies with the Council, clarification is required regarding the delegation of the function of care to Wirral Community Trust. Appropriate quality assurance will be required.
- There will be a reduced requirement for the services currently provided by the Council's corporate support functions. Assessment of the long-term impact on those service areas is required.
- The Council needs to ensure that all statutory duties are being met.

#### Finance:

In response to a question whether the combined health and care budget of £850 million is ring-fenced, members were informed that although some elements, for example, adaptations are ring-fenced the majority of the budget is not defined for specific services. The challenge will be to keep within the resource of the combined health and care budget.

It was noted that, at a national level, there is no indication of major additional funding being made available for health and social care. It is essential that the current resource is used more effectively, for example, in reducing duplication such as by acute hospitals working together to reduce back office requirements.

It was also noted that there is an intention for the provision of acute hospital services to move from the previous tariff-based system to a cash-limited system or capitated budget. In the longer-term, the big shift in resources is intended to see a reduction in spend on high-cost acute care and an increase in community care.

It is intended that the Population Health Model, supported by Cerner, will be carried forward from the Vanguard programme. This model will help the health and care system to better understand individuals' health needs.

#### Transfer of skills:

A member noted that social workers and community nurses have different roles and asked whether hybrid roles were envisaged. Members were informed that, although social workers and community nurses have different roles, they are often dealing with the same clients and their roles do overlap. Identical roles are not envisaged in the future, but it is likely that it will be possible to reduce the number of visits by improving coordination. This will also lead to an improved experience for clients.

It was noted by a Member that as roles of staff change, there will be a need to upskill staff. Members were reassured that workforce development is a key priority.

#### Performance management:

Performance measures are currently being identified. It is envisaged that the measures will incorporate both qualitative and quantitative data although further work is required to identify appropriate indicators. Best practice from other Local Authorities will form a basis for this work.

It was noted that complaints made to commissioned providers are not necessarily recorded in the DASS complaints system. As more services are commissioned, Members are concerned that the complaints system is able to provide a complete picture.

The scrutiny process:

A member noted that as, for each of the two business cases only one active option was provided and those options were likely to be approved, the scope for real pre-decision in this case has been limited. For future business cases, it is suggested that the optimal timing for the involvement of scrutiny ought to be considered.

**4.0 FINANCIAL IMPLICATIONS**

Although there are financial implications arising from the business cases, there are no financial implications arising from this scrutiny process.

**5.0 LEGAL IMPLICATIONS**

There are a number of legal issues that will be addressed within the final business case and any documentation that follows on from any adopted proposal.

**6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS**

Although there are resource implications arising from the business cases, there are no resource implications arising from this scrutiny process.

**7.0 RELEVANT RISKS**

Not Applicable

**8.0 ENGAGEMENT/CONSULTATION**

Not Applicable

**9.0 EQUALITY IMPLICATIONS**

There are no direct equality implications of this report.

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**APPENDICES**

**REFERENCE MATERIAL**

**SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>
People Overview & Scrutiny Committee 'Transforming Wirral'	14 <sup>th</sup> July 2016



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## People Overview and Scrutiny Committee Thursday, 8 September 2016

<b>REPORT TITLE:</b>	<b>Cumulative Impact on Public Health Scrutiny Review</b>
<b>REPORT OF:</b>	<b>The Chair of the People Overview &amp; Scrutiny Committee</b>

### REPORT SUMMARY

This report sets out the findings and recommendations arising from a Scrutiny Review completed in July 2016. The Review was commissioned by the former Policy and Performance Coordinating Committee. It was set up to explore the issue of cumulative impact in relation to the prevalence of off licences and fast food takeaways and their impact on public health. The aim of the review was for Members to gain a better understanding of the context around these issues in Wirral and to understand what powers the Council has at its disposal to address the negative impacts associated with over-concentration of these premises.

### RECOMMENDATION/S

- Members are requested to consider the contents of this report and endorse the findings and recommendations of the review.
- The committee refers the report and recommendations to Cabinet for its endorsement.

## **SUPPORTING INFORMATION**

### **1.0 REASON/S FOR RECOMMENDATION/S**

For the committee to endorse the work of the Panel and refer the findings and recommendations on to Cabinet.

### **2.0 OTHER OPTIONS CONSIDERED**

The review was prioritised as part of its work programme by the Policy and Performance Coordinating Committee as a piece of cross-cutting scrutiny work.

### **3.0 BACKGROUND INFORMATION**

At its meeting 23 June 2015, the Policy and Performance Coordinating Committee agreed to undertake a scrutiny review into the potential for developing a Cumulative Impact Policy. This was due to concerns raised about negative public health and public order impacts in localities with high concentrations of off-licences and fast food outlets. This work was seen to be corporate and to cut across the scope of a number of Policy and Performance Committees and therefore appropriate for Coordinating Committee to undertake.

The scope of the work was widened during the review process to incorporate other powers and approaches at the Council's disposal to mitigate the harmful impacts of over-concentration of these premises. Members were keen to establish what powers and tools are at the Council's disposal and to what extent these are being fully realised. The report of the Scrutiny Review Panel is included as Appendix 1 to this report.

### **4.0 FINANCIAL IMPLICATIONS**

There are none arising from this report.

### **5.0 LEGAL IMPLICATIONS**

There are none arising from this report.

## 6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

There are none arising from this report.

## 7.0 RELEVANT RISKS

There are none arising from this report.

## 8.0 ENGAGEMENT/CONSULTATION

The review was undertaken with the engagement of key witnesses from relevant Council service areas and Merseyside Police.

## 9.0 EQUALITY IMPLICATIONS

There are none arising from this report.

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## APPENDICES

Appendix 1 – Cumulative Impact on Public Health Scrutiny Review

## REFERENCE MATERIAL

N/A

## SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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**Cumulative Impact on Public Health  
Scrutiny Review**

**A report produced by a Scrutiny Panel of  
the former Policy & Performance Coordinating Committee**

**July 2016**

**WIRRAL BOROUGH COUNCIL**

**CUMULATIVE IMPACT ON PUBLIC HEALTH SCRUTINY REVIEW**

**FINAL REPORT**

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## 1.0 INTRODUCTION

In June 2015 the Policy & Performance Coordinating Committee established a review panel to explore the issue of Cumulative Impact on Public Health. Cumulative impact refers to the principle that the increased presence of licenced premises and hot food takeaway's is responsible for negative impacts on the health of people living in that locality.

The review was commissioned by Coordinating Committee because it was seen to cut across a range of Council Service areas. It commenced in September 2015 with the following objectives:

- To understand Wirral's profile in terms of the prevalence and density of licenced premises and fast food outlets,
- To understand Wirral's profile in terms of excessive alcohol consumption and poor diet,
- To establish what powers, policies and initiatives are at the Council's disposal to mitigate against the harmful impact of high levels of alcohol consumption and poor diet,
- To determine if the Council is fully realising these powers as opportunities to improve public health outcomes.

A cross-party Panel of four Members was established and over a number of months convened a series of sessions with Council officers from related service areas and representatives from Merseyside Police. This report sets out the findings of the review and the recommendations arising.

## 2.0 CHAIR'S STATEMENT & REVIEW PANEL

### *Councillor Moira McLaughlin (Chair)*



There is a clear understanding by policy makers that misuse of alcohol and poor diet are major factors which contribute to poor health and reducing life expectancy. It is also clear that people who live in the more deprived areas of our communities are more likely to be victims of these. Alcohol misuse can also lead to increased levels of anti-social behaviour and costs society a lot of money. This report carried out by a panel of the Coordinating committee did not set out to re-examine the detrimental effects of alcohol and diet, but to look at ways in which the local authority and other partner agencies can use existing policies to reduce them.

How can the consumption of the most damaging high strength alcohol be reduced? How can people be encouraged to eat more healthily and reduce the reliance on the much healthier fast food? Are the existing policies robust enough and, if not how can they be strengthened? How can they be implemented to maximum effect? These were the questions we asked and the findings have informed our recommendations. As a community, as a society, we welcome the fact that people are living longer, but we want lives to be both longer and healthier and the gaps in life expectancy to be reduced.

### *Councillor Janette Williamson*



### *Councillor Paul Hayes*



### *Councillor Phil Gilchrist*



### 3.0 EXECUTIVE SUMMARY & RECOMMENDATIONS

Concern about levels of alcohol consumption and poor diet on public health are national issues that resonate strongly at the local level. The link between excessive drinking and poor diet with poor health outcomes is well documented. In reviewing the data for Wirral, it was clear to the review Panel the borough performs poorly against the national averages in relation to a number of key public health indicators linked to diet and alcohol consumption.

The 'Wirral Resident's Live Healthier Lives' Pledge of the Wirral Plan sets out the Council's commitment to improving local public health outcomes. The need for coordinated action to tackle these issues is clear. This work cuts across a range of different disciplines and Council teams including Licensing, Public Health, Trading Standards, Environmental Health and Planning. Joint working between these teams is improving but needs to be further integrated and coordinated in order to have the maximum impact.

In conducting this review, the Panel were impressed with a number of innovative schemes and initiatives that officers have collectively developed and implemented. However, the panel concluded that more could be done through formal mechanisms, specifically the Council's planning and licencing policies. The Panel believes that a bolder and more ambitious approach should be articulated through the Council's licencing and planning policies in line with steps that other authorities have already taken. This would contribute more explicitly towards improving public health outcomes in the borough. Based on the findings set out in section 5 of this report, the Panel has developed the following recommendations:

***Recommendation 1:*** *The Council's Leadership is encouraged to lobby for a Public Health licencing objective in the Liverpool City Region and where possible at national level to ensure public health outcomes are given greater priority in licencing decisions.*

***Recommendation 2:*** *The Council's Statement of Licensing Policy is refreshed to accommodate the renewed priorities as set out in the Wirral Plan. It is also recommended that consideration be given to introducing a Cumulative Impact Policy in areas where there is strong evidence to suggest such a policy would address the negative impact of over-saturation of licenced or off-licenced premises.*

***Recommendation 3:*** *The Panel recommends that a statutory Supplementary Planning Document is urgently developed and consulted upon (thus becoming a material consideration), in line with the approach taken in St Helens, as part of the preparation of the Council's Core Strategy Local Plan.*

***Recommendation 4:*** *The panel encourages the planning and public health teams to work closely together to address the borough's public health issues in relation to poor diet and obesity, as outlined in the 2020 pledge to support Wirral Residents to Live Healthier Lives.*

***Recommendation 5:*** *The panel acknowledges the wide ranging benefits of the voluntary participation of businesses in the Reduce the Strength campaign in promoting responsible selling of*

alcohol. It is recommended that priority be given to encouraging the take up of this initiative so the number of outlets taking part is increased. The Council should also explore the possibility of approaching national supermarket chains to adopt this as a policy.

**Recommendation 6:** It is recommended the effective delivery and marketing of the 'Eat Well Wirral' and 'Takeaway for a Change' initiatives is prioritised and the schemes are properly evaluated to demonstrate their long term impact. The development of EWW takeaways and their locations should be a matter drawn to the attention of the planning committee at regular intervals.

**Recommendation 7:** The Panel supports the creation of a cross-departmental working group and action plan for selling alcohol responsibly. The Health and Wellbeing Board should oversee the activities of this group and ensure they are joined up with the Wirral Resident's Live Healthier Lives pledge delivery group so that further partnership opportunities and targeted initiatives are explored.

## **4.0 METHODOLOGY**

### **Written Evidence**

The Review was informed by written evidence including reports from other local authorities and documents from Public Health England and the Local Government Association. To support the evidence gathering sessions officers prepared a number of briefing papers and presentations.

### **Evidence Gathering Sessions**

In order to further understand the issues, the panel met with a number of key stakeholders including Council Officers from different services and Merseyside Police. The timetable of sessions is set out below:

Evidence Gathering Session 1

Licensing and Community Safety, Wednesday 14<sup>th</sup> October 2015

Evidence Gathering Session 2

Public Health, Thursday 26<sup>th</sup> November 2015

Evidence Gathering Session 3

Environmental Health & Trading Standards, Wednesday 13<sup>th</sup> January 2016

Evidence Gathering Session 4

Merseyside Police & Licensing, Thursday 11<sup>th</sup> February 2016

Evidence Gathering Session 5

Planning, Thursday 7<sup>th</sup> April 2016

## 5.0 FINDINGS

### Wirral's Health Profile

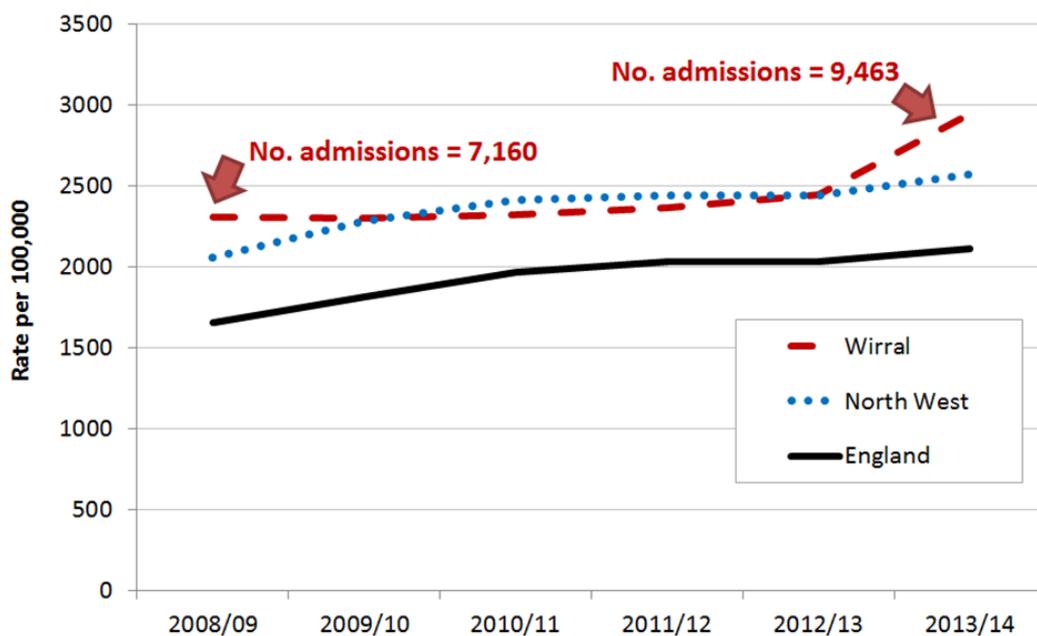
#### Alcohol

Life expectancy in Wirral is lower than the England average for males and females. A breakdown of the causes of the life expectancy gap between Wirral and England (2012) highlights a significant number of deaths from alcohol linked diseases such as cancer and digestive issues.

Wirral had significantly higher rates of alcohol related hospital admissions than the England average in 2013/14, as shown in the figure below.

Source: Local Alcohol Profile for England (LAPE) data, 2015.

#### Admission rate for all alcohol related conditions in 2013/14 (actual numbers for Wirral also shown in red)



#### 44% increase in admissions in the last 5 years

LAPE data also shows that Wirral had a significantly higher rate of alcohol specific hospital admissions (741 per 100,000 persons) than the England average (374 per 100,000 persons) in 2013/14.

The rate of alcohol related mortality in Wirral (55.9 per 100,000 persons) was also significantly higher than the England average (45.3 per 100,000 persons) in 2013.

Data suggests a correlation between the density of off licenses across Wirral and rates of alcohol related hospital admissions in these areas (see Appendix 1 and 2). Officers believe there is a

strong case to link the density of availability of alcohol to alcohol related illness, particularly in the most deprived areas of Wirral.

The economic cost to Wirral of alcohol problems in terms of health, social cost, criminal justice, and lost productivity is estimated at £127million per year, of which £25million is healthcare costs.

Public Health has commissioned a Local Alcohol Inquiry. The aim of the project is to bring together a diverse and representative group of residents to deliberate and discuss, over a number of sessions, the question, “What can we all do to make it easier for people to have a healthier relationship with Alcohol?” The Inquiry will hear from a variety of expert witnesses from the field, providing them with a wide range of experience, knowledge and perspective.

The group’s findings and recommendations will help to inform a Local Wirral Alcohol Strategy and the group will become its ambassadors. From the Public Health perspective, there are three factors that have a significant impact on levels of alcohol consumption: Availability, Accessibility and Affordability.

### **Wirral’s Poor Diet Profile**

The total number of obese people on Wirral is estimated at 66,803 with a further 97,184 estimated to be overweight. The annual cost to Wirral of healthcare for overweight and obese people was £109m (end of year 2015). The majority of this figure is spent on the treatment of type 2 diabetes.

Data from the National Child Measurement Programme showed that Wirral had more overweight Year 6 children than the national average. There is a clear link between deprivation and obesity for children and adults, particularly amongst adult women. Appendix 3 shows a geographic link between the density of available fast-food takeaways and overweight / obese children in the borough.

### **The Regulatory Environment in Wirral**

#### **Licensing Powers**

The primary legislation governing Wirral Council’s licensing powers is the Licensing Act 2003 which came into force in 2005. This transferred responsibility for licensing from the Magistrates Court to the Local Authority. The other major change was the removal of the 11:00 pm limit on closing time, with applicants being able to apply for any closing time subject to upholding licensing objectives.

The Licensing Act sets out four licensing objectives:

- The prevention of crime and disorder

- The prevention of public nuisance
- Public safety
- Protection of children from harm

Under the legislation, the presumption is always to grant an application unless there is concern that the applicant is unable to satisfy all of the objectives. Any representations to challenge applications have to be made against one or more of the objectives. The process requires a 28 day notice period, where all Responsible Authorities are made aware of the application. Responsible Authorities include:

- The Licensing Authority
- The Police
- Trading Standards
- Environmental Health
- Planning
- Public Health

Public Health is not one of the four licensing objectives under current legislation. However, the issue of a public health licensing objective is gathering momentum nationally. A Local Government Association report, 'Rewiring Licensing' (2014) proposes that: "Licensing decisions should be reached locally based on a broader set of licensing objectives that includes the protection of public health." Directors of Public Health England are also lobbying for the adoption of a fifth licensing objective on public health, as is the case in Scotland - 'Protecting and Improving Public Health'.

As a Responsible Authority, Public Health makes regular representations to challenge licensing applications, but these tend to be on an area basis rather than in relation to the specific premises. As there is no public health objective within the licensing framework, representations based on national public health data do not tend to have sufficient relevance to the licensing objectives.

***Recommendation 1:*** *The Council's Leadership is encouraged to lobby for a Public Health licencing objective in the Liverpool City Region and where possible at national level to ensure public health outcomes are given greater priority in licencing decisions.*

Cumulative Impact Policies were introduced as a tool for licensing authorities to limit the growth of licensed premises in problem areas. Cumulative Impact is not referred to in licensing legislation although the statutory guidance issued under section 182 of the Licensing Act 2003 does refer to Cumulative Impact Policies (CIP) and provides advice regarding their implementation.

If a licensing authority wishes to introduce a CIP it must set out the detail of its CIP in its Licensing Policy Statement. Before implementing a CIP, a licensing authority will usually conduct a consultation exercise and consider the effect that additional premises will have on the cumulative impact in a defined area.

Merseyside Police made an application for a CIP to cover an area around Charing Cross in Birkenhead in 2014. The Police area command team had highlighted and collected evidence of an increasing problem with street drinkers and associated anti-social behaviour in the area. It was hoped that the introduction of a CIP in this area would assist in restricting access to strong alcohol and therefore help to reduce the impact on local residents and businesses.

As part of the CIP application process, the Licensing Act required the licensing authority to undertake a consultation exercise which included businesses within the area of the proposed policy. A 6 week consultation took place and the team were disappointed that no comments were received from either businesses or local residents. It was considered that although the application was supported by local Councillors, the lack of response to the consultation weakened the overall case for the CIP.

During the consultation period Merseyside Police undertook a review of their evidence and gave consideration to new initiatives within the Birkenhead area to address anti-social behaviour. Merseyside Police also had regard to the Council's revised Statement of Licensing Policy. Taking these factors into consideration at that time, Merseyside Police subsequently advised that they were no longer seeking the introduction of a Cumulative Impact Policy within the Birkenhead area.

At the time of withdrawal, it remained the aim of the Police to re-consider applying for a CIP in future should there be sufficient local support and evidence to do so. In the meantime, the Police would continue to challenge license applications on an individual basis, should there be concerns that businesses would contribute to public disorder.

It is difficult to gather robust evidence to link crime and disorder to particular off license premises. It was noted that it is easier to attribute (and gather evidence of) occurrences of crime and ASB to licenced premises such as pubs than it is for off licenses.

Other local authorities have implemented CIPs and the Panel were informed that Liverpool City Council has introduced CIPs in five areas. Only one of these (Kensington) relates to off sales. In order to support the CIP application in Kensington, the local authority commissioned an independent body at a cost of £20k to gather evidence of anti-social behaviour linked to specific premises.

Data provided on a CIP introduced in Lark Lane, Liverpool suggests that CIPs appear to be more effective when applied to areas with a proliferation of on-licences, where it is easier to make the link between specific premises and disorder. This is more difficult with off-licences and other initiatives to encourage responsible alcohol sales may be a more effective approach.

Merseyside Police informed the Panel that they were not opposed to CIPs in principle and believe that CIPs may have some impact alongside other initiatives. However, CIPs should not be viewed as the singular answer to problems around over-saturation of licenced premises. The introduction of a CIP in a particular area will not guarantee that no licenses will be granted in that area, but the presence of a CIP could lead to improvements in the quality of licensees and applicants.

The Public Health view is that Cumulative Impact Policies could be beneficial if they were applied to specific areas of high deprivation and high density of alcohol availability.

***Recommendation 2:*** *The Council's Statement of Licensing Policy is refreshed to accommodate the renewed priorities as set out in the Wirral Plan. It is also recommended that consideration be given to introducing a Cumulative Impact Policy in areas where there is strong evidence to suggest such a policy would address the negative impact of over-saturation of licenced or off-licenced premises.*

## **Planning Powers**

As a Local Planning Authority, Wirral Council's Planning department responsibilities include determining planning applications and producing a Local Plan. Local plans must be positively prepared, justified, effective and based on up to date relevant evidence about the economic, social, environmental characteristics and prospects for the area consistent with national policy in accordance with the Planning and Compulsory Purchase Act 2004. A Local Plan cannot be formally adopted as part of the statutory development plan unless it is found to be legally compliant and sound following independent examination.

The Council is currently preparing a Core Strategy Local Plan which will be reported to members submitted for public examination during 2017.

Current legislation requires planning applications to be determined in accordance with the statutory Development Plan unless material considerations indicate otherwise. Supplementary Planning Documents can additionally be used to provide detailed advice on policies in the development plan and help applicants make successful applications, but must not conflict with the development plan nor add unnecessary financial burdens on development.

Material considerations include the National Planning Policy Framework, which sets a presumption in favour of sustainable development, a Council's Local Plan and Supplementary Planning Documents. Other material considerations can also include past appeal decisions, case law, loss of privacy, noise and disturbance etc.

## **Current Development Plan for Wirral**

The statutory Development Plan for Wirral currently consists of the Unitary Development Plan (UDP). The overall strategy of the UDP is urban regeneration to encourage investment and development particularly in areas suffering the worst conditions by making effective use of land and ensuring neglected land or buildings are brought into use.

Hot food takeaways are currently permitted in all the Borough's existing centres and shopping parades, subject to the criteria in UDP Policies SH1, SH2, SH6, SH4 and Supplementary Planning Document (SPD) 3 'Hot Food Takeaways, Restaurants, Cafes and Drinking Establishments'.

The Council's Supplementary Planning Document SPD3 for hot food takeaways, restaurants, cafés and drinking establishments specifies that:

"All proposed uses within Use Classes A3, A4 and A5 i.e. restaurants, cafes, drinking establishments and hot food takeaways should be at least 40 metres away from the main elevation of a dwelling house or a building used solely for self-contained flats, when measured along the public highway."

The Review Panel referred to examples of supplementary planning guidance from other local authorities which specifically relate to the location of hot food takeaways near schools. Stoke City Council's draft SPD (which following objections in 2013 has not yet been formally adopted), proposed to place a 400 metre exclusion zone around the boundary of secondary schools for hot food takeaways (Use Class A5). Wirral's planning officers explained there are no reported planning appeals where proximity to schools has been cited as the sole reason for refusal, referring to briefings from the Local Government Information Unit highlighting the importance of providing local evidence specific to proposals being considered. It is suggested a lack of evidence on effectiveness weakens the argument for preparation of such policies in Wirral. Research into planning decisions regarding hot food takeaways, shows that there is normally a combination of reasons why a planning application for a hot food takeaway is refused. Because of the multiple factors that are taken into account when assessing a planning application and appeal, it is not possible to give a precise number of hot food takeaways that have been rejected due to public health influenced policies developed by local authorities across the country.

Planning officers highlighted the need for caution in that reasonable grounds to refuse planning applications must be clearly demonstrated and supported by expert witnesses. There must be confidence in the evidence base to support such decisions as refused planning applications can be subject to appeal and claims for costs, which would be decided by the Planning Inspectorate.

In order to develop a successful health argument in relation to planning, substantive evidence which clearly shows a negative impact on health in specific cases would be required. Officers noted the importance of working alongside Public Health colleagues to produce such detailed evidence and to defend refusal reasons on health grounds if needed at appeal. There are issues

regarding the availability of data and evidence linking individual fast food outlets to harm caused. There is a need for more specific and detailed data to oppose the granting of planning consent that would withstand appeal and legal challenge.

An example of the level of detail required in evidence, would be if a street contained five fast food outlets in close proximity and an application was received for a sixth to occupy a vacant shop, an assessment would be required to measure the difference in health and other impacts between having five outlets in the vicinity and having a sixth.

The Planning Team shares the Panel's concern regarding the proliferation of fast food outlets and the public health impact in certain parts of Wirral, emphasising the need for robust policies, based on sound evidence, to tackle these issues. The Planning Team are working with Public Health with regard to incorporating public health considerations into the emerging Core Strategy Local Plan.

### **Public Health and Planning Policy**

The Department of Health's public health strategy "Healthy Lives, Healthy People: A call to action on obesity in England" (October 2011) explicitly recognises that "health considerations are an important part of planning policy" and refers to maximising the contribution of the planning system to promote and support healthy living. It refers to a number of local authorities taking steps to use existing planning powers to limit the growth of hot-food takeaways.

In this context and responding to concerns from Planning colleagues, the Panel was keen to explore whether other local authorities were taking a bolder approach to their use of planning powers as a tool to improve public health outcomes. In particular, the emergence of supplementary planning guidance to aid planning decisions over the location and clustering of hot food takeaways became a key area of focus.

The Public Health team highlighted Stoke on Trent City Council's Hot Food Takeaway draft Supplementary Planning Document (SPD) which seeks to introduce principles to be considered when considering new hot food outlet applications. Principle 1 of the SPD proposes to introduce Secondary School Exclusion Zones and states that planning permission will not be granted for new hot food takeaway premises within School Exclusion Zones, i.e. within 400m of all secondary schools. The document also contains a section on Healthy Eating Options. In response to concerns in Stoke over obesity levels, (reported as 31.2% of adults compared to the national average of 24%) the Council aims to promote interventions and policies which improve health outcomes, particularly for children and young people.

It is the view of Public Health that Supplementary Planning Guidance (such as Stoke City Council), could be used to prevent fast food takeaways opening in areas such as near schools or areas of high deprivation. Guidance could also be used to encourage local businesses to provide healthier alternatives and engage with local campaigns / initiatives.

Further research around supplementary planning guidance revealed the existence of a St Helens Council SPD for hot food takeaways, adopted in 2011. St Helen’s Council has implemented a wide-ranging policy including a number of restrictions, granting planning approval only “within identified centres, or beyond a 400m exclusion zone around any primary or secondary school and sixth form college either within or outside local education authority control”. The council’s SPD is a material consideration in determining planning applications. As well as proximity to schools and health impact, it covers issues such as over-concentration and clustering, highway safety, cooking smells, and litter, which are also included in Wirral’s own existing planning policies.

The Panel were encouraged by evidence which demonstrated that the St Helens policy is robust and effective. An appeal against a decision to refuse a hot food takeaway application referenced the SPD as a material consideration when the appeal was dismissed in 2012. Whilst it is acknowledged that the decision was not solely based on public health grounds, the Planning Inspector’s decision notice stated:

“The objective of the SPD, to establish healthy eating habits and reduce childhood obesity, is important, and whilst not determinative in this case, the failure to comply with it adds weight to my decision.”

***Recommendation 3:*** *The Panel recommends that a statutory Supplementary Planning Document is urgently developed and consulted upon (thus becoming a material consideration), in line with the approach taken in St Helens, as part of the preparation of the Council’s Core Strategy Local Plan.*

Research into the Stoke City Council Supplementary Planning Document and discussions between colleagues from Wirral Public Health and their Stoke counterparts highlighted a recent decision at Stoke to locate a Public Health funded officer within the Planning Policy team:

“Since November 2014, Public Health has funded a specific city council Healthy Urban Planning Officer who works within the Planning Policy team. He has reviewed the SPD document and carried out further research on the weight being given to health considerations by inspectors at planning appeals at a national level, in order to ensure the SPD is robust and defensible and can respond to objections being made by national fast food chains.” City of Stoke on Trent Planning Committee Policy Group, Report – Hot Food Takeaway Supplementary Planning Document, 30 September 2015.

Feedback from Stoke Public Health (via Wirral Council Public Health Officers) suggests that this arrangement has proved beneficial in strengthening links between Planning and Public Health.

**Recommendation 4:** *The panel encourages the planning and public health teams to work closely together to address the borough's public health issues in relation to poor diet and obesity, as outlined in the 2020 pledge to support Wirral Residents to Live Healthier Lives.*

### **Wirral's innovative response to the issues of alcohol consumption and poor diet.**

In response to issues around alcohol consumption and poor diet in Wirral, a number of campaigns and initiatives have been implemented by Wirral Council and partner agencies.

#### **Reduce the Strength (RtS) Campaign**

'Reducing the Strength' refers to initiatives designed to tackle the problems associated with street drinking by removing from sale low price high-strength alcohol products through voluntary agreements with local retailers.

Wirral Council Environmental Health and Trading Standards department implemented RtS in Wirral following discussions with the Admissions Consultant at Arrowe Park Hospital. There was concern over the number of emergency beds being taken by patients suffering from the effects of severe intoxication, alcoholism and alcohol related injuries or illnesses.

A pilot area was selected for the campaign and the '7 Beats' area in the Birkenhead & Tranmere ward was chosen due to the density of alcohol availability (6.7 licensed premises per 1000 head of population) and the high level of alcohol related ASB incidents and crimes in the area.

RtS is a voluntary scheme which encourages local retailers in targeted areas to voluntarily cease sales of cheap super-strength alcohol, to limit the supply to problem drinkers. RtS focussed on two areas – the impact of super-strength alcohol on the local community and the impact of super-strength alcohol and associated issues on the businesses themselves.

The campaign has been successful with 23 retailers in the 7 Beats area now signed up to RtS and demonstrating a responsible approach to alcohol retailing. Other successes include increased public sector partnership working and the identification of criminality associated with off licenses, such as illegal alcohol and tobacco sales, tax evasion, utilities fraud and people trafficking.

The Public Health team view the RtS initiative as a good example of joined-up working with Council and agency partners. RtS has had a significant impact in reducing the availability of cheap super-strength alcohol in a targeted area.

Feedback from retailers signed up to the initiative is positive. The success of the campaign comes from the face to face approach taken by the team, their patience and their ability to talk to retailers. The campaign is being rolled out slowly targeting specific areas of concern. It would not be possible to replicate this approach across the entire borough at one time with current

resources. However, the campaign's success has encouraged some retailers from outside the pilot areas to sign up to RtS.

Following the success of the RtS pilot, the team has applied for public health funding of £135k to enable the campaign to be continued in other areas of the borough where there are concerns about high levels of alcohol related crime, ASB and high densities of Off Licences.

**Recommendation 5:** *The panel acknowledges the wide ranging benefits of the voluntary participation of businesses in the Reduce the Strength campaign in promoting responsible selling of alcohol. It is recommended that priority be given to encouraging the take up of this initiative so the number of outlets taking part is increased. The Council should also explore the possibility of approaching national supermarket chain to adopt this as a policy.*

### **Takeaway for A Change (TFAC) and Eat Well Wirral (EWW)**

Wirral has a higher than national average number of overweight children living in its most deprived socio-economic wards. These communities have a high density of takeaway premises. Data from the British medical Journal shows a direct link between exposure to takeaway food outlets and consumption of takeaway food. Trading Standards and Environmental Health officers introduced the TFAC and EWW projects as an innovative approach to tackling these issues in targeted areas of Wirral.

The aims of TFAC and EWW were to work with parents, children and fast food businesses to improve the healthiness of takeaway food, and to increase understanding and encourage a more positive attitude towards healthier diets. TFAC acknowledges the role of fast food businesses as a vehicle for positive change and seeks to work alongside local businesses rather than treating them as the enemy.

A pilot study of 214 families showed that most choose a takeaway outlet based on its proximity to home, supporting existing evidence that the 'food environment' has an impact on meal choices. Officers felt that making small, healthier changes to the food that children are already eating was the most realistic way of making significant impact.

The campaigns have faced significant barriers and challenges, such as local businesses' reluctance to changing their practices, particularly changing frying oil, using less salt and MSG as these affect the taste of their food and this represented a risk to their business. Financial incentives were provided, e.g. paying for new cooking oil, in order to share the risk with businesses. Families were also initially wary and reluctant to engage, not wanting to admit or share their unhealthy eating habits. Officers spent weeks engaging with families to build trust, resulting in 214 out of 285 families signing up to the TFAC scheme at the first (pilot) school.

Using a joined up approach with EWW, businesses were guided to introduce and highlight healthier options menus and include healthier drinks and snacks in their offer. TFAC delivered workshops and awareness-raising sessions to families and issued vouchers to exchange for free healthy takeaway meals at EWW businesses.

The families' responses to trying the healthier option were positive; with the majority of consumers saying they had 'no reason' not to continue choosing the healthier option. Short booster / catch-up sessions to keep in touch with families would maintain engagement and work towards sustained change. Schools, nurseries, health trainers and EHP's could be well placed to administer such sessions.

Funding has been secured to roll TFAC out to another 10 schools across the borough, selected using National Child Measurement Programme (NCMP) data (Percentage year 6 Overweight & Obese). These schools are situated in some of Wirral's most deprived areas.

It was acknowledged that the quality of marketing and publicity for EWW retailers was below the desired level. A bid for public health funding has been submitted to improve marketing.

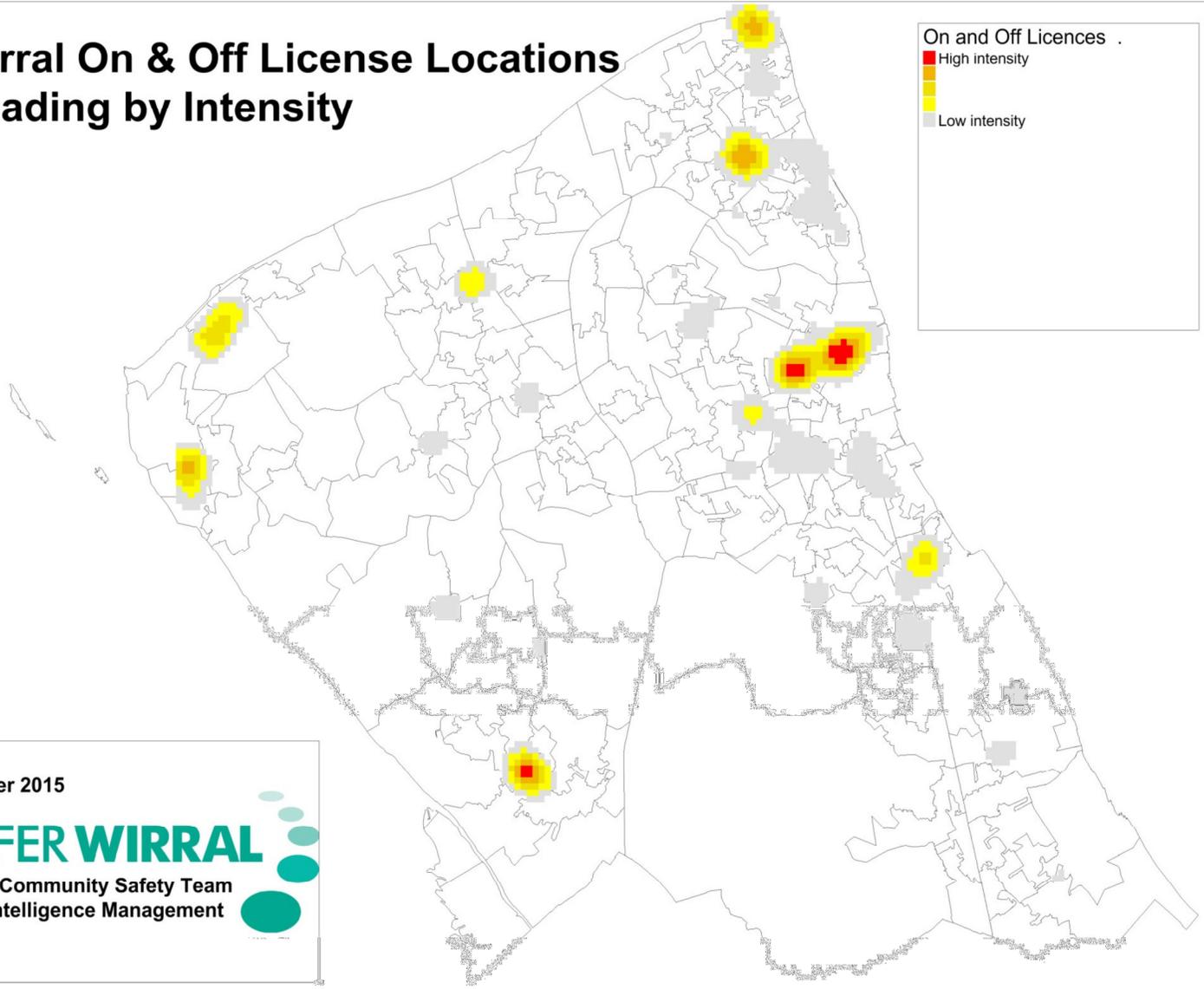
The Public Health Team works alongside Environmental Health and Trading Standards to promote EWW. This is an example of the benefit of more integrated working across Council teams.

***Recommendation 6:*** *It is recommended the effective delivery and marketing of the Eat Well Wirral and Takeaway for a Change initiatives is prioritised and the schemes are properly evaluated to demonstrate their long term impact. The development of EWW takeaways and their locations should be a matter drawn to the attention of the planning committee at regular intervals.*

Policy changes are not the only tools available to control licencing or planning. The initiatives described above demonstrate the effectiveness of partnership work. All stakeholders have emphasised to the Panel the importance of joint working, to better understand issues and to develop innovative solutions. A cross-departmental officer group is developing an action plan to improve joint working across teams and partners. This places a strong focus on whether licensed premises are selling alcohol responsibly. This is a broader approach which considers the wider data available to provide a comprehensive local picture of impact.

***Recommendation 7:*** *The Panel supports the creation of a cross-departmental working group and action plan for selling alcohol responsibly. The Health and Wellbeing Board should oversee the activities of this group and ensure they are joined up with the Wirral Resident's Live Healthier Lives pledge delivery group so that further partnership opportunities and targeted initiatives are explored.*

# Wirral On & Off License Locations Shading by Intensity



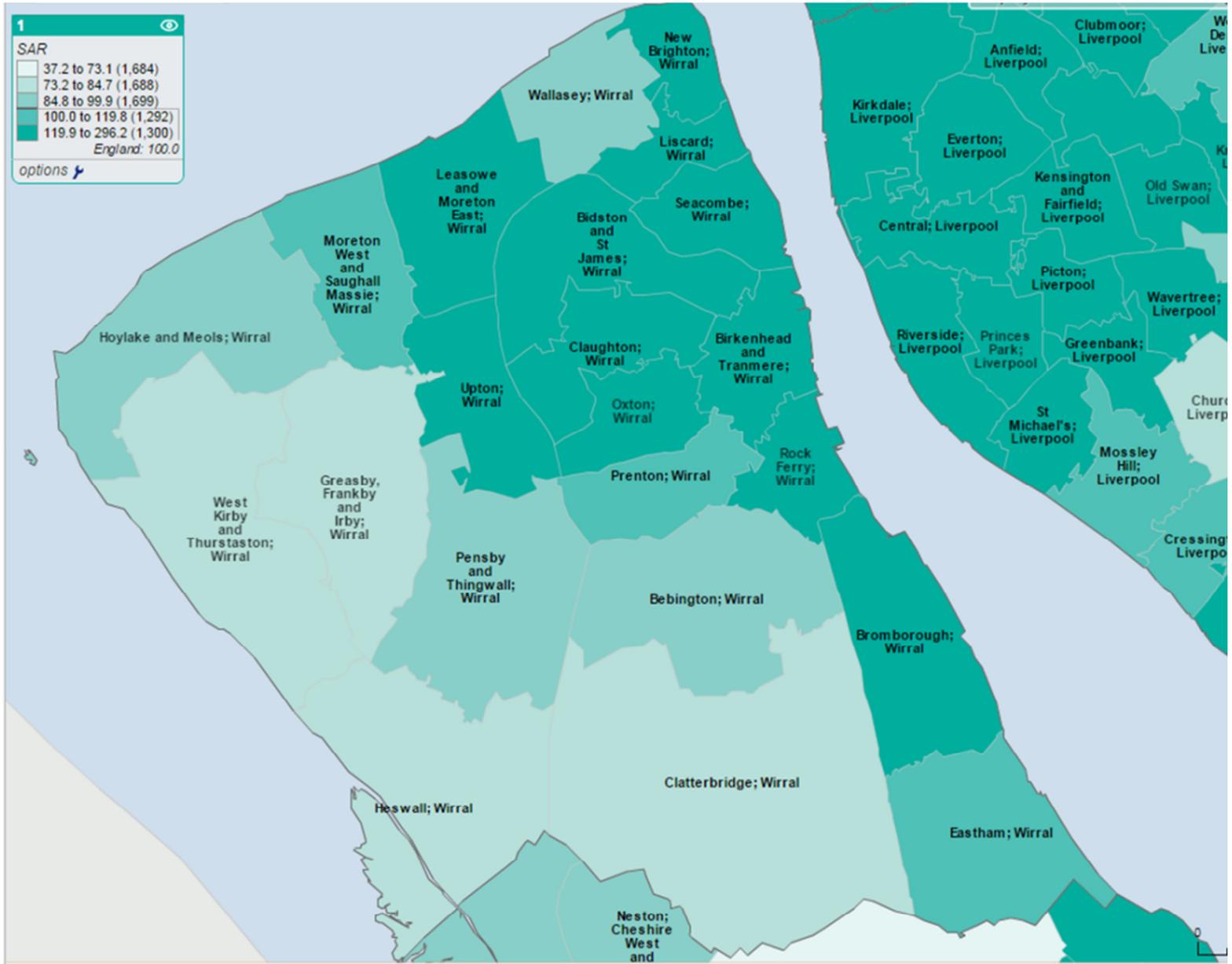
October 2015

**SAFER WIRRAL**

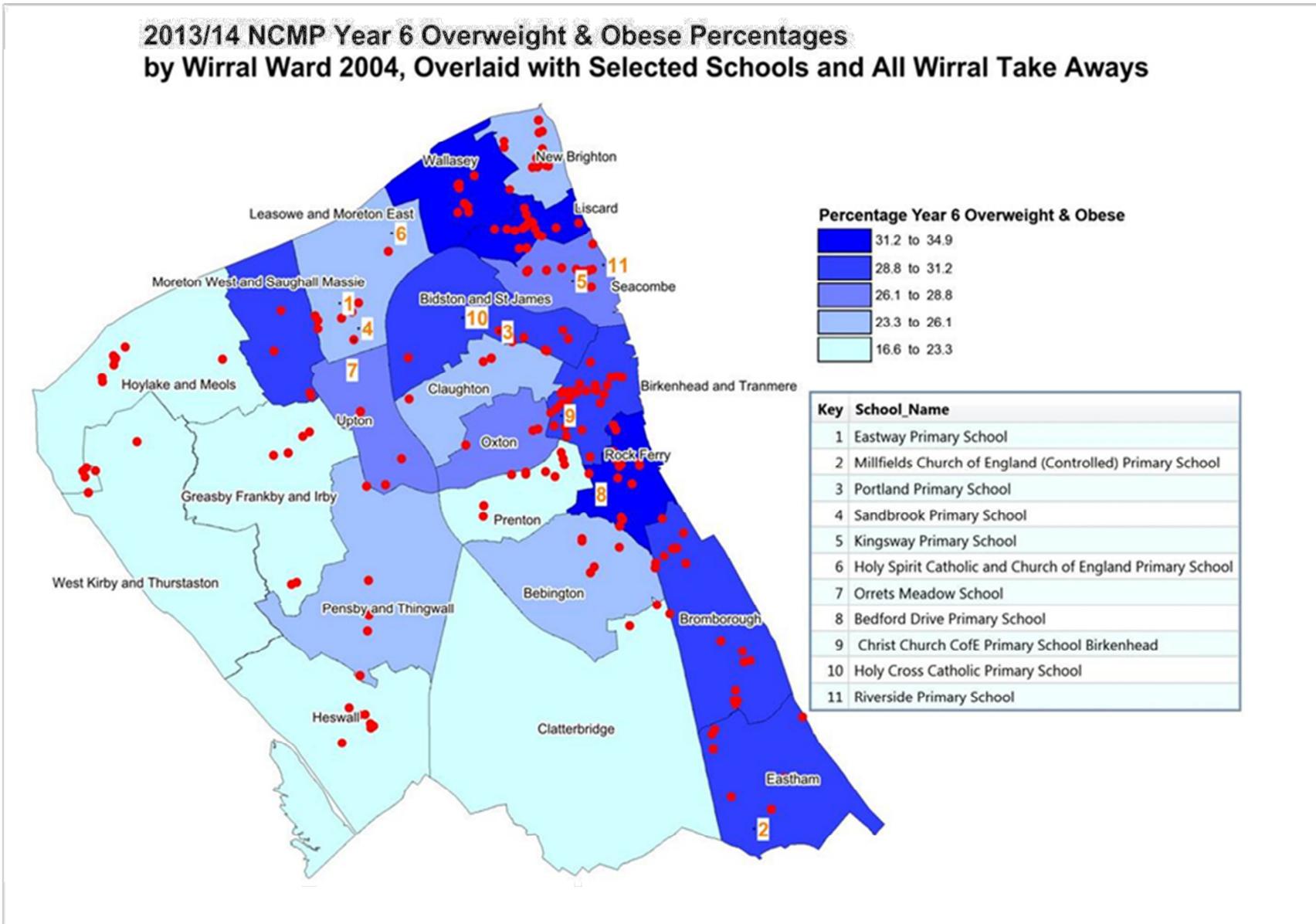
Wirral Community Safety Team  
Data Intelligence Management



Appendix 2 - Hospital admissions for alcohol attributable conditions 2008/09 to 2012/13



### 2013/14 NCMP Year 6 Overweight & Obese Percentages by Wirral Ward 2004, Overlaid with Selected Schools and All Wirral Take Aways



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## People Overview and Scrutiny Committee Thursday, 8 September 2016

<b>REPORT TITLE:</b>	<b>Avoiding Admissions Scrutiny Review</b>
<b>REPORT OF:</b>	<b>The members of the Avoiding Admissions task &amp; finish group</b>

### REPORT SUMMARY

Members of the former Families and Wellbeing Policy & Performance Committee instigated a scrutiny review of the actions being taken to strengthen community based services which are intended to reduce the demand for acute services and thereby reduce hospital admissions. A task & finish group was formed. This report documents the findings of the members and the conclusions which have been drawn.

Members of the People Overview and Scrutiny Committee are requested to consider the contents of this report and support the recommendations arising from this review.

### RECOMMENDATION/S

- (1) Members are requested to support the contents and recommendations of the Avoiding Admissions scrutiny report;
- (2) The report be referred to the next appropriate Cabinet meeting;
- (3) An update report regarding the implementation and impact of the recommendations will be presented to the People Overview & Scrutiny Committee in approximately six months (that is, by March 2017).

## **SUPPORTING INFORMATION**

### **1.0 REASON/S FOR RECOMMENDATION/S**

The Scrutiny Review report is subject to review by Members of the Committee and requires approval to be referred to Cabinet for consideration of the recommendations made.

### **2.0 OTHER OPTIONS CONSIDERED**

Not Applicable

### **3.0 BACKGROUND INFORMATION**

A task & finish group was formed in October 2015 to give members the opportunity to gain assurance that adequate plans are in place to further develop community based services with the aim being to reduce unplanned admission to acute hospitals. Members were also keen to assess the effectiveness of the integration of social care and health and the on-going partnership working in delivering community-based services. The members of the task & finish group were Councillors Moira McLaughlin (Chair), Bruce Berry, Alan Brighthouse, Treena Johnson and Denise Roberts. The group has been strengthened by the addition of a representative from Healthwatch Wirral, Karen Prior.

The Members of the Scrutiny Panel have met a range of witnesses throughout the course of the review. Sessions were held with representatives of a significant number of health and care provider organisations, including some care homes as well as carer and patient representative groups and third sector organisations.

The attached report documents the conclusions and recommendations which the members have formed, as well as a summary of the evidence base on which those recommendations are based. Members of this Committee are requested to consider the report before referring it to Cabinet.

### **4.0 FINANCIAL IMPLICATIONS**

Not applicable

### **5.0 LEGAL IMPLICATIONS**

Not applicable

### **6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS**

Not applicable

**7.0 RELEVANT RISKS**

Not applicable

**8.0 ENGAGEMENT/CONSULTATION**

Not applicable

**9.0 EQUALITY IMPLICATIONS**

There are no equality issues arising directly from this report

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**APPENDICES**

**Appendix 1:** Avoiding Admissions scrutiny report

**REFERENCE MATERIAL**

**SUBJECT HISTORY (last 3 years)**

Council Meeting	Date

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**AVOIDING ADMISSIONS**

**SCRUTINY REVIEW**

*A report produced by*  
**THE FORMER FAMILIES AND WELLBEING  
POLICY & PERFORMANCE COMMITTEE**

*July 2016*  
**FINAL REPORT**

**WIRRAL BOROUGH COUNCIL**  
**AVOIDING ADMISSIONS**  
**SCRUTINY REVIEW**  
**FINAL REPORT**

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## **1. INTRODUCTION AND ORIGINAL BRIEF**

On 2nd February 2015, Members of the Families and Wellbeing Policy & Performance Committee received a report entitled 'Commissioning community services, managing the market and reducing reliance on residential and nursing care'. Members were informed of a change of commissioning practices aimed at strengthening community based services in order to keep residents, particularly older people, at home for longer and consequently reduce the reliance on the residential care sector and the need for avoidable admissions to an acute hospital setting. Budget priorities had been changed in order to reflect the change in priorities.

As a result, members agreed that an item should be added to the committee's work programme in order to undertake a detailed scrutiny review. It was hoped that the review would give members the opportunity to gain assurance that adequate plans are in place to further develop community-based services with the aim being to reduce unplanned admissions to acute hospital. Members would also be able to assess the effectiveness of the integration of social care and health and also the effectiveness of ongoing partnership working in delivering community-based services. As a result, a task & finish group comprising five Members was formed. The group was also been strengthened by the addition of a representative from Healthwatch Wirral. The Scope Document for the Scrutiny Review is attached as Appendix 1 to this Report. The key issues for the review were identified as:

- Understand the demand for both acute and community based services in Wirral
- Understand the reasons for the increased demand for admission to acute services
- Assess the levels of readmissions and unnecessary admissions to acute services
- Appreciate the mechanism for the allocation of funding
- Understand the services that are already in place or being planned
- Assess whether the resources and capacity are available to support the service provision
- Consider whether the transition from acute to community based services is achievable within a realistic timescale
- Consider whether community based services are provided on a person-centred basis

The task & finish group has held a range of meetings in order to obtain appropriate evidence. Sessions were planned with representatives of a significant number of health and care provider organisations, including some care homes as well as carer and patient representative groups and third sector organisations.

The remainder of this report provides details of the Panel membership followed by an overview which includes the recommendations proposed by the Members and the reasoning behind those recommendations. This is followed by the main body of the report which provides contextual information and details the key findings of the Review.

## 2. MEMBERS OF THE SCRUTINY PANEL

### ***Councillor Moira McLaughlin (Chair)***



That people are living longer is a fact, but that increased life expectancy should also mean people live longer and healthier lives which they are able to enjoy. That means having a health and care system which is able to cope with the extra demands and play its part in achieving better health.

Nationally, our health and care services are struggling to meet the present demands and that struggle is replicated here on Wirral. It is clear that this pressure on frontline services will only increase without radical changes to the way services are delivered.

Those responsible for planning and delivering services locally recognise this. Our review was undertaken to look at what is being done to help relieve the pressure on front line services, develop newer community-based services and promote services which prevent ill health. We have been impressed by the way health and care services are working together to tackle this increasing challenge. However, it is an uphill struggle and we hope our recommendations will complement their effort in meeting that challenge.

### ***Councillor Alan Brighthouse***



.There are 3 factors I would highlight from the scrutiny review.

First, the delivery of successful health and social care requires a coordinated response from a range of services. For this to be achieved, a clear single high standard leadership structure needs to be established. Secondly, the importance of domiciliary care and the recognition of the vital contribution it makes. This will require additional resources to ensure that pay rates are acceptable and to provide further training. Finally, there is the vital role of public health and the preventative agenda, neatly summed up by the heart transplant specialist, Christian Barnard: "I have saved the lives of 150 people from heart transplantations. If I had focused on preventive medicine earlier, I would have saved 150 million".

### ***Councillor Bruce Berry***



This was a very in-depth piece of scrutiny covering all aspects of health and care. We all recognise that the system is under immense pressure and it was interesting to review the alternative ways to deliver services within our communities. Education and preventative measures are equally important to encourage healthy life styles and it was pleasing to hear of newly developed services to deliver this outcome.

To deliver a service fit for a modern society will be challenging but we are encouraged by the joint efforts of health and care services to bring about that change.

<p><b>Councillor Treena Johnson</b></p> 	<p><b>Councillor Denise Roberts</b></p> 	<p><b>Karen Prior Healthwatch Wirral</b></p> 	<p><b><i>This Scrutiny Panel was supported by:</i></b> Alan Veitch Scrutiny Officer 0151 691 8564 <a href="mailto:alanveitch@wirral.gov.uk">alanveitch@wirral.gov.uk</a></p>
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### **3. OVERVIEW AND RECOMMENDATIONS**

The NHS Five Year Forward Plan, published in October 2014, highlighted the challenges facing the nation's health services and provided a vision for the delivery of services in the future. Demographic changes have seen the growth of an ageing, increasingly frail population with a rising prevalence of chronic disease. The plan states that long-term health conditions now take 70% of the health service budget. There are increasing opportunities for better health through increased prevention and supported self-care. Technology is also transforming the ability to predict, diagnose and treat disease. However, funding pressures continue, particularly in the aftermath of the 2008 global downturn.

The Forward View argues:

- the need for a radical upgrade in prevention and public health
- when people do need health services, patients will gain far greater control of their own care including the option of shared budgets combining health and social care
- the NHS will take decisive steps to break down the barriers in how care is provided between family doctors and hospitals; between physical and mental health; between health and social care.

Subsequently, in December 2015, new guidance outlined an approach to help ensure that health and care services are built around the needs of local populations. To do this, every health and care system in England was required to produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years. Wirral is part of the Cheshire and Merseyside footprint. The health and care organisations within this geographic footprint are working together to develop an STP which will help drive genuine and sustainable transformation in patient experience and health outcomes of the longer-term. Therefore, there are national and local drivers for change.

At a local level, it had already been recognised that there was a need for greater emphasis to be placed on avoiding admissions to acute services in addition to minimising discharge delays. This has resulted in an increasing focus on investment in a range of community-based services that will be able to provide alternative pathways to acute care where appropriate. Commissioners and providers are putting in place cost-effective, community-based services, which can both prevent the need for hospital admission and safely reduce length of stay for older people. It is anticipated that this will enable savings to be made from hospital-based services.

The introduction of the Better Care Fund has been important to this change of emphasis towards service provision. The Better Care Fund currently sets a target of an annual 3.5% reduction in unplanned acute hospital admissions. During 2015/16, this target was achieved in Wirral with a reduction by 5% in non-elective admissions. However, this has to be balanced, during the same period, against a 4.2% increase in A&E attendances. In addition, those patients who need to be admitted are costing more as the number of complex cases, particularly among older people increases. This has led to continuing financial challenges across the health economy.

The Panel Members have concluded that although many positive steps have taken place, further work is required to ensure that the right services are provided in the right place at the right time. During this review, much detailed evidence was gathered relating to specific services and this evidence is recorded in section 4 of this report. However, as the review has taken place, change to service provision and the introduction of new care pathways have continued at pace. Therefore, in developing their recommendations, the Members have chosen to focus on strategic issues:

### **3.1 Governance and funding**

Members support the existing concept of collaboration and strengthening partnership working. The discussions at both a national and local level provide strong evidence for ever closer relationships leading towards the development of a single health and care system. It is intended that Wirral will move towards the goal of becoming an Accountable Care System, which will promote place-based working. Under such a system, NHS organisations and their partners collaborate in order to meet the needs of the populations they serve. There is, therefore, an intention for pooled budgets to be expanded by April 2017, with the planned introduction of more coordinated commissioning procedures within Wirral. It is also envisaged that, as the delivery of the Sustainability and Transformation Plan for Cheshire & Merseyside develops, underpinned by the Local Delivery Plan for Wirral, arrangements across a variety of footprints for different services are likely to emerge.

Although existing oversight for the Better Care Fund lies with the Health and Wellbeing Board and partner organisations, Members do envisage the need for more effective governance arrangements with clear lines of responsibility and accountability. The Panel Members appreciate the importance of strengthening the levels of collaboration and urge steps to be taken as quickly as feasible. It is suggested that progress should be reported to the appropriate scrutiny committee on an annual basis as a minimum.

#### **Recommendation 1 - Developing one system with shared governance**

Wirral will move to be an Accountable Care System by 2020 in line with national requirements. Wirral Clinical Commissioning Group, in conjunction with all partners are encouraged to continue to strengthen the culture of collaboration and partnership working which will lead to the ultimate development of a single health and care system for Wirral, the achievement of which will require a single pooled budget. This will require the establishment of appropriate governance arrangements with clear lines of responsibility and accountability and robust pathways minimising duplication. Opportunities should be taken to achieve incremental steps towards achieving an Accountable Care System by 2020 and report on progress to scrutiny on an annual basis.

Although second year funding for Wirral's Vanguard programme has been effectively removed with an announcement by NHS England in May 2016, it is intended that the ethos of the programme will continue through the delivery of the Healthy Wirral programme. During this scrutiny review, as detailed further in section 4.2.2, Members were informed of the ways in which the priorities of the health economy are influenced by the funding arrangements, which includes the use of the payments by results tariff. This means that commissioners pay healthcare providers for each patient seen or treated. As a consequence, the funding arrangements increase payments to hospitals based on the number and complexity of admissions. Members welcome the progress that has been made by Wirral CCG and the major partners to move to the concept of cost envelope funding (that is a block contract) from April 2017 and would like to see this initiative progressed.

#### **Recommendation 2 – Funding of acute hospital services**

In order to further develop services in the community, Wirral Clinical Commissioning Group and partners are requested to continue to explore the opportunities arising from commissioning within a cost envelope as an alternative to the Payment by Results tariff model.

### **3.2 Service quality**

During the review, Members were informed by practitioners that there is capacity in the system to find a community bed if one is required. However, there was also evidence that the pressure to discharge patients from acute hospital can lead to priority being given to those patients. Members were told that this can lead to occurrences of difficulties finding a bed in a community-based setting for a client who is not already hospital-based. It is essential that there is adequate system capacity. It was noted during the review that there is a real aspiration that there should be no waiting lists for access to community-based services.

The quality of provision of commissioned services has been raised throughout this scrutiny review. As an example, Members are aware that four of the five homes currently commissioned to provide the intermediate care service have been assessed using the Care Quality Commission's (CQC) new assessment regime and have been rated as 'Requires Improvement'. (The remaining care home has been rated as 'Good'). In addition, the home commissioned to provide additional 'step-down' capacity during the period of winter pressures in spring 2016 has also received a CQC inspection rating of 'Requires Improvement'. The members believe that service quality, in addition to the provision of person-centred care and system capacity, must all be an integral part of future commissioning decisions. In particular, service quality should be further embedded within the commissioning processes.

#### **Recommendation 3 – Service quality and a person-centred approach for community services**

The Director of Adult Social Services and Wirral Clinical Commissioning Group, as commissioners of community services, are requested to ensure that adequate system capacity, service quality and a person-centred approach are embedded within all such contracts. An effective monitoring measure of the integrated care system should continue to be developed, appropriate to the changing commissioning structures.

### **3.3 Developing the right services**

The Kings Fund document, Transforming our health care system, stated that "the ageing population and increased prevalence of chronic diseases require a strong re-orientation away from the current emphasis on acute and episodic care towards prevention, self-care, more consistent standards of primary care, and care that is well co-ordinated and integrated". The Panel Members fully support the direction of travel towards developing a greater emphasis on the preventative agenda and the promotion of self-care. Initiatives such as Think Pharmacy, reablement and the Helping People Home scheme are welcomed as they encourage residents to seek to further self-care.

#### **Recommendation 4 – Admission prevention**

Wirral Clinical Commissioning Group and Wirral Borough Council, as commissioners of services, will continue to further develop the concept of preventative services to reduce unplanned admissions through the improved outcomes of public health initiatives, the development of robust community services and the encouragement to promote self-care. Annual feedback is requested from the Joint Strategic Commissioning Group.

It is understood that further work is required to review the unplanned and urgent pathways for care as there is some apparent confusion among the public regarding where to go to receive particular services. It is suggested that further steps are required to explain the most effective pathways to both professionals and the wider public. It would be beneficial to agree an effective communication strategy allied to a targeted approach to reach those parts of the community whose attitudes and behaviours are most required to change. It will, therefore, be most effective if the right message and mode of communication is chosen depending on the target community.

**Recommendation 5 – Promotion of community services**

Wirral Clinical Commissioning Group and Wirral Borough Council, as commissioners of services, will place greater emphasis on promoting community services among the public and professionals. Increased priority will also be given to changing the awareness and behaviours of the public and professionals in order to encourage greater usage of the range of services aimed at preventing unplanned hospital admissions.

It is appreciated by the Panel members that the development and implementation of patient pathways takes time, especially for those pathways to be followed in a consistent way. However, during this review, evidence did occur of examples where the new pathways were not always being applied consistently. One such example was the approach employed by the 111 service towards community-based care. It is anticipated that, as the 111 service is now being delivered by the North West Ambulance Service, a more consistent approach is developing which should lead to fewer unplanned acute admissions.

The engagement of GPs in the delivery of the new service models is essential to the successful delivery of the programme to enhance the use of community-based services. The increased use of alternative community-based services, as an alternative to sending patients to A&E, is dependent on the full engagement of GPs. It is fully recognised that significant effort has already been made by GPs who are champions of change. However, further steps are required to progress consistent application of the new pathways.

**Recommendation 6 – Implementation of alternative referral pathways**

Wirral Clinical Commissioning Group and Wirral Borough Council, as commissioners of services, will work with all service providers, including North West Ambulance Service, the 111 service and GPs, in order to ensure full engagement in the new referral pathways.

The evidence-base for commissioning decisions is improving as lessons are being learned from the progression of existing services and the development of newer community-based services. As an example, the demand for domiciliary care and Mobile Nights services has resulted in more resources being made available to develop capacity. It is essential that the use of customer insight data and demand analysis in addition to learning from best practice from elsewhere are all used as a basis for future commissioning decisions. As demographics change and demand for different services moves to reflect those changes, it is important that services are able to respond quickly and imaginatively.

**Recommendation 7– Responding to changing requirements for services**

Wirral Clinical Commissioning Group and Wirral Borough Council, as commissioners of services, will ensure that community services are introduced on the basis of best practice, insight and analysis of need. This will ensure that services will remain responsive to changing community needs, reinforced by the use of formal contract mechanisms to expand or reduce contracts as appropriate.

During the review, Members heard many comments relating to the effectiveness of joined-up working across the different partner organisations responsible for delivering health and social care, often to the same patient. The effectiveness of patient care will be improved by the efficient sharing of data by the different providers. It is fully understood that robust safeguards regarding data privacy must be in place allied to a patient opt-out if so desired. Members heard that the Wirral Care Record will enable the effective sharing of data which will enable the multi-disciplinary teams to better develop integrated care plans for patients. The Panel Members endorse the development, in principal, of the Wirral Care Record and urge its full implementation at the earliest opportunity.

**Recommendation 8 – Communication of data**

The Healthy Wirral programme's work to improve the communication of patient data between health and care providers in order to create a single patient record is fully endorsed. The Wirral Care Record will ensure that the use of the single patient record is spread to as many providers as possible at the earliest opportunity. Feedback on the implementation and the impact of the Wirral Care record is requested to a future meeting of the People Overview & Scrutiny Committee.

**3.4 Evaluating the effectiveness of services**

Performance data is already available for the various services which form the current community-based service offer. However, it is also important to be able to judge the impact of the various elements of the integrated provision. A greater emphasis on integrated reporting across organisations would help to achieve this. Members suggest that greater emphasis should also be given to the measurement of service quality as well as capacity and quantitative data across the different services that make up the community-based service delivery. It is also suggested that further thought be given to the opportunities for public scrutiny of the performance of these services across the wider partnership.

**Recommendation 9 – Performance management of community services**

Wirral Clinical Commissioning Group and Wirral Borough Council, as commissioners of services, will give a high priority to the effective performance monitoring of the various community services, including the use of both qualitative and quantitative data. The monitoring will include performance comparisons with geographical and statistical neighbours. Opportunities will also be explored to report across organisations in an integrated way and consideration will be given to the wider role of scrutiny across partners.

## **4. KEY FINDINGS**

### **4.1 Local context**

On 2nd February 2015, Members of the Families and Wellbeing Policy & Performance Committee received a report which described that Wirral has traditionally had a relatively high level of reliance on the residential sector for older people's care. In comparison to other Local Authorities, the proportion of the adult social care spend in Wirral on residential care was one of the highest in the region at 38% of the whole budget. Conversely, the high spend on residential care services reflected a position where the expenditure on community based services had been low. It was necessary for transformation to take place in order to re-shape the market to provide capacity in local communities. A commissioning strategy was developed to ensure that the principles of personalisation and the transformation of adult social care were fully embedded in commissioning processes and practices. Budget priorities were changed from 2013 onwards to reflect the shift in strategy.

Although the previous focus was on ensuring the right community offer and minimising discharge delays, it was recognised that greater emphasis on avoiding admissions was required. The introduction of the Better Care Fund has been important to this change of emphasis. An increasing focus on investment in a range of priority services that will be able to respond as alternatives to acute care where appropriate has followed. The following initiatives and community-based services are in place in Wirral:

#### **Domiciliary care and reablement**

New contracts were awarded in November 2013 relating to the domiciliary care and reablement services, the focus of which was to provide Wirral-wide services in order to better support people at home and reduce the reliance on bed-based capacity. The new contract expanded the capacity to deliver domiciliary care, enabling a same-day response to new packages of care. The commissioning of fewer, zone-based providers also aimed to deliver best value for money as well lead to an improvement in quality and contract management. These services enable older people, people with disabilities and people recovering from an illness or hospital stay, to continue living at home by supporting them with home-care and services that help them to stay mobile.

Reablement is the use of focussed intensive therapy and care in a person's own home in order to enable them to remain or return to living independently. This approach focusses on optimising client's independence with the lowest appropriate level of on-going support and care. DASS retain responsibility for assessing and commissioning reablement packages through the STAR Team.

#### **Mobile Nights service**

The Wirral Mobile Night Service is provided by Local Solutions and delivers a Wirral-wide overnight mobile domiciliary care service between the hours of 10pm and 8am, 365 days a year. Between one and four visits per night can be arranged depending on the requirements of the client.

#### **Home from home service**

The Home from Home service, available in four properties, provides temporary furnished, adapted accommodation (with support where required) for people who are temporarily unable to return to their own home. This could be because they are waiting for an adaptation to their home. Three of the Home from Home properties are located in Extra Care or Sheltered Housing developments.

#### **Single Point of Access**

From January 2016, the Single Point of Access has operated as an effective gateway and point of contact for all referrals, sign posting to the correct service and ensuring the best pathway and range of options are considered for the individual. This is seen as an important step towards providing more effective care navigation. As there are so many more services other than hospital-based services, it is important to encourage all referrers, including GPs, to use them more.

### **Integrated Care Coordination Hubs**

The Integrated Care Coordination team will provide wrap-around services aimed at keeping clients at home and strengthening the focus on admission prevention, particularly for complex cases. Based on the constituency footprint, four hubs will cover the borough. Any professional can refer into the multi-disciplinary team hub regarding a particular patient. The core team in each hub consists of social workers, community nurses / matrons, multi-disciplinary coordinators, occupational therapists, physiotherapists and mental health practitioners. The most appropriate lead professional will be allocated to the client depending on the primary patient requirements. This coordinated approach will result in more proactive care and will reduce admissions.

### **Rapid Community Service**

Commencing in September 2015, the Rapid Community Service has, as its primary function, the prevention of admission to hospital or facilitation of discharge from hospital through a rapid, coordinated response, 365 days a year. Enabling referrals from partners including GPs, North West Ambulance Service and the acute hospital, the service provides integrated health and social care assessments on a four hour turnaround, leading to people being supported either within their own home or coordinated community bed based provision. The service, which operates from 8.00am to 8.00pm, incorporates referrals to reablement, intermediate and transitional care. The community bed base now exceeds 110, with additional funding allocated to enable beds to be purchased on a spot purchase basis in order to respond to the additional demands of winter pressures.

### **Intermediate and Transitional Care**

Intermediate Care is targeted at people who would otherwise face unnecessary prolonged hospital stays or inappropriate admission to acute inpatient care or long term residential care. People accessing intermediate care have a structured, integrated, individual care plan which involves active therapy, treatment or opportunity for recovery. It has a planned outcome of maximising independence and typically enabling service users to resume living at home. Stays in an intermediate care home are time limited, normally no longer than six weeks and frequently as short as one to two weeks. Transitional Care provides a bed-based service for those patients who may need further assessment and / or some level of rehabilitation input.

From September 2015, this service has been enhanced by increasing capacity. Wirral currently has 110 intermediate and transitional care beds spread across five providers:

Daleside (Birkenhead)	21
Grove House (Birkenhead)	20
Leighton Court (Wallasey)	25
Hoylake Cottage (Hoylake)	20
Elderholme (Clatterbridge)	24

In addition, funding has been in place for additional winter pressure beds to be commissioned when appropriate. For 12 weeks, in the spring of 2016, additional capacity of 28 beds was commissioned at Charlotte House to enable speedier discharge from Arrowe Park hospital.

### **Helping people home 72 hour service**

This is a service provided by Local Solutions, which offers up to 72 hours support at home, including overnight, 7 days a week, either to prevent admissions to hospital whilst longer term arrangements can be made or to facilitate discharge (but only where a care package has been arranged and will start within 72 hours). This service is designed to complement services such as Home from Hospital. The Helping People Home service assists in the admission prevention and the discharge from hospital by:

- Ensuring supplies are available including medication by liaising with the relevant professional
- Ensuring the person needing support is either welcomed at home or visited at an agreed time
- Providing overnight and mobile support
- Ensuring the person has adequate food

## **Home from Hospital**

Provided by Age UK, the Home from Hospital Service provides an enablement service designed to help with client's rehabilitation after a stay in hospital. The service encourages people to regain their independence and successful rehabilitation on returning home by providing social and practical support such as shopping, collecting pension or paying bills, collection of prescriptions, help with correspondence that may have built up and light housework. This service provides short-term low-level support to anyone over 16 years of age, leaving hospital and living in Wirral. It is recognised that a significant number of hospital admissions are because individuals do not have an informal support network at home.

## **4.2 Organisation and Funding**

### **4.2.1 Organisational issues**

#### **What the Members welcomed:**

- Members welcome the principle of reducing the demand for admissions to acute hospital by investing in robust alternative services provided in the community. The development of new services such as the Rapid Community Support team, the Integrated Care Coordination Hubs, the 72 hour overnight service (Helping People Home) and the introduction of the Mobile Nights service are all positive steps.
- The enhancement of previously existing services, such as the provision of intermediate and transitional beds in addition to the domiciliary care services are also welcomed.
- The new approach to service delivery is resulting in more integrated service provision between DASS and other partners, linked to the Healthy Wirral agenda.

#### **Where the Members found challenges:**

- In preparation for the introduction of the new community-based services, officers had difficulty in specifying the initial requirements as there was not sufficient performance data available, especially from the Council. However, at that time, it was recognised that there was not a diverse menu offer and the commissioning arrangements needed to be reviewed. Although performance data for the new services is now being provided it is understood that further work needs to be done to ensure that the right services are being provided in the right place at the right time.
- The introduction of new services at pace has led to pressure on resources, both financial and people. It has, therefore, been necessary to prioritise the transformation programme. It is recognised there has been a period of considerable change within the health and care sector for some time, amplified in Wirral by the introduction of both the Better Care Fund and the Healthy Wirral programme. While welcome, the service transformation has had to be delivered at speed, creating its own pressures.
- The move to more flexible joint working by the partner organisations is breaking down some barriers but further progress is required in order to reduce costs but, most importantly, provide a more coordinated and effective service for the patient. There was anecdotal evidence that, although in some areas staff from different organisations are being brought together in single locations, more needs to be done to ensure true joint working. Professionals told the Members:

*“There are advantages of practitioners from different specialties co-locating. Integrating staff together leads to better communication”.*

*“The relationship with social work is good within the team. The relationship between the nurses and social workers within the hospital has also been good”.*

*“It is hoped, in the future, for all partners to start behaving as a single organisation without structures necessarily having to change”.*

- Across the health and care sector, Members were informed that there are too many patient assessments, with each provider undertaking their own assessment. As a result, duplication of work can occur.
- A significant complication arises from the different footprints covered by the various service providers. As an example, while the Healthy Wirral programme applies to Wirral only, NWAS provides services for the whole of the North West. With the advent of the Sustainability and Transformation Plan across Cheshire and Merseyside plus the possible extension of devolution powers to the Liverpool City Region, the complexity of footprints is likely to increase.

#### **4.2.2 Funding and resources**

##### **What the Members welcomed:**

- The Better Care Fund had led to shared budgets, which was likely to develop further. This will encourage the ethos of joint working, as evidenced by the establishment and growth of multi-disciplinary teams across the sector.

##### **Where the Members found challenges:**

- Funding for service enhancements is extremely limited. Although the emergence of the Better Care Fund is enabling Wirral CCG and Wirral Council to join budgets and jointly commission services, there is no additional funding available from the Council. It is essential that services are developed on a borough-wide basis involving effective partnership working; not concentrating on Council-provided services only. Members heard warnings regarding the consequences of the strict financial outlook, being told by a representative from the third sector:

*“The direction of travel is correct but funding is putting pressure on the ability of the system to deliver the required outcomes”.*

- Members were informed of staff shortages in some areas, with the availability of trained therapists and paramedics being raised as concerns.
- Members were told, on a number of occasions, that there are incentives within the funding formula to encourage too great a focus on acute care, rather than looking system-wide. Members heard that Hospital trusts are paid through payments by results, which is the system in England under which commissioners pay healthcare providers for each patient seen or treated, taking into account the complexity of the patient’s healthcare needs. Therefore, when someone goes into hospital, the Trust will be paid via the payment by results tariff. Members were told that:

*“The tariff system needs to be changed to provide disincentives for readmissions and long hospital stays”.*

*“There tends to be too great a focus on acute care, rather than looking system-wide”.*

Recent developments are enabling greater flexibility and the introduction of some block contracts with providers.

- It is anticipated that the financial implications of the introduction of the Living Wage will have a significant impact on care provision, particularly for care home providers.

### **4.2.3 Data and Intelligence**

#### **What the Members welcomed:**

- A major aim of Healthy Wirral is for the whole system to become more intelligent about the requirements of individuals and the community. It is intended that population health data will be used to help design the appropriate services and where those services should be placed geographically. This improved system intelligence is enabling community provision as an alternative to hospital provision.
- It is recognised that the availability of data will enable a better understanding of the prevalence of particular conditions, resulting in improved service planning.

#### **Where the Members found challenges:**

- Although a process is being established to ensure that patient records can be shared by the different health and care partners, further progress is required in order to develop fully integrated care plans for patients. Issues of information governance and technical issues such as incompatible computer systems have presented barriers to progress. While recognising the need to maintain patient confidentiality and the necessity to enable patients to opt out of the system, Members welcome the development of the Wirral Care Record. It was anticipated that, during 2016, GPs and the acute hospital trust (WUTH) will be able to share patient records. Wirral Community Trust will follow by being able to access the same data later in 2016.
- Further to the Health & Social Care Act 2012, the Clinical Commissioning Group (CCG) no longer has access to personal information held by the hospital. As a result, patient identifiable information is removed before any data is sent to the CCG. This leads to a timelag of approximately 6 weeks.

### **4.3 Admission prevention**

#### **4.3.1 Admission Prevention**

#### **What the Members welcomed:**

- There was widespread agreement that, in the future, Wirral needs to increasingly focus on keeping people at home. Admission avoidance is key to that ambition.
- There has been a significant investment in the 7 day Rapid Community service, enabling staff to provide a same-day response. An ambition for the future is also to see mental health practitioners included as part of the Rapid Community Service team.
- The OPAT service (Outpatient Antibiotic therapy) is hosted by WUTH and works in partnership with Wirral Community Trust and the local Clinical Commissioning Group. It is estimated that the service, since its implementation in early 2015 has saved in excess of 2000 bed days. However, it is anticipated that more admissions can be prevented in the future.
- The Think Pharmacy scheme now enables local participating pharmacies to prescribe for certain conditions, providing advice and also issuing of prescriptions.
- Street triage is a scheme which has been developed with the support of the Better Care Fund. Mental health nurses work alongside Merseyside Police in providing mental health support to incidents where the police are called. The scheme has been very successful in reducing A&E presentations and acute admissions.

#### **Where the Members found challenges:**

- Although Members were informed by practitioners that there is capacity in the system to find a community bed if one is required, there was also a strong impression that the pressure to discharge patients from acute hospital can lead to priority being given to those patients as opposed to patients from the community (that is admission prevention).

- The Paramedic Pathway is an approach to patient prioritisation implemented by North West Ambulance Service. Although the Paramedic Pathfinder encourages the use of alternative responses, where appropriate, other than the delivery of a patient to A&E, there was evidence that the referral rate to GPs could be improved, particularly in relation to referrals to the Out of Hours GP service. It was suggested to Members that it may be possible for the CCG to further encourage GPs to accept paramedic calls. However, it was also accepted that a culture change among patients as well as among service providers is required before referrals to urgent care services (including GPs) will be fully accepted. Members were informed that, in the future, it is planned to develop increased access in the community around GP surgeries. If the patient does not need seeing in A&E it may be feasible to fix an appointment with a GP for the following day.
- In general, it was reported that there is some reticence, particularly among older crews, to use alternative responses as recommended by the Paramedic Pathfinder. Members were informed that paramedics follow the pathways supplemented by their own judgment. As a result, referrals to alternative services are not always happening consistently. As a comparator, Members were informed that, in East Cheshire, up to 12% of all ambulance activity was referred into the Primary Care Early Response Visiting Scheme. The equivalent diversion rate for Wirral is 4%.
- It was noted that the performance of NWAS is measured on times; not on patient outcomes. Data based on patient outcomes is currently not available for NWAS. From an NWAS perspective, currently a successful outcome is when the GP or hospital has accepted the referral. It is planned for data on outcomes and whether the intervention was successful to become available in the future.
- There is anecdotal evidence that, particularly during daytime hours, some patients are more likely to ring the ambulance service because they cannot get a GP appointment.
- Members were informed that a greater emphasis should be placed on preventative measures, such as reducing the risk of falls. Greater attention should be given to reducing the level of risk in the home, especially for people who live alone.
- Members were told that there continue to be too many admissions of frail elderly people, especially from care homes. There was anecdotal evidence that clients are more likely to be admitted to hospital from some care homes than from others. In addition, there is an apparent tendency with some homes for a patient to be admitted to hospital and then the home arguing that they are no longer able to care for the patient as their acuity level has increased.
- A representative of the third sector commented:
 

*“There is a danger of disinvesting in services which are currently preventing people from going into hospital. The optimal approach is to avoid people getting into hospital through more effective prevention strategies”.*

#### **4.3.2 Integrated Care Coordination Hub (ICCH)**

##### **What the Members welcomed:**

- In the future, it is planned that the Integrated Care Coordination teams will provide wrap-around services to keep the client at home and thereby close the revolving door of repeated admissions to hospital. It is accepted that admission prevention needs to be strengthened to keep people out of hospital. The multi-disciplinary approach being developed within the Integrated Care Coordination Hubs is welcomed by Members.

#### **Where the Members found challenges:**

- Resources for the Integrated Care Coordination Hubs have, to date, been limited. Time will be needed to enable them to grow and manage people with complex needs effectively. To date, the work of the Integrated Care Coordination Hubs has been predominantly reactive. However, it is intended that the work will become more proactive by becoming more sophisticated in engaging effectively with GPs. This relates to better use of data in order to identify those people who are most likely to benefit from early intervention.
- The number of referrals from GPs to the Integrated Care Coordination Hubs is few but it is recognised as a priority for future development.
- Members were informed that there are currently adequate resources to coordinate reactive cases. However, for the more proactive work the capacity is not yet available. It was suggested that involvement of mental health professionals in the hubs would be a positive development in the future.

#### **4.3.3 Access to services for GPs**

##### **What the Members welcomed:**

- A service index has been developed which is easy for GPs to access. The introduction of the single point of access should also make it easier for GPs to refer in to any of the community-based services.
- A series of meetings have been held to discuss ways in which the Community Trust and GPs could work better together. The aim is specifically to encourage GPs to refer more patients to community services rather than to WUTH. In addition, the Urgent Care Recovery Group monitors a dashboard relating to emergency admissions by GP practices.
- Members were informed that the primary care Quality Outcomes Framework (QOF) exists to give financial incentives to practices in order to achieve pre-determined goals. This includes reducing non-elective admissions and reducing the level of prescribing. Therefore, GPs are being encouraged to look at how they manage patients and achieve quality outcomes.

##### **Where the Members found challenges:**

- The increased use of alternative community-based services, as an alternative to sending patients to A&E, is dependent on the full engagement of GPs. This requires behavior change, which can be very difficult. Although some GPs are champions of change, many practices have very high workloads. As demand is great and there is much face-to-face clinical contact it is often difficult for GPs to attend meetings.
- The engagement of GPs in the provision of the new service models was widely viewed as key to the successful delivery of the programme to enhance the use of community-based services. Doctors are held in high esteem by many residents and patients. It is, therefore, important that GPs give advice to patients which includes alternatives to bed-based services.
- Wirral GP Out of Hours service, managed by Wirral Community Trust, provides emergency medical care to patients who are unable to wait for their GP practice to re-open. Although the use of local doctors by the GP Out of Hours service is encouraged it cannot be guaranteed. Therefore, local knowledge can be lost.

#### **4.4 Non-elective stays in hospital**

##### **4.4.1 Unplanned admissions**

###### **What the Members welcomed:**

- The Better Care Fund sets a target of an annual 3.5% reduction in unplanned acute hospital admissions. During 2015/16, this target was achieved with a reduction by 5% in non-elective admissions. However, this is not all good news because during the same period there has been a 4.2% increase in A&E attendances. In addition, those patients who need to be admitted are costing more as the number of complex cases, particularly among older people increases. This has led to continuing financial challenges across the health economy.
- Commencing in December 2015, a single front-door to A&E has been developed whereby experienced staff triage patients on arrival at A&E and, if appropriate, patients are sign-posted to alternative services. As a result, between December 2015 and March 2016, 420 patients were re-directed to alternative services such as a GP surgery or the Think Pharmacy service.

###### **Where the Members found challenges:**

- Although there has been an overall reduction of 5% in non-elective admissions, further work is needed to monitor funding, staffing and activity in order to provide better data to demonstrate where the difference is coming from. As a number of complimentary services have been introduced or enhanced on a similar timescale, the direct impact of each individual service is not easy to monitor.
- Members were informed that next-day appointments at an acute hospital may be a feasible pathway for some patients. If a patient requires hospital intervention, it may be better for the patient to be given a next-day appointment rather than them being sent to A&E and potentially having an overnight stay.
- It was reported that there has been a significant increase in the number of arrivals by ambulance. The new 111 service was implemented in October 2015. Since that time, the number of patients delivered to A&E by ambulance had increased significantly compared to the same period last year. Further work is taking place to understand the reasons behind that increase in arrivals by ambulance, given the introduction of the Paramedic Pathway described earlier.

##### **4.4.2 The Discharge process**

###### **What the Members welcomed:**

- A significant amount of work has taken place to review and improve the discharge process. Members were informed that there is now a much better relationship with partners and that there have been significant improvements in the awareness of ward staff regarding the mechanisms to follow in facilitating speedy discharge.
- In recent months, there has been an improved rate of weekend discharge; albeit still lower than the weekday rate of discharge. This has been facilitated by enhancements such as the ability for care packages to restart at the weekend and also for funding arrangements to be agreed at the weekend.
- The introduction of the SAFER patient bundle flow on specific wards at Wirral University Teaching Hospital has shown promising results. In particular, the drive to ensure more discharges before mid-day is having a positive effect. All Safer wards are hitting the targets for discharge by lunchtime. Key to this development is earlier preparation, preferably the previous day, of take home medication. The process is monitored by the daily board rounds, which include a presence from pharmacy.
- It is noted that closer working is also being developed between the acute hospital trust and the Integrated Care Coordination Teams, who particularly provide support to patients who are discharged with complex needs. A robust plan can then be placed around the client to prevent readmission.

## **Where the Members found challenges:**

- Although the proportion of delayed discharges in Wirral is one of the best in the North West, the actual target is still not met. Average monthly bed days lost due to delayed transfers of care per 100,000 population has increased from 79.3 days in 2014-15 to 93.6 days in 2015-16. However, Wirral does remain 3<sup>rd</sup> best in the Northwest region in terms of delayed transfers of care. Work continues through the Urgent Care Board to review the systems and processes to achieve more timely and appropriate discharges. Members were told that earlier planning for discharge is likely to provide the key to reducing delays.
- Members were informed that practicalities can cause delays to the discharge process, for example, the provision of a Keysafe. As home care providers will not hold a key, access to a property may not be available until the Keysafe is fitted. A further example of delays can relate to waiting for furniture to be moved, such as a bed to be taken downstairs. It was reported that adaptations, such as the fitting of a stair lift can take a significant period to install. Delays were also reported in the discharge of patients from intermediate care beds caused by waiting for minor adaptations, such as the fitting of a grab rail or the provision of equipment.
- It is sometimes the case that providers respond quickly to set up a care package but families can reject the package or equipment is not ready to enable the patient to be discharged from hospital. During the review, Members were told that a man was recently discharged but the equipment, such as a hoist and a commode, were not available from hospital. As he could not be safely handled at home, the man had to be readmitted to hospital for a further two and a half days.
- Members were informed that there can be communication issues between wards and other departments within the hospital as the discharge processes are complex.
- There continues to be anecdotal evidence relating to discharge delays being caused by the availability of medication at the time of the patient's discharge from hospital to an IMC bed. In particular, this was reported as "a fairly common" occurrence by the care home providers. Members were informed that a working group was reviewing the provision of pharmacy medication.
- The development of the Integrated Discharge Team process has been recognised as a high priority because it is understood that, in the past, the discharge process has not worked as well as it might, with a significant amount of paperwork being required.
- Feedback from carers representatives suggest that some delays to discharge are caused, at least in part, by waits for assessments and subsequently the availability of care packages.
- It was pointed out that living alone can be a factor in the discharge process because of little potential support being available at home.

## **4.5 Discharge and step-down services in the community**

### **4.5.1 Relationship between Discharge and Intermediate care homes - IMC (including bed allocation)**

#### **What the Members welcomed:**

- It was confirmed that, prior to the new contract in April 2015, the care home manager was able to assess the patient in hospital to confirm that the placement was appropriate. However, that assessment was removed from the process as it was responsible for delaying some discharges. The decision is now taken by the Intermediate Care Duty Nurse and therapist.
- Members were told that a placement will be made hopefully within hours although on occasions it may take longer. Members were reassured to hear that, where possible, if a patient or a relative requests a specific location for an IMC placement the request will be met if at all possible.

- The relationship between the Intermediate Care Duty team and the Integrated Discharge Team at Arrowe Park was described as robust and improving but “not confrontational”, given an understanding that the hospital is often operating under extreme pressure to discharge patients efficiently, effectively but when safe to do so. Members were told that a more integrated and robust relationship would continue to be developed between the Intermediate Care Duty team and the Integrated Discharge Team.

**Where the Members found challenges:**

- Some concern was expressed by care home proprietors that, at the time of a patient being discharged from hospital to an Intermediate care Home bed, either incomplete or inaccurate information were sent to the home regarding the patient’s medical condition. However, subsequently members were informed that an electronic form, based on the Millennium system, had been implemented. Members were reassured that it is now less likely that relevant information will not be passed to the care home.
- Members were informed that the majority of clients in IMC beds have been discharged from hospital, although some cases are admissions from the community in order to avoid admission to hospital. Although Members had been informed that, on occasions, access to IMC beds for the Rapid Community Support team had proven problematical, reassurances were given that the community-based pathway is robust.
- There were suggestions that the pressure from Arrowe Park to discharge patients can create pressure for “inappropriate placements”. Examples of such placements included patients with high cognitive impairment and some end of life patients. Some clients in IMC beds were described as “heavily dependent complex people”. Concerns were expressed that this can lead to a higher risk of falls, which means client safety is difficult to ensure.

*“There continues to be significant pressure for speedy discharge from Arrowe Park”.*

*“Arrowe Park is under a lot of pressure to discharge patients. The hospital is aware that IMC beds are available and that the criteria for the use of transitional beds are wide”.*

**4.5.2 Staying in an Intermediate Care Home (IMC)**

**What the Members welcomed:**

- Members welcome the principle of enabling patients to readjust to their new circumstances by the free provision of intermediate care beds for up to 6 weeks, supported by a care plan and on-site therapists. The aim of the IMC service is for the client, at the end of the stay, to be ready to go home and continue to live relatively independently.
- On arrival, the IMC client will be assessed within 24 hours and a treatment plan will be developed. The progress of a client is discussed in a weekly multi-disciplinary meeting, which includes therapist and social worker reports. Therefore, any potential problems with discharge should be flagged up in advance.

**Where the Members found challenges:**

- The quality of provision of commissioned services has been raised throughout this scrutiny review. This issue has been raised on numerous occasions outside the evidence-gathering sessions, for example, at WUTH’s Quality Summit and as a result of work carried out by Healthwatch. The issue is also highlighted by the outcome of CQC inspections. Four of the five homes currently commissioned to provide the IMC service have been assessed using CQC’s new assessment regime and all four have been rated as ‘Requires Improvement’.
- There was evidence from care home providers that some clients have been through the IMC bed cycle more than once during the previous year because they had been e-admitted to hospital, resulting in “a revolving door”.

### **4.5.3 Post-hospital Community Services**

#### **What the Members welcomed:**

- There have been only a very small number of cases when it has not been possible to facilitate community support in the required timescale.
- Members welcome the range of community-based services which are available across the borough, such as domiciliary care and reablement, Mobile Nights, the Helping People Home service and the Home from Hospital service. However, Members are also conscious of the difficulties for providers in recruiting and retaining staff with appropriate skills. It is essential that suitable working conditions and salaries are developed.
- As sicker people are now being cared for in their own homes, there is an increased risk of accidents and incidents at home.
- Members heard that it is becoming increasingly beneficial for the domiciliary care providers to develop relationships and shared work agreements with district nurses in order to jointly plan care. In particular, this can help to focus on skin care and pressure ulcers.
- Domiciliary care providers confirmed that there are very few requests from the commissioner for fifteen minute visits. It was also confirmed that when they do occur it will usually be as part of a wider package.
- It is the intention to not have a waiting list for community-based services. This was corroborated by care home providers who agreed that the availability of care packages for clients leaving an IMC bed was considered to be acceptable.

#### **Where the Members found challenges:**

- There is a general understanding that clients now being cared for in the community are often sicker and more complex cases. Consequently, the care plans for such clients are often more complicated to put in place. The manager of a service provider informed members:  
*“The level of need and complexity of those being supported at home is far higher than it was even just 5 years ago”.*
- Although the current clients are older people there is a possibility of expanding the Mobile Nights service in the future to cover people with disabilities rather than paying someone to stay overnight.
- It was reported that the community-based service providers have detected an increasing demand for such services. As a result, it is becoming more difficult to recruit staff, particularly for night-time work.
- A suggestion was made that the Home from Hospital scheme could be expanded to provide a role in preventing admissions as well as its current role in providing support to discharged patients.

### **4.6 Specialist Requirements**

#### **4.6.1 End of Life Care**

#### **Where the Members found challenges:**

- Criticism of WUTH’s end of life processes were highlighted in the Care Quality Commission report which emanated from the inspection which took place in September 2015. Members were informed that an action plan is being created which will show separate pathways for those patients at end of life (for example, with hours or days of expected life) and those patients undertaking palliative care who have a longer life expectancy in the range of 3 to 6 months. Although, in the past, WUTH has combined the two into a single pathway, two separate pathways will be developed in the future.
- Members were informed that a small number of end of life clients have, in the past, been allocated to the IMC beds, despite an IMC bed being not seen as an appropriate placement for an end of life client.

#### 4.6.2 Dementia and mental health

##### **What the Members welcomed:**

- The members welcomed that the Better Care Fund has been able to fund four dementia outreach nurses. In particular, the 2 nurses based at Arrowe Park work to facilitate early discharge and provide support to the individual to avoid readmissions.
- Third sector partners, such as Alzheimer's Society, provide a range of services aimed at keeping people with dementia living in the community for as long as possible. Examples include the dementia cafes and the new Side by Side project.
- The successful introduction of the street triage scheme, with mental health specialists working alongside the police, to identify and support patients with mental health issues is warmly welcomed.

##### **Where the Members found challenges:**

- Members were informed that admission avoidance often depends on the support network of the family. There is statistical evidence to show that people with dementia are more likely to be admitted to A&E as, in a crisis, some simply cannot manage. A service manager told members:  
*"The truth is that there is little support available in the community (for people with dementia)".*
- Stays in hospital for people with dementia are typically longer than for other patients. The Alzheimer's Society Report, 'Fix Dementia Care – Hospitals', issued in January 2016, states that "on average, people with dementia in hospital stay more than twice as long as other patients aged over 65". The report also states that at least 25% of hospital beds are occupied by people with dementia. As people with dementia are slower to discharge, many can become more disabled quickly as they become de-skilled. For those with lengthy stays the consequences can be to become increasingly de-skilled and, as a result, needing to go into full-time care.
- It was reported that there is a shortage of one-to-one support for early intervention provision to prevent the onset of crises, specifically aimed at supporting people in their own homes and preventing admission to hospital.
- There is a perception that there are some residential homes who feel that they cannot cope with people with dementia. Therefore, once a person is admitted into hospital there can be a tendency for the home to say that they can no longer meet the person's needs.
- Members were told that there is a shortage in provision for people with dementia with complex needs, for example, those patients with challenging dementia. The specific dementia ward commissioned by Cheshire & Wirral Partnership Trust, is reserved for challenging and complex cases; clients often displaying aggressive behavior. In general, EMI nursing homes are not equipped to cope with such patients. This has resulted in having to look further afield for available beds.

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***This Report was produced by the Avoiding Admissions Scrutiny Panel***  
*(which reported to the former Families and Wellbeing Policy & Performance Committee)*

## Appendix 1: Scope Document for the Avoiding Admissions Scrutiny Review (Final version)

<b>1. Contact Information:</b>	
<p><b>Scrutiny Panel Chair:</b> Cllr Moira McLaughlin <a href="mailto:moiramclaughlin@wirral.gov.uk">moiramclaughlin@wirral.gov.uk</a></p> <p><b>Panel members:</b> Cllrs Bruce Berry <a href="mailto:bruceberry@wirral.gov.uk">bruceberry@wirral.gov.uk</a></p> <p>Alan Brighthouse <a href="mailto:alanbrighthouse@wirral.gov.uk">alanbrighthouse@wirral.gov.uk</a></p> <p>Treena Johnson <a href="mailto:treenajohnson@wirral.gov.uk">treenajohnson@wirral.gov.uk</a></p> <p>Denise Roberts <a href="mailto:deniseroberts@wirral.gov.uk">deniseroberts@wirral.gov.uk</a></p> <p>Karen Prior, Healthwatch Wirral <a href="mailto:Karen.prior@healthwatchwirral.co.uk">Karen.prior@healthwatchwirral.co.uk</a></p>	<p><b>Scrutiny Officer(s):</b> Alan Veitch 0151 691 8564 <a href="mailto:alanveitch@wirral.gov.uk">alanveitch@wirral.gov.uk</a></p> <p><b>Departmental Link Officers:</b> Jacqui Evans (Head of Transformation, DASS) 0151 666 3938 <a href="mailto:jacquievens@wirral.gov.uk">jacquievens@wirral.gov.uk</a></p>
<b>Other Key Contacts:</b>	
Andrew Cooper (Head of Strategy and Outcomes, Wirral Clinical Commissioning Group)	
<b>2. Review Aims:</b>	
<p><b>Which Wirral Plan Pledge does this review relate to?</b> This review will support the Wirral Plan Pledges:</p> <ul style="list-style-type: none"> <li>• ‘Wirral residents to live healthier lives’</li> <li>• ‘Older people live well’</li> </ul>	
<p><b>What are the main issues?</b></p> <ul style="list-style-type: none"> <li>• Understand the demand for both acute and community based services in Wirral</li> <li>• Understand the reasons for the increased demand for admission to acute services</li> <li>• Assess the levels of readmissions and unnecessary admissions to acute services</li> <li>• Appreciate the mechanism for the allocation of funding</li> <li>• Understand the services that are already in place or being planned</li> <li>• Assess whether the resources and capacity are available to support the service provision</li> <li>• Consider whether the transition from acute to community based services is achievable within a realistic timescale</li> <li>• Consider whether community based services are provided on a person-centred basis</li> </ul>	
<p><b>The Panel’s objectives in doing this work:</b></p> <ul style="list-style-type: none"> <li>• To understand the current position regarding admissions to acute services</li> <li>• To understand the actions being taken to divert service provision towards community based services in order to reduce the demand for acute hospital services.</li> <li>• To understand the impact that the transition away from acute services towards community based services may create</li> </ul>	

**The desired outputs/outcomes:**

- an assessment of the current service provision in relation to the current and planned demand for services
  - a view on the Wirral health economy's ability to respond to increasing demand for services
  - an indication of any perceived gaps in service provision
- an appraisal of the effectiveness of decision-making in order to prioritise resources on an economy-wide basis

**What specific value can scrutiny add to this topic?**

Scrutiny will give members the opportunity to gain assurance that adequate plans are in place to further develop community-based services with the aim being to reduce admissions to acute hospital. Members will also be able to assess the effectiveness of the integration of social care and health and also the ongoing partnership working.

**3. Review Approach****How will the Panel engage with the Executive?**

The scope document will be shared with the relevant portfolio holder at the start of the review, requesting any comments. The draft report will also be discussed in advance of being finalised by the task & finish group, before being presented to the Families and Wellbeing Policy & Performance Committee for approval.

**Who will the Panel be trying to influence as part of its work?**

- Appropriate Cabinet members
- Senior Leadership Team, Wirral Borough Council
- Health partners, in particular Wirral Clinical Commissioning Group

**Duration of review?**

Aim to complete the review by January 2016

**Extra resources needed? Would the investigation benefit from the co-operation of an expert witness?**

The review will be conducted by councillors with the support of existing officers, from within the Council and external partners as appropriate. Healthwatch Wirral has offered to provide feedback from patient / public input during Healthwatch Week (9<sup>th</sup> – 13<sup>th</sup> November)

**4. Sources of Evidence:****Secondary information (background information, existing reports, legislation, central government documents, etc).**

- Relevant Committee reports / briefing papers
- Relevant Government reports
- Briefing papers provided by national bodies, for example, NHS England, Kings Fund, LGA, LGiU
- Reports from other Councils relating to the same topic
- Outcomes from Wirral Care Model public engagement process
- Outcomes from Questionnaire re Urgent Care (due in Nov 2015)

**Primary/new evidence/information**

- Interviews with key officers from the Council, partner organisations and service user representatives
- Documentation regarding current processes, services and funding arrangements. This will include:
  - Funding streams and how the money is allocated
  - Statistics and the monitoring process relating to admissions, avoidable admissions and re-admissions
  - Capacity in the system
  - The process to determine appropriate services for a patient
- Healthwatch to acquire patient / public input during Healthwatch Week (9<sup>th</sup> – 13<sup>th</sup> November 2015) and provide feedback on the findings prior to January 2016

**Who can provide us with further relevant evidence? (Cabinet portfolio holder, officer, service user, general public, expert witness, etc).**

Sessions to include:

- Jacqui Evans (Head of Transformation, DASS, Wirral Borough Council)
- Andrew Cooper (Head of Strategy and Outcomes, Wirral Clinical Commissioning Group)
- Chris Oliver (Director of Operations, Wirral University Teaching Hospital)
- Jackie Howard (Deputy Director of Operations, Wirral University Teaching Hospital)
- Possible visit to A&E, Medical Assessment Unit and Pull Team at Wirral University Teaching Hospital
- Rapid Community Service at Wirral University Teaching Hospital
- Possible visit to Integrated Care Coordination Hubs (Eastham), via Jason Oxley (DASS) and Val McGee (Wirral Community Trust)
- Val McGee, Wirral Community Trust
- Suzanne Edwards, Cheshire and Wirral Partnership Trust
- Jason Oxley, DASS, Wirral Borough Council
- North West Ambulance Service
- Dr Paula Cowan, GP Lead for Unplanned Care
- Domiciliary care providers (via Julie Walker)
- Reablement service providers (via Julie Walker)
- Third sector representatives, for example, Age UK (Home from Hospital)
- Patient Voice Group (via Andrew Cooper)
- Carers Partnership Forum (via Carol Jones, DASS)
- Intermediate care home providers (via June Walsh)
- Integrated Discharge Team (via Jason Oxley / Sarah Alldis)
- Representatives of front-line staff, including community workers and social workers
- Healthwatch Wirral

**What specific areas do we want them to cover when they give evidence?**

- How effective are current and planned services?
- Suggestions for any improvements?
- How person-centred is the local approach to service provision?
- Are any funding priorities causing perverse outcomes?

**What processes can we use to feed into the review? (site visits/observations, face-to-face questioning, telephone survey, written questionnaire, etc).**

- Meetings with witnesses as listed above
- Desktop analysis / research
- Appropriate site visits

**In what ways can we involve the public and at what stages? (consider whole range of consultative mechanisms, local committees and local ward mechanisms).**

- Service user representatives will be included in the interviews
- Advocacy agencies such as Healthwatch Wirral will also be involved in the review. Healthwatch will provide feedback from the patient / public input which is due to take place during Healthwatch Week (9<sup>th</sup> – 13<sup>th</sup> November)

**Should we involve the Press & Public Relations Team at any stage of the review? (Homepage news release, press releases etc)**

The scope document will be sent to the press office on approval.

## APPENDIX 2 – METHODOLOGY FOR THE REVIEW

The Panel has employed the following methods to gather evidence:

### 5.1 Meetings

A series of individual meetings has taken place at which the Scrutiny Panel Members could discuss relevant issues with the following:

- Thursday 1<sup>st</sup> October 2015  
Jacqui Evans (Head of Transformation, Department of Adult Social Services, Wirral Borough Council)  
Andrew Cooper (Head of Strategy and Outcomes, Wirral Clinical Commissioning Group)
- Wednesday 14<sup>th</sup> October 2015 – Rapid Community Support, Claughton Medical Centre  
Anne Cartwright (Manager, Integrated Community Commissioning Team, Wirral Community Trust)  
Maggie Johnson (Manager, Rapid Community Service)  
Sharon Barry (Nurse Practitioner, Rapid Community Service)
- Monday 2<sup>nd</sup> November 2015 – Grove House care home, Claughton  
Simon Shaw (Manager, Grove House care home)  
June Walsh (Market Transformation and Contracts Lead, DASS, Wirral Borough Council)
- Monday 2<sup>nd</sup> November 2015 – Daleside care home, Rock Ferry  
Kate Armstrong-Shone (Proprietor, Daleside care home)  
June Walsh (Market Transformation and Contracts Lead, DASS, Wirral Borough Council)
- Monday 2<sup>nd</sup> November 2015 – Hoylake Cottage care home, Rock Ferry  
Lynn Cooke (Manager, Hoylake Cottage care home)  
June Walsh (Market Transformation and Contracts Lead, DASS, Wirral Borough Council)
- Monday 9<sup>th</sup> November 2015 – Integrated Care Coordination Hub, Eastham  
Jason Oxley (Acting Head of Delivery Services, DASS, Wirral Borough Council)  
Anne Cartwright (Manager, Integrated Community Commissioning Team, Wirral Community Trust)  
Helen Lundy (Manager, Integrated Care Coordination Hub, Wallasey)  
Jeanette Hughes (Acting Senior Manager, DASS, Wirral Borough Council)
- Wednesday 18<sup>th</sup> November 2015 – Wirral Community Trust  
Val McGee (Director of Integration and Partnerships, Wirral Community Trust)
- Thursday 19<sup>th</sup> November 2015 – Admissions Prevention team  
Karen Thomas (Manager, Admissions Prevention team, DASS, Wirral Borough Council)
- Thursday 19<sup>th</sup> November 2015 – Lead GP for unplanned care  
Dr Paula Cowan (Lead GP for Unplanned Care, Wirral Clinical Commissioning Group)

- Monday 30<sup>th</sup> November 2015 – Domiciliary care providers (Local Solutions, Mears Care plus Amanda Kelly (Senior Manager, Market Transformation and Contracts, DASS, Wirral Borough Council)  
Julie Walker (Market Transformation Lead, DASS, Wirral Borough Council)  
Paula Bell (Director, Local Solutions)  
Jenny Smedley (Project Manager, Local Solutions)  
Simon De Brabander (Care Coordinator, Mears Care)
- Monday 7<sup>th</sup> December 2015 – Cheshire & Wirral Partnership Trust  
Suzanne Edwards (Service Director, CWP Wirral, Cheshire and Wirral Partnership Trust)
- Thursday 21<sup>st</sup> January 2016 – Age UK  
Jamie Anderson (Chief Executive, Age UK Wirral)  
Ray Collings (Senior Manager, Age UK Wirral)  
Claire Thomson (Home from Hospital Coordinator, Age UK Wirral)
- Monday 25<sup>th</sup> January 2016 – North West Ambulance Service  
Paul Walton (Urgent Care Development Area Manager, Cheshire & Merseyside, North West Ambulance Service NHS Trust)
- Thursday 11<sup>th</sup> February 2016 – Visit to Wirral University Teaching Hospital at Arrowe Park  
Amanda Farrell (Divisional Director, Medical & Acute Specialties Division, Wirral University Teaching Hospital)  
Dr Ranj Mehra (Divisional Medical Director, Medical & Acute Specialties Division, Wirral University Teaching Hospital)  
Holly Middleton (Head of Urgent Care, Medical & Acute Specialties Division, Wirral University Teaching Hospital)  
Helen Morris (Matron, Wirral University Teaching Hospital)  
Alison Quinn (Clinical Lead, Integrated Discharge team, Wirral University Teaching Hospital)  
Becky Mazier (Deputy Manager, Integrated Discharge team, Wirral University Teaching Hospital)
- Monday 15<sup>th</sup> February 2016 – Carers  
Pat Ward, Judith Varley, Jenny Ebb, Peter Sampson, Edwin Stanley, Joan Stanley
- Monday 15<sup>th</sup> February 2016 – Alzheimer’s Society  
Sue Newnes (Services Manager, Alzheimer’s Society Wirral)
- Wednesday 23<sup>rd</sup> March 2016 – Patient Voice Group representatives  
Wendy Sheen, David Bowe, Terry Sullivan, Philip Barton  
(Note: All Patient Voice representatives attended the meeting in a personal capacity and were not representing the views of their Patient Representative group or other Patient Voice members).

## 5.2 Written Evidence

The Review was also informed by written evidence including committee reports, Government documents and briefing papers from officers.

## APPENDIX 3 - RECOMMENDATIONS

### Governance and funding

#### **Recommendation 1 - Developing one system with shared governance**

Wirral will move to be an Accountable Care System by 2020 in line with national requirements. Wirral Clinical Commissioning Group, in conjunction with all partners are encouraged to continue to strengthen the culture of collaboration and partnership working which will lead to the ultimate development of a single health and care system for Wirral, the achievement of which will require a single pooled budget. This will require the establishment of appropriate governance arrangements with clear lines of responsibility and accountability and robust pathways minimising duplication. Opportunities should be taken to achieve incremental steps towards achieving an Accountable Care System by 2020 and report on progress to scrutiny on an annual basis.

#### **Recommendation 2 – Funding of acute hospital services**

In order to further develop services in the community, Wirral Clinical Commissioning Group and partners are requested to continue to explore the opportunities arising from commissioning within a cost envelope as an alternative to the Payment by Results tariff model.

### Service quality

#### **Recommendation 3 – Service quality and a person-centred approach for community services**

The Director of Adult Social Services and Wirral Clinical Commissioning Group, as commissioners of community services, are requested to ensure that adequate system capacity, service quality and a person-centred approach are embedded within all such contracts. An effective monitoring measure of the integrated care system should continue to be developed, appropriate to the changing commissioning structures.

### Developing the right services

#### **Recommendation 4 – Admission prevention**

Wirral Clinical Commissioning Group and Wirral Borough Council, as commissioners of services, will continue to further develop the concept of preventative services to reduce unplanned admissions through the improved outcomes of public health initiatives, the development of robust community services and the encouragement to promote self-care. Annual feedback is requested from the Joint Strategic Commissioning Group.

#### **Recommendation 5 – Promotion of community services**

Wirral Clinical Commissioning Group and Wirral Borough Council, as commissioners of services, will place greater emphasis on promoting community services among the public and professionals. Increased priority will also be given to changing the awareness and behaviours of the public and professionals in order to encourage greater usage of the range of services aimed at preventing unplanned hospital admissions.

**Recommendation 6 – Implementation of alternative referral pathways**

Wirral Clinical Commissioning Group and Wirral Borough Council, as commissioners of services, will work with all service providers, including North West Ambulance Service, the 111 service and GPs, in order to ensure full engagement in the new referral pathways.

**Recommendation 7– Responding to changing requirements for services**

Wirral Clinical Commissioning Group and Wirral Borough Council, as commissioners of services, will ensure that community services are introduced on the basis of best practice, insight and analysis of need. This will ensure that services will remain responsive to changing community needs, reinforced by the use of formal contract mechanisms to expand or reduce contracts as appropriate.

**Recommendation 8 – Communication of data**

The Healthy Wirral programme's work to improve the communication of patient data between health and care providers in order to create a single patient record is fully endorsed. The Wirral Care Record will ensure that the use of the single patient record is spread to as many providers as possible at the earliest opportunity. Feedback on the implementation and the impact of the Wirral Care Record is requested to a future meeting of the People Overview & Scrutiny Committee.

**Evaluating the effectiveness of services****Recommendation 9 – Performance management of community services**

Wirral Clinical Commissioning Group and Wirral Borough Council, as commissioners of services, will give a high priority to the effective performance monitoring of the various community services, including the use of both qualitative and quantitative data. The monitoring will include performance comparisons with geographical and statistical neighbours. Opportunities will also be explored to report across organisations in an integrated way and consideration will be given to the wider role of scrutiny across partners.

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**People Overview and Scrutiny Committee**  
**Thursday, 8 September 2016**

<b>REPORT TITLE:</b>	<b>Wirral Plan Overview Report: 2016-17 Quarter 1 – People Theme</b>
<b>REPORT OF:</b>	<b>Strategic Director – Families &amp; Wellbeing</b>

**REPORT SUMMARY**

The Wirral Plan: A 2020 Vision provides the joint partnership strategic planning framework to improve outcomes for Wirral residents over a five year period. It outlines 20 Pledges to residents based around the three themes of People, Business and Environment.

This report provides the Wirral Plan Overview Report which describes performance at Quarter 1 (April to June 2016). It is focused on high level population measures which describe progress towards making a difference to the lives of Wirral residents.

Through the Wirral Plan Performance Management Framework the Wirral Partnership has a robust approach to performance management ensuring that planned activity is monitored and reviewed. Underpinning this Overview Report are more detailed reports for each of the Pledges which are reported at Pledge Steering Groups and published on the Council website. These reports can be included in future quarterly performance updates and the committee may want to identify specific pledges to review in greater detail at future meetings.

**Quarter 1 Progress Summary**

Delivery of the Wirral Plan is driven by all partners working together with residents to make a difference. In quarter one performance highlights include:

- There has been a 9.5% increase in the number of people with disabilities in employment since the Wirral Plan was agreed, and that is in part due to the innovative work being done by the Wirral Partnership and Wirral Evolutions - the Council-owned company providing day services to vulnerable adults. The employment rate for disabled people in Wirral is now greater than the North West average and we will continue to seek significant progress in helping people with disabilities to live more independent lives.
- The Wirral Plan sets a target for all children to be educated in schools rated good or better by Ofsted by 2020. Encouraging progress is being made, with six schools being upgraded from 'requires improvement' to 'good' during the first quarter. Today, 9 out of 10 primary school pupils and 8 out of 10 secondary school pupils in Wirral attend a school which is rated at least 'good'. The Council continues to work alongside teachers and educators to make sure every school is supported to improve and to ensure we continue providing young people with an excellent education.

- The Council has appointed 6 'Future in Minds' workers as part of a new initiative to support young people who may be experiencing mental health issues, Our early-years' service has also entered into a partnership with Job Centre Plus to run a programme helping new parents get back into the employment market.
- Good progress is being made in ensuring Wirral's neighbourhoods are safer, with a 2% reduction in the total number of crimes compared to this time last year. The council is working at a local neighbourhood level with partners including the police, local residents groups and the business community to ensure crime reduction resources are focussed where and when there is greatest need.
- Reports of anti-social behaviour are also declining with a 13% reduction in the number of incidents reported to the police compared to the same period last year. This drop in anti-social behaviour is testament to the success of the Plan's approach to integrate Police and Community Support Officers with the borough's Community Patrol and Anti-Social Behaviour Officers into one team.
- The Wirral Partnership has agreed a new approach to give victims of Domestic Violence greater confidence to report incidents and this approach has seen a successful increase in reporting compared to the same period last year. Meeting our pledge of zero tolerance to Domestic Violence relies on a joint approach with partners and communities working together to tackle domestic abuse in all its forms, and we are grateful for the efforts and work carried out by numerous partners across Wirral on tackling this worrying issue.
- The Council continues to work well with Wirral Chamber of Commerce and local businesses on a range of economic and employment issues. We are seeing greater job opportunities for Wirral residents being delivered with an increase in the employment rate of 3% compared to the start of the Wirral Plan, and an increase in the number of new jobs created compared to the same period last year. Wirral also remains the fastest growing tourism economy in Merseyside with an 8% increase in visitor numbers resulting in an additional £31million being spent in our visitor economy compared to the previous year.
- Tackling the problems residents face in finding appropriate housing is also a key goal of the Wirral Plan. We are on track to achieve our target of bringing 1,250 empty properties back into use by 2020 and at the time of writing, 388 empty properties have been identified, improved and brought back into use. 760 other properties have also been adapted or improved to help vulnerable people live with greater independence.
- Issues such as dog fouling remain a high priority for our residents. A new enforcement policy was launched in May 2016 and has immediately delivered positive results. Fixed Penalty Notices (FPNs) issued to irresponsible dog owners in the first quarter equal the total number issued in the whole of the

previous year. Coupled with our continued clampdown on littering, where 2631 FPNs were issued in this quarter, these results show the Council and its partners are serious about protecting our environment.

- Healthy life expectancy at birth in Wirral is lower than both national and regional figures, and recent Wirral results show an improvement for men but a decrease for women. Work is underway through delivery of the Wirral Plan including the healthier lives pledge with a particular focus on alcohol and tobacco use. This measure is a long term outcome measure which will require significant behavioural change from residents in order for long term improvement to be achieved.

### **Delivery of Outcomes for Residents**

The Quarter One People Theme Overview Report is included at Appendix 1. It provides a summary of progress against all pledges and a high level summary from the People Pledge sponsors providing context about how the partnership is working together to deliver the projects identified in the Pledge strategies.

Data for the identified indicators is released at different times throughout the year as a result not all Pledges will have results each quarterly reporting period. Some indicators can be reported quarterly and some only on an annual basis, with annual figures reported in the quarter they become available.

At quarter one 15 indicators are available to be reported across the 20 pledges and 7 within the People pledges. Progress can be assessed by:

- A direction of travel which illustrates for each indicator whether performance is improving, deteriorating or sustained compared to the previous relevant figure, either from the start of the Wirral Plan (June 2015) or the same period in the previous year.
- Performance against targets set at the start of the year. For each indicator, a Red, Amber, Green or Blue rating is assigned depending on the performance level against the target with Blue noting overachievement.
- Where it is available benchmarking data to support comparison of performance with other areas is also provided for review.

### **RECOMMENDATION/S**

Members of the People Overview & Scrutiny Committee are requested to note the content of this report and highlight any areas requiring further clarification or action.

## **SUPPORTING INFORMATION**

### **1.0 REASON/S FOR RECOMMENDATION/S**

To ensure Members have the opportunity to monitor the performance of the Pledges under the Wirral Plan people theme.

### **2.0 OTHER OPTIONS CONSIDERED**

None, the report follows a standard format in line with the performance management framework for the Wirral Plan.

### **3.0 BACKGROUND INFORMATION**

The Wirral Plan Performance Management Framework has been developed to ensure robust monitoring arrangements are in place. Underpinning this report performance reports are available for the Pledges which provide more detailed information regarding projects being delivered and supporting measures to monitor improved outcomes for residents.

Significant work is ongoing in relation to the pledge vulnerable children reach their full potential which is being further developed in relation to a recent Ofsted inspection and is not reported at quarter one.

### **4.0 FINANCIAL IMPLICATIONS**

There are none arising from this report.

### **5.0 LEGAL IMPLICATIONS**

There are none arising from this report.

### **6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS**

There are none arising from this report.

### **7.0 RELEVANT RISKS**

The performance management framework is aligned to the Council's risk management strategy and both are regularly reviewed as part of corporate management processes.

### **8.0 ENGAGEMENT/CONSULTATION**

The priorities in the Wirral Plan and underlying pledges were informed by a range of consultations carried out in 2015 and 2016 including the Wirral resident survey.

## 9.0 EQUALITY IMPLICATIONS

Has the potential impact of your proposal(s) been reviewed with regard to equality? No because the report is provided for information. The Wirral Plan equality impact assessment can be found at:

<https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments/equality-impact-assessments-2014-15/chief>

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### APPENDICES

**Appendix 1 – Wirral Plan Overview Report 2016-17 Quarter One.**

### REFERENCE MATERIAL

N/A

### SUBJECT HISTORY (last 3 years)

<b>Council Meeting</b>	<b>Date</b>

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# **WIRRAL PLAN OVERVIEW REPORT 2016-17 QUARTER ONE**

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# PERFORMANCE SUMMARY

PLEDGE	INDICATOR	WIRRAL PLAN START	TARGET	2016-17 Q1	TREND	DIRECTION OF IMPROVEMENT
<b>OLDER PEOPLE LIVE WELL</b>	Healthy Life Expectancy at birth: Males	59.8 2011-13	59.8 (Annual)	<b>60.4 Green</b>	↑	Higher is better
	Healthy Life Expectancy at birth: Females	61.8 2011-13	61.8 (Annual)	<b>60.9 Amber</b>	↓	Higher is better
<b>YOUNG PEOPLE ARE READY FOR WORK AND ADULTHOOD</b>	Percentage of schools rated 'good' or 'outstanding' by Ofsted	84% 2014-15 Acad Year	93.4% (Annual)	<b>85% Amber</b>	↑	Higher is better
<b>REDUCE CHILD AND FAMILY POVERTY</b>	Increase the employment rate in Wirral	66.7% Mar 2014 - Mar 2015	70.0%	<b>69.7% Green</b>	↑	Higher is better
<b>PEOPLE WITH DISABILITIES LIVE INDEPENDENT LIVES</b>	Employment rate aged 16-64 - Equality Act core or Work Limiting Disabled	37.1% Mar 2014 - Mar 2015	43.6%	<b>46.6% Green</b>	↑	Higher is better
<b>ZERO TOLERANCE TO DOMESTIC VIOLENCE</b>	Number of domestic abuse Wirral MARAC cases per 10,000 adult females	54 2014-15	13	<b>23 Blue</b>	↑	Higher is better (policy is to increase reporting before figures reduce)
	Children and young people experience domestic abuse (Wirral MARAC cases)	1289 2014-15	381	<b>302 Green</b>	↓	Higher is better (policy is to increase reporting before figures reduce)
	Percentage of incidents of repeat domestic abuse (Wirral MARAC cases)	16% 2014-15	25%	<b>30% Amber</b>	↓	Lower is better
<b>GREATER JOB OPPORTUNITIES IN WIRRAL</b>	Increase the number of jobs created and safeguarded via Invest Wirral	970 2014-15	60	<b>74 Blue</b>	↑	Higher is better
	Increase the employment rate in Wirral	66.7% Mar 2014 - Mar 15	70.0%	<b>69.7% Green</b>	↑	Higher is better

# PERFORMANCE SUMMARY

PLEDGE	INDICATOR	WIRRAL PLAN START	TARGET	2016-17 Q1	TREND	DIRECTION OF IMPROVEMENT
<b>VIBRANT TOURISM ECONOMY</b>	Increase visitor numbers each year based on the 2014 baseline	7.08m (2013)	7.87m (Annual)	<b>8.20m Green</b>	↑	Higher is better
	Increase the value of the tourism economy by at least 5% each year	£327.85m (2013)	£372.70m (Annual)	<b>£385.80m Green</b>	↑	Higher is better
<b>TRANSPORT &amp; TECHNOLOGY INFRASTRUCTURE FOR THE FUTURE</b>	Reduce the number of people killed or seriously injured in road traffic accidents	140 2014-15	24	<b>29 Amber</b>	↑	Lower is better
<b>GOOD QUALITY HOUSING THAT MEETS THE NEEDS OF RESIDENTS</b>	Bring 1,250 empty properties back into use	New indicator	349	<b>388 Blue</b>	N/A	Higher is better
<b>WIRRAL'S NEIGHBOURHOODS ARE SAFE</b>	Reports of anti-social behaviour (ASB) to Merseyside Police	11837 2014-15	3056	<b>2764 Blue</b>	↑	Lower is better
	Number of crimes recorded by the Police	19061 2014-15	5238	<b>4906 Green</b>	↑	Lower is better
<b>ATTRACTIVE LOCAL ENVIRONMENT FOR WIRRAL RESIDENTS</b>	Maintain local environmental quality (LEQ) via the street cleansing of litter, detritus, graffiti	New indicator	93%	<b>94.2% Blue</b>	N/A	Higher is better

## Key

### Trend

↑ Performance Improving ↓ Performance Deteriorating ↔ Performance Sustained N/A - No comparable data available

Based on Wirral Plan start date with exception of: Number of domestic abuse Wirral MARAC cases per 10,000 adult females, Children and young people experience domestic abuse (Wirral MARAC cases), Percentage of incidents of repeat domestic abuse (Wirral MARAC cases), Increase the number of jobs created and safeguarded by Invest Wirral, People killed or seriously injured in road traffic accidents, Reports of Anti-social behaviour (ASB) to Merseyside Police, Number of crimes recorded by the police - ALL compared to same period in previous year.

**Target Rating (Blue, Green, Amber, Red)** based on agreed tolerance range for individual measures

Blue - Above Target Green - Within Target Amber - Below Target Red - Significantly Below Target.

# PLEDGE: OLDER PEOPLE LIVE WELL

## Overview from the Pledge Sponsor

One of the biggest encouragements to highlight is the enthusiasm, energy and commitment of the Ageing Well Steering Group. It is great to see so many partners determined to achieve real positive outcomes for Wirral's older residents and the steering group is working as a team to ensure that progress is being made on all areas of the action plan.

One of our main areas of focus is working to reduce 'social isolation' among older people in Wirral. Loneliness can be felt by those of all ages but as we age factors such as poor health, mobility, retirement, becoming a carer and reduced access to transport can increase the likeliness of feeling lonely and becoming more isolated. It is essential we work as one team across all sectors in Wirral to help change the lives of these people for the better and continue to identify those people who are socially isolated and make sure they get the help they need. During the next few months we will try a new approach to talk directly to older people in Wirral to make sure they are getting the right support. A 'Wirral Door Knock' event in partnership with key partners and service providers from across the sectors has been proposed and further development is underway.

We are also working hard to improve the information and advice which older people can get easy access to. We know we need to get better at signposting and promoting services to ensure that everyone over the age of 50 knows how to get the right information when they need it most.

In June Age UK Wirral launched an exciting competition; encouraging all budding artists to design a sticker which businesses in Birkenhead will be encouraged to display in their windows to show that they are age-friendly. For businesses, displaying the sticker means that they are happy to allow older people a place to rest, a glass of water and toilet facilities if needed. The deadline for entries has closed and the winning design will be chosen by Cllr Chris Jones.

Merseyside Fire & Rescue Service (MF&RS) work closely with some of Wirral's most vulnerable older people to help to prevent fires, identifying potential fire risks around the home. MF&RS have announced that all their staff will undergo dementia training by the end of July 2016. This training will deliver essential information for staff who come into contact with those with dementia and help provide sufferers with a service that fully understands how best to support them in preventing fires.

Healthy life expectancy at birth recent Wirral results show an improvement for men but a decrease for women, with figures for both sexes lower than both national and regional figures. This measure is a long term outcome measure which will require significant behavioural change from residents in order for long term improvement to be achieved. Work is underway through delivery of the Wirral Plan including the healthier lives pledge with a particular focus on alcohol and tobacco use, two key areas that have a detrimental impact on people's health.

INDICATOR	WIRRAL PLAN START	MOST RECENT BENCHMARK DATA	TARGET	2015-16 Q4	2016-17 Q1	TREND	DIRECTION OF IMPROVEMENT
Healthy Life Expectancy at birth: Males	59.8 2011-13	England: 63.4 (2012 - 2014) North West: 61.1 (2012 - 2014)	59.8 (Annual)	<b>59.8</b>	<b>60.4 Green</b>	↑	Higher is better
Healthy Life Expectancy at birth: Females	61.8 2011-13	England: 64.0 (2012 - 2014) North West: 61.8 (2012 - 2014)	61.8 (Annual)	<b>61.8</b>	<b>60.9 Amber</b>	↓	Higher is better

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# PLEDGE: CHILDREN ARE READY FOR SCHOOL

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## Overview from the Pledge Sponsor

In Quarter 1 steady progress has been made in delivering against the priorities and actions detailed in the strategy:

- Following a successful pilot in November 2015, a new Integrated Review for children 2 to 2½ years old commenced roll out in June 2016. This approach is designed to support a consistent and clear assessment of the child's needs early in their life, to ensure the right support can be provided where it is required.

Following analysis by early years lead consultants, schools have been identified to receive individual advice and support to support pupil progress and attainment with an aim to close the attainment gap for disadvantaged children.

To ensure childcare settings, child-minders and schools provide good quality provision a group has been established to identify and inform improvement planning. Initially the focus will be on those settings which are rated as 'Requires Improvement' or 'Inadequate'. The aim is to increase the availability of childcare settings that are rated good or outstanding.

- Work with Social Care and Foster Carers will continue in order to improve the take up of the 2 year old nursery education offer for children who are looked after by the local authority (CLA) to help support their development and future life chances. Good practice is being shared across the North West area on how to best improve nursery take up.
- A current review of parenting programmes provided by different agencies In Wirral will determine the approaches that are having the most benefit to parents and children, in order to improve future programmes.

Quarter 2 will build on the work carried out so far including:

- We will continue to focus on mapping duplication and gaps in practice regarding parenting programmes.
- Strengthen take up of the opportunities to review children's needs at an early stage in their lives.
- Consider the development of a tracking toolkit against the Early Years Foundation Stage (EYFS) outcomes and narrowing the gap.
- Further improve the take up of the 2 year old nursery offer for disadvantaged children with a clear focus to change the negative perception of it held by some parents and work to ensure it is viewed as valuable support for children.

# PLEDGE: YOUNG PEOPLE ARE READY FOR WORK AND ADULTHOOD

## Overview from the Pledge Sponsor

As a result of recent Ofsted inspections six schools have been upgraded from requires improvement to good; meaning 9 in 10 primary school pupils and 8 in 10 secondary school pupils now attend schools which Ofsted rate as either good or outstanding. Although results have improved since the start of the Wirral Plan the target set has not been achieved in quarter 1. The Wirral Plan set an aspirational target for all children to be educated in schools rated good or better by Ofsted by 2020 which despite continued focus will provide a challenge to achieve in light of Ofsted school inspection changes and higher government targets for schools to achieve.

95% of Children Looked After (CLA) attend a good or better primary school.

72% of CLA attend a good or better secondary school.

85.8% of Children Looked After have an up to date Personal Education Plan (PEP) to support young people's attainment and progress.

75% of 16-18 year care leavers are in Education, Employment or Training opportunities by March 2016.

We have also appointed 6 'Future in Minds' specialist staff who will work across the borough providing support and training for schools to identify the early signs of pupils with mental health issues. Strategies will be given to support these pupils so preventing their needs from escalating. The Young Chamber programme has been recognised nationally as an example of good practice. A programme of activity is ready to roll out to all secondary schools in September 2016.

Wirral schools are considering the Government academy agenda. The Regional Schools Commissioner (RSC) has recently met with primary headteachers to discuss the detail of proposals for schools to become academies and also Multi Academy Trusts (MAT) where a single Trust is responsible for a number of academies which can provide a local approach to becoming an academy. This has resulted in a significant number of schools registering an interest with the Department of Education to become an academy. One MAT of five primary schools has been approved by the Headteacher Board and the RSC. The three Locality Boards are well established with Headteachers on the boards working collaboratively to raise the quality of leadership and management, and teaching and learning. There have been a number of reviews of teaching and learning as well as support in schools and schools are accessing good support from 'Teaching Schools'.

INDICATOR	WIRRAL PLAN START	MOST RECENT BENCHMARK DATA	TARGET	2015-16 Q4	2016-17 Q1	TREND	DIRECTION OF IMPROVEMENT
Percentage of schools rated 'good' or 'outstanding' by Ofsted	84% 2014-15 Acad Year	England: 85% (Dec 2015) North West: 87% (Dec 2015)	93.4% (Annual)	84%	85% Amber	↑	Higher is better

# PLEDGE: REDUCE CHILD AND FAMILY POVERTY

## Overview from the Pledge Sponsor

Reducing child and family poverty is incredibly important. To make sure this Pledge is achieved, every agency involved has joined forces to work together to help families get back into employment and increase financial inclusion.

Job Centre Plus and the Council's Early Years service are now working together in a formal partnership to help parents get back into employment and access training and education opportunities. Work is also well underway to support those Wirral families who are likely to be affected by the Benefit Cap, which is likely to be 499 based on latest information from the Department for Work and Pensions (DWP).

These families are being supported in a number of ways. Partners are using case conferences to ensure that they have spoken to all of the families affected, to maximise contact with them, and avoid hardship through lack of information. Targeted employment support includes the Work on Wirral (WOW) adviser working from Magenta Living to support those who want to find some employment to take them out of the cap, as well as dedicated support to minimise hardship e.g. Discretionary Housing Payment (DHP) applications, job search advice, financial and debt advice.

Target areas have been identified for the community pilots and discussion is taking place with partner organisations to develop appropriate models of delivery in each of the areas.

In Quarter 2 work is underway to ensure we fully capture the outcomes of the support provided locally. The Steering Group are currently in the process of working with local partners to develop an appropriate information management system that will enable outcomes to be captured. This will be also be linked to the Joint Strategic Needs Assessment (JSNA) so that we are able to provide ongoing updates to the Child Poverty JSNA chapter.

INDICATOR	WIRRAL PLAN START	MOST RECENT BENCHMARK DATA	TARGET	2015-16 Q4	2016-17 Q1	TREND	DIRECTION OF IMPROVEMENT
Increase the employment rate in Wirral	66.7% Mar 2014 - Mar 2015	England: 73.7% (Mar 2015 - Mar 2016) North West: 71.4% (Mar 2015 - Mar 2016)	70.0%	69.70%	69.7% Green	↑	Higher is better

# PLEDGE: PEOPLE WITH DISABILITIES LIVE INDEPENDENT LIVES

## Overview from the Pledge Sponsor

More people with disabilities are now in employment, with Wirral now seeing a higher rate than the regional average. This is excellent news, and due in no small part to the many organisations and community groups who have helped shape and now begun to deliver the boroughs' All Age Disability Strategy.

Just in the past three months, some highlights of the work include:

The implementation of 'Local Offer Wirral' - a resource which has been designed to help people to find information and services relating to children and young people age 0-25 who have Special Educational Needs and/or disabilities.

Significant progress in the development of 'Live Well Wirral' a website to provide information and a range of options for care and support as well as social activities and clubs.

- Work to ensure the inclusion of employment and volunteering opportunities for people with disabilities in the specifications of key Council contracts with a view to extending this approach to other areas/partners.
- Involvement sessions were held to ensure that people with disabilities and their carers shape the commissioning of their support services.

To ensure strong oversight of delivery of the All Age Disability Strategy partners have worked together to develop the governance arrangements and set up a partnership group chaired by Wirral Mencap with a parent/carer Deputy Chair. The group are focused on ensuring shared responsibility for the named actions to ensure a robust approach to improving outcomes for people with disabilities.

In Quarter 2 work is underway to ensure progress will be made on the employment theme in the strategy working with a range of partners including Jobcentre Plus, the Department for Work and Pensions, employers and the Wirral Chamber of Commerce.

INDICATOR	WIRRAL PLAN START	MOST RECENT BENCHMARK DATA	TARGET	2015-16 Q4	2016-17 Q1	TREND	DIRECTION OF IMPROVEMENT
Employment rate aged 16-64 - Equality Act core or Work Limiting Disabled	37.1% Mar 2014 - Mar 2015	England: 50.7% (Mar 2015 - Mar 2016) North West: 45.3% (Mar 2015 - Mar 2016)	43.6%	44.50%	46.6% Green	↑	Higher is better

# PLEDGE: ZERO TOLERANCE TO DOMESTIC VIOLENCE

## Overview from the Pledge Sponsor

As the lead officer for the Pledge to create a 'Zero Tolerance To Domestic Abuse' on Wirral I am pleased to report the success of the strategy's initial priority target; to encourage reporting by victims of domestic abuse to tackle the under-reporting of these crimes and ensure the right support is provided. The proportion of reported cases per population has risen, with an increase of 20% of domestic abuse cases per 10,000 adult females for Q1 2016-17, compared to same period in the previous year (cases reported to Wirral multi-agency risk assessment conferences (MARAC).

Though the number of children and young people experiencing domestic violence and abuse in their homes has reduced, this number is only measured for high risk cases which have themselves reduced. This is also as a consequence of an increased proportion of the victims having drug and alcohol issues, whose homes are generally less likely to include children. The incidents of repeat domestic abuse has spiked in Q1 as four persistent repeat couples have been subject to Multi Agency Risk Assessment Conference (MARAC) discussions. The reported performance is within the SafeLives recommendation for repeat rate (28-40%).

The 'Domestic Abuse Alliance' is the coordinated collaboration across public and voluntary sector agencies together with the community at large with an aim for a greater percentage of victims seeking support, and ensuring services are better directed to where they are most needed.

High profile campaigns such as the 'be a lover not a fighter' and the 'Domestic Abuse - Let's Make a Difference' video have raised awareness, educated and informed offenders and victims. The success of these initiatives has led to an increase in the proportion of victims deemed to be low to medium risk of repeated abuse being referred to appropriate support.

Domestic abuse offender management is also a priority, including specific programmes targeted towards young offenders and prolific offenders to bring about sustainable crime reduction through behavioural change.

In the coming months:

- We will look at engaging agencies who have been successful across Merseyside working in private businesses to reduce the effects of domestic abuse on their workforce.
- We will continue to work to increase reports of domestic abuse whilst reducing the likelihood of re-victimisation by raising awareness, education and training to the community, helping to break the cycle of abuse.

INDICATOR	WIRRAL PLAN START	MOST RECENT BENCHMARK DATA	TARGET	2015-16 Q4	2016-17 Q1	TREND	DIRECTION OF IMPROVEMENT
Number of domestic abuse Wirral MARAC cases per 10,000 adult females	54 2014-15	England: 33 (2015 - 2016) Similar Peer Group: 41 (2015 - 2016)	13	61	23 Blue	↑	Higher is better (policy is to increase reporting before figures reduce)
Children and young people experience domestic abuse (Wirral MARAC cases)	1289 2014-15		381	1465	302 Green	↓	Higher is better (policy is to increase reporting before figures reduce)
Percentage of incidents of repeat domestic abuse (Wirral MARAC cases)	16% 2014-15	England: 25% (2015 - 2016) Similar Peer Group: 31% (2015 - 2016)	25%	21%	30% Amber	↓	Lower is better

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**People Overview and Scrutiny Committee  
Thursday, 8 September 2016**

<b>REPORT TITLE:</b>	<b>Financial Monitoring Report Quarter 1 2016/17</b>
<b>REPORT OF:</b>	<b>Section 151 Officer/Head of Financial Services</b>

**REPORT SUMMARY**

This report and appendices sets out the projected revenue and capital monitoring position for 2016/17 as at the close of quarter 1 (30 June 2016) as reported to Cabinet on 18 July 2016.

The quarter one revenue report forecast an overspend of £1.1 million for the year and sought approval for the allocation of £11.1 million from the Revenue Contingency Budget contingency to Directorates and the use of £1.6 million of General Fund Balances. The report also updated on other budgetary movements which had arisen since the 2016/17 budget was agreed.

The capital report updated the capital programme to reflect re-profiling of schemes between years which produces a capital programme of £58.97 million for 2016/17. Expenditure after the first quarter concluded was £2.7 million.

**RECOMMENDATION/S**

1. That members note the report and appendices.

## **SUPPORTING INFORMATION**

### **1.0 REASONS FOR RECOMMENDATIONS**

- 1.1 To ensure Members have the appropriate information to review the budget performance of the authority.

### **2.0 OTHER OPTIONS CONSIDERED**

- 2.1 The appendices contain the standard authority wide capital and revenue monitoring reports. A New Operating Model is to be introduced within the Council and monitoring arrangements will be reviewed once the New Operating Model arrangements are functioning and embedded.

### **3.0 BACKGROUND INFORMATION**

- 3.1 Under the New Operating Model, existing directorates will be superseded with new structures based around a Strategic Hub, Business Support function and a number of Delivery Units. Overview and Scrutiny Committees have already been reconstituted away from a directorate basis to align with Wirral's 20/20 Vision themes three of Business, People and Environment.
- 3.2 A budget realignment process is to take place to align to the New Operating Model. In very broad terms People will cover areas currently within Adult Social Care and Children and Young People, Environment will cover areas within Regeneration and Environment, whilst Business will cover Transformation and Resources plus aspects of the Regeneration and Environment budget.

### **4.0 FINANCIAL IMPLICATIONS**

- 4.1 The Financial implications are contained within the appendices. These explain the latest revenue budget and forecast spend positions and the capital programme budget and spend to date.

### **5.0 LEGAL IMPLICATIONS**

- 5.1 There are none arising directly from this report.

### **6.0 RESOURCE IMPLICATIONS; ICT, STAFFING AND ASSETS**

- 6.1 There are no implications arising directly from this report.

### **7.0 RELEVANT RISKS**

- 7.1 There are none directly relating to this report. The monitoring of financial performance is important to ensure robust financial control procedures are in place.

## **8.0 ENGAGEMENT/CONSULTATION**

8.1 No consultation has been carried out in relation to this report.

## **9.0 EQUALITIES IMPLICATIONS**

9.1 This report is essentially a monitoring report which reports on financial performance.

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## **APPENDICES**

Appendix 1 – Revenue Monitoring 2016/17 Quarter 1  
Appendix 2 – Capital Monitoring 2016/17 Quarter 1

## **REFERENCE MATERIAL**

### **SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>
Cabinet	18 July 2016

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**COUNCILLOR PHIL DAVIES**

**CABINET**

**18 JULY 2016**

**REVENUE MONITORING 2016/17**

**QUARTER 1 (TO JUNE 2016)**

**Councillor Phil Davies (Leader of the Council) said:**

“Ensuring robust, transparent and effective management of our finances remains of the utmost importance. As national austerity policies continue, the responsibility falls on local government to ensure the services which residents rely on every day remain viable.

“Wirral Council once again has set a balanced and sustainable budget, and is committed to working hard throughout the year to ensure it is delivered. We are reporting a small variance and projected overspend this year – less than 0.5% of our revised revenue budget – and we remain confident we have the necessary plans and systems in place to quickly rectify this situation and once again deliver a balanced budget at the end of the financial year.”

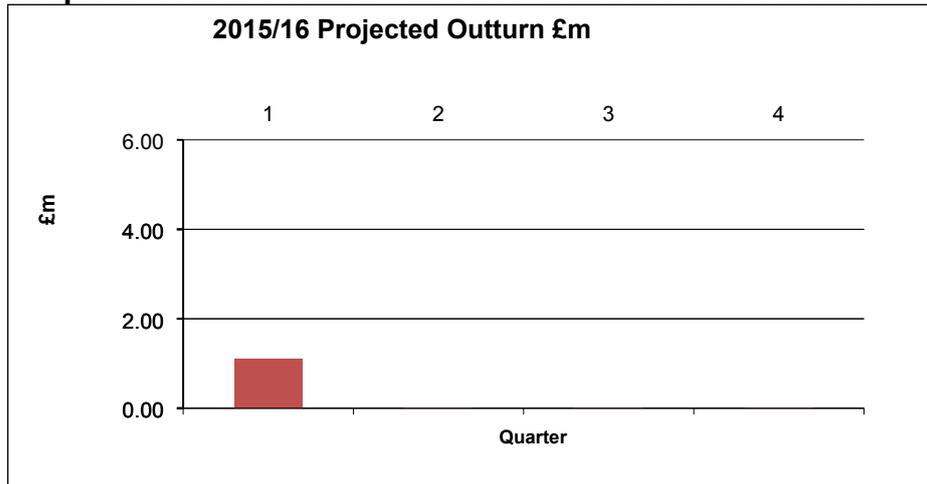
**REPORT SUMMARY**

This report sets out the projected revenue position for 2016/17 as at the close of quarter 1 (30 June 2016).

The latest position forecasts an overspend of £1.1 million for 2016/17. Council agreed a Revenue Budget Contingency of £12 million in anticipation of increasing pressures and the delayed delivery of previously agreed savings.

The headline position is shown in the graph.

**Graph 1: Wirral Council – 2016/17 General Fund Variance**



This is a key decision which affects all Wards within the Borough.

### **Recommendations**

1. That the £11.1 million distribution of the Revenue Budget Contingency be approved.
2. That the use of £1.6 million of General Fund balances be referred to Council for approval.
3. That the receipt of £0.17 million of New Homes Bonus Returned Funding Grant which will be added to General Fund Balances be noted.
4. That the underspend of £1.3 million identified following the closure of the 2015/16 accounts being added to General Fund Balances be noted.
5. That Officers identify actions and take measures to reduce the projected overspend of £1.1 million and replenish General Fund balances.

## SUPPORTING INFORMATION

### 1.0 REASONS FOR RECOMMENDATIONS

- 1.1 The Council, having set a Budget at the start of the financial year, needs to ensure that the delivery of this Budget is achieved. Consequently there is a requirement to regularly monitor progress so that corrective action can be taken when required which is enhanced with the regular reporting of the financial position.

### 2.0 OTHER OPTIONS CONSIDERED

- 2.1 This is a monitoring report but any options to improve the monitoring and budget accuracy will be considered.

### 3.0 BACKGROUND INFORMATION

#### 3.1 CHANGES TO THE AGREED BUDGET

- 3.1.1 The 2016/17 Budget was agreed by Council on 3 March 2016. Any increase in the Budget has to be agreed by full Council. Changes to the Budget since it was set are summarised in Table 1.

**Table 1: 2016/17 Original & Revised Net Budget by Directorate £000's**

	Original Net Budget	Proposed Budget Change Quarter 1 Use of Contingency	Proposed Budget Change Quarter 1 Use of Balances	Revised Net Budget
	£ms	£ms	£ms	£ms
FWB - Adult Social Care	71,311	3,900	1,500	76,711
FWB – Children & Young People,	67,773	5,000	-	72,773
FWB - Further Areas: Safeguarding, Schools, Leisure, Public Health	9,383	-	100	9,483
Regeneration & Environment	83,607	-	-	83,607
Transformation & Resources	24,730	500	-	25,230
Corporate Growth, Savings & Grant	7,791	- 9,400	-	-1,609
<b>Net Cost of Services</b>	<b>264,595</b>	<b>-</b>	<b>1,600</b>	<b>266,195</b>

- 3.1.2 The revenue budget included within it a Contingency to mitigate the financial risks associated with demand pressures and the delivery of previously agreed savings.
- 3.1.3 Following a review of the financial position and having regard to the 2015/16 out-turn it is recommended that £11.1 million of the Revenue budget Contingency now be allocated. This relates to £3.9 million within Adult Social Services, £5 million in Childrens Services, £0.5 million for Transformation and Resources and £1.7 million in respect of corporate budgets.

- 3.1.4 After use to mitigate pressures and additional care fee costs, £0.9 million of the Revenue Budget Contingency will remain. The allocation of General Fund balances will increase the 2016/17 net cost of services budget by £1.6 million.
- 3.1.5 Cabinet on 6 June 2016 agreed Social Care Fees Setting proposals for 2016/17. The investment is £3 million above the current budget. £1.5 million transferred from the Revenue Budget Contingency and a call on General Fund Balances for the remaining £1.5 million.
- 3.1.6 The Passport for Life concession proposal was revoked after the budget was set in March 2016. The cost of this is approximately £0.1 million and is to be met from General Fund Balances in 2016/17.
- 3.1.7 The Department of Communities and Local Government (DCLG) on 23 May 2016 announced that Wirral would receive a grant payment of £0.17 million. This relates to a national allocation of unrequired monies originally top-sliced from formula grant to fund the New Homes Bonus scheme. This money will be added to General Fund Balances.
- 3.1.8 The closure of the 2015/16 Accounts resulted in an underspend of £1.3 million on the revenue budget. This amount has been added to General Fund Balances. Further details are in the Out-turn 2015/16 report on this agenda.

## PROJECTIONS AND KEY ISSUES

- 3.2.1 The projected outturn position as at the end of June 2016, key issues emerging and Directorate updates are detailed in the following sections.

**Table 2: 2016/17 Projected Budget variations by Directorate £000's**

Directorates	Revised Budget	Forecast Outturn	(Under) Overspend Quarter 1	RAGBY Class	Change from prev
FWB - Adult Social Care	76,711	76,711	0	G	-
FWB – Children & Young People	72,773	76,073	3,300	R	-
FWB - Further Areas: Safeguarding, Schools, Leisure, Public Health	9,483	9,783	300	G	-
Regeneration & Environment	83,607	83,607	0	G	-
Transformation & Resources	25,230	22,730	-2,500	Y	-
Corporate Growth, Savings & Grant	-1,609	-1,609	0	G	-
<b>TOTAL</b>	<b>266,195</b>	<b>267,295</b>	<b>1,100</b>		<b>0</b>

The report classifies the forecast under/overspends for the above areas using a colour RAGBY rating. The ratings are defined as follows:

- Extreme: Overspends **Red** (over +£301k), Underspend **Yellow** (over -£301k).
- Acceptable: **Amber** (+£141k to +£300k), **Green** (range from +£140k to -£140k); **Blue** (-£141k to -£300k).

### **3.3 DIRECTORATE UPDATES**

#### **3.3.1 Families and Wellbeing: Adult Social Care**

- Following the outcome of the implementation of the Care Cost review, including the impact of the National Living Wage and overnight allowances Cabinet on 6 June 2016 agreed to increase the investment in this service by £3 million as referred to in Section 3.1.6.
- There are a number of savings rated red or amber which are primarily prior year savings. Progress of these will be closely monitored. Resources were identified within, and have been allocated from, the Revenue Budget Contingency to offset the pressures in 2016/17.
- A number of on-going pressures exist around demographics and demand and the Directorate has identified mitigating actions to deal with the remaining pressures. However, these do present risks to the successful delivery of the budget in 2016/17.

#### **3.3.2 Families and Wellbeing: Children and Young People**

- There are a number of savings rated red or amber which are primarily prior year savings. Resources were identified within, and have been allocated from, the Revenue Budget Contingency to offset the pressures in 2016/17.
- The forecast overspend relates to significant pressures within looked after children, agency and transport and assumes the achievement of targets in respect of reductions in residential placements and agency staff.

#### **3.3.3 Families and Wellbeing: Other**

- Reversal of Passport for Life saving decision requires use of £0.1 million from General Fund Balances.
- Leisure budget pressures of £0.3 million relate to meeting previously agreed saving targets in respect of reduction in overall subsidy combined with new targets.
- Nothing to report at this stage in respect of Schools, Safeguarding and Public Health

#### **3.3.4 Regeneration and Environment**

- No variances forecast as yet. Number of areas which generated savings in 2015/16 were incorporated as savings within the 2016/17 Budget.
- As the year progresses underspends may emerge but at this stage outturn is protected to be as the Budget.

#### **3.3.5 Transformation & Resources**

- Overall underspend from pro-active treasury management activity including extended temporary internal borrowing being used to replace more expensive external borrowing.

- Asset Management forecasting £0.5 million overspend relating to the delivery of previously agreed savings. Resources were identified within, and have been allocated from, the Revenue Budget Contingency. The position may improve as the year progresses if income and Planned Preventative Maintenance spend is similar to the levels in 2015/16.

### 3.4 IMPLEMENTATION OF SAVINGS

3.4.1 Savings of £31 million were agreed when setting the 2016/17 Budget. A further £10 million of savings relating to previous years savings had not been implemented. Cabinet in July 2015 agreed to re-profile £9.6 million of the 2015/16 savings to 2016/17, whilst a further £0.6 million was unachieved by March 2016. An analysis of the position of the £41 million of savings has been undertaken and is summarised below.

**Table 3: Budget Implementation Plan 2015/16 (£000's)**

RAG	Total identified Shortfall from 2015/16 and prior	Pre-Agreed 16/17	Agreed in 2016/17	Total
Red	5,400	460	3,205	9,065
Amber	1,592	1,420	1,365	4,377
Green	3,200	940	401	4,541
Blue	-	300	23,452	23,752
<b>TOTAL</b>	<b>10,192</b>	<b>3,120</b>	<b>28,423</b>	<b>41,735</b>

3.4.2 The savings tracker contains an assessment of the 2016/17 savings.

- **Blue:** Represents £23.7 million of savings (57% of total) which have already been realised.
- **Green:** Savings on track to deliver
- **Amber:** Some concerns regarding delivery and will require closer scrutiny and monitoring and includes savings within Adults, Children and Asset Management.
- **Red:** Concerns although largely covered by Revenue Budget Contingency as detailed earlier in the report. Comprised of Children's (£4.3 million), Adults (£1.1million) and Remodelling (£1.7 million).

### 3.5 INCOME AND DEBT

3.5.1 Revenue and Income falls into four broad areas for reporting purposes. Amounts raised and collected in the year are shown in Table 4.

**Table 4: Amount to be Collected in 2016/17**

	<b>2016/17</b>	<b>2016/17</b>	
	<b>Collectable</b>	<b>Collected</b>	<b>%</b>
	<b>£000</b>	<b>£000</b>	
Council Tax	146,136	40,444	27.7%
Business Rates	76,389	22,392	29.3%
Fees and charges: Adults & Children	24,957	9,492	38.0%
Fees and charges: all other services	23,350	13,853	59.3%

**COUNCIL TAX**

- 3.5.2 Compared with June 2015 the collection performance is the same in percentage terms but in terms of cash received an additional £1.7 million has been collected. The following table compares the amount collected for Council Tax in the period 1 April 2016 to 30 June 2016 with the amount collected in the same period in 2015/16:

**Table 5 Council Tax Comparatives**

	<b>Actual</b>	<b>Actual</b>
	<b>2016/17</b>	<b>2015/16</b>
	<b>£000s</b>	<b>£000s</b>
Cash to Collect	146,136	139,662
Cash Collected	40,444	38,739
% Collected	27.7%	27.7%

- 3.5.3 The major change this year relates to a 4% increase in the amount collectable of which 2% is for Adult Social Care. Overall Council Tax levels are £6.5 million more than this time last year. There has been a reduction in numbers eligible for Council Tax Support over the last 12 months which increases the number of people who may face difficulties in paying this additional cost.

**BUSINESS RATES**

- 3.5.4 Cash received to 30 June 2016 is up by £0.4 million on the equivalent period a year ago. The percentage collected to date however is lower due to the timing of in year receipts from some large properties. Business Rate levels collectable are £4.5 million than this time last year reflecting increases to the valuation list.
- 3.5.6 The table compares the amount collected for the period 1 April 2016 to 30 June 2016 with the amount collected for the same period in 2015/16:

**Table 6: National Non-Domestic Rates Comparatives**

	<b>Actual</b>	<b>Actual</b>
	<b>2016/17</b>	<b>2015/16</b>
	<b>£000s</b>	<b>£000s</b>
Cash to Collect	76,389	71,215
Cash Collected	22,392	21,905
% Collected	29.3%	30.8%

3.5.5 Wirral is part of the Liverpool City Region Business Rates Retention pilot scheme. It is expected that next year we may retain 100% of all Business Rates collected; the figure is currently 49%. Any increase in income will however likely be offset by reduction/cancelling of Government grants and the transfer to Wirral of additional responsibilities. The DCLG have stated that pilot authorities will not be financially disadvantaged by being part of the pilot. Wirral currently receives more in the centrally allocated NNDR 'top-up' grant than its proportion of collectable NNDR.

## DEBTORS

3.5.7 At the end of June 2016 the arrears stood at £25.2 million. The table provides an analysis across service areas and the amount of debt at each recovery stage:

**Table 7: Accounts Receivable Outstanding Arrears Analysis**

Directorate Description	Less than 10 days	1st reminder	2nd reminder	3rd reminder	Total at 30.06.16
	£	£	£	£	£
Chief Executive	84,847	2,181	17,678	928,456	1,033,162
Neighbourhood	40,662	0	5,316	12,843	58,821
Transformation & Resources	6,037,312	722,184	167,242	1,285,860	8,212,598
Families & Wellbeing	4,049,227	669,452	480,082	9,901,379	15,100,140
Regeneration & Environment	633,779	33,932	81,185	323,928	1,072,824
Policy & Performance	0	0	0	121,353	121,353
<b>Totals</b>	<b>10,845,827</b>	<b>1,427,749</b>	<b>751,503</b>	<b>12,573,819</b>	<b>25,598,898</b>

3.5.8 The above figures are for invoices in respect of the period up to the end of June 2016. Payments as well as amendments such as write-offs and debt cancellations continue to be made after this date on all these accounts. There is a further deduction of £362,995 to be made for unallocated payments at month end leaving a balance of **£25,235,903**

## 4.0 FINANCIAL IMPLICATIONS

4.1 On 22 February 2016 Cabinet agreed to the level of General Fund balance for 2016/17 being based upon a risk calculation and a minimum of £11.5 million. The level is kept under review during the year to reflect changing circumstances and in-year developments.

4.2 As reported elsewhere on this Cabinet agenda the 2015/16 financial year saw an underspend of £1.3 million on the revenue budget which will be added to balances. A further £0.2 million will be added from the receipt of returned New Homes Bonus grant which was top-sliced from the finance settlement by the DCLG.

- 4.3 As referred to in this report above £1.5 million of balances are required for funding 2016/17 care fees and a further £0.1 million to fund the passport for life saving reversal,

**Table 8: Summary of the Projected General Fund Balances**

Details	£m
Balance 31 March 2016 when setting the Budget 2016/17	+11.5
Add; Additional Returned New Homes Bonus Grant	0.2
Add: Increase following closure of 2015/16 accounts	1.3
Less: Allocation for care fees	-1.5
Less: Reversal of passport for life budget option	-0.1
<b>Projected Balance Excluding Current Year Projection</b>	<b>11.4</b>
Less: Potential overspend at June 2016	-1.1
<b>Projected Balance 31 March 2017</b>	<b>10.3</b>

- 4.4 The requirement to replenish the General Fund balances to the minimum level will be addressed through Directorates identifying potential underspends in the current financial year together with a mid-year review of the Earmarked Reserves. The Reserves excluding School balances totalled £58.8 million at 1 April 2016. These include reserves relating to the cost of transformation, mitigation of future financial risks and specific project support.
- 4.5 There are no IT, staffing or asset implications arising directly out of this report.

## **5.0 LEGAL IMPLICATIONS**

- 5.1 The entire report concerns the duty of the Council to avoid a budget shortfall. The Chief Finance Officer has a personal duty under the Local Government Finance Act 1988 Section 114A to make a report to the executive if it appears to them that the expenditure of the authority incurred (including expenditure it proposes to incur) in a financial year is likely to exceed the resources available to it to meet that expenditure.

## **6.0 RESOURCE IMPLICATIONS; ICT, STAFFING AND ASSETS**

- 6.1 There are no implications arising directly from this report.

## **7.0 RELEVANT RISKS**

- 7.1 The possible failure to deliver the Revenue Budget is being mitigated by:
- Senior Leadership Team / Directorate Teams reviewing the financial position.
  - Tracking system of savings options to monitor progress.
  - Benefits Realisation Group monitors the delivery of key change projects.
  - Use of temporary additional support to assist with revenues collection.
  - Use of earmarked reserves and General Fund Balance savings risk contingency

## 8.0 ENGAGEMENT/CONSULTATION

8.1 No consultation has been carried out in relation to this report.

## 9.0 EQUALITIES IMPLICATIONS

9.1 This report is essentially a monitoring report which reports on financial performance.

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## SUBJECT HISTORY

<b>Council Meeting</b>	<b>Date</b>
Budget Council	3 March 2016

**COUNCILLOR PHIL DAVIES****CABINET****18 JULY 2016****CAPITAL MONITORING 2016/17****QUARTER 1 (TO JUNE 2016)****Councillor Phil Davies (Leader of the Council) said:**

'It is important that we are robust and transparent in how we manage all Council expenditure. This report demonstrates the major investment we are making against our priorities and that we are taking sensible and pragmatic steps to make best use of resources to develop our assets to support our services to the public.'

**REPORT SUMMARY**

This report provides an update on the progress in delivering the Capital Programme 2016/17 at the end of June 2016. The report recommends that Cabinet agrees the 2016/17 Capital Programme of £58.97 million which now takes into account re-profiling identified during both the 2015/16 final accounts process and the current year together with any additional grant funding notified to the Council. Expenditure to date is £2.7 million.

This matter is a key decision which affects all Wards within the Borough.

**RECOMMENDATIONS**

To note the spend to date at Month 3 of £2.7 million, with 25% of the financial year having elapsed, a period when a number of payments relate to the 2015/16 accounts.

To agree and refer to Council the revised Capital Programme of £58.97 million (Table 1).

## SUPPORTING INFORMATION

### 1.0 REASON/S FOR RECOMMENDATION/S

1.1 Regular monitoring and reporting of the Capital Programme enables decisions to be taken faster which may produce revenue benefits and will improve financial control of the Programme.

### 2.0 OTHER OPTIONS CONSIDERED

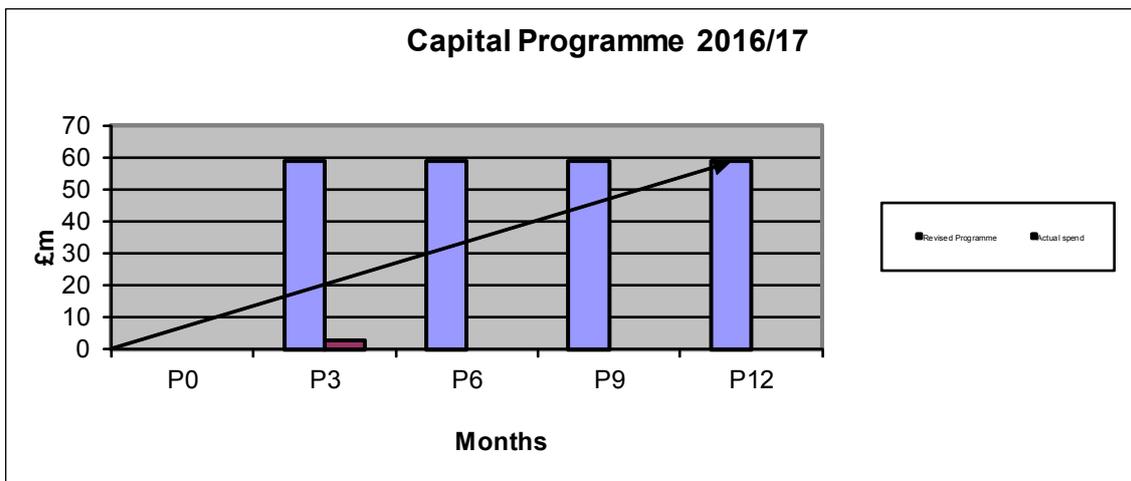
2.1 No other options have been considered.

### 3.0 BACKGROUND INFORMATION

#### OVERALL POSITION AT END OF JUNE 2016

3.1 The actual spend against the Capital Programme is summarised in Table 1.

**Chart 1: Capital Programme spend below line of best fit**



#### ORIGINAL AND PROPOSED CAPITAL PROGRAMME FOR 2016/17

3.2 The Programme for 2016/17 is subject to change. Presently it reflects;

	£000
Programme agreed by Cabinet on 22 February 2016	48,107
Variations identified Month 10 monitoring 2015/16	2,750
Year end re-profiling	6,364
Additional grant funding	1,750
<b>Revised 2016/17 Programme</b>	<b>58,971</b>

**Table 1: Capital Programme 2016/17 at 30 June 2016**

	<b>Capital Strategy</b>	<b>Revisions Since Budget Cabinet</b>	<b>Revised Capital Programme</b>	<b>Actual Spend June 2016</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Transformation Resources	7,863	1,755	9,618	637
Families – Children	9,185	3,766	12,951	564
Families – Adults	10,255	794	11,049	167
Families – Sport & Rec	2,871	368	3,239	351
R&E– Env & Regulation	10,016	2,635	12,651	551
R&E– Hsg & Comm Safety	7,317	847	8,164	430
R& E – Regeneration	600	699	1,299	4
<b>Total expenditure</b>	<b>48,107</b>	<b>10,864</b>	<b>58,971</b>	<b>2,704</b>

- 3.3 As outlined above a number of schemes within the Programme have been re-profiled to reflect updated project delivery forecasts and changes in available funding. These are reflected in Table 1. The expenditure figures are suppressed by the inclusion of a number of credits for capital accruals charged against the 2015/16 year in accordance with accounting practice. The significant variances which have arisen since Budget Cabinet are shown in Table 2 below.

**Table 2: Significant Variations (> £0.2m) to the 2016/17 Programme**

<b>Scheme</b>	<b>£000</b>
<b>Transformation &amp; Resources</b>	
Building refurbishment to increase occupancy – schemes proceeding ahead of schedule	-202
Park depot rationalisation – re-profiled	252
Energy efficiency initiatives – re-profiled	218
I.T. Development – re-profiled	1,423
<b>Families &amp; Wellbeing – Children</b>	
School Place Planning – re-profiled	1,617
Condition/Modernisation – re-profiled	1,028
Basic Needs – re-profiled	1,096
Wirral Youth Zone (The Hive) – scheme proceeding ahead of schedule	-500
<b>Families &amp; Wellbeing – Adults</b>	
Citizen and Provider Portal – re-profiled	617
<b>Reg &amp; Env – Environment &amp; Regulation</b>	
Transport for Growth – re-profiled	216
Highway Maintenance – re-profiled	222

Additional Grant Funding – flood defence, pot holes, integrated transport, highways maintenance	1,750
<b>Reg &amp; Env – Housing</b> Aids, Adaptations and DFGs – reduced requirement to reflect a more deliverable programme	-612
New House Building Programme	1,000
<b>Reg &amp; Env – Regeneration</b> Business Investment Grants – re-profiled	675
	<b>8,800</b>

- 3.4 Schemes will be subject to an ongoing review to ensure that a deliverable programme is in place, that they are compatible with the 2020 Vision and to try and identify any savings.

### FINANCING OF THE CAPITAL PROGRAMME

- 3.5 Table 3 summarises the financing sources for the original and latest programmes.

**Table 3: Revised Capital Programme Financing**

Capital Programme Financing	Capital Strategy	Revised Programme
	£000s	£000s
Unsupported Borrowing	16,852	20,970
Capital Receipts	13,339	14,762
Revenue and Reserves	1,004	1,184
Grants	16,912	22,055
<b>Total Financing</b>	<b>48,107</b>	<b>58,971</b>

- 3.6 Any re-profiling which reduces borrowing will produce one-off revenue savings. A permanent saving only occurs if schemes cease, otherwise the full budget will be required in 2017/18 when the re-profiled expenditure is incurred.

### PROJECTED LONGER TERM CAPITAL PROGRAMME

- 3.7 Funding for the forecast 2016/17 to 2018/19 Programme is in Table 4. This reflects the 2016-19 Capital Programme agreed by Cabinet on 22 February 2016 with subsequent amendments for reprofiling and revised grant notifications. The programme post 2016/17 is fairly small at the moment but may increase as 2015/16 schemes are reprofiled and new schemes are identified for inclusion in future capital programmes during the year.

**Table 4: Capital Programme Financing 2016/17 to 2018/19**

<b>Capital Programme Financing</b>	<b>2016/17 Revised Programme</b>	<b>2017/18 Programme</b>	<b>2018/19 Programme</b>	<b>Total Programme</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Unsupported Borrowing	20,970	2,040	1,720	24,730
Capital Receipts	14,762	2,414	0	17,176
Revenue / Reserves	1,184	66	50	1,300
Grants	22,055	13,135	0	35,190
<b>Total Financing</b>	<b>58,971</b>	<b>17,655</b>	<b>1,770</b>	<b>78,396</b>

### **SUPPORTED AND UNSUPPORTED BORROWING AND THE REVENUE CONSEQUENCES OF UNSUPPORTED BORROWING**

- 3.8 Based on the current cost, £1 million of Prudential Borrowing would result in additional revenue financing costs of approximately £75,000 per annum in the following year. As part of the Capital Strategy 2016/17 to 2018/19 the Council has included an element of prudential borrowing. Presently there is £24.7 million new unsupported borrowing included over the three years, which will result in approximately £1.9 million of additional revenue costs detailed at Table 5.

**Table 5: Unsupported Borrowing Forecasts & Revenue Costs**

	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
New Unsupported Borrowing	20,970	2,040	1,720	0
Cumulative	20,970	23,010	24,730	24,730
Annual Revenue repayment costs				
Cumulative	367	1,608	1,756	1,855

### **CAPITAL RECEIPTS POSITION**

- 3.9 The Capital Programme is reliant on the Council generating capital receipts to finance future schemes. Available capital receipts at 1 April 2016 were £8.047 million. The table assumes the proposed spend, set out at Table 1 is agreed. Receipts and funding assumptions are based upon the latest estimates.

**Table 6: Projected Capital Receipts position**

	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>
Capital Receipts Reserve	8,047	285	4,871
In - Receipts Assumption	7,000	7,000	4,500
Out - Funding assumption	-14,762	-2,414	0
Closing Balance	285	4,871	9,371

**3.10** Additional flexibilities relating to the use of future capital receipts were announced in the Autumn Statement. This may result in a re-assessment of the Authority's intended use of future receipts with a subsequent impact on the financing of future capital programmes.

**3.11** The Council is currently negotiating with the prospective developers of Acre Lane and the Manor Drive sites. No account has been taken as yet for any potential receipt in connection with the former Rock Ferry High School.

#### **4.0 FINANCIAL IMPLICATIONS**

**4.1** The revised 2016/17 Capital Programme is £58.97 million and anticipated capital receipts remaining at the year-end £0.3 million.

#### **5.0 LEGAL IMPLICATIONS**

**5.1** There are none arising directly from this report.

#### **6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS**

**6.1** There are none arising directly from this report.

#### **7.0 RELEVANT RISKS**

**7.1** The possibility of failure to deliver the Capital Programme will be mitigated by the monthly review by a senior group of officers, charged with improving performance.

**7.2** The generation of capital receipts may be influenced by factors outside the authority's control e.g. ecological issues. Lambert, Smith, Hampton are still providing external support.

#### **8.0 ENGAGEMENT/CONSULTATION**

**8.1** There has been no specific consultation with regards to this report.

#### **9.0 EQUALITY IMPLICATIONS**

**9.1** There are none arising directly from this report

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#### **APPENDICES**

Appendix 1 – Capital Programme and Funding 2016/17

Appendix 2 – Capital receipts 2016/17

## SUBJECT HISTORY

<b>Council Meeting</b>	<b>Date</b>
Capital monitoring reports presented to Cabinet previous report to Cabinet	Various
Capital Programme – Council	24 February 2015
Capital Programme – Council	3 March 2016

**Capital Programme and Funding 2016/17****APPENDIX 1**

<b>Transformation &amp; Resources</b>	<b>Revised Programme £000</b>	<b>Spend to Date £000</b>	<b>Council Resources £000</b>	<b>Revenue/ Reserves £000</b>	<b>Grants £000</b>	<b>Total Funding £000</b>
Building refurbishment to increase occupancy	<b>1,417</b>	395	1,417	-	-	<b>1,417</b>
Cleveland St. Transport Depot	<b>2,878</b>	-	2,878	-	-	<b>2,878</b>
Demolish Bebington Town Hall	<b>378</b>	-	378	-	-	<b>378</b>
Demolish former Rock Ferry High	<b>395</b>	-	395	-	-	<b>395</b>
Park depots rationalisation	<b>1,002</b>	37	1,002	-	-	<b>1,002</b>
Energy efficiency Initiatives	<b>218</b>	-	218	-	-	<b>218</b>
Demolish Stanley Special & external renovation work	<b>18</b>	-	18	-	-	<b>18</b>
Demolish Foxfield	<b>30</b>	-	30	-	-	<b>30</b>
CCTV Cameras and other equipment	<b>100</b>	-	100	-	-	<b>100</b>
I.T. development	<b>1,423</b>	190	1,423	-	-	<b>1,423</b>
Transport Museum	<b>261</b>	-	261	-	-	<b>261</b>
Flaybrick Cemetery	<b>175</b>	12	175	-	-	<b>175</b>
Industrial Estates	<b>150</b>	-	150	-	-	<b>150</b>
Millennium Centre re-modelling	<b>523</b>	2	523	-	-	<b>523</b>
Treasury Building	<b>650</b>	-	650	-	-	<b>650</b>
	<b>9,618</b>	<b>636</b>	<b>9,618</b>	-	-	<b>9,618</b>

<b>Families and Wellbeing – CYP</b>	<b>Revised Programme £000</b>	<b>Spend to Date £000</b>	<b>Council Resources £000</b>	<b>Revenue/ Reserves £000</b>	<b>Grants £000</b>	<b>Total Funding £000</b>
Elleray Park Special School redevelopment	<b>72</b>	-	72	-	-	<b>72</b>
School Place Planning	<b>3,117</b>	61	2,423	-	694	<b>3,117</b>
Condition/Modernisation	<b>4,114</b>	243	-	-	4,114	<b>4,114</b>
Basic Need allocation	<b>2,510</b>	95	-	-	2,510	<b>2,510</b>
Children's centres	<b>32</b>	-	-	-	32	<b>32</b>
Youth Capital	<b>149</b>	-	98	-	51	<b>149</b>
Funding for 2 year olds	<b>17</b>	-	-	-	17	<b>17</b>
Universal Free School Meals	-	13	-	-	-	-
Somerville Mobile Replacement	<b>101</b>	-	101	-	-	<b>101</b>
PFI	<b>85</b>	-	-	85	-	<b>85</b>
Family Support Scheme	<b>237</b>	45	237	-	-	<b>237</b>
Wirral Youth Zone – the Hive	<b>1,900</b>	-	1,900	-	-	<b>1,900</b>
Stanley Special - additional classrooms, medical/hygiene provision	<b>617</b>	107	617	-	-	<b>617</b>
	<b>12,951</b>	<b>564</b>	<b>5,448</b>	<b>85</b>	<b>7,418</b>	<b>12,951</b>

<b>Families and Wellbeing – DASS</b>	<b>Revised Programme £000</b>	<b>Spend to Date £000</b>	<b>Council Resources £000</b>	<b>Revenue/ Reserves £000</b>	<b>Grants £000</b>	<b>Total Funding £000</b>
Citizen and Provider Portal for Social and Health Services	617	-	-	-	617	617
Transformation of Day Service	156	92	-	-	156	156
Integrated IT	461	75	461	-	-	461
Pensby Wood day service re-modelling	1,200	-	1,200	-	-	1,200
Extra Care housing	2,000	-	1,000	-	1,000	2,000
LD Extra Care housing	3,000	-	3,000	-	-	3,000
Integrated social care – Girtrell Court	2,000	-	2,000	-	-	2,000
Assistive Technology	615	-	230	-	385	615
Community Intermediate Care Services	1,000	-	1,000	-	-	1,000
	<b>11,049</b>	<b>167</b>	<b>8,891</b>	<b>-</b>	<b>2,158</b>	<b>11,049</b>
<b>Families and Wellbeing - Sports &amp; Recreation</b>						
West Kirby/Guinea Gap/Europa Pools	242	3	242	-	-	242
Refurb of Artificial Turf Pitch & perimeter fence repairs at the Tennis & Sports Centre	48	-	48	-	-	48
West Kirby Marine Lake – Integrated accommodation and service delivery	825	37	675	-	150	825
Leasowe Leisure outdoor 3G pitches	820	-	820	-	-	820
The Oval re-development	979	45	979	-	-	979
Bidston Tennis Centre re-roofing	325	266	325	-	-	325
	<b>3,239</b>	<b>351</b>	<b>3,089</b>	<b>-</b>	<b>150</b>	<b>3,239</b>

<b>Regeneration and Environment - Environment &amp; Regulation</b>	<b>Revised Programme £000</b>	<b>Spend to Date £000</b>	<b>Council Resources £000</b>	<b>Revenue/ Reserves £000</b>	<b>Grants £000</b>	<b>Total Funding £000</b>
Road Safety	97	52	97	-	-	97
Active Travel	78	-	78	-	-	78
Bridges	292	8	292	-	-	292
Highway Maintenance	3,373	257	311	-	3,062	3,373
Preventative maintenance to unclassified and residential streets	500	-	500	-	-	500
Pothole Action Fund	206	-	-	-	206	206
Transport for Growth	478	-	-	-	478	478
Integrated Transport	1,375	-	-	-	1,375	1,375
Start Active, Play Active, Stay active	14	5	14	-	-	14
Wirral Way - widening / safety improvements	4	2	4	-	-	4
Cemetery Extensions and Improvements	273	-	273	-	-	273
Coast Protection	242	-	242	-	-	242
East Float access improvements Tower Road	200	-	-	-	200	200
Wirral International Business Park connections	200	-	-	-	200	200
East Float access improvements Duke Street	400	12	-	-	400	400
Energy schemes (LED Street Lighting)	32	55	32	-	-	32
Allotments	121	150	121	-	-	121
Parks vehicles replacement	117	-	117	-	-	117
West Kirby Flood Alleviation	1,953	-	503	150	1,300	1,953
Gorsefield Avenue flood relief	100	-	20	-	80	100
Dock Bridges Replacement	2,596	8	771	-	1,825	2,596
	<b>12,651</b>	<b>549</b>	<b>3,375</b>	<b>150</b>	<b>9,126</b>	<b>12,651</b>

<b>Regeneration and Environment - Housing &amp; Community Safety</b>	<b>Revised Programme £000</b>	<b>Spend to Date £000</b>	<b>Council Resources £000</b>	<b>Revenue/ Reserves £000</b>	<b>Grants £000</b>	<b>Total Funding £000</b>
Aids, Adaptations and Disabled Facility Grants	<b>3,696</b>	317	1,550	-	2,146	<b>3,696</b>
Clearance	<b>1,443</b>	5	712	350	381	<b>1,443</b>
Home Improvement	<b>722</b>	108	423	299	-	<b>722</b>
Improvement for sale grants	<b>180</b>	-	-	180	-	<b>180</b>
Housing renewal	<b>470</b>	-	350	120	-	<b>470</b>
New House Building Programme	<b>1,001</b>	-	1,001	-	-	<b>1,001</b>
Cluster of Empty Homes Fund	<b>652</b>	-	-	-	652	<b>652</b>
	<b>8,164</b>	<b>430</b>	<b>4,036</b>	<b>949</b>	<b>3,179</b>	<b>8,164</b>
<b>Regeneration and Environment - Regeneration</b>						
Business Investment Grants	<b>975</b>	-	975	-	-	<b>975</b>
The Priory	<b>24</b>	4	-	-	24	<b>24</b>
Growth Fund	<b>300</b>	-	300	-	-	<b>300</b>
	<b>1,299</b>	<b>4</b>	<b>1,275</b>	-	<b>24</b>	<b>1,299</b>
<b>Total</b>	<b>58,971</b>	<b>2,701</b>	<b>35,732</b>	<b>1,184</b>	<b>22,055</b>	<b>58,971</b>

**Capital Receipts 2015/16****APPENDIX 3**

<b>Cash Received</b>	<b>£000</b>
Ex-HRA Magenta Housing Right to Buy	389
North Star, 294 Laird Street	15
One O'clock Gun House	10
Empty Homes (various)	55
<b>Total</b>	<b>469</b>

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# POLICY INFORM: PEOPLE

## Policy Inform- September 2016

The Policy Inform briefings will provide an overview of ongoing and recent national legislation, bills presented to Parliament and emerging policies.

The Policy Inform briefings have been produced specifically to inform Portfolio Holders and Elected Members and will be taken to the relevant Overview and Scrutiny Committees for discussion.



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# Introduction

## The Wirral Plan:

A 2020 Vision which sets out a shared partnership vision to improve outcomes for Wirral residents.

## The Plan focuses on three key priority areas:



## The Wirral Plan People Priority states:

***“Wirral is a place where the vulnerable are safe and protected, every child gets a good start in life and older residents are respected and valued.”***

## People Policy Briefing:

This policy briefing focuses specifically on policies and legislation relating to the People Priority and is intended to provide Members of the People Overview and Scrutiny Committee with the latest position on emerging policy and legislative developments to support the committees work programme and future scrutiny work.

The following table outlines the timetable for the preparation and reporting of policy briefing papers:

Overview & Scrutiny Briefings	
July 2016	The first policy briefing will focus predominately on the Queen’s Speech, which will establish the Government's legislative programme for the parliamentary year ahead.
September 2016	The second policy briefing will be produced in September; it will provide an update on policy and legislation and will focus on Wirral Implications relevant to the government’s programme of legislation as outlined in the previous policy briefing.
January 2017	The third policy briefing will focus on the Autumn Statement and the Spending Review which sets out how Government money will be allocated. The policy briefing will provide an update on policy and legislation and will consider

	relevant implications for Wirral.
May 2017	The fourth policy briefing will focus upon the 2017 Chancellor of Exchequers Budget. The policy briefing will provide an update on policy and legislation and will consider relevant implications for Wirral.

The September policy briefing focuses on the policies and legislation that have emerged from the Queens speech, which was delivered on 18<sup>th</sup> May 2016 and provides an update on the developments of this legislation and highlights any emerging implications.

The Committee may wish to identify specific policy areas to focus upon which are in line with the Committee’s work programme. Detailed briefing papers can be prepared for these subject matters at the request of the Committee which would be in addition to the regular policy briefing papers outlined above.

# Queen's Speech 2016- Designation to Overview and Scrutiny Committees

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On Wednesday 18<sup>th</sup> May 2016, the Queens Speech was delivered, outlining the Government's programme of legislation and policies for the coming year.

Below is a list of each individual Bill that will have implications for local government that was announced during the speech, including those Bills carried over from the 2015-16 session. The list identifies the Overview and Scrutiny Committee remit that the legislation most closely aligns:

Legislative Plans	Overview and Scrutiny Committee
Neighbourhood Planning and Infrastructure Bill	<b>Business and Environment</b>
Bus Services Bill	<b>Business</b>
Local Growth and Jobs Bill	<b>Business</b>
Digital Economy Bill	<b>Business</b>
Modern Transport Bill	<b>Business</b>
High Speed Rail Bill	<b>Business</b>
Better Markets Bill	<b>Business</b>
Finance Bill	<b>People and Business</b>
Children and Social Work Bill	<b>People</b>
Education for All Bill	<b>People</b>
Higher Education and Research Bill	<b>People</b>
National Citizen Service Bill	<b>People</b>
Policing and Crime Bill	<b>People and Environment</b>
Soft Drinks Industry Levy	<b>People and Environment</b>

Additional Bills that have been announced are outlined below. These will be monitored in relation to any emerging implications for Local Government and reported to the relevant Overview and Scrutiny Committee as appropriate.

<b>Additional Legislative Plans</b>
Wales Bill
Lifetime Savings Bill
Prison and Courts Reform Bill
Investigatory Powers Bill
Bill of Rights
Criminal Finances Bill
Counter-Extremism and Safeguarding Bill
Cultural Property (Armed Conflicts) Bill
Small Charitable Donations Bill
NHS (Overseas Visitors Charging) Bill

The Bills relevant to the People priority are discussed in further detail in this paper.

# Queen's Speech 2016- Legislative Developments

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## Children and Social Work Bill

***“Children can be adopted by new families without delay and there will be an improvement in the standard of social work and opportunities for young people in care in England.”***

### Synopsis

The purpose of the Children and Social Work Bill is to tackle state failure and transform the outcomes of children in care. The Bill will ensure that children can be adopted by new families without delay, and improve the standard of social work and opportunities for young people in care in England.

### Further Developments

The Children and Social Work Bill concluded its Committee stage, the first chance for line by line scrutiny, in the Lords on Wednesday 13 July. Members discussed a range of subjects, including the regulation of social workers and a proposed Social Work Improvement Agency.

The Bill is now at the Report stage – further line by line examination of the Bill - is yet to be scheduled.

### Potential Implications

The Children and Social Work Bill will be monitored for further developments and any potential implications will be reviewed in January's Policy Inform paper.

## Education for All Bill

***“Educational excellence in all schools, giving every child the best start in life.”***

### Synopsis

The Education for All Bill will deliver the next phase of the transformation of education, extending the principles of freedom and accountability across the country so that excellence is encouraged everywhere and every child is given the best start in life.

### Further Developments

Following the announcement of the Education for All Bill Mr Carmichael, Chair of the Education Committee, urged the Government to grasp the opportunity to ensure that the Education for All Bill avoids the fate of the White Paper by taking their time in pressing ahead with formal introduction of the full Bill.

The Cabinet Office has also recently released information outlining the main benefits of the Education for All Bill:

- Convert schools to academies in the worst performing local authorities and those that can no longer viably support their remaining schools, so that a new system led by good and outstanding schools can take their place.
- Setting the foundation for a system in which all schools are academies, putting our great school leaders in charge of running and improving schools to improve results.
- Embedding excellence for every pupil, through fundamental reforms to educating excluded children; and reforming technical education through a strong employer-led system with high quality qualifications which support clear line of sight to skilled employment.
- Meeting the manifesto commitment to make school funding fairer, with fundamental reform to ensure that schools with the same kinds of pupils get the same funding.

### Potential Implications

The Education for All Bill will be monitored for further developments and any potential implications will be reviewed in January’s Policy Inform paper.

## **Higher Education and Research Bill**

***“Ensure that more people have the opportunity to further their education”.***

### **Synopsis**

The Higher Education and Research Bill will deliver the biggest supply-side reforms to the higher education sector for a quarter of a century, so that more universities are opened and more young people – from all backgrounds – are given the chance to succeed.

### **Further Developments**

The Bill was introduced to the House of Commons and given its First Reading on 19 May 2016. The Bill had its second reading debate on 19 July 2016.

This Bill has now been committed to a Public Bill Committee. The Public Bill Committee will meet on a date yet to be announced. The Public Bill Committee will scrutinise the Bill line by line.

The Public Bill Committee is expected to report to the House by 13 October 2016.

### **Potential Implications**

The Higher Education and Research Bill will be monitored for further developments and any potential implications will be reviewed in January’s Policy Inform paper.

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## **National Citizen Service Bill**

***“National Citizen Service will be placed on a permanent statutory footing.”***

### **Synopsis**

The National Citizen Service (NCS) is a voluntary programme open to 15 to 17-year-olds. It is designed to

## **Synopsis Continued**

encourage personal and social development through activities requiring leadership, teamwork and communication. The NCS runs outside of term time in spring, summer and autumn and involves a number of phases - induction events, team activities, and time away from home developing a social action project to help the community. It ends with a graduation ceremony. The National Citizen Service Bill will see the expansion of the government's hugely successful National Citizen Service so more young people can mix with people of other backgrounds, and learn what it means to serve their community.

## **Further Developments**

The Cabinet Office has recently released information outlining the main benefits of the National Citizen Service Bill:

- Using schools to reach every eligible young person and their parents to raise awareness of NCS and give every young person the chance to participate.
- Using local authorities to inform young people and parents about NCS, particularly those from disadvantaged backgrounds.
- Using government's existing contact points with young people and parents to promote the programme and support other government policy through doing so.
- Providing the right level of accountability for the NCS delivery body and improving the administrative and funding arrangements between government and the body.

## **Potential Implications**

The National Citizen Service Bill will be monitored for further developments and any potential implications will be reviewed in January's Policy Inform paper.

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## **Finance Bill**

### **Synopsis**

The purpose of the Finance Bill is to introduce measures to provide opportunities for families who work hard and save; back British businesses; and tackle multinational tax avoidance.

## Synopsis Continued

The Finance Bill was introduced into Parliament on 24 March 2016.

## Further Developments

The Bill passed second reading on Monday 11 April 2016. The House of Commons agreed a carry-over motion for this Bill on 11 April 2016 allowing consideration of the Bill to resume in the 2016-17 session.

The Bill was considered at Committee Stage on 27 and 28 June 2016. Parts of the Bill were considered by a Committee of the whole House, and the remainder in a Public Bill Committee.

MPs also considered two Ways and Means motions on Monday 27 June to vary provisions made by Resolutions 4 and 8 of the House on 22 March 2016.

The House of Commons is expected to consider the remaining stages of the Bill on Monday 5 and Tuesday 6 September 2016.

## Potential Implications

The Council will need to take the following into consideration:

- Small Business reliefs from Business Rates are to be doubled and expanded in scope.
- Further moves to implement 100% retention of rates by Councils are to be piloted by Liverpool City Region, among others.
- Further National Living Wage increases were announced, to be effective in October.
- Introduction of the Local Housing Allowance Cap is delayed until April 2017.

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## Policing and Crime Bill

***“Strengthen the capability and accountability of the police service in England and Wales.”***

## Synopsis

The Policing and Crime Bill will carry over from the previous Parliamentary session. The Bill will continue

### Synopsis Continued

the reform of policing, reforming out-of-date complaints and disciplinary procedures, and increasing public confidence in the police. The Bill will also:

- Improve the efficiency and effectiveness of police forces, including through closer collaboration with other emergency services, and to enhance the democratic accountability of police forces and fire and rescue services.
- Build public confidence in policing by strengthening protection for people under investigation by, or who come into contact with, the police.
- Enable fire and police services to work more closely together (p.59) and to take further steps to protect children from sexual exploitation (p.60).

### Further Developments

The general debate on all aspects of the Bill took place on the 18 July.

Committee stage – line by line examination of the Bill is scheduled to start on 14 September.

### Potential Implications

The Policing and Crime Bill will be monitored for further developments and any potential implications will be reviewed in January's Policy Inform paper.

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## Soft Drinks Industry Levy

***“A soft drinks industry levy to help tackle childhood obesity.”***

### Synopsis

The Purpose of the legislation is to introduce a new soft drinks industry levy in the Finance Bill 2017 targeted at producers and importers of soft drinks that contain added sugar from April 2018.

## Further Developments

The Cabinet Office has also recently released information outlining the main benefits of the Soft Drinks Industry Levy:

- To encourage companies to reformulate by reducing the amount of added sugar in the drinks they sell, moving consumers towards lower sugar alternatives, and reducing portion sizes. Under this levy, if produces change their behavior, they will pay less tax.

## Potential Implications

Sugar consumption is as a major factor in childhood obesity. Sugar-sweetened beverages (SSB) are disproportionately consumed by children and adolescents and are the single biggest source of dietary sugar for children and teenagers. Locally 22.4% of school children in Reception are overweight or obese rising to 33.6% in Year 6. The consumption of alternative drinks that are lower in sugar can potentially contribute to weight loss. This can indirectly prevent the incidence of other issues associated with obesity such as diabetes and cardiovascular disease. Excess sugar consumption also negatively impacts on child dental health. Wirral has above average prevalence of decayed, missing or filled teeth in children (aged 0-3) when compared to the rest of England.

The soft drinks industry levy will be a central component of the pending national childhood obesity strategy, which is due for publication in Autumn 2016. The levy, and the broader national childhood obesity strategy, will contribute positively to tackling childhood obesity; diabetes and other cardiovascular conditions as well as improve dental health. This will also contribute to delivering Wirral's Healthier Lives Strategy. Maximising the impact of the levy will however be dependent on the local implementation of the national childhood obesity strategy.

The levy has a potential dual impact as the revenue generated by the levy will be, it is proposed, invested in primary school PE and sport premium; thereby also potentially improving children's physical activity levels. For those children who are overweight or obese, they will have increased support locally to enjoy physical activity and lose weight. This will also help us to promote a more active culture among children; making a contribution to Wirral's Leisure Strategy.

In addition to enabling the implementation of the national childhood obesity strategy at local level it is however also important to recognise that the effectiveness of the levy in reducing sugar intake, and consequently contributing to improving health outcomes, will be dependent on a number of factors. These include how producers and retailers respond both in terms of the extent to which manufacturers reformulate drinks, how the tax is either absorbed by producers or passed on to customers and/or if consumer choices change and what they change to. Furthermore, the current proposals for the levy also include a number of exemptions including immunities for small operators, fruit juice and milk based e.g. milkshakes drinks. The design of

## Potential Implications Continued

the tax will therefore be critical in terms of realising the potential health benefits and any contribution to the consultation should address these issues.

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# Policy Developments

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## **Briefing: The potential impact of 'Brexit' on education and children's services**

Following the UK's decision to leave the EU, the House of Common's Library has published 'Background to the UK's EU Referendum 2016 which considers the background to the vote and its implications in constitutional policy terms.' The paper considered issues in relation to education and children's services in literature currently available.

The briefing will be of interest to elected members and senior officers in education, health and children's services with responsibility for the schools, early years, child poverty and care services for children and young people.

**Source:** [Andrew Crompton, Briefing: The potential impact of 'Brexit' on education and children's services, LGiU, 18<sup>th</sup> July 2016](#)

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## **Briefing: Information sharing to protect vulnerable children and families – DfE research**

The DfE has published 'Information sharing to protect vulnerable children and families', a report from the Centre of Excellence for Information Sharing aimed at supporting practitioners in understanding what approaches work best in information sharing, and how to strengthen their approaches to multi-agency working in order to safeguard vulnerable children. It included recommendations for central government departments, local early help and safeguarding partnerships, and local leaders.

**Source:** Martin Rogers, [Briefing: Information sharing to protect vulnerable children and families – DfE research, LGiU, 21<sup>st</sup> July 2016](#)

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## **Briefing: Multi-Academy Trust Performance**

The DfE published a statistical working paper 'Multi-academy trust performance measures: 2014-15' in July 2016. This was swiftly followed by Chain Effects 2016 from the Sutton Trust following up their reports on multi-academy trust performance compared to local authority performance of 2014-15 and the Education Policy Institute (formerly Centre Forum) School Performance in multi-agency trust and local authorities.

This briefing will be of interest to elected members and officers who have responsibility for schools performance monitoring and the leadership teams of schools and multi academy trusts.

**Source:** [Andrew Crompton, Briefing: Multi-Academy Trust Performance, LGiU, 21 July 2016](#)

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### **Briefing: Ofsted: Consultation on the future of children's social care inspection**

Ofsted is consulting on proposed changes across its inspections of children's social care. The consultation is in four parts:

- Principles for children's social care inspection
- A new approach to inspections of local authority children's services from 2018
- A new common inspection framework for social care establishments, agencies, boarding schools and residential special schools from April 2017
- Changes to inspection of independent fostering agencies

The briefing focuses on the changes to LA inspections and will be of interest to officers and elected members with responsibility for children's social care and to staff in the service covered.

The consultation periods ends on the 9<sup>th</sup> September 2016.

**Source:** [Martin Rogers, Briefing: Ofsted: Consultation on the future of children's social care inspection, LGiU, 28<sup>th</sup> July 2016](#)

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### **Briefing: Review of data security, consent and opt-outs in health and social care**

In September 2015, the Health Secretary asked the National Data Guardian (NDG) to work with the Care Quality Commission (CQC) to review data security and to produce a report with recommendations for:

- A new data security standards
- A method of testing compliance against standards
- A new consent or opt-out model as a basis for data sharing

The NDG's report proposed ten data standards and an opt-out model for data sharing which will both apply to the NHS and social care. The Department of Health as provisionally accepted the report and has already launched a public consultation which runs until 7<sup>th</sup> September 2016.

**Source:** [Christian Heron, Briefing: Review of data security, consent and opt-outs in health and social care, LGiU, 28th July](#)

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### **Briefing: Evaluation of Children's Centres in England – DfE research**

As part of the 'Evaluation of children's centres in England' ECCE, the DfE has published two commissioned research reports, 'Research brief: Evaluation of children care in England strands 1-5' and 'Children's centres in England: Value for money'. The reports provide an overview of the project with relevant past reports referenced across the five strands of research activity as well as detailed briefing on the final value for money theme.

This briefing will be of interest to local authority members and officers with responsibility for early years and early intervention.

**Source:** [Kathy Baker, Briefing: Evaluation of Children's Centres in England – DfE research, LGiU, 1<sup>st</sup> August 2016](#)

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### **Briefing: DfE Policy: Putting Children First**

The Government's strategy and plan to transform social work and the children's social care system 'Putting children first: Delivering our vision for excellent children's social care' was published on the 4<sup>th</sup> July 2016.

The briefing will be of interest to elected members and senior officers with responsibility for children's services, all Health and Care Professionals, registered social workers and their employers, and members of Local Safeguarding Children's Board.

**Source:** [Jill Forrest, Briefing: DfE Policy: Putting children first, LGiU, 2<sup>nd</sup> August 2016](#)

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### **Briefing: DfE and DH policy – Regulating Social Workers**

The Department for Education and Department of Health have published 'Regulating Social Workers: Policy statement' to assist Members of both Houses of Parliament to understand the policy behind Part 2 of the Children and Social Work Bill which provides the Secretaries of State of both departments to be responsible for the regulation of social workers and the development of their professional practice.

The briefing will be of interest to elected Members and senior officers with responsibility for children's and adult social care services, all Health and Care Professionals, Social Workers and students, their employers and social work training establishments.

**Source:** [Jill Forrest, Briefing: DfE and DH policy – Regulating Social Workers, LGiU, 4th August](#)

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### **Briefing: The Post-16 Skills Plan**

The [Post-16 Skills Plan](#) outlines a radical overhaul of vocational or, as it terms it, technical education in the UK. The reforms are based on proposals contained in the [Sainsbury Report](#), which was published simultaneously. The core changes are:

- Students will be offered two choices for post-16 education: an academic route or a technical route;
- The technical route will be further broken down into two "modes of learning": employment-based (typically an apprenticeship) or college-based;

- A framework of 15 high-quality routes will be designed to replace the 20,000 different courses that currently exist.

The 15 routes will group together occupations, with current proposals as follows:

Agriculture, environmental and animal care; business and administrative; catering and hospitality; childcare and education; construction; creative and design; digital; engineering and manufacturing; hair and beauty; health and science; legal, finance and accounting; protective services; sales, marketing and procurement; social care; transport and logistics.

**Source:** [Toby Hill, Briefing: DfE policy – Post 16 Skills Plan, LGiU, 8<sup>th</sup> August 2016](#)

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#### **Briefing: Ofsted survey: Unknown children – destined for disadvantage**

Ofsted has published a report, 'Unknown children – Destined for disadvantaged?' on a survey, commissioned by HMCI Sir Michael Wilshaw, to evaluate the effectiveness of local authorities and early years providers in tackling the issues facing disadvantaged families and their young children.

The report describes a wide range of practice found, with useful examples of strong leaders successfully bringing services together to support vulnerable children and their families 'in a way that could potentially change a child's destiny'. However, it also raises many issues and areas of concern.

The briefing will be of interest to elected members and officers responsible for children's services, especially early year's provision across health, care and education.

**Source:** [Martin Rogers, Briefing: DfE policy – Post 16 Skills Plan, LGiU, 11<sup>th</sup> August 2016](#)

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# Sources

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[Government, The Queen's Speech 2016- Contents, www.gov.uk, 18<sup>th</sup> May 2016](#) – *An in-depth overview of the Queen's Speech 2016 which outlines some of the main benefits of the proposed Bills.*

[Parliament, Bills before Parliament 2016-17, www.parliament.uk](#) – *An outline of all of the Bills currently before Parliament*

[Queen's Speech: 18th May 2016, LGiU, 18<sup>th</sup> May 2016](#) – *An explanation of the Bills announced in the Queens Speech 2016*

[Jameson, Heather, Queen's Speech 2016: Local government at the heart of legislation, 18<sup>th</sup> May 2016](#) – *A brief introduction into the main legislation impacting on local government*

[Enterprise Act 2016, Parliamentary website](#) - *Previous debates on all stages of the Enterprise Act and any latest updates*

[Enterprise Act becomes law, Government website, 4<sup>th</sup> May 2016](#) – *Outlines the Enterprise Act as it receives Royal Assent*

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**People Overview and Scrutiny Committee  
Thursday, 8 September 2016**

<b>REPORT TITLE:</b>	<b>People Overview &amp; Scrutiny Committee - work programme update</b>
<b>REPORT OF:</b>	<b>The Chair of the Committee</b>

**REPORT SUMMARY**

This report explains the process of developing and managing the scrutiny work programme for the municipal year. The People Overview & Scrutiny Committee, in cooperation with the other two Overview & Scrutiny Committees, is responsible for proposing and delivering an annual work programme. This work programme should align with the corporate priorities of the Council, in particular the delivery of the Wirral Plan pledges which are within the remit of the Committee.

The report provides an update regarding progress made since the last Committee meeting held on 14<sup>th</sup> July. The current work programme is made up of a combination of scrutiny reviews, standing items and requested officer reports. This provides the committee with an opportunity to plan and regularly review its work across the municipal year.

**RECOMMENDATION/S**

1. Members are requested to approve the proposed People Overview & Scrutiny Committee work programme for 2016/17, making any required amendments, including suggestions for additional items.

## SUPPORTING INFORMATION

### 1.0 REASON/S FOR RECOMMENDATION/S

To ensure members of the People Overview & Scrutiny Committee have the opportunity to contribute to the delivery of the annual work programme.

### 2.0 OTHER OPTIONS CONSIDERED

Not Applicable

### 3.0 BACKGROUND INFORMATION

#### 3.1 PROPOSED ITEMS FOR THE 2016/17 WORK PROGRAMME

At the previous meeting of this Committee, held on 14<sup>th</sup> July 2016, the process for defining an effective work programme was reported. Members agreed that the Chair, Vice Chair and Spokespersons be authorised to give further consideration to the Committees work programme prior to the next scheduled Committee meeting in September.

Subsequently, a meeting has been held at which prospective items for the work programme were identified. Initial suggestions are:

Item	Format	Timescale	Lead Departmental Officer
Looked after children - Follow-up review	Evidence day	Sept / Oct 2016	Liz Davenport
Pharmacies	Evidence day	Sept / Oct 2016	To be agreed
Transformation Programme	Workshop(s)	As and when required	
Girtrell Court: a check on service users' experiences	Task & finish group	Dec 2016 – Jan 2017	Graham Hodgkinson
Children ready for school	Task & finish group	To be agreed	Deborah Gornik
Local Welfare Assistance Scheme : Follow-up review (original work undertaken by the former Transformation and Resources Policy & Performance Committee)	To be agreed	To be agreed	To be agreed
Children Safeguarding Annual Report	Committee Report	28 Nov 2016	Simon Garner / Bernard Walker
Adults Safeguarding Annual Report	Committee Report	To be agreed	

Further items will be identified as the municipal year progresses. In addition, standing items such as performance monitoring reports and policy inform briefings will be included on meeting agendas.

### 3.2 HEALTH AND CARE PERFORMANCE PANEL

Four meetings of the Health & Care Performance Panel have been scheduled for later in the municipal year. An initial programme for those meetings is outlined below:

Item	Format	Timescale	Lead Departmental Officer
Quality framework and performance measures for the health sector in Wirral	Report	Standing Item	Lorna Quigley
WUTH - CQC Inspection report and resulting action plan		5 Oct 2016	To be agreed
Annual social care complaints report	Report	5 Oct 2016	Simon Garner / Alison Carey
Feedback from the visit to CRI, held on 23 <sup>rd</sup> June 2016	Report	5 Oct 2016	Cllr Alan Brighthouse (Alan Veitch to prepare report)
Member visits to care homes - update	Report	5 Oct 2016	Amanda Kelly
Continuing Healthcare funding (This work will be undertaken in partnership with Healthwatch Wirral)	Possible task & finish	To be agreed	Members
Care homes scrutiny review – review of recommendations	Report	Dec 2016	Amanda Kelly
Sustainability and Transformation Plan	Report	Dec 2016	To be agreed
Quality and availability of home care (domiciliary & reablement)	Report	Dec 2016	Amanda Kelly
Commissioning and quality of Intermediate care	Report	Dec 2016	Amanda Kelly

### 3.3 CHILDREN SUB-COMMITTEE

The first meeting of the Children Sub-Committee will be scheduled for late September / early October. It is intended that the agenda will focus on the outcomes of the Wirral Council Ofsted inspection as well as a schools standards update report relating to outcomes for Key Stages 1 and 2.

#### **4.0 FINANCIAL IMPLICATIONS**

Not Applicable

#### **5.0 LEGAL IMPLICATIONS**

Not Applicable

#### **6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS**

The delivery of the scrutiny work programme will be met from within existing resources.

#### **7.0 RELEVANT RISKS**

Not Applicable

#### **8.0 ENGAGEMENT/CONSULTATION**

Not Applicable

#### **9.0 EQUALITY IMPLICATIONS**

This report is for information to Members and there are no direct equality implications.

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#### **APPENDICES**

#### **REFERENCE MATERIAL**

#### **SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>