



People Overview and Scrutiny Committee

Date:	Wednesday, 1 February 2017
Time:	6.00 pm
Venue:	Committee Room 1 - Wallasey Town Hall

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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 - 20)

To approve the accuracy of the minutes of the People Overview and Scrutiny Committee meeting held on 28 November 2016, and to receive the minutes of the Children's Sub Committee meeting held on 14 December 2016.

3. SAFEGUARDING CHILDREN ANNUAL REPORT 2015/16 (Pages 21 - 102)

4. WIRRAL RESIDENTS LIVE HEALTHIER LIVES; TOBACCO CONTROL AND ALCOHOL STRATEGIES (Pages 103 - 142)

5. **AGEING WELL IN WIRRAL - UPDATE ON THE DELIVERY OF THE STRATEGY** (To Follow)
6. **COMMUNITY PHARMACY SCRUTINY REVIEW** (Pages 143 - 174)
7. **BUDGET 2017/18 SCRUTINY** (Pages 175 - 186)
8. **POLICY INFORM** (Pages 187 - 222)
9. **FEEDBACK FROM THE MEETING OF THE HEALTH AND CARE PERFORMANCE PANEL HELD ON 7TH DECEMBER 2016** (Pages 223 - 228)
10. **PEOPLE OVERVIEW & SCRUTINY COMMITTEE - WORK PROGRAMME UPDATE** (Pages 229 - 240)
11. **ANY OTHER BUSINESS APPROVED BY THE CHAIR (PART 1)**
12. **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.

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

PEOPLE OVERVIEW AND SCRUTINY COMMITTEE

Monday, 28 November 2016

- Present: Councillor M McLaughlin (Chair)
- Councillors A Davies T Norbury
 B Berry T Anderson (In
 A Brighthouse place of C Povall)
 D Burgess-Joyce D Roberts
 W Clements W Smith
 P Hayes T Usher
 T Johnson W Ward
 C Meaden Mrs G Peters
- In attendance: Councillors C Blakeley I Lewis
 P Davies S Williams
 P Gilchrist J Williamson
 C Jones
- Apologies Councillor C Povall
 Mr D Cunningham and
 Mr M Harrison.

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

Members were asked to consider whether they had 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 were reminded that they should also declare whether they were 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.

The following interests were declared:

Name	Nature of Declaration	Action
Councillor Chris Meaden	General - Personal - by virtue of her daughter's employment within the CYPD.	Took part in the discussions, remained in the meeting.
Councillor Angela Davies	General - Personal and pecuniary – by virtue of her employment with partner organisation, Cheshire and Wirral Partnership Trust.	Took part in the discussions, remained in the meeting.

26 **MINUTES**

Resolved - That the minutes of the last meeting of the People Overview and Scrutiny Committee, held on 8 September 2016, and the minutes of the Children's Sub Committee meeting held on 22 September 2016, be confirmed as a true record.

27 **NOTICE OF MOTION: MOTOR NEURONE DISEASE (MND) CHARTER**

The Chair of the People Overview and Scrutiny Committee reported that at the meeting of the Council held on 17 October 2016 (minute 67(1) refers), the following Notice of Motion proposed by Councillor Steve Williams and seconded by Councillor Chris Blakeley was referred by the Mayor to this Committee for consideration –

“That this Council adopts the Motor Neurone Disease (MND) Charter and thereby supports achieving quality of life, dignity and respect for people with MND and their Carers.

The Charter:

1. People with MND have the right to an early diagnosis and information.

This means:

- a) An Early referral to a Neurologist
- b) An accurate and early diagnosis, given sensitively
- c) Timely and appropriate access to information at all stages of their condition

2. People with MND have the right to access quality care and treatments.

This means:

- a) Access to co-ordinated multidisciplinary care managed by a specialist key worker with experience of MND.
- b) Early access to specialist palliative care in a setting of their choice, including equitable access to hospices.
- c) Access to appropriate respiratory and nutritional management and support, as close to home as possible.
- d) Access to the drug riluzole.
- e) Timely access to NHS continuing healthcare when needed.
- f) Early referral to social care services.
- g) Referral for cognitive assessment, where appropriate.

3. People with MND have the right to be treated as individuals and with dignity and respect.

This means:

- a) Being offered a personal care plan to specify what care and support they need.
 - b) Being offered the opportunity to develop an Advance Care Plan to ensure their wishes are met, and appropriate end-of-life care is provided in their chosen setting.
 - c) Getting support to help them make the right choices to meet their needs when using personalised care options.
 - d) Prompt access to appropriate communication support and aids.
 - e) Opportunities to be involved in research if they so wish.
4. People with MND have the right to maximise their quality of life.

This means:

- a) Timely and appropriate access to equipment, home adaptations, environmental controls, wheelchairs, orthotics and suitable housing.
 - b) Timely and appropriate access to disability benefits.
5. Carers of people with MND have the right to be valued, respected, listened to and well supported

This means:

- a) Timely and appropriate access to respite care, information, counselling and bereavement services.
- b) Advising carers that they have a legal right to a Carer's Assessment of their needs, ensuring their health and emotional well-being is recognised and appropriate support is provided.
- c) Timely and appropriate access to benefits and entitlements for carers."

Councillor Steve Williams tabled the Motion, and introduced Ms Debbie Williams of the Wirral MND Association who then addressed the People Overview and Scrutiny Committee.

Ms Williams expressed her thanks to all those who had responded to their recent petition, requesting adoption of the Motor Neurone Disease (MND) Charter.

Ms Williams provided Members with an explanation of the disease, which has no cure, informing that the Charter aspiration focused primarily on care and the right kind of care. She further informed that early diagnosis and the treating of those with the disease with dignity and respect went a long way to maximise the quality of life for MND sufferers and their Carers. She stated that the role of Carer was particularly difficult and should be valued and respected.

Members were apprised that the Council played a vital piece in the jigsaw in helping people to adapt and live with the disease. Ms Williams explained that by adopting the Charter, the Council would also be assisting in raising

awareness of MND and helping develop to wider partnerships. Members were informed that the adoption of the Charter would also help in ensuring that the right care and support could be provided within appropriate timescales. In summary Ms Williams explained that the Wirral MND Association was structured as a small charity in Wirral, supporting people on an individual basis.

The Chair thanked the speakers and opened discussion on the subject.

A short debate took place, with the majority of Members expressing wholehearted support for the adoption of the Charter, having first-hand knowledge of the disease either through family members, friends or relatives. There was consensus regarding the positive impact on people with MNDs dignity through home adaptations, and broader understanding of the disease and its effects on an individual's health.

A Member stated that by supporting the Charter, this could be a tremendous opportunity to work with organisations to assist those who have MND.

The Director for Health and Care informed that those eligible for Social Care will qualify, and that access to care was not disease specific. He added that MND is one of a number of long term conditions that is covered under existing protocols.

On a motion by the Chair, duly seconded it was –

Resolved - That

- 1) **the Notice of Motion be supported; and**
- 2) **the People Overview and Scrutiny Committee thank Mrs Debbie Williams of the Wirral Motor Neurone Disease (MND) Association for her presentation.**

28 **NOTICE OF MOTION: PERFORMANCE MANAGEMENT - REPORTING ARRANGEMENTS**

The Chair of the People Overview and Scrutiny Committee reported that at the meeting of the Council held on 17 October 2016 (minute 67(5) refers), the following Notice of Motion proposed by Councillor Phil Gilchrist and seconded by Councillor Stuart Kelly was referred by the Mayor to this Committee for consideration –

“PERFORMANCE MANAGEMENT – REPORTING ARRANGMENTS

Council notes:

1. the training session on the arrangements for Performance Management held on 7 September 2016, attended by a wide range of Members across all parties, at which Members were informed regarding the range of indicators chosen for future reports based on the progress with the Wirral Plan;
2. the concern expressed at that meeting that these reports and proposed indicators do not cover the range of established indicators that Council Members have always followed and expected to see, such as progress with staff appraisals, the level of staff sickness and absence and other issues;
3. that many Members at the training session made the case for a wider range of indicators to show how Council services are performing;
4. that the former Families and Wellbeing Policy & Performance Committee received performance monitoring data on a range of indicators that are and remain sensitive and significant in the light of OFSTED's recent findings.

Council, therefore, requests that:

- (i) as the data is still being collected and analysed by officers, a set of such wider indicators should be presented to Members on a regular basis;
- (ii) accompanying quarterly performance data, there should also be information as to the target expected in that quarter, in addition to the year end and Plan end (2020) target;
- (iii) the choice of indicators needs to be relevant to the 2020 pledge and undertakes to review those indicators chosen to measure pledge success prior to reporting for Quarter 2 performance;
- (iv) officers report to each Overview and Scrutiny committee the 'added value' expected for those indicators that have been included within the 2020 Vision Plan and, in respect of indicators flagged as under or over performing, additional information and actions proposed in respect of those indicators.

In order to secure a transparent and open review, Members should be invited to submit details of the key areas that they wish to see reported upon by the end of October.

The Spokespersons of each of the newly created Overview and Scrutiny Committees should be requested to examine these suggestions and ensure a sufficient, timely and readily accessible mechanism for such data in future reports.”

Councillor Phil Gilchrist introduced the Motion and set out his views on the various elements of the Motion, suggesting a 'back-to-basics' approach and

general methodology in relation to data gathering and reporting both past and present. He explained the difficulties that could be faced by the re-definition of data-sets and problems that this can cause with regard to performance measurement over time. He further requested that the need for Members' access to data, to ensure essential monitoring of corporate performance. Councillor Gilchrist then also commented on other Local Authorities data that could be easily accessed via their websites e.g. Barnet and Stockport.

The Chair thanked Councillor Gilchrist for his contribution to the meeting, and expressed her own concern that not all data-sets that had been available in the past were easily accessible now. She informed that the meeting agenda contained a variety of performance focused reports, but was in agreement with the sentiments expressed by Councillor Gilchrist.

A Member stated that it was his opinion that there remained more work to do, and that the context of data monitoring and comparison over a period of time was most helpful in the role of Scrutiny Member.

The Chair informed that the People Overview and Scrutiny Committee would be looking at the data for Quarter 2 later on in the meeting agenda, on both how the data had been presented and performance.

On a motion by the Chair, duly seconded it was –

Resolved - That

- 1) the Notice of Motion be supported;**
- 2) the People Overview and Scrutiny Committee notes that this Notice of Motion is to be considered by the 2 other Overview and Scrutiny Committees (OSC), and that a meeting has already taken place between the OSC Chairs, Vice-Chairs and Spokespersons as requested; and**
- 3) a further meeting of the OSC Chairs, Vice-Chairs and Spokespersons is to be scheduled in the New Year to consider feedback from the OSC Committees on the presentation and content of performance data.**

29 ALL DAY HEALTH CENTRE SERVICES AND GP SEVEN DAY WORKING

Carla Sutton, Senior Contract Manager, NHS England North (Cheshire & Merseyside) introduced the report of the NHS Commissioning Board (NHS CB) (NHS England) that outlined proposals to provide a fairer, more equitable access for GP services over seven days per week and outside of normal core hours at a large scale in multiple hubs in key locations, to all Wirral residents,

away from the main Hospital site at Wirral University Teaching Hospital (WUTH) Arrowe Park, Hospital site, Upton, Wirral.

Ms Sutton informed that the current service provided was not geographically equitable, and that Clinical Commissioning Groups were required to review service provisions and commission routine appointment services at evening and weekends to meet demand, in addition to providing additional investment for improved IT access to patient records.

Martyn Kent, Head of Primary Care Transformation, NHS Wirral Clinical Commissioning Group apprised Members that NHS Wirral Clinical Commissioning Group was developing a proposal to offer a new pilot service to deliver upon this requirement via the two emerging GP Federations on Wirral from early 2017. The pilot process would be used to review the outcomes associated with the service and revise the model to ensure it met the needs of the Wirral population.

Mr Kent also informed that the new pilot service would provide access to GP services at a number of hub sites across Wirral in each of Wirral's four Parliamentary constituencies. The aim of the service being to improve the experience of patients accessing GP services who sometimes have difficulty now, for example:

- a) Working people
- b) Carers
- c) People with young families

The proposed delivery sites, subject to contract procurement (December 2016) and confirmation thereafter, include:

- a) Civic Medical Centre (Bebington)
- b) Claughton Medical Centre (Claughton/Oxton)
- c) Eastham Group Practice (Eastham)
- d) St Hilary Group Practice (Wallasey)
- e) Marine Lake Medical Practice (West Kirby)
- f) Miriam Medical Centre (Birkenhead)
- g) Parkfield Medical Centre (New Ferry)
- h) Somerville Medical Centre (Wallasey)

Mr Kent explained that the initial funding for the service provided by NHS England of approximately £1 per Wirral patient (£340,000) only allowed a limited service to be piloted initially in 2017/18 i.e. 138 GP appointments per week). However the budget for the service would increase to £3.34 in 2018/19 and £6 per Wirral GP registered patient in 2019/20 (circa £2,000,000) as per NHS Planning and Contracting Guidance 2017-2019.

The report informed that the All Day Health Centre at Arrowe Park had a very low registered practice list (approximately 600 patients, in comparison to the average practice size of 6000 patients). The patients were evenly spread across Wirral, although some patients had historically followed a GP from the Leasowe area, who worked at the service. However, Members heard that without the funding for the wider Primary Medical Care service, maintaining the registered list was not a viable option as a stand-alone service, and a patient engagement exercise had commenced with those persons on the registered patient list regarding its dispersal.

Resolved – That

- 1) the report be noted;**
- 2) the development of a fair equitable seven day access service for Wirral be supported;**
- 3) the dispersal of the small registered patient list be noted; and**
- 4) the People Overview and Scrutiny Committee receive an updated paper regarding the progress of the new Wirral GP Service from NHS Wirral Clinical Commissioning Group in due course.**

30 REVIEW OF SERVICES PROVIDED BY CHANGE, GROW, LIVE (CGL)

The Chair introduced the item, that comprised of the report of the Director of Health and Wellbeing that had been written at the Chair's request, statistics of the cause of death for people in contact with the Wirral Ways to Recovery (WWTR), and recommendations arising from the WWTR self-assessment. The report focused on the 72 reported deaths of people in contact with the WWTR service over the period, 1 February 2015 to 31 August 2016. The 72 deaths were the result of a wide range of causes, with a significant percentage being associated with long term health conditions.

The Director of Health and Wellbeing reported that every death in Wirral relating to drugs or alcohol misuse was a tragedy, particularly for the families and friends of the person who had died, and that addiction created an increased chance of death and poor health in any individual.

The People Overview and Scrutiny Committee noted that the report had been written in response to concerns raised through an Elected Member regarding the number of deaths of people in contact with the service managed by Change, Grow, Live (known as CGL). A particular concern raised was that since the new service had taken over from the previous NHS service there were significantly more deaths in service. As a result of the concern raised, a review of all deaths in the service had taken place to understand whether there was any reason to believe that the service was unsafe, and whether

Wirral was unusual in the numbers of deaths relating to drugs and alcohol misuse. The report set out the findings of the review.

The Director of Health and Wellbeing reported that Wirral's system had been good at getting people into treatment and had therefore a higher than average number of people recorded within the system compared to other Councils, which in turn led to higher than average number of reportable deaths in the service.

From the evidence reviewed and presented in the report the Director of Health and Wellbeing further explained that there was no evidence to support CGL were operating an unsafe service. However nationally and locally there was a growing recognition of the need for a greater focus on the general health and wellbeing of service users, and the Council and CGL would therefore be taking action to:

- ensure that the complex needs of people who use drugs and alcohol are met through a co-ordinated, whole-system approach that address health inequalities and provides better access to physical healthcare and psychiatric care, along with other support which could include housing and employment; and
- ensure a balanced approach in the treatment service to ensure those that need treatment receive it and those who wish to embrace the recovery model get the help and support they need.

The People Overview and Scrutiny Committee noted that these actions were to be progressed via both scheduled contract meetings with Wirral Ways to Recovery and the development of local pathways to meet the needs of a complex group of patients, specifically to ensure that service users engage with wider health and social care services e.g. smoking cessation services, to address long term health issues associated poor lifestyle choices.

There was discussion on a series of questions received by the Chair. A response to the questions will be provided by the Director of Health and Wellbeing before being distributed to all members of the Committee.

Resolved – That

- 1) the report be noted; and**
- 2) the recommendations and accompanying commentaries contained within Appendix 2 to the report be supported; and**
- 3) a further report will be presented to the People and Overview Scrutiny Committee in 6 months time.**

CHESHIRE & MERSEYSIDE SUSTAINABILITY AND TRANSFORMATION PLAN

Mr Phil Meakin introduced a presentation entitled “Healthy Wirral - Development of Local Delivery Service Plans (LDSPs) and Sustainability & Transformational Plans (STPs)”. The presentation provided the People Overview and Scrutiny Committee with an update on the priorities, delivery and action plans for the Cheshire & Merseyside NHS Sustainability and Transformation Plan, namely:

- Support for people to live better quality lives: Alcohol, smoking, poor diet and inactivity have a negative impact on our lives and are increasing demands on the NHS. We have to change this;
- Working together with partners in social care and the voluntary sector to provide better, more joined up care: Better care provided in the community, enabling reduced hospital admissions;
- Designing hospital services to meet modern clinical standards and reducing variation in quality: people will receive consistently high standards of care wherever they live; and
- Being more efficient by reducing duplication and using the latest technology: reducing costs in managerial and administrative areas: sharing electronic information and adopting new innovative ways of working.

Mr Meakin informed that the initial phases of the Plan comprised project initiation and design, to be followed by public consultation. He confirmed that this was part of a National programme and that there had been much media and public interest – together with concerns and raised levels of anxiety surrounding the project. He re-iterated that any new proposals would be the subject of public consultation during the identified stage of the programme, and for additional clarity there were no proposals to merge hospitals within the Cheshire and Wirral Local Delivery Service (LDS) footprint (i.e. Arrowe Park and the Countess of Chester Hospitals) or to build a new hospital at Ellesmere Port, or to downgrade Accident and Emergency Services at Wirral University Teaching Hospital (WUTH), Arrowe Park.

Members were pleased to receive such assurances, but expressed their concerns that the Council as a local NHS partner had not been involved during the early stages of the project initiation.

Members provided a number of further observations on explorative proposals for elective care provision at Clatterbridge, the continued need for meaningful consultation, assurance regarding safe staffing levels, and the travel and transport needs for patients accessing services.

Resolved - That

- **the People Overview and Scrutiny Committee thanks Mr Phil Meakin for his attendance and presenting of the key points of the Sustainability and Transformation Plan (STP);**
- **the People Overview and Scrutiny Committee is concerned that Elected Members have had no opportunity to feed into the development of the STP, nor given the opportunity to see the Plan prior to its publication on 23 November 2016;**
- **the People Overview and Scrutiny Committee is also concerned about the lack of any meaningful consultation with the public of Wirral prior to the publication of the Plan;**
- **the People Overview and Scrutiny Committee is further concerned at the high levels of anxiety and speculation over the implications for future delivery of health services in Wirral generated by the Plan - as a result of lack of engagement with Cheshire and Merseyside local authorities;**
- **the People Overview and Scrutiny Committee notes that although very little detail is included, many of the proposals would represent a significant variation in service delivery and would therefore need to be presented for scrutiny by this Committee, and possibly a Pan-Merseyside and Cheshire Scrutiny Committee before the implementation of any proposals; and**
- **the People Overview and Scrutiny Committee does not believe that Wirral Council can agree to the STP without absolute clarity on the proposals and a meaningful process of consultation and engagement with Elected Members and local residents.**

32 2016/17 QUARTER 2 WIRRAL PLAN PERFORMANCE - PEOPLE THEME

The Chair introduced the report that provided the 2016/17 Quarter 2 (July – September) performance report for Wirral Plan pledges under the People theme. The report, which was included as Appendix 1, provided a description of the progress in Quarter 2 as well as providing available data in relation to a range of outcome indicators and supporting measures.

The report informed that at quarter 1, a range of feedback was provided by each of the Overview and Scrutiny Committees on the reports provided. Following this, officers had met with the Committee Chairs and Spokespersons to review report provision. The report piloted an approach agreed at that session to provide more detail in terms of performance against

each of the pledges that fell under the remit of the People Overview and Scrutiny Committee.

Resolved – That the report be noted.

33 **FINANCIAL MONITORING - 2016/17 QUARTER 2**

The People Overview and Scrutiny Committee received a report of the Acting Section 151 Officer that set out the financial monitoring information for this Committee. The report provided a basis for Members to scrutinise budget performance and set out the projected revenue and capital monitoring position for 2016/17, as at close of quarter 2 (30 September 2016) and as reported to Cabinet on 8 December 2016.

The People Overview and Scrutiny Committee noted that the quarter two revenue forecast an overall underspend of £0.2 million for the year (£1.1 million overspend was forecast at quarter 1) and that the Families and Wellbeing / DASS and Children overspend had increased during the period but had been compensated for by increased savings within treasury management.

The Committee further noted that the quarter two capital report had updated the capital programme and reflected significant re-profiling of schemes between years to reduce the 2016/17 capital programme to £38.1 million and that expenditure after the second quarter concluded was £10.6 million.

Resolved - That the report and appendices be noted.

34 **CHILDREN SUB COMMITTEE - TERMS OF REFERENCE**

The People Overview and Scrutiny Committee received the report of the Executive Director for Strategy that set out proposed amendment to the terms of reference for the Children Sub Committee.

The report informed that the People Overview & Scrutiny Committee had approved the terms of reference for the Children Sub Committee at the meeting held on 14 July 2016, and that subsequently, the terms of reference were presented, for information, to the Sub Committee's first meeting of the municipal year on 22 September 2016.

Members of the Sub Committee had proposed that the terms of reference should give greater prominence to the Wirral Plan pledges that were relevant to the work of the Sub Committee and therefore, an amended version of the terms of reference had been prepared adding a new section entitled 'Wirral Plan Pledges'. The proposed amendment included the following text:

“WIRRAL PLAN PLEDGES

The work of the Children Sub-Committee will focus in particular on the delivery of the following Wirral Plan Pledges:

- Children are ready for school;
- Young people are ready for work and adulthood;
- Vulnerable children reach their full potential.”

A Member proposed that a further pledge be included, to:

- Reduce Child and Family Poverty

No other changes to terms of reference were proposed.

Resolved – That the terms of reference for the Children Sub Committee as amended be approved.

35 **REPORT FROM HEALTH AND CARE PERFORMANCE PANEL HELD ON 5 OCTOBER 2016**

The Chair of the People Overview and Scrutiny Committee introduced her report that provided feedback on a meeting of the Health & Care Performance Panel that had taken place on the 5 October 2016.

The report informed on a number of key points that included:

- CQC Inspection of Wirral University Teaching Hospital (WUTH) – Action Plan Update.
- Social Care Annual Complaints and Customer Feedback Report – 2015/16.
- Feedback from the visit to CGL – held on 23 June 2016.
- Quality Framework and Performance Measures for the Health Sector in Wirral.
- Suicide Rates.
- Future Arrangements and Work Programme for the Panel.

Resolved – That the report be noted.

36 **PEOPLE OVERVIEW & SCRUTINY COMMITTEE - WORK PROGRAMME UPDATE**

The People Overview and Scrutiny Committee noted the report of the Chair that updated members on the current position regarding the Committee’s work programme as agreed for the 2016/17 municipal year.

The report informed on the process of developing and managing the scrutiny work programme for the municipal year. Members noted that the People Overview and Scrutiny Committee, in cooperation with the other two Overview

and Scrutiny Committees, was responsible for proposing and delivering an annual work programme and that the work programme should align with the corporate priorities of the Council, in particular the delivery of the Wirral Plan pledges which fell within the remit of the Committee.

Members noted that the report provided an update regarding progress made since the last Committee meeting held on 8 September 2016 and that the current work programme was made up of a combination of scrutiny reviews, standing items and requested officer reports, providing the committee with an opportunity to plan and regularly review its work across the municipal year.

The Chair provided a verbal update on the approval of the Avoiding Admissions Scrutiny Review by Cabinet at its meeting on 3 October; and that the Community Pharmacies Scrutiny Review was to be considered by the People Overview and Scrutiny Committee at its next meeting; and the requirement for a Task and Finish Group to undertake a check on service user's experiences of alternative provision following the decision to close Girtrell Court.

Resolved – That

- 1) the proposed People Overview & Scrutiny Committee work programme for 2016/17, be noted; and**
- 2) a Task & Finish group be established to undertake the forthcoming Re-provision of Respite Services Scrutiny Review – membership nominations to be provided to the Chair in due course.**

CHILDREN SUB-COMMITTEE

Wednesday, 14 December 2016

Present:

Councillors	A Brighthouse	C Meaden
	D Burgess-Joyce	C Povall
	(In place of W Clements)	W Smith
	A Davies	
	M McLaughlin	

Apologies

Councillors	Mr D Cunningham
	Mr M Harrison
	Mrs G Peters

9 **MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST**

Members were asked to consider whether they had any disclosable pecuniary interests and/or any other relevant interest in connection with any items on the agenda and, if so, to declare them and state the nature of the interest.

No such declarations were made.

10 **MINUTES**

Resolved – That the accuracy of the minutes of the meeting held on 22 September 2016 be approved.

11 **REVISED TERMS OF REFERENCE**

The revised Terms of Reference of the Children Sub-Committee were submitted for Members' information.

Resolved – That the revised Terms of Reference of the Children Sub-Committee be noted.

12 **ANNUAL COMPLAINTS REPORT**

Dawn Stanley-Smith, Customer Resolution and Information Manager outlined a report providing information on representations and complaints received by children's social care services within the Children and Young People's Department for the year 1 April 2015 to 31 March 2016. The report demonstrated an overview of complaint trends, performance and areas for development.

Members heard that a number of complainants and representations that had been made did not meet the criteria of the complaint regulations and had either been referred to the relevant process or procedure or had been acknowledged, registered as comments or feedback and forwarded to managers for a response. Members were informed that twenty complainants had had their complaint resolved at first contact with the Customer Resolution and Information Team without the need to formally register a complaint.

Numbers of complaints registered over twelve months had been provided and it was explained that 82.9% of complaints made by children or young people had been resolved within the statutory timescale and that Stage 1 complaints registered by an adult were dealt with by an appropriate manager. Also 92.3% of stage 1 complaints had been responded to within the timescale and 100% of stage 2 complaint investigations had been completed within the expected timescale.

Members heard what had been learned from complaints and that a new policy and procedure in relation to managing difficult communication had been produced to assist staff and children and families. Also work was underway on recommendations in respect of another two new procedures.

Members then heard that when reviewing effectiveness, it had been identified that the number of complaints received from children and young people had tripled following the work undertaken with the Children in Care Council to ensure that all children knew how to make their voices heard. It was suggested that the vast majority of complaints continued to be resolved by Council staff or the Customer Resolution and Information Team at an early stage.

It was further explained that a series of workshops had been planned which included an overview of the complaint process in order to increase and improve awareness of how to support children and young people to make representations. Work would continue with corporate IT colleagues in relation to identifying an effective IT platform and a recruitment process was to be undertaken to increase the number of Independent Persons to work on stage 2 investigations.

A representative of the Children in Care Council attended the meeting and gave an overview in respect of the workshop she had undertaken in relation to complaints. She believed that the workshop had been successful and helped to improve the service.

In response to questions raised by Members, the representative of the Children in Care Council outlined her personal experience in relation to the complaints procedure and confirmed that all the correct steps had been followed. She advised Members that she now felt capable of helping someone through the process.

Also in response to questions, the Customer Resolution and Information Manager confirmed that an increase in complaints could be expected as the message filtered out to young people in respect of how to engage in the process. She also advised that the number of Ombudsman complaints could be as a result of people being advised they had not met the criteria to follow the complaints procedure. She reported that quarterly briefings were to take place with staff to share best practice.

Resolved –

(1) That the report be noted.

(2) That the Customer Resolution and Information Manager be thanked for her report and the representative of the Children in Care Council be thanked for her attendance.

13 OFSTED PROGRESS UPDATE

The Director of Children's Services provided a verbal update on the progress of Ofsted.

Members were advised that three meetings of the Improvement Board had already taken place with a new chair, Eleanor Brazil, who would be working with Children's Services and that another key appointment had been made from January to the Chair of Children Safeguarding Board, Maggie Atkinson, formerly the National Children's Commissioner.

It was reported that other key posts were in the process of being filled and that a first response team had been placed in the Multi Agency Safeguarding Hub. Social work practice standards had been issued to develop a more consistent practice by front line staff and improved mechanisms for feedback from complaints had been implemented. Sub groups to the Improvement Board had been set up including a workforce sub-group to support better recruitment and retention of high quality staff. Members were informed that Ofsted were due to undertake their first quarterly monitoring visit in January and would be looking at the Multi Agency Safeguarding Hub.

Members were advised that the Local Government Association had been working with Local Authorities and a company called ISOS to set out the improvement journey in Children's Services.

In response to questions from Members, the Director of Children's Services advised that staff appraisal was a key part of the plan to improve the service and that more staff were needed in order to reduce caseloads so that people could be held to account. Despite an additional £2m of funding, there would

be pressures on the core budget and additional costs of reducing caseloads were being considered.

Resolved – That the Director of Children’s Services be thanked for her presentation.

14 **CORE INDICATORS FOR THE IMPROVEMENT BOARD**

The Director of Children’s Services reported upon a proposed set of core indicators that would be reported in detail at each meeting to ensure Improvement Board members would be able to monitor, challenge and assure progress against the key areas identified in the Ofsted inspection.

It was reported that Children’s Services required a good system for the accumulation of valid and reliable data and for its interpretation. All service-critical activities had to be recorded and reported accurately in order that service leaders could carry out their jobs effectively and demonstrate that activity was leading to beneficial outcomes. The poor performance information in respect of care leavers had been rectified and Members were provided with a number of proposed core improvement indicators.

In response to questions from Members, the Director of Children’s Services advised that one issue of concern was that there were too many children with a child protection plan who no longer need a plan after three months. There could be a number of reasons for this which were currently being analysed. Keeping children safe was at the core of all considerations.

Further to a question in respect of the number of times of change of Social Workers for a child, the Director of Children’s Services advised that she would consider how this could be measured and advocated that a permanent, stable workforce was required to consistently reduce changes for children.

Resolved – That the Director of Children’s Services be thanked for her report.

15 **FEEDBACK FROM MEMBER WORKSHOP**

The Chair reported that, at the previous meeting of the Children Sub-Committee on 22 September 2016, Members had requested that a workshop be held to discuss how best to scrutinise the implementation of the Ofsted improvement plan.

She advised that the workshop had been held on Monday 7 November 2016 and that the notes from the workshop were attached to the report.

Resolved – That the report be noted.

16 **SCHOOL STANDARDS REPORT: ATTAINMENT AT GCSE AND A LEVEL**

The Lead Commissioner for Schools provided a presentation on Key Stage 4 and 5 attainment and progress.

It was reported that the benchmark measures had changed this year for secondary schools and they are judged on the percentage of pupils achieving A*-C in English and Mathematics, Attainment 8 and Progress 8. The new measure (Attainment 8) shows a closing of the free school meal gap but that the gap is wider than the national average.

Members were informed that the percentage of students attaining A*-A in English or mathematics was higher than the national average for all pupils, boys and girls. However there were significantly less Free School Meal students attaining these higher grades. The Progress 8 score of -0.04 was just below the national average of 0. Overall Wirral was ranked top against neighbouring authorities for A level outcomes and third for GCSEs. The percentage of 2As and a B at A level remained below the national average but had increased from the previous year. Wirral was above the North West average for 5A*-C including English and mathematics and girls were out performing boys in A*-A in English or mathematics. Wirral was ahead of the national average in Attainment 8 and the Free School Meal gap had improved.

It was further reported that Wirral ranked top against neighbouring authorities for outcomes at Level 3 and Key Stage 5.

Resolved – That the Lead Commissioner for Schools be thanked for her report.

17 **WORK PROGRAMME UPDATE**

The Scrutiny Support Officer provided a report updating Members on progress towards delivering the work programme for the Children Sub Committee for the 2016/17 municipal year and the proposed changes as a result of the recent workshop.

Resolved – That the proposed work programme for 2016/17 be approved with the inclusion of Troubled Families Programme.

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Wirral Safeguarding Children Board Annual Report 2015-16

Foreword

I am very pleased to present the Annual Report for the Wirral Safeguarding Children Board (WSCB). The report sets out how well the WSCB has delivered its programme of work, met its statutory responsibilities and assessed the effectiveness of arrangements to safeguard children in 2015-16. The report is centred on how well the WSCB has delivered the priorities set for 2015-16 and what difference the work has made to the lives of children, young people and their families.

Similarly to the last few years 2015-16 continued to be a time of great financial challenge across the partnership. Budgets in public sector services have continued to shrink and partner agencies have had to work hard to identify efficiencies whilst demand for services remains high. In Wirral year on year budget cuts are likely to continue for the next few years so the challenge of how to do more with less remains.

The future of local safeguarding children boards remains uncertain following the publication of the Wood review earlier in 2016. There are implications for how the effectiveness of local arrangements to safeguard children will be tested in the future but it is likely current arrangements for LSCB's will cease and the frameworks for serious case reviews and child death overview panels will change. Preparation for a new safeguarding board model will form part of our business plan for 2016-17.

Last year the Board continued to take a lead role in combatting child sexual exploitation. There is a strong collaborative approach across the Merseyside safeguarding boards with an agreed strategy and protocol in place. The listentomystory website continued to be developed and promoted and a drama presentation was developed by the Last Minute Theatre Company called *On One Condition...* which explored different models of exploitation with young people and professionals. The drama performance was extremely well received and has since been rolled out across Merseyside.

A lot of work also continued to address the impact of domestic abuse on children and young people. The safeguarding board has fully supported the partnership 2020 pledge of *zero tolerance to domestic abuse* and has developed revised multi-agency training including tools to assess the direct impact domestic abuse has on children.

Ofsted reviewed the effectiveness of the safeguarding board during their inspection of children services in July 2016. Whilst this was outside of the reporting period covered by this annual report Ofsted considered in detail the work that had been undertaken in 15-16. Ofsted judged the safeguarding board as being inadequate and failing to deliver all of its statutory duties. 7 recommendations were made and the safeguarding board has developed an improvement plan to address the failings and we look forward to assuring Ofsted of our effectiveness over the next year.

I recommend the report to the Partnership, Executive, Chief Executive, Elected Members, professionals and the children and young people in Wirral who must remain at the centre of all we do.

Tracy Hayes.

Vice Chair
Wirral Safeguarding Children Board



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About the Annual Report

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Purpose

It is a requirement of Working Together to Safeguard Children (2015) for the Independent Chair of each Local Safeguarding Children Board to publish an annual report.

The purpose of the WSCB Annual Report is to provide a transparent assessment on the effectiveness of arrangements to safeguard and promote the welfare of children and young people who live in Wirral.

Content

The annual report is set out into 12 distinct sections, each one focused on a different aspect of arrangements to safeguard children.

Pages 12 and 13 set out how the safeguarding board has ensured the engagement and participation of young people involved in multi-agency processes.

Pages 14-21 summarise the progress made by the safeguarding board against the five priority areas set in April 2015.

Pages 22-37 focus on the quality of safeguarding practice, particularly focuses on what the WSCB has learnt through auditing.

Pages 38-43 contain information about key aspects of the learning and improvement framework including learning from case reviews and from the child death overview panel.

Pages 44-51 focus on the effectiveness of early help and the quality of the CAF and TAF processes.

Pages 52-54 detail the WSCB's response to child sexual exploitation.

Pages 55-58 details how the WSCB has raised the awareness of private fostering and the key messages from the private fostering annual report.

Pages 59-63 offer a review of the multi-agency training delivered by the WSCB and includes actions for the next 12 months.

Pages 64-67 present the core safeguarding performance information considered by the WSCB in 2015-16.

Pages 68-72 set out the role of the Local Authority Designated Officer for Allegations and includes a summary of managing allegations activity and actions taken by the WSCB to raise awareness of the service.

Pages 73-75 present the 7 recommendations for the WSCB following the Ofsted review of its effectiveness.

Pages 76-80 includes a summary of the WSCB's governance arrangements and details the membership in 2015-16 and includes a report on the WSCB's finances in 2015-16.

Page 82 summarises the priorities in the 2016-18 Business Plan.

In line with statutory requirements and best practice, the WSCB Annual report has been published on the WSCB website and has been sent to the following:

- The Chief Executive, Wirral Council
- The Lead Member for Children's Services
- The Director of Children's Services
- The Merseyside Police and Crime Commissioner
- The Chair of the Wirral Health and Wellbeing Board
- The Chair of the Wirral Children's Trust Board
- The Chair of the Wirral Community Safety Partnership





Glossary of Terms

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CADT	Central Advice and Duty Team – <i>‘front door’ into children’s social care</i>
CAF (FCAF)	(Family) Common Assessment Framework – <i>early help assessment</i>
CAFCASS	Children and Family Court Advisory and Support Service
CAMHS	Child and Adolescent Mental Health Service
CCG	Clinical Commissioning Group – <i>commission health services</i>
CDOP	Child Death Overview Panel – <i>reports on every child death</i>
CIN	Child in Need – <i>social care intervention to ensure child’s needs are met</i>
CIR	Critical Incident Review – <i>review of a case to provide learning</i>
CLA	Child who is Looked After
CP	Child Protection – <i>social care intervention to ensure child is kept safe</i>
CSE	Child Sexual Exploitation – <i>child(ren) exploited by adults for sexual activity</i>
CTB	Children’s Trust Board – <i>set local strategy to help all children thrive</i>
CWP	Cheshire and Wirral Partnership NHS Foundation Trust
CYPD	Children and Young People’s Department – <i>local authority children’s services</i>
DA	Domestic Abuse – <i>wide term for all aspects of domestic oppression</i>
DBS	Disclosure and Barring Service – <i>undertake criminal record checks</i>
DV	Domestic Violence
FGM	Female Genital Mutilation – <i>illegal practice of female circumcision</i>
FM	Forced Marriage
FSW	Family Support Worker – <i>helps families who experience difficulties</i>
HBV	Honour Based Violence – <i>crimes committed to defend ‘honour’</i>
HWBB	Health & Wellbeing Board – <i>local body to set strategy to improve wellbeing</i>
IFIP	Intensive Family Intervention Programme – <i>helps most troubled families</i>
IRO	Independent Reviewing Officer – <i>ensure plans for children are robust</i>
JSNA	Joint Strategic Needs Assessment – <i>identifies health and wellbeing needs</i>
LADO	Local Authority Designated Officer for Allegations
LP	Lead Professional – <i>leads a multi-agency intervention for a child</i>



Local Background

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Local Background



The Metropolitan Borough of Wirral encompasses 60 square miles (160km²) of the northern part of the Wirral Peninsula and is bound by the river Mersey to the east, the Irish Sea to the north and the river Dee to the West. Major settlements include Birkenhead, Wallasey, Bromborough, Heswall and West Kirby.

Wirral is a place of great disparity in terms of social and economic indicators including health and predicted need outcomes. The western part of Wirral contains some of the wealthiest wards in Britain with very high educational outcomes reported from both grammar and state schools. In the eastern part of the borough, particularly in the built up towns along the river Mersey, there are high levels of poverty which impact upon children's lives and their development.

Approximately 22% of children in Wirral live near or below the poverty line, but almost 100% of these children live close to the eastern shore in a line from Liscard in Wallasey, through Birkenhead and into Rock Ferry. Wirral remains the 60th most deprived borough nationally in the Index of Multiple Deprivation (2010) but a number of the Birkenhead wards are in the top 3% most deprived nationally.

The population of Wirral is 320,200 including approximately 70,500 children and young people (0-18). The population is predominantly white British (93%) but significant ethnic minority groups exist, particularly Irish, Chinese and Polish.

It is a key challenge for agencies working in Wirral to eliminate the differences in outcomes for children and young people and to ensure our most vulnerable families receive help at the earliest opportunity. Research tells us that effective early help interventions are less costly than social

care interventions, when a family's situation may have deteriorated and problems may have become more entrenched. For this reason ensuring the effectiveness of early help has remained a priority area for the safeguarding board.

The WSCB participated in the Wirral Partnership Summit in July which agreed that the Council's Five Year Plan: Taking Wirral Forward - A 2020 Vision should be a multi-agency partnership strategy. The WSCB makes an important contribution to several of these priorities:

- children are ready for school
- young people are ready for work and adulthood
- vulnerable children reach their full potential
- zero tolerance of domestic violence.

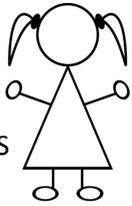
Wirral continues to have very high numbers of children who are looked after (101 per 10,000) compared both to neighbouring areas (81 per 10,000) and to England (60 per 10,000). It remains a challenge for the partnership to safely reduce these numbers.

The number of children subject to a Child Protection Plan (59.7 per 10,000 as at 31st March 2016) has increased 73% since the same period last year. 404 Wirral children were subject to CP Plan on the 31st March. Reasons for the increase include a review of the status of Child in Need cases which have shown little or no improvement in the past 12 months and the decision to manage all Child Sexual Exploitation cases under Child Protection arrangements.

Neglect and Domestic Abuse remain common factors in many cases referred into the local authority and the response of the safeguarding board has been to review the training, guidance, policy and procedure for both and to ensure as many multi-agency staff as possible have attended the training and are equipped to use tools such as the Graded Care Profile for neglect and the Barnardos DV Risk Identification matrix for domestic abuse.

If Wirral had 100 Children

49



WOULD BE GIRLS

20

WOULD BE LIVING IN FAMILIES
IN RECEIPT OF

CHILD TAX CREDIT

or

UNIVERSAL CREDIT



93



WOULD BE WHITE BRITISH



7

WOULD BE FROM
ETHNIC MINORITIES

1 OR 2 WOULD SPEAK
ENGLISH AS AN ADDITIONAL
LANGUAGE



9

WOULD NOT BE IN
EDUCATION, EMPLOYMENT
OR TRAINING



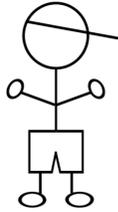
22

WOULD BE LIVING AT OR
BELOW THE POVERTY LINE



19

WOULD LIVE IN LONE PARENT
FAMILIES



51

WOULD BE BOYS

14

WOULD HAVE A SPECIAL
EDUCATIONAL NEED



75

WOULD ACHIEVE A GOOD
LEVEL OF DEVELOPMENT AT
AGE 5



3

WOULD HAVE BEEN
ALLOCATED A SOCIAL WORKER

1

WOULD GET INTO ENOUGH
TROUBLE TO BE REFERRED TO
THE YOUTH OFFENDING TEAM



2

OF WHOM WOULD HAVE AN
EDUCATION, HEALTH AND CARE
PLAN, MOST PROBABLY FOR
MODERATE LEARNING
DIFFICULTY



Learning Knows No Bounds

1

WOULD HAVE A TEAM AROUND
THE FAMILY PLAN

1

WOULD BE IN CARE

1

FEWER THAN WOULD BE
SUBJECT TO A CHILD
PROTECTION PLAN





Engagement and Participation of Children and Young People

Participation at reviews/children chairing reviews

The participation of children at reviews is monitored on a monthly basis as part of the Safeguarding Unit monthly report.

During 2015/16, **35%** of Looked After reviews were attended by young people which equates to **519** reviews throughout the year. This includes **33%** where the young person attended and spoke for themselves, **1%** where the young person attended and an advocate spoke on their behalf and **1%** where the young person attended without contributing.

5% (52) Child Protection reviews held during 2015/16 were attended by young people. This includes **4%** where the young person of attended and spoke for themselves and **1%** where the young person attended and an advocate spoke on their behalf.

Right Side of Care/Voice of the Child

Recording and evidencing the voice of the child has been a great priority this year.

On becoming Looked After, every child, where appropriate is provided with a 'Right Side of Care' pack which was updated in 2015. This provides information about what it means to be a Looked after Child, what rights a child has, the role and independence of the Independent Reviewing Officer and a range of other topics. It also contains useful contact details and additional information for example the Advocacy Service, Children's Complaints Officer and Independent Visitor Scheme.

There are feedback forms available online and paper copies for children and young people to complete and submit. Each completed form is logged on a spreadsheet for the purpose of reporting and participation data and the IRO scans the form on to the child's Liquid Logic record or incorporates

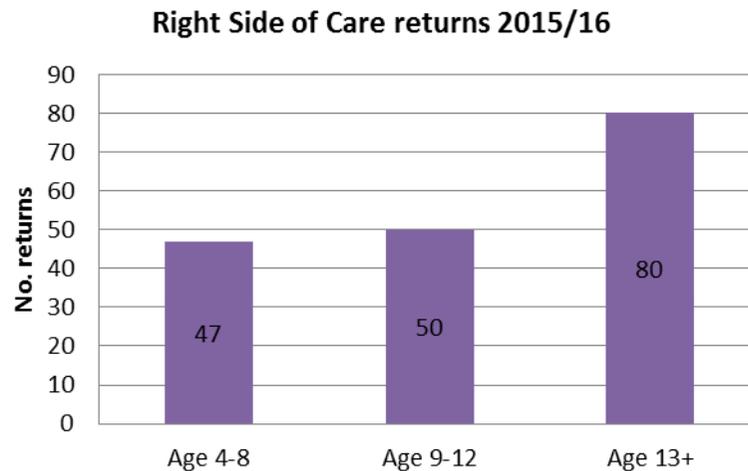
the views into their review minutes.

It is essential for children and young people to be able to fully participate and contribute to their reviews. However, it is acknowledged that there are some young people who choose not to attend their review meeting. All children and young people are encouraged to complete the Right Side of Care leaflet to be able to express and articulate their wishes and views with the adults and professionals who have the responsibility of providing good quality services to meet the needs of the child.

Independent Reviewing Officers have been actively encouraging children to complete these forms and to understand the value of their feedback for themselves and the organisation. These feedback questionnaires as well as providing evidence on a child's journey through care are also useful in highlighting the role of the Independent Reviewing Officer's and their relationship with children Looked After.

During 2015/16, **177** Right Side of Care leaflets were completed by children and young people.

The graph below illustrates the returns received by age group.





Progress and Achievement

Page 34

2015-16



Progress and Achievement

Working Together to Safeguard Children (2015) details the statutory framework in which LSCB's work. Working Together states that the Independent Chair of the LSCB:

'Must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. The report should provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action' Chapter 3 page 70.

The WSCB undertakes the majority of its work, both statutory and non statutory through its committees. The work completed by the committees against each of the priority areas set in the Business Plan is presented in the following pages.

In 2015-16 the WSCB set 5 priority areas of work in its Business Plan:

- Safeguarding is Everyone's Responsibility
- Child Sexual Exploitation
- Effectiveness of Early Help
- Domestic Abuse
- Radicalisation

Safeguarding is Everyone's Responsibility

This priority area underlines the WSCB's approach to promote across our communities the view that safeguarding children and young people is indeed everyone's responsibility. During 2015-16 the WSCB developed its website with the aim of it being accessible to the wider community and containing easy to read and understand advice and guidance. The website

includes the threshold guidance, all of the safeguarding boards training and highlights areas of greatest concern. The safeguarding board now also has a presence on twitter and facebook and new safeguarding information is put out on the sites every day.

The safeguarding board created a post of Youth Engagement Worker to lead the safeguarding board's engagement with children and young people and to directly support initiatives such as the annual youth voice conference.

The training programme has also been extended to include bespoke sessions raising awareness of child sexual exploitation with licensees and taxi drivers.

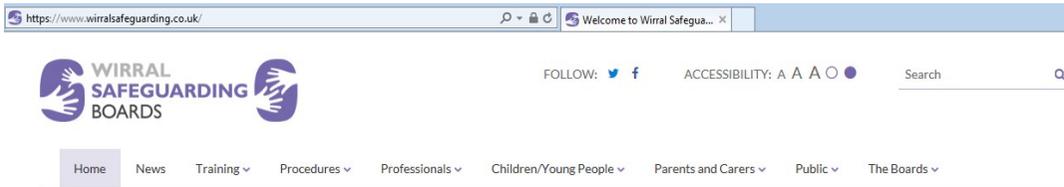
Child Sexual Exploitation

Combatting child sexual exploitation remains a priority area for the safeguarding board and this is coordinated through the multi-agency CSE and Missing committee. This year the committee has again supported national CSE awareness day on the 18th March with a series of events and activities. The safeguarding board has supported the promotion of the *On One Condition* drama performance developed by Wirral young people and has also supported the development of an online learning resource for primary schools.

The safeguarding board continues to test partners understanding and responses to child sexual exploitation and has introduced a programme of auditing to test the effectiveness of the partnership response.

Effectiveness of Early Help

The safeguarding board continues to lead on the auditing and testing both of the quality of CAF early help assessments and the effectiveness of Team Around the Family episodes. The safeguarding board is also represented on the Early Help strategic group to provide scrutiny and challenge.



What do we do?

The safeguarding boards are the statutory agencies in Wirral to ensure that professionals and organisations effectively work together to safeguard and promote the welfare of children, young people and adults.

[MORE INFORMATION ABOUT US >](#)

Welcome to Wirral Safeguarding Boards

Welcome to our website for the Wirral Safeguarding Children Board and the Safeguarding Adults Partnership Board. There is no more important role within any community than ensuring children, young people and adults are safe from abuse, exploitation and harm. The Safeguarding Boards have a statutory responsibility to monitor and evaluate what is done by partner agencies individually and collectively to safeguard and promote the welfare of everyone who lives in Wirral. This website has been designed to support all those who live and work in Wirral to safeguard and protect all our residents.

Bernard Walker, Independent Chair Wirral Safeguarding Boards

Domestic Abuse

This year the multi-agency Domestic Abuse committee has delivered the revised programme of training on a bi monthly basis to staff. This has also included promotion of the domestic abuse procedure and guidance which includes expectations of frontline practitioners and tools for them to use to assess and support families at the earliest opportunity.

The safeguarding board has identified the need for separate harmful practices training—this was a finding from a learning review undertaken by the WSCB this year, and this will be introduced in the 2016-17 training calendar.

Radicalisation

In partnership with the Wirral Safeguarding Adults Partnership Board the WSCB now has an established Channel Panel. The Board's have continued to provide WRAP training about PREVENT and have added bespoke ses-

sions for schools and train the trainer sessions. In addition guidance documents and resources have been shared with partner agencies and are promoted through the website.

Key Activity

Section 11/175

In 2016 the WSCB undertook its annual audit of the safeguarding arrangements in partner agencies. This is the second year that the WSCB has utilised an online audit tool and the number of agencies participating in the audit has increased for the third year in succession.

A detailed breakdown of the findings from the 2016 audit is provided on pages 32-40.



@wirrallscb



Priority One: Safeguarding is Everyone's Responsibility

Children and Young People Feel Safe and are Safe



DESIRED OUTCOMES	ACTIONS	PROGRESS	TO DO
<ul style="list-style-type: none"> Partner agencies successfully promote safeguarding through their core business and specific campaigns Professionals understand the continuum of need and referral pathways Children and Young people actively contribute to and shape the safeguarding agenda through events, conferences and resources Young people help the WSCB to assess the effectiveness of services and inform commissioning The WSCB website demonstrably supports safeguarding messages in Wirral The WSCB and partners utilise a variety of media to deliver safeguarding messages The WSCB engages the wider community and can demonstrate the effectiveness of safeguarding awareness raising campaigns 	<ul style="list-style-type: none"> Partner agencies provide reports to the WSCB evidencing promotion and success of activities and campaigns to safeguard children and young people 	<p>Reports are provided through the sub groups but WSCB aware that not all multi-agency and single agency activities to promote safeguarding are reported.</p>	<p>Partners utilise WSCB website, twitter and facebook for promotion of campaigns</p>
	<ul style="list-style-type: none"> Review and revision of the Neglect Strategy 	<p>Neglect strategy action plan completed. Audit in 2016 multi-agency audit plan</p>	<p>Refresh through task and finish. Use of tools to be tested</p> <p>Complete audit</p>
	<ul style="list-style-type: none"> Review of the Thresholds of Need and Guide to Integrated Working threshold document undertaken and revised document published across partnership 	<p>Multi-agency working group reviewed thresholds but MASH Board and WSCB retained IWG for 15-16</p>	<p>Review of thresholds and IWG in 2016 through WSCB task and finish group</p>
	<ul style="list-style-type: none"> Development of a model to introduce a Junior Safeguarding Board to provide an active safeguarding voice for children and young people in Wirral 	<p>Appointment of youth engagement worker. Joint working with youth voice group</p>	<p>Terms of reference and proposal for voice of children sub committee to progress</p>
	<ul style="list-style-type: none"> WSCB supports the 2015 Youth Conference and its theme about being safe, and will oversee the resultant action plan 	<p>Completed. Young people led Youth Voice Conference held successfully</p>	<p>Agree model for youth board</p>
	<ul style="list-style-type: none"> Independent WSCB website contracted for and new website launched 	<p>Completed. WSCB website launched in April 2016</p>	<p>Continuous updating of information</p>
	<ul style="list-style-type: none"> Diary of Key Safeguarding Events published and promoted 	<p>In progress. News section added to the website. Diary of events to be added.</p>	<p>Website to be utilised to publish diary of events</p>
	<ul style="list-style-type: none"> Social media and website utilised to support the promotion of safeguarding 	<p>Completed. Twitter account opened and over 1,000 tweets sent in first 9 months</p>	<p>Facebook presence to be added to website and twitter</p>
	<ul style="list-style-type: none"> WSCB identifies wider workforce and community groups to engage with the promotion of safeguarding 	<p>Target groups including taxi firms and drivers, hotel/premises licence holders programme of work ongoing</p>	<p>Identification of wider and hard to reach groups through committees</p>

Priority Two: Child Sexual Exploitation



Children and Young People have non-exploitative Relationships

DESIRED OUTCOMES	ACTIONS	PROGRESS	TO DO
<ul style="list-style-type: none"> Children at risk of CSE are identified at the earliest opportunity and receive immediate support Wider community have a good understanding of signs, symptoms and impact of CSE The JSNA is used by organisations and strategic bodies to support commissioning and planning for services to combat CSE The multi-agency CSE (MACSE) meetings co-ordinate an effective response and reduce the CSE risk faced by children and young people Wider community aware of when and how to report concerns Agencies demonstrate the effectiveness of their response to CSE Training and briefings routinely delivered within agencies and for multi-agency partners 	<ul style="list-style-type: none"> WSCB ensures all agencies have a named CSE point of contact and all agencies have access to CSE trainers 	<p>Completed. Catch22 commissioned to deliver multi-agency CSE training. E-learning training package purchased by the WSCB.</p>	<p>Development of sustainable multi-agency training utilising training pool</p>
	<ul style="list-style-type: none"> Regional and local procedures and practice guidance reviewed and revised 	<p>Completed. Reviewed and published on a local and regional footprint</p>	<p>Pan Merseyside review of MACSE process underway</p>
	<ul style="list-style-type: none"> Programme of auditing also involving young people (including Section 11/175) continues to test the effectiveness of arrangements to safeguard children and young people 	<p>Section 11/175 established as annual audit mechanism. Sub group have introduced bi monthly audits. Meetings with YP undertaken</p>	<p>Develop strong mechanism to routinely include YP in audit programmes</p>
	<ul style="list-style-type: none"> Multi-agency action plan reviewed at each CSE sub group meeting and presented to WSCB 	<p>Completed. Established as a standing agenda item</p>	<p>Action plan for 2016-17 published</p>
	<ul style="list-style-type: none"> Review of the effectiveness of MACSE undertaken and professionals understanding of referral pathways 	<p>Updated process and guidance published including CSE forms and practice guidance</p>	<p>Testing of understanding and compliance with pathways</p>
	<ul style="list-style-type: none"> Promotion of understanding of CSE to professionals and identified wider community groups particularly those in the night-time economy and continuing support and promotion of the www.listentomystory.co.uk campaign 	<p>This is underway. Quarterly briefings for licensees and monthly briefings for taxi drivers held. Guidance published on the WSCB website</p>	<p>Plan to access takeaway and shop/ off licence staff to be developed</p>
	<ul style="list-style-type: none"> Development of actions to support the disruption of CSE activity and the pursuit of offenders 	<p>Ongoing—this is part of the action plan including operation Stay safe</p>	<p>Guidance for how all agencies can disrupt</p>
	<ul style="list-style-type: none"> Development and publication of a core CSE dataset 	<p>Completed. Dataset developed with regional partners</p>	<p>Development of data dashboard</p>

Priority Three: Effectiveness of Early Help

The Needs of Children and Young People are Identified Early

DESIRED OUTCOMES	ACTIONS	PROGRESS	TO DO
<ul style="list-style-type: none"> Agencies have clear early help strategies in place and can demonstrate their contribute to single agency and multi-agency response Clear multi-agency performance information evidences effectiveness of early help Agencies can evidence of the use and impact of the Graded Care Profile Review of the 'front door' ensures referrals are appropriate and responded to quickly 	<ul style="list-style-type: none"> Review of the Thresholds of Need and Guide to Integrated Working threshold document undertaken and revised document published across partnership 	Multi-agency working group reviewed thresholds but MASH Board and WSCB retained IWG for 15-16	Review of thresholds and IWG in 2016 through WSCB task and finish group
	<ul style="list-style-type: none"> Review of the functioning of the 'front door' into children's services (MASH/ CADT/ Gateway) 	Remodelling underway led by MASH Board	Test understanding of referral pathway and thresholds
	<ul style="list-style-type: none"> Development and publication of a multi-agency Early Help performance dataset 	WSCB dataset developed including Early Help indicators. Quarterly dataset presented to the safeguarding board	Dataset to be refined. Dataset dashboard being developed
	<ul style="list-style-type: none"> Audit of the use of the Graded Care Profile by professionals across the continuum of need 	This is underway. Early review of cases indicates GCP not routinely used	Further promotion of GCP needed and compliance testing
	<ul style="list-style-type: none"> Develop a supported programme of CAF champions in agencies 	CAF champions programme has been developed by the Early Help and CAF team	Effectiveness report to be brought in 16-17
	<ul style="list-style-type: none"> Continue work to ensure the voice and children and young people is evident in early help assessments and informs children's plans 	This is reported in the CAF activity and QA reports from the WSCB. Work expanding across the continuum of need	Youth Engagement Worker to support gathering direct feedback from young people
	<ul style="list-style-type: none"> Review of the functioning of the CAF/ early help Quality Assurance group 	Completed. ToR reviewed, remit widened. QAF reviewed	Commissioning of audits mechanism to be introduced.
	<ul style="list-style-type: none"> Development and publication of a Wirral Early Help Strategy 	Strategy published by Targeted Services	WSCB leading on 2 areas of focus; QA and training
	<ul style="list-style-type: none"> Publicise the contribution made to families, through working with the Intensive families intervention programme (IFIP) 	Ongoing. Report received by the WSCB	Fixed as an annual reporting item into WSCB



Priority Four: Domestic Abuse

Children and Young People live in Homes where they feel Safe



DESIRED OUTCOMES	ACTIONS	PROGRESS	TO DO
<ul style="list-style-type: none"> The WSCB evidences an effective response to Domestic Abuse across the continuum of need Professionals use the published protocol to identify victims and ensure they receive appropriate support A needs analysis supports the identification and commissioning of services The JSNA is used by organisations and strategic bodies to support commissioning and planning for services to combat Domestic Abuse Revised training raises awareness of domestic abuse and harmful practices 	<ul style="list-style-type: none"> Publish revised children and adults domestic abuse procedure and revised training 	<p>Children's procedure and guidance published. Revised training devised and being delivered</p>	<p>Audit of practice to be undertaken in 2016. SAPB to publish adults procedure</p>
	<ul style="list-style-type: none"> Undertake and publish a domestic abuse needs analysis to identify gaps and inform commissioning of services and highlight available services to partners 	<p>Detailed needs analysis report completed. Action plan revised. WSCB provide regular reports</p>	<p>Support the 2020 zero tolerance pledge</p>
	<ul style="list-style-type: none"> Review the quality of healthy relationships programmes in Wirral secondary school 	<p>In progress. Public health identified as lead agency</p>	<p>Action carried forward and added to the 16-17 domestic abuse committee plan</p>
	<ul style="list-style-type: none"> Involve young people in the testing of the effectiveness of services 	<p>In progress. WSCB has appointed a Youth Engagement Worker who is leading this work</p>	<p>Action carried forward. Youth Engagement Worker to support with new DA co-ordinator</p>
	<ul style="list-style-type: none"> Evaluate the effectiveness of Operation Encompass 	<p>Underway. Police are completing a report. Awaiting publication</p>	<p>Findings and recommendations to WSCB in July</p>
	<ul style="list-style-type: none"> Develop Harmful Practices guidance and multi-agency training 	<p>Forced Marriage and FGM guidance published. Training being introduced Autumn 16</p>	<p>Testing of understanding and compliance</p>
	<ul style="list-style-type: none"> Ensure the actions from the Domestic Abuse strategy are delivered and their impact measured 	<p>Action plan including impact reviewed bi monthly by domestic abuse committee</p>	<p>This will continue in 16-17. Included in 2016 audit programme</p>
	<ul style="list-style-type: none"> Undertake a review of MAPPA and MARAC processes 	<p>Completed. Both processes reviewed</p>	<p>Domestic Abuse committee to oversee completion of action plans</p>
	<ul style="list-style-type: none"> Publish and scrutinise the performance information dataset 	<p>Dataset developed</p>	<p>Refinement needed through sub committee</p>

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Priority Five: Radicalisation

Children and Young People are not Radicalised

DESIRED OUTCOMES	ACTIONS	PROGRESS	TO DO
<ul style="list-style-type: none"> Agencies have access to training and are aware of their responsibilities to the Prevent Agenda Multi-agency Channel Panel is established Children and Young People are aware of the dangers of radicalisation and exploitation Professionals have access to multi-agency guidance and expertise 	<ul style="list-style-type: none"> Deliver WRAP train the trainer sessions to the partnership to build expertise and training capacity 	Completed. Train the trainer courses run with good attendance. Specific courses for schools also run.	WRAP sessions in WSCB training plan
	<ul style="list-style-type: none"> Establish a multi-agency Channel Panel 	Completed. Channel Panel established chaired by Corporate Safeguarding Manager	Annual report of activity and effectiveness to WSCB in 16-17
	<ul style="list-style-type: none"> Themes and trends from the Channel Panel are reported to the WSCB 	Not yet reported. Themes and trends not yet apparent given the low numbers of cases which meet the threshold for referral	Annual report of activity and effectiveness to WSCB in 16-17
	<ul style="list-style-type: none"> Work with Young People to raise awareness of the Prevent agenda and dangers of being radicalised and exploited 	Materials, information, resources and guidance shared with schools and published on the WSCB website	Ongoing in 16-17, utilisation of website as repository for guidance
	<ul style="list-style-type: none"> Radicalisation and exploitation are themes at the 2015 Youth Voice Conference 	Completed. Workshops led by young people successfully delivered to school groups at the 2015 Youth Voice Conference	Guidance and resources to be identified and added to the WSCB website
	<ul style="list-style-type: none"> Prevent agenda multi-agency guidance detailing agency responsibilities is published 	Guidance documents published and shared with partner agencies	Development into Practice Guidance needed





Quality of Safeguarding Practice

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WSCB Auditing

Statutory Framework for Undertaking Audits

The statutory functions of local safeguarding boards are set out in the Local Safeguarding Children Boards Regulations (2006) and published in the HM Government Statutory Guidance Working Together to Safeguard Children (2015).

The statutory guidance provides for Local Safeguarding Children Boards (LSCBs) to evaluate multi-agency working through joint multi-agency audits of case files as part of our duty to monitor and evaluate the effectiveness of what is done by partners individually and collectively to safeguard and promote the welfare of children and advise them on ways to improve.

Learning and Improvement

Working Together to Safeguard Children (2013) requires all LSCBs to maintain a local Learning and Improvement Framework. The Wirral Safeguarding Children Board (WSCB) framework sets out how the partnership should collate the findings and lessons from the full range of case reviews (from statutory Serious Case Reviews and child death reviews, to case reviews below the thresholds of a serious case review), multi-agency and single agency audits and practitioner forums.

The development of the Learning and Improvement Framework enables the Wirral Safeguarding Children Board (WSCB), its partner organisations and local partnership bodies to be clear about what needs to be learnt, where services and practice require improvement. The full Wirral Learning and Improvement Framework can be accessed here:

<https://www.wirralsafeguarding.co.uk/professionals/learning-and-improvement/>



Why conduct audits?

An audit is undertaken to ensure that policy/procedure is being followed. It provides evidence of best practice and can demonstrate the quality of our work to external bodies and inspectors. It also allows areas of weakness to be identified and acted upon.

The actual process of carrying out an audit can sometimes be as beneficial as the outcomes. It provides staff with the time and space to reflect critically on practice. Where different agencies are involved in an audit, there is an opportunity to learn about different roles and responsibilities.

Why undertake multi-agency audits?

Effective partnership working through the LSCB, a robust and systematic approach to quality assurance and the modelling of a cycle of continuous learning through constructive challenge will establish a culture which will permeate through to front-line practice. Multi-agency audits should be solution-focused and conducted in a spirit of open learning with the intention of further improving outcomes for children.

Role of the Performance Committee

Multi-agency by the WSCB is overseen by the multi-agency Performance Committee who work to an annual audit plan and may commission other groups to undertake specific audits.





Request for Co-operation

Partner organisations in Wirral have a statutory duty to co-operate with requests from the WSCB to allow it to fulfil its statutory functions. This includes complying with requests for information.

When undertaking multi-agency audits the WSCB will request and require partner agencies to provide information by completing audit forms for identified cases. The WSCB is keen that this is not an onerous task and the demands made on individual agencies and practitioners will be small. This year, the committee has undertaken some of its multi agency audits online using the Virtual College audit facility. The responses are compiled and the findings are scrutinised and evaluated between partners at the committee meeting before recommendations are agreed.

Confidentiality

All information provided to support audits will be confidentially stored and securely destroyed following the audit. In any published report no individual child or professionals or organisation will be identifiable.

Learning from Audits

The findings from multi-agency audits are analysed by the WSCB Performance Committee which includes representatives from partner agencies including education, local authority specialist and targeted services, health organisations, police, housing and voluntary organisations. The Performance Committee publish the learning from audits and disseminate this to partner agencies through the safeguarding board.

Action Planning

Following the completion of an audit, the Performance Committee agree the key recommendations identified from the audit findings and compile an action plan with timescales for completion and responsible organisation or person. Agencies represented at the committee are responsible for taking any relevant actions back to their organisation for dissemination and completion.

The committee will review the progress to the actions at every meeting until they have been completed.

Key Messages from Auditing

Audits undertaken over the past 12 month have revealed some key and recurring recommendations:

- Importance of effective assessment of children, young people and families, including the importance of family histories
- Clear plans for children and young people at all levels of intervention with SMART achievable targets that are outcome focused, and all relevant partners attending meetings and contributing to plans
- Detailed consideration of the lived experience of children and young people—how does their everyday situation impact on their lives?
- Importance of the use of evidence based tools to inform the right level and type of intervention—these include the Graded Care Profile, the CSE screening tool and the Barnardo's Domestic Violence Risk Identification Matrix
- Professionals having a clear understanding of thresholds and consistent application being evidenced across the partnership

Audit Plan 2015/16

The table below includes the audits undertaken by the WSCB during 2015/16 and the key findings.

15-16	Audit Title	Audit Date	Key messages and learning from the audits
1.	Audit of cases discussed at MACSE between Oct '14 and Mar '15	April 2015	<p>The audit showed that there were clear plans put in place for all of the children and appropriate referrals were made for on-going monitoring and support.</p> <p>The audit found that the template used to record the MACSE minutes did not promote a structured and meaningful account of the information shared at the meeting and the actions undertaken to keep the young person safe. A recommendation was made for the template to include clear headings for reason for referral, current and potential risks, agencies working with the child, actions required to reduce risk and keep child safe, timescales and responsible person to be responsible for the action/s, update/feedback of the actions set (at subsequent meeting), clear evidence of discussion/consultation between professionals at the meeting, conclusion/decision as to whether the child is still at risk of CSE.</p> <p>The audit found that all MACSE meetings were well attended by professionals and there was evidence of discussion around referrals to appropriate agencies to provide support for the child.</p> <p>The audit highlighted the key role of Catch 22 in supporting children with various issues including online safety, missing episodes, anti-social behaviour and rape support. Over half of the children discussed at September's meeting were receiving support from Catch 22 and 62% of children received support from Catch 22 at some point during the MACSE process.</p>
2.	Repeat referrals into MACSE	July 2015	<p>The audit highlighted the importance of the functioning of the MASH to ensure children and young people are safeguarded and information is shared with agencies about victims or young people who are at risk of child sexual exploitation. To promote this, the audit recommended that the police missing from home co-ordinator, Catch 22 and children's social care are co-located at the Wirral MASH.</p> <p>The audit found that the young people who are at risk child sexual exploitation and/or discussed at MACSE were not easily identifiable on the Children's Social Case system (Liquid Logic). The audit recommended that these young people were flagged on the system</p> <p>The audit found that the CSE Risk Assessment Tool required revision to ensure that it accurately assesses the level of risk. A recommendation was made for the form to be revised and re-circulated.</p> <p>The audit highlighted the importance of all professionals working with young people to have access to regular reflective supervision.</p>





15-16	Audit Title	Audit Date	Key messages and learning from the audits
3.	Audit of LADO cases	December 2015	<p>Overall the audit found that there is good understanding of the allegations referral process and the referral forms in general were completed to a good standard.</p> <p>There are areas of improvement needed to provide the LADO with optimal understanding of the allegation and the child's level of vulnerability, such as;</p> <ul style="list-style-type: none"> ● ensuring that the referral form includes whether the child has any communication needs ● if they are known to Social Care ● the overall nature of the allegation <p>The audit highlighted that the timeliness of referrals required improvement to meet the 24 hour reporting guidance. A recommendation was made that agencies were reminded of the importance of complying with the reporting time-scales and that the referral forms are completed fully as possible.</p> <p>Many of the cases audited included e-mails kept by the LADO asking for updates in regards to where the investigations were up to. These provided valuable references to those cases that lacked detail in their forms, particularly the LADO2. The e-mails kept on the file also indicate the close monitoring role provided by the LADO to the referring agency throughout the process.</p>
4.	Impact of the CSE protocol and training audit	January 2016	<p>Overall, the audit found that in all cases, the CSE protocol and training positively influenced the way in which the CSE concerns were managed.</p> <p>Children who require direct work are identified at the MACSE meetings and recommendations are made for a referral to the appropriate agency. The audit provided evidence that the direct work recommended at MACSE is having a positive impact. In one case, the child's school attendance was very poor (30%) however following the identification of CSE and direct work undertaken by MST; there was a marked improvement in the child's attendance (98%).</p> <p>The audit found that in all cases the child's physical and emotional needs were positively promoted and addressed.</p> <p>The audit found that the CSE2 Risk Assessments were not widely used in the cases audited. A recommendation was made for multi-agency training to include revisions to the pathway and forms and the Adolescent Crisis Team to look at feasibility of facilitating the training programme for CSE.</p> <p>All of the professionals who participated in the practitioners questionnaire said that the CSE training provided them with confidence in managing cases with child sexual exploitation and that they had shared their knowledge with their colleagues.</p>



15-16	Audit Title	Audit Date	Key messages and learning from the audits
5.	Audit of the quality of completed CAF's	<ul style="list-style-type: none"> • Quarter 1 (April—June) • Quarter 2 (July—September) • Quarter 3 (October—December) • Quarter 4 (January—March) 	<p>The audits found that there was increased participation of partner agencies and steps towards greater engagement.</p> <p>Mental ill health, behaviour including aggression, parenting support and educational difficulties have been identified as the main reasons for CAFs being completed and the quality of the CAF's is improving. A model CAF has been made available on the WSCB website for all Lead Professionals.</p> <p>Less agencies are returning and using the Distance Travelled Tool and are therefore evidencing outcomes following the TAF intervention. A recommendation was made to all agencies who act as lead professional to complete the Distance Travelled tool which is the agreed tool across Wirral .</p> <p>Agencies have shown improvement on gaining the voice of parents/carers and guardians, however gaining the voice of children remains poor even though there is evidence of some improvement due to the inclusion of the Child CAF. A recommendation was made for multi agency training on listening to and evidencing wishes and feelings of children to be developed and delivered.</p> <p>A recommendation was made to introduce CAF champions to take forward any recommendations made as a result of auditing.</p>
6.	Audit of TAF activity	November 2015	<p>100% of the CAFs completed met the threshold for level 3 intervention as well as 100% identifying an action plan and all cases identified a lead professional (100%) it could be suggested that these improvements from the previous report are a direct result of the introduction of the systems following the implementation of Targeted Preventative Services therefore this report did not focus on these aspects.</p> <p>Evidence of significant improvement in gaining the voice of the child and family at the beginning of the process and throughout. Clear evidence of a positive impact on the families, CAFs and TAFs held within timescales, distance travelled score sent in and evidencing improvement for the family by agencies who had attended the CAF/TAF training.</p> <p>Using supervision to look at agencies who are not engaging with the TAF process. This can potentially be escalated as a training need and is an agenda item for the CAF Champions. Recognising the importance of completing the Distance Travelled Tool to evidence that services are supporting children meet their outcomes and returning the figures continues to be an area that needs attention. This is mandatory role for the LP.</p> <p>All agencies to ensure that staff who are going to complete a CAF or act as LP seek support from the locality and CAF Champions and attend the full TAF sessions. If staff have not attended the training they must attend it within a twelve month period and for this to be mandatory. The families who have been supported within the TAF process to be approached after the case has closed six months later to ensure that services offered have provided sustainable long term support. It is also extremely important that the necessary consent and relevant information is obtained prior to a case going to the allocation meeting in order to reduce the chance of cases having to come back to the meeting more than once thus slowing down the process and potentially slowing the completion of the CAF. Therefore ensuring that agencies have put as much information onto the request for services form and gained the necessary consent is vital. This is something that is covered within the TAF training.</p>

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16-17	Audit Title	Audit Date	Responsible Committee
1.	Quality of Conference reports	May 2016	Performance Committee
2.	Use of Graded Care Profile and response to neglect across the continuum	October 2016	Performance Committee
3.	Quality of Child Protection Plans	November 2016	Performance Committee
4.	Audit of thresholds	February 2017	Performance Committee
5.	Audit of domestic abuse cases	April 2017	Performance Committee
6.	Quality of Children Looked After plans	June 2017	Performance Committee
7.	Audit of children placed in Wirral from other LA's	July 2017	Corporate Parenting Board
8.	Quality of Conference reports (repeat audit – following introduction of the supporting families model)	October 2017	Performance Committee

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Wirral Section 11 Safeguarding Audit

The WSCB is the key statutory body for co-ordinating and ensuring the effectiveness of arrangements to safeguard and promote the welfare of all children in Wirral. It is the duty of the WSCB to hold agencies to account in terms of their safeguarding arrangements and practices. The principle means by which this is achieved is via the Section 11 Safeguarding Audit.

Section 11 was issued under the Children Act (2004) and has been reinforced in Working Together to Safeguard Children 2015. Section 11 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

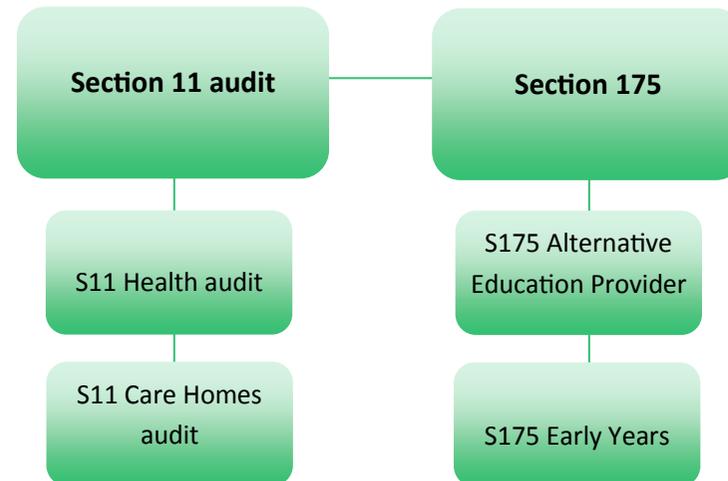
Section 11 places a duty on:

- local authorities and district councils that provide children's and other types of services, including children's and adult social care services, public health, housing, sport, culture and leisure services, licensing authorities and youth services;
- Schools and colleges (under Sections 175 and 157 of the Education Act 2002).
- NHS organisations, including the NHS Commissioning Board and clinical commissioning groups, NHS Trusts and NHS Foundation Trusts;
- the police, including police and crime commissioners and the chief officer of each police force in England and the Mayor's Office for Policing and Crime in London;
- the British Transport Police;

- The UK Border Agency (and under Section 55 of the Borders, Citizenship and Immigration Act 2009)
- Housing Authorities (and under Part 1 of the Housing Act 2004)
- National Probation Service and Merseyside CRC
- Governors/Directors of Prisons and Young Offender Institutions;
- Directors of Secure Training Centres; and
- Youth Offending Teams/Services (and under Section 38 of the Crime and Disorder Act 1998).

This year, the 2016/17 Section 11 audit was completed online for the second time. Following feedback from agencies, the WSCB developed 4 variations of the two core audits (Section 11 and Section 175) to ensure that the questions were meaningful and appropriate for all organisations.

These audits include versions for; Alternative Education Providers, Care Homes, Early Years Providers and Health providers.



Scoring

The self-assessment safeguarding audit consists of a series of questions which relate to specific arrangements, including policies, procedures, management oversight and training which help safeguard children and young people.

For each standard indicator, partner agencies, schools and colleges are asked to score their progress in relation to the following:

0 – No progress in this indicator

1 – The agency is working towards this indicator and there is measurable progress

2 – The agency has achieved the standard of this indicator

Each audit form will be analysed and the WSCB will contact individual agencies where there are concerns about safeguarding arrangements and will offer support.

Staff from the WSCB including the Independent Chair will attend agency forums to provide feedback and agencies will be invited to discuss their audit and action plans with the WSCB.

The WSCB may contact partner agencies to request further information or a meeting to clarify responses given in the audit report.

Results from all the audits will be aggregated and identified themes and trends will form the basis of an overview report which will then be presented to the Wirral Safeguarding Children Board for discussion and agreed action. The report findings will be shared with all participating organisations.

Learning from Section 11/175 audits

Findings and learning from audits will be shared with partner agencies and will inform future practice and awareness raising.

The posters below are two of three posters produced following the analysis of the 2014/15 Section 11/175 audit to highlight key areas of learning and key findings.

These posters are accessible to professionals and the public via the WSCB website.

Learning from the Safeguarding Section 11/175 Audit

Agencies should be mindful of:

- ensuring that there is a named senior manager for safeguarding in your organisation
- ensuring that there is a written policy and procedure for safeguarding and protecting children
- ensuring that staff working with children receive regular reflective supervision
- your organisation has a safer recruitment policy and staff have attended training
- staff know how to make a referral to Children's Services
- staff are aware of their responsibility to the managing allegations process

To find out more about the Safeguarding Section 11 audit or to register your organisation, follow this link:
<https://www.wirralsafeguarding.co.uk/professionals/section-11-175-audit/>



Findings from the Safeguarding Section 11 Audit 2015

- All standards were met or exceeded. This affirms that children are being appropriately safeguarded in Wirral.
- All staff receive an induction which includes safeguarding policies and procedures.
- Employees who work directly with children are suitably trained on their roles and responsibilities and to identify abuse and neglect.
- Recruitment protocols are of a good standard and all employees involved in recruitment receive safer recruitment training
- Employees understand the threshold for making a referral to children's services and how to report a concern.
- The audit showed great senior management commitment to safeguarding and the protection of children.
- Providers are reflecting on the quality of their services and are learning from their own practice and others.
- The WSCB are assured that policies and procedures are regularly reviewed and shared
- Last year an area highlighted as requiring greater work was safeguarding supervision amongst staff. This year has seen a significant increase in organisations assuring that this is undertaken.
- The audit showed that organisations have a designated lead for safeguarding and CSE

To find out more about the 2015/16 Safeguarding Section 11 audit:
<https://www.wirralsafeguarding.co.uk/professionals/section-11-175-audit/>



Participation

At the time of publication (17/10/16), **320** users from **246** organisations had registered to complete the 2015/16 Section 11/Section 175 audit.

Of these, **206** completed audits were returned which is an increase of **31%** in comparison to last year.

Overall, **84%** of organisations who registered completed their audit by the deadline (last year, 81% of organisations who registered completed their audit)

The participating organisations are:

- **161** Education settings
 - early years/infant schools
 - primary schools
 - secondary schools
 - independent schools
 - further education colleges
 - post 16 vocational colleges
- Organisations from the voluntary, community and faith sector
- Merseyside Police, British Transport Police, Merseyside Fire and Rescue Service, Merseyside Community Rehabilitation Company
- **14** Health organisations
 - Wirral University Teaching Hospital
 - NHS Community Trust
 - Cheshire and Wirral Partnership NHS Trust

- Wirral Ways to Recovery CRI
- Rape and Sexual Abuse Centre (RASA)
- One to one Midwives
- Brook
- Clinical Commissioning Group (CCG)
- Action for Children
- Clatterbridge Cancer Centre
- Spire Murrayfield Hospital
- Virgin Care
- XenZone

- Training providers
- Catch22
- Wired
- Autism Together
- Youth and Play Services
- **2** CYPD Childrens Centres
- Housing providers
- **8** Children's Homes



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Section 11 and 175 Audit

What is Section 11/ 175?

The WSCB is the key statutory body for co-ordinating and ensuring the effectiveness of arrangements to safeguard and promote the welfare of all children in Wirral. It is the duty of the WSCB to hold agencies to account in terms of their safeguarding arrangements and practices.

The WSCB uses a variety of ways to test the strength of safeguarding arrangements across agencies in Wirral but one of the key ways is by the use of an annual safeguarding audit called the Section 11 Audit (for agencies) and the Section 175 Audit (for schools and colleges).

Section 11 was issued under the Children Act (2004) and has been reinforced in Working Together to Safeguard Children 2015. Section 11 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

Section 11 places a duty on:

- local authorities and district councils that provide children's and other types of services, including children's and adult social care services, public health, housing, sport, culture and leisure services, licensing authorities and youth services;
- Schools and colleges (under Sections 175 and 157 of the Education Act 2002).
- NHS organisations, including the NHS Commissioning Board and clinical commissioning groups, NHS Trusts and NHS Foundation Trusts;
- the police, including police and crime commissioners and the chief officer of each police force in England and the Mayor's Office for Policing and Crime in London;
- the British Transport Police;

Report a child at risk

If a child or young person is at risk of harm, abuse or neglect please report it to the Wirral Central Advice and Duty Team 0151 606 2006 9am - 5pm Monday to Friday. Outside of these hours call 0151 677 6557. In an emergency always dial 999.

[CLICK HERE >](#)

Are you worried about an adult?

If an adult is experiencing harm, abuse or neglect report it to Wirral Central Advice and Duty Team on 0151 606 2006 between 9am - 5pm. Outside of these hours call 0151 677



Last year, **96%** of organisations who completed the audit met or exceeded the target grade (grade 3) and 4% (6 organisations) did not meet the target.

The WSCB analysed these audits and found that **5** agencies had scored their answers lower than their evidence suggested. For example questions were graded as Grade 2 however their written response and attached evidence supported the standard fully (Grade 4).

The WSCB offered support to each of the organisations to discuss any weaknesses identified in their safeguarding arrangements. The WSCB supported the agencies to compile an action plan for their service and to access WSCB multi agency training.

The WSCB met with an agency who had identified gaps in their safeguarding arrangements and provided support and advice in regards to staff training, tools for gaining views of children and where to find policies and procedures. Following the meeting, the agency drafted an action plan which they updated as part of this year's audit. All of the actions set last year have been fully completed.

This year, **99%** of organisations who completed the audit achieved an overall grade of 2 (highest possible grade). There were 2 agencies who did not achieve grade 2 and their identified weaknesses were:

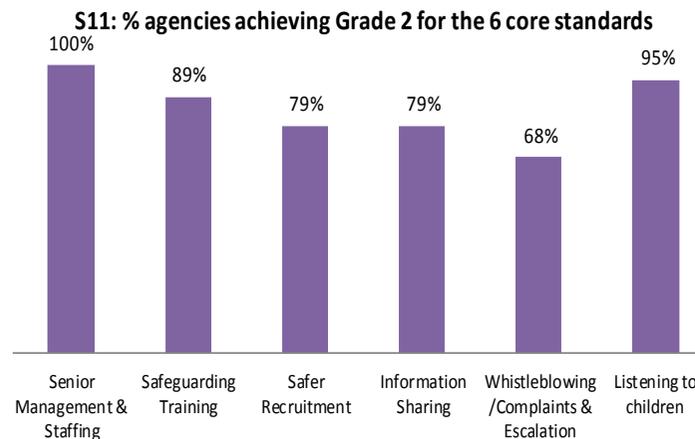
- Safeguarding procedures
- Safeguarding training
- Managing allegations
- Voice of children and young people

The WSCB will make contact with these agencies and offer support to develop an action plan for the forthcoming year including an offer of multi agency training. The agencies will be asked to update the WSCB in relation to progress made to the actions and to provide evidence.

Section 11

At the time of publication, **22** agencies had completed a Section 11 audit. Every agency who completed a Section 11 audit achieved an overall Grade of 2.

The graph below shows the individual standard headings from the audit and the percentage of agencies achieving Grade 2 overall for that section.



As shown, the senior management and staffing section was a particular strength this year; every agency completing the Section 11 achieved Grade 2 for this section. This means that all agencies completing the audit are confident in the following areas:

- their staff know how to report safeguarding concerns
- their staff know how to access WSCB multi agency procedures
- their agency has a published safeguarding policy
there is a named lead for safeguarding in their organisation.

The Listening to Children section was also a strength this year, with all agencies commenting that young people's plans are contributed by the views of young people to promote development opportunities.

Particular areas of weakness identified in this year's Section 11 audit are



whistleblowing/complaints and escalation, Safer recruitment and Information Sharing. As shown in the graph, a number of agencies did not achieve Grade 2 in these areas.

For example, a small number of agencies said that their recruitment adverts did not include the organisation's commitment to safeguarding. These agencies have identified this as a key weakness in their recruitment arrangements and have evidenced their commitment to develop this using their action plan.

An example of an action set by one of the agencies completing the Section 11 audit is shown below.

Recruitment adverts need to reference commitment to safeguarding as appropriate

2 months ago

Edit

Status: In Progress

Assigned To: [User]

Deadline date: 31-Oct-2016

The agency has specified a deadline date for completion of the action. Another area for development was around the awareness raising of the NSPCC whistleblowing advice line; few agencies completing this year's Section 11 audit were aware of the facility but have incorporated the need to promote this to their staff within their action plan.

Section 11 Care Homes

This year, the WSCB developed an audit designed specifically for Care Home providers, participation was of a good standard (8 Care Homes completed the audit) and each participating agency achieved an overall grade of 2.

The graph shows the individual standard headings from the audit and the percentage of agencies achieving Grade 2. As shown, every Care Home provider achieved an overall grade 2 for each of the 6 standard headings.

S11 Care Homes: % agencies achieving Grade 2 for the 6 core standards



This means that agencies are confident in their safeguarding arrangements. The only area identified as requiring improvement was for agencies to ensure that their staff attend Managing Allegations training every 3 years. The audit found that a small number of agencies said that this was in progress rather than completed.

Section 175

At the time of publication, 119 schools in Wirral completed the Section 175 audit which includes full participation from primary schools.

98% of all schools completing the Section 175 audit achieved an overall grade of 2. 2 schools did not achieve Grade 2 and their identified weaknesses were:

- Safeguarding procedures
- Safeguarding training
- Voice of children and young people



The graph below shows the individual standard headings from the audit and the percentage of schools achieving Grade 2.

As shown in the graph below, all schools achieved an overall grade of 2 for the Safeguarding Governance section and the Safer Recruitment section.

S175: % agencies achieving Grade 2 for the 6 core standards



This illustrates that participating schools are confident that:

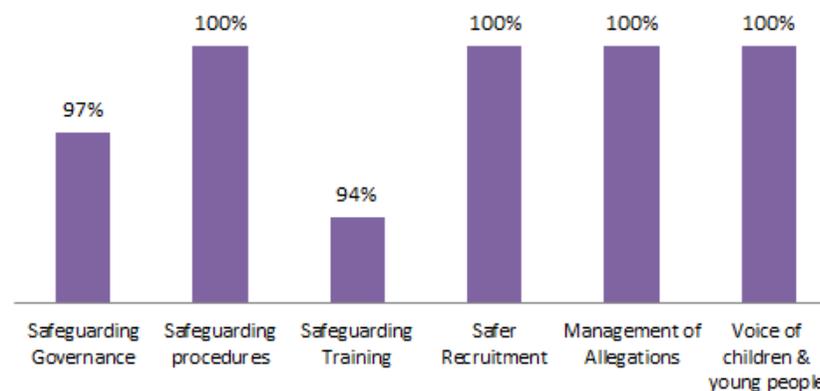
- Schools have a named lead who has completed senior designated person training in the last 2 years
- Schools have a named lead for safeguarding
- The safeguarding lead or deputy has the responsibility as key adult for operation encompass and the point of contact for CSE
- Schools have a senior staff member who is safer recruitment trained
- All staff have Disclosure and Barring Services checks (DBS) including volunteers and governors
- Schools have a Single Central Record which includes confirmation of recruitment, DBS and qualification checks.

Section 175 Early Years

At the time of publication, **33** agencies had completed the Section 175 Early Years audit. All agencies achieved an overall score of 2 which is the highest possible grade.

The graph below illustrates the individual standard headings from the audit and the percentage of early years providers achieving Grade 2.

S175 Early Years: % agencies achieving Grade 2 for the 6 core standards



As shown in the graph, all early years providers achieved grade 2 for the following standards:

- Safeguarding procedures
- Safer recruitment
- Management of allegations
- ◆ Voice of children and young people



This means that early years providers are particularly confident in the following:

- The setting has a named deputy lead for safeguarding who is known to staff
- All staff including supply/agency have Disclosure and Barring Services (DBS) checks or evidence of checks from relevant agency
- Volunteers who have regular supervisory contact with children are DBS checked
- The setting has a Single Central Record which includes confirmation of recruitment, DBS and qualification checks
- All staff are aware of the role of the Local Authority Designated Officer for Allegations
- The setting has an ant-bullying policy that is understood and widely available to staff and parents
- The setting has effective arrangements in place to gather and listen to the voice of children and young people

Page 55

Section 11 Alternative Education Providers (AEP)

At the time of publication, **10** agencies had completed the Section 11 Alternative Education Provider audit. All agencies achieved an overall score of 2 which is the highest possible grade.

The graph on the opposite page illustrates the individual standard headings from the audit and the percentage of early years providers achieving Grade 2.

S175 AEP: % agencies achieving Grade 2 for the 6 core standards



As

shown in the graph, all AEP's achieved an overall grade 2 for the following standards:

- Safeguarding governance
- Safeguarding procedures
- Safer recruitment
- Voice of children and young people

A particular strength this year was the voice of children and young people. Agencies provided examples of how they ensure that the views and ideas of young people are heard and considered and that they have an opportunity to speak about their feelings.

Some examples of the responses;

'learners are encouraged to discuss their feelings in small groups and through 1:1 sessions. Managers have a daily and consistent open door policy, and the safeguarding lead and support worker are available 5 days a week. We feel that this enables the young people to have a choice of



people to speak to about any concerns at all times'.
 'we host regular learner voice forums and have adapted our work in light of the children's feedback. We also use softer interventions with groups and individual children to collate and adopt what the children tell us. Our service is for the children therefore we must listen to their views'

'feedback forms are completed by children on a termly basis to capture learner feedback and opinions. We also distribute annual parental feedback forms and upon learner exit'

The identified weaknesses in the AEP audit were in the safeguarding training section. In particular, 3 out of 10 AEP's were not fully confident that all of their staff know how to access WSCB multi agency training.

The WSCB will ensure that all AEP's are circulated the link to the WSCB website.

Section 11 Health

At the time of publication, **13** Health agencies had completed the Section 11 All agencies achieved an overall score of 2 which is the highest possible grade.

The graph illustrates the individual standard headings from the audit and the percentage of health providers achieving Grade 2 for each individual standard.

S11 Health: % agencies achieving Grade 2 for the 10 core standards



As shown in the graph, the majority of core standards were fully met by all health agencies.

The audit highlighted an area of improvement in relation to Managing Allegations, in particular the training of the senior nominated officer and nominated senior manager for safeguarding. The audit found that some health providers could not evidence that the managing allegation training had been attended in the past 3 years however the agencies recorded this in their action plan for further development during the forthcoming year.

The audit found that the audits completed by health providers in particular contained a notable amount of evidence to further strengthen their grade and responses to questions. This provides the WSCB with further confidence that safeguarding arrangements of health providers in Wirral are effective.



Overall Findings

This year, the audits have revealed a universal commitment to safeguarding in Wirral and affirms that children are being appropriately safeguarded by agencies across the borough.

There has been an increase in participation from agencies to the effect of 31% and almost every agency achieved the highest possible grade for their audit overall (99%). This is a positive result and an improvement in comparison to last year (96%).

Key strengths identified in this year's audit include;

- **Safer recruitment**—agencies have shown their commitment to ensuring safer recruitment of their employees, which includes ensuring staff receive an induction and are informed of their responsibility to safeguard and protect young people, ensuring recruitment protocols are of a good standard and ensuring references and records of qualifications are obtained.
- **Listening to children**—agencies are listening to children and young people's views and ensuring that practice and decisions are informed by these wishes. Agencies have evidenced a number of mechanisms to gain the wishes and feelings of young people and to ensure that they are involved and at the centre of future development.
- **Safeguarding procedures**—agencies are confident that their staff know how to report safeguarding concerns and how to access relevant policies and procedures when necessary. Agencies in Wirral ensure that staff working with children and families have regular support and the opportunity to reflect on individual cases. This year agencies have also provided assurance that they have a policy/procedure for

cases where radicalisation or extremism is suspected in line with the Prevent agenda.

Follow up and future development

As detailed in this report, 99% of organisations who completed the audit achieved grade 2 (highest possible grade). There were only 2 agencies who did not achieve grade 2. Both of these agencies achieved grade 1 which is defined as 'the agency is working towards the standard/indicator'.

The WSCB will make contact with these agencies to provide support with developing an action plan to address the weaknesses identified in their audit and will request that the WSCB is updated with the progress made to the actions throughout the year.

Staff from the WSCB including members from the Performance Committee are available to attend agencies forums and meetings to talk through the findings from individual audit reports and develop action plans. Performance Committee representatives will also have the opportunity to review any audits completed by agencies from their service area.

The WSCB plan to retain the same template for the 2017 Section 11/175 audit to provide year on year comparison to standards. This will also allow agencies to log in and update their information each year and to review and record their progress to actions set during the previous year.

The WSCB plan to undertake thematic audits throughout the year using the virtual college as a vehicle to capture responses from agencies working with children in Wirral. The themes for audit will coincide with local and national awareness days and events planned throughout the year.





Learning and Improvement:

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Case Reviews

Learning and Improvement Framework

Working Together to Safeguard Children (2015) requires all LSCBs to maintain a local Learning and Improvement Framework. The framework should collate the findings and lessons from the full range of case reviews (from statutory Serious Case Reviews and child death reviews, to case reviews below the thresholds of a serious case review), audits and practitioner forums.

The WSCB is a learning organisation and as such it uses a wide range of reviews and audits to reflect upon and improve practice.



Learning from Serious Case Reviews

This pack provides learning from national and local serious case reviews (SCR's) sourced from organisations such as the NSPCC, the DfE, Ofsted and Reconstruct, as well as from locally published reviews.

The pack contains summary briefings which can be used as learning resources within organisations and should be disseminated as widely as possible amongst staff. The SCR summary documents contain recommendations, key practice points and learning to improve practice.

Briefings

1 Daniel Pelka	Page 2
2 Parental Substance Misuse	Page 5
3 Domestic Abuse	Page 7
4 Child Sexual Exploitation	Page 11
5 Adolescents	Page 13
6 Online Abuse	Page 16
7 Disguised Compliance	Page 19
8 The risks of Neglect to Babies	Page 21
9 Culture and Faith	Page 25
10 First generation Immigrants, Asylum Seekers and Refugees	Page 28
11 What Case Reviews tell us about Elective Home Education	Page 30
12 Education: Learning from Case Reviews	Page 33
13 What Case Reviews tell us about the Involvement of the Housing Sector	Page 35
14 Parents with a Mental Health Problem	Page 37
15 GP's and Primary Healthcare Teams	Page 40
16 Neglect	Page 44
17 Returning Children Home from Care	Page 48
18 Police: Learning from Case Reviews	page 52
19 Health: Learning from Case Reviews	Page 59
20 Deaf and Disabled Children: Learning from Case Reviews	Page 66

<https://www.wirral safeguarding.co.uk/professionals/serious-case-reviews/>

Case Reviews

(Serious Case, Critical Incident, Learning Reviews)

Serious Case Reviews (SCRs) are initiated when abuse or neglect of a child is known or suspected; and the child has died or has been seriously harmed and there is cause for concern as to the way in which the agencies have worked together to safe-guard the child. Critical Incident Reviews (CIRs) are undertaken when the threshold for initiating a SCR has not been reached but the WSCB believes that analysis of the case will bring significant learning to improve practice across the partnership. The WSCB may also undertake a learning review in cases which don't meet the

threshold for a critical incident but the committee believes may elicit useful learning.

The Case Review Committee of the WSCB uses a decision making matrix to calculate what type of review is the most appropriate in any case. Their rationale is recorded and once ap-proved by the Independent Chair is shared with the National Panel for SCR's for agreement.

Disseminating Learning

Learning from national and local case reviews are disseminated to agencies and practitioners in a variety of ways including:

- Presentation of findings and recommendations to the WSCB Board
- Publication of the Overview report (for SCR's)
- Quarterly Training Events
- Safeguarding briefings and
- Publication of learning posters (neglect example shown below)

Learning from Serious Case Reviews

Neglect is a serious form of harm and a factor in 60% of SCR's



Risk Factors for Neglect:

- Living with the toxic trio of domestic abuse, drug and alcohol misuse and parental mental illness
- Young parents
- Postnatal depression (also linked to social isolation)
- Patterns of improvement in parental care, followed by deterioration
- Financial problems including housing problems, homelessness, poverty and unemployment
- Lack of resources which prevent meaningful relationships with families being formed

Safeguarding is Everyone's Responsibility....

http://wirralscb.proceduresonline.com/chapters/g_neglect.html

For more information contact:



Learning from Wirral Case Reviews

The WSCB has not undertaken a Serious Case Review (SCR) since the Child G SCR in 2012. The report and learning from the Child G case review is published on the WSCB website:

<https://www.wirralsafeguarding.co.uk/professionals/serious-case-reviews/>

In the 2015-16 reporting period the WSCB has completed one review (Child 3) below the SCR threshold which was reviewed as a Learning Review and has also undertaken a Critical Incident Reviews which is being finalised.

Unlike for SCR's the WSCB does not publish an overview report for cases below the SCR threshold but does disseminate the learning to improve practice across the partnership.

Recommendations from case reviews are translated into multi-agency action plans by the WSCB's case review committee. The WSCB maintains oversight of all plans until it is assured that the learning has been widely disseminated and understood.

Child 3 Learning Review

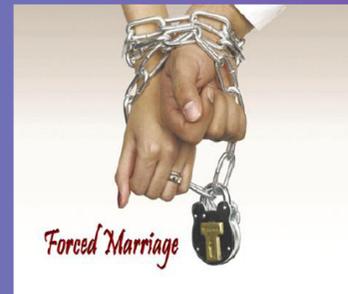
The main learning points from the Child 3 Review :

- Forced Marriage and Harmful Practices Practice Guidance to be published and routinely used by professionals
- High quality multi-agency Harmful Practices training to be available to the children's and adults workforces
- WSCB tests professionals access, usage and understanding of policies and procedures
- Merseyside Police to ensure all officers understand the Forced Marriage and Harmful Practices procedures
- Review of the referral pathways into and through MASH

- WSCB tests the partnership understanding of the multi-agency escalation procedure
- WSCB highlights the role and function of the Family Safety Unit
- WSCB ensures that families for whom English is not the first language have access to unbiased and independent interpreters

Learning from Local Case Reviews

Learning from a local case review reminds us to:



- be aware of relevant local and national safeguarding procedures
- understand what harmful practices are and how to respond to cases of suspected forced marriage
- know how to escalate concerns
- not rely on family members to provide translation services
- be aware of the advice offered by the Family Safety Unit about domestic abuse and harmful practices

Safeguarding is Everyone's Responsibility

For more information:

<https://www.wirralsafeguarding.co.uk/>



Child 4 Critical Incident Review

Early learning points from the Child 4 Review :

- importance of ensuring cases open to MARAC in another authority who move to Wirral are reviewed at the next Wirral MARAC
- awareness raised about the potential dangers from incorrect use of baby bath seats
- domestic abuse training to be mandatory for social workers
- to ensure relevant hospital staff are always invited to multi-agency meetings when children are inpatients





Learning and Improvement:

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Child Death Overview Panel

Child Death Overview Panel (CDOP)

Whenever a child dies in Wirral the death must be reported to the Wirral Safeguarding Children Board who hold a statutory duty (as defined in Chapter 5 of Working Together to Safeguard Children 2015) to record and review child deaths to see if there were any preventable and modifiable factors which we can learn from in order to prevent similar deaths in the future.

Unfortunately some deaths of children can be predicted (such as those involving a terminal illness), but others may have been preventable (for example by wearing a seatbelt), and we can learn from these tragic events to protect other children.

To fulfil the statutory child death duty every local safeguarding child board is required to establish a **Child Death Overview Panel (CDOP)** for their area.

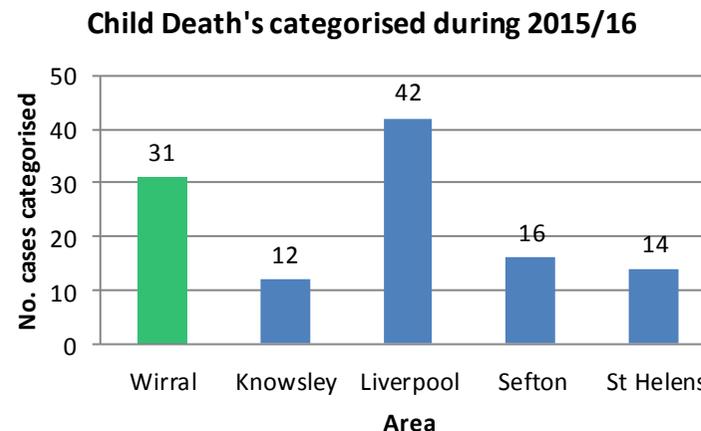
Since 2011 Wirral has been part of the Merseyside CDOP which includes the 5 boroughs of Wirral, Knowsley, Liverpool, St. Helens and Sefton. The work and learning from the Merseyside CDOP is reported to the Merseyside LSCB's each quarter.

Child Deaths

During 1st April 2015 to 31st March 2016, 115 child death notifications were made across Merseyside. This is an increase to the 88 notifications received during 2014/15. A total of 31 notifications were made by Wirral.

Of the 115 deaths reviewed by the Child Death Overview Panel (CDOP), 113 were categorised. 2 deaths were deferred for further information (1 for Liverpool and 1 for Wirral).

The graph below illustrates the number of child death's categorised across Merseyside. Wirral has been highlighted in green.



- A total of 5 Wirral cases were categorised as modifiable and 13 as non modifiable.
- Wirral (28%) are above the national average for child death's in England (24%) and the North West (24%)

Modifiable Factors

A number of modifiable factors have been identified for Merseyside including ;

- Risk of overheating in babies
- Parental alcohol/substance misuse
- Domestic violence and associated stress
- Potential co-sleeping
- Maternal smoking



- Maternal health conditions

- Lack of supervision

Failure to assess the impact of issues that resulted in greater urgency e.g. a referral to a service.

Awareness Raising

The Merseyside Child Death Overview Panel publish quarterly newsletters to raise awareness of potentially fatal, but avoidable risks to children and young people. The Autumn 2015 newsletter included information about the Safe Sleep campaign which launched in December 2015.

The WSCB produced a co-sleeping awareness poster using learning from the increase of co-sleeping related deaths in the last 5 years.

Page 03

Dangers of Co-Sleeping with your Baby



There have been 25 deaths of babies under 3 months old across Merseyside in the last 5 years where co-sleeping has been involved.

The Safeguarding Children Board advises that parents should:

- ✓ Always place baby on their back to sleep
- ✓ Place baby in a cot or Moses basket in the same room as you for the first 6 months
- ✓ Breastfeed baby if you can
- ✓ Use a firm, flat and waterproof mattress in good condition

Things parents should avoid:

- ✗ Never sleep on a sofa or in an armchair with baby
- ✗ Don't take baby into bed with you if you have been drinking, smoking or taking drugs
- ✗ Don't smoke near baby and never in bedroom
- ✗ Don't take baby into bed with you if they are unwell
- ✗ Don't let baby get too hot

The **safest** place for your baby to sleep is in their cot lying on their back

For more advice speak to your midwife or health visitor

Safeguarding Babies is Everyone's Responsibility



Learning from CDOP - Safe Sleep campaign

The Merseyside CDOPs launched the safer sleep campaign in December 2015. The campaign will run until national Safer Sleep week from the 14-20 March 2016 is held. Merseyside's five Safeguarding Children Boards, Wirral, Knowsley, Liverpool, Sefton and St Helens, came together to create the safe sleeping campaign to help deliver safer sleep messages across Merseyside.

Safer Sleep for Baby is based around six simple steps, designed to be easy to follow and cover the main risk factors. We want all agencies involved with families to speak in a unified voice to reinforce our messages to parents and carers. Research evidence shows that the safest place for a baby to sleep is in their cot, in the parents' bedroom for the first six months of life. Campaigns to support this have had a positive impact; the number of babies dying, suddenly and unexpectedly, reduced significantly following the introduction of the 'Back to Sleep' Campaign in 1991.

A number of posters and awareness raising materials are available on the Wirral Safeguarding Children Board website.

Follow our six steps to safer sleep

- 1 Keep baby away from smoke, before and after birth.
- 2 Put baby in a cot, crib or Moses basket to sleep - never fall asleep with them on a sofa or chair.
- 3 Never fall asleep with baby after drinking or taking drugs/medication.
- 4 Put baby to sleep on their back with their feet to the foot of the cot.
- 5 Keep baby's head and face uncovered and make sure they don't get too hot.
- 6 Breastfeed your baby - support is available if you need it.





Early Help

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What is Early Help?

There are two key strands to Early Help. The first is to provide help and support at the earliest stages of a child's life (pre-birth to 5 years). The second strand involves intervening as soon as a problem emerges. This type of Early Help may be required at any stage in a child or young person's life.

Early Help means better outcomes for children and families. Effective Early Help will resolve problems before they become overwhelming and require high cost, reactive services.

Early Help is everybody's responsibility. To be successful it requires collaboration between families, communities, universal services and preventative services. Early Help relies upon families and universal services identifying needs at their earliest stage and together being confident to take the right action.

Early Help Strategic Vision

In Wirral there is clear multi-agency commitment to Early Help work. In 2014 Senior Leaders from across the partnership came together at the *Committing to Making a Difference* event to pledge support from their respective organisation and commit to the formation of an Early Help Strategic Board (EHSB) to lead, drive and challenge. The EHSB is governed through the Children's Trust and sees quality assurance directed through the Local Safeguarding Children Board (WSCB).

In December 2015 the EHSB outlined the Development Plan which will deliver the Early Help and Prevention Strategy and its Partnership Commitments. The strategy and its accompanying Development Plan outline the joint strategic vision and direction.

The *Early Help and Prevention Strategy* addresses the need for increasing the earlier identification of need through the *Partnership Commitment to*

introduce a common Early Help Assessment Tool across the partnership for use by both children's and adult services to identify vulnerable children earlier.

Within Targeted Services a number of service areas are able to demonstrate how they have improved systems to increase identification of need. The intelligence-led approach to identifying Troubled Families, the target groups for Children's Centres and panels to support access to Multi-Systemic Therapy are examples of those which have systems in place to ensure that they are working with those children and families most in need of targeted and preventative interventions.

Performance

In 2015 the Gateway received 1949 referrals. Of these 602 cases progressed to CAF, 709 to a single agency service and 62 were linked to an existing TAF episode. An overall 70% of contacts to the Gateway have resulted in children and families receiving a service. In Q2 and Q3 we began recording the number of TAF meetings and children this related to. In Q2 there were 321 scheduled TAF meetings involving 509 children and in Q3 401 scheduled TAF meetings for 534 children.

A number of approaches have been taken to increase engagement in CAF and TAF. Three Locality Allocations meetings have been held each week to discuss referrals, allocate a Lead Professional to complete the CAF, and support the Lead Professional with the TAF intervention. In total 902 cases were discussed and progressed through the Locality Allocation Meetings.

Training

During 2015 178 professionals have received training on CAF and TAF processes. The most recent annual review of 'CAF and Information Sharing' found that 84% of attendees rated it as 'Good', 15% as 'Satisfactory' and 1% as 'Unsatisfactory'. For the training on 'Lead Professional and Chairing' 82% rated it as 'Good' and 18% as 'Satisfactory'.



Improving Outcomes

Systems to evidence the impact of Early Help continue to develop and whilst individual services areas are able to demonstrate impact through early intervention and prevention we are in the formative stages of being able to do this from a whole system or borough-wide multi-agency Early Help perspective.

Troubled Families Programme

For individual service areas there is sound evidence that outcomes for children and families have improved through targeted interventions. In Phase One of the Troubled Families Programme Wirral achieved its target of identifying and working with 910 families who met the national criteria. Of those families 787 achieved what we can term as 'turn around' with 724 achieving 85%+ school attendance, reductions in crime (minimum 33%) and anti-social behaviour (minimum 67%) and 63 gaining employment (minimum 6 months continuous).

A total of 280 families improved their economic situation by either gaining employment, remaining in work or making significant steps towards employment. On completion of Phase 1 of the Troubled Families



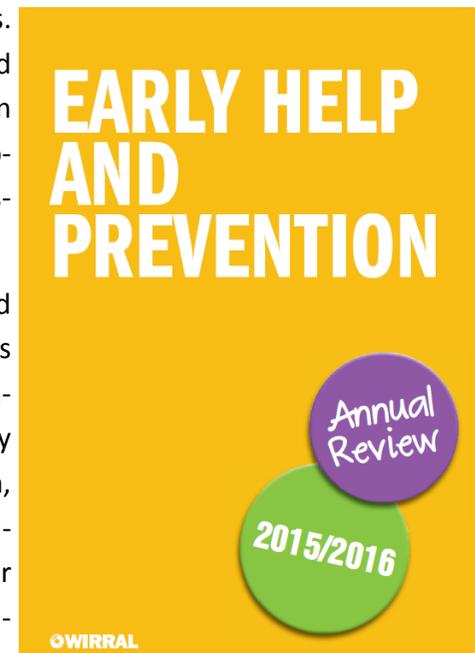
Programme an evaluation was published containing learning from the programme, case studies and testimonials from families which evidence that outcomes had improved. In addition to this two families featured in a short film sharing their experiences and outlining why this new approach had made a difference to their lives.

Youth Service

Since 2014 youth workers have been delivering intensive group-work projects to vulnerable, at risk young women to enable them to raise their confidence and aspirations and increase their resilience. To date, over 200 young women have taken part in these projects (known as GIRLS projects) and a recent evaluation saw a 55% increase within the area of their confidence and self-esteem. Given the successful outcomes for these projects youth workers have now begun delivering a similar programme for at risk young men.

In 2015-16 the Youth Offending Service continued working with young people in its preventative services. Through out-of-court disposals and initiatives such as the Youth Inclusion Programme young people are supported to stay out of the criminal justice system.

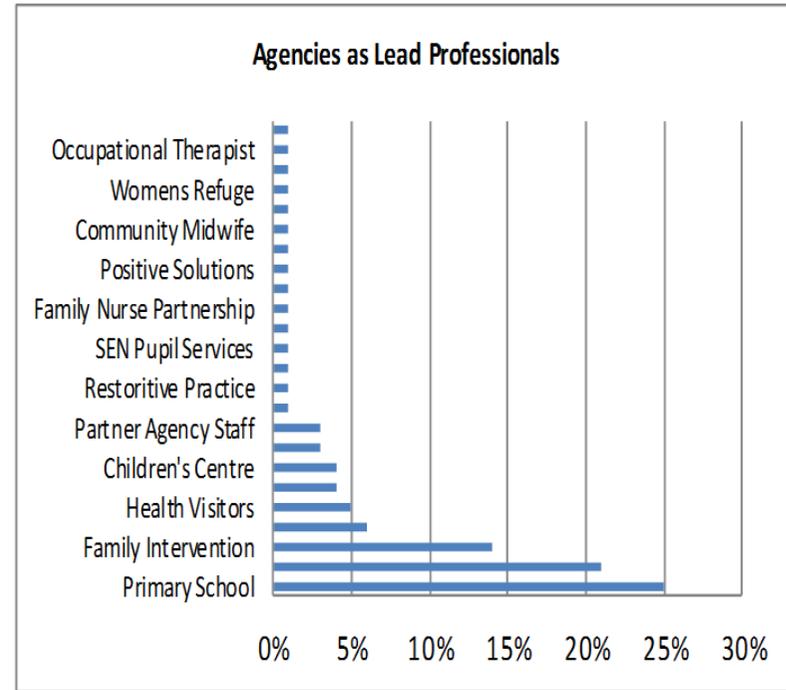
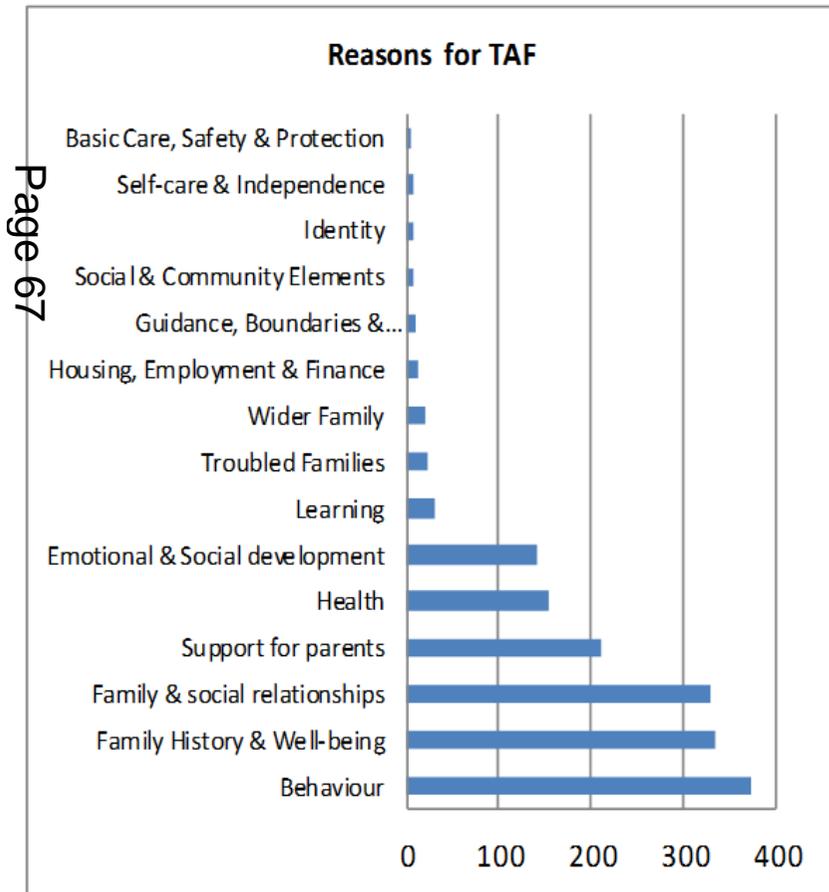
In 2015/16 youth workers contacted over 9,000 young people across Wirral and delivered over 13,000 interventions focusing on healthy relationships and sexual health, 20,000 interventions focusing on alcohol and drug awareness and over 4,000 anti-social behaviour interventions.



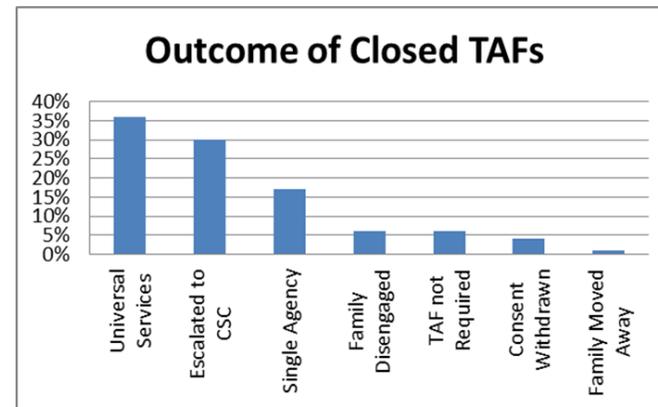
CAF/TAF Performance Data

Key headline data illustrating the performance of the CAF/TAF Early Help process for 2015-16 is presented below:

In total 1493 children were supported by TAF during this time frame. The majority of these children went into TAF following a Family CAF assessment (1245). The remaining 248 children received support from TAF following a children's social care assessment. This means that a CAF was not completed as children's social care had already completed an assessment. The reasons TAF was needed is shown below.



During this time frame 603 cases previously opened to TAF closed. The graph below shows what happened to these cases. The majority of cases closed to either universal or single agency support (52%). A further 30% escalated to Children's Social Care.



Early Help Quality Assurance

The effectiveness of early help was a priority area for the WSCB in 2015-16. This work is led through the Early Help (formerly CAF) Quality Assurance group. The group have developed the Early Help Quality Assurance Framework and Toolkit utilised by professionals across agencies.

The headlines for 2015-16 are as follows:

- **157** CAFs have been quality assured from 1st April 2015 to 31st March 2016
- 52% of CAFs Quality Assured were deemed either good or above. This is an increase (7%) from the previous year
- Within the last year; behaviour (17%) mental ill health (13%) and school difficulties (12%) have been the most common reasons for CAFs being completed
- 52% of CAFs identify the voice of the child. This is an increase of 11% from the previous year.
- 89% of CAFs identify the views and wishes of parents, carers or guardians. This is an increase of 8% from the previous year.
- 22% of CAFs completed following the launch of the **Child CAF** attached to each CAF have evidenced the use of it
- **104** professionals applied for the TAF training. A decrease of **90** applicants from the previous year
- Of the evaluations received 100% of applicants found the TAF training useful, practical, interactive and appropriate which is a positive increase from the previous year
- The Distance Travelled scores returned identified that **132** (decrease of **71**) families used the tool and 99.2% of them felt that their situation improved from the start of the intervention to the close of the case in TAF. This is a family led tool. In one case where the TAF intervention did not meet the family's needs. This family transferred into Children's Social Care

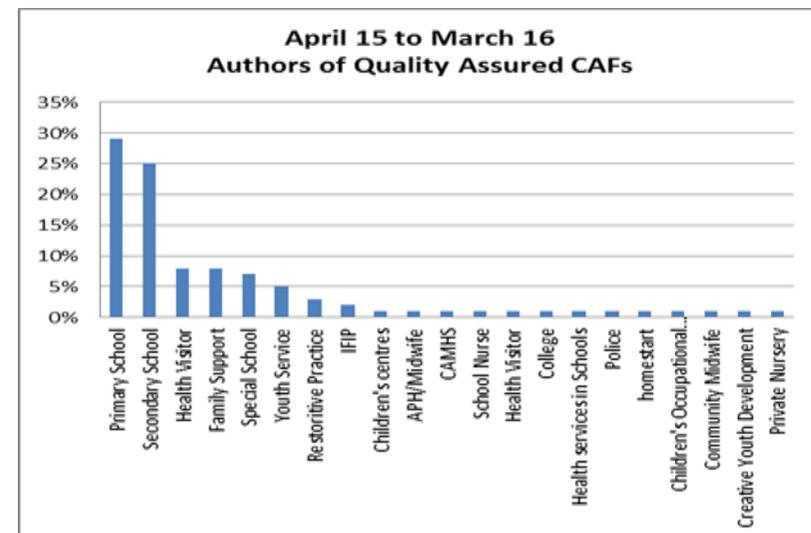
Multi Agency Quality Assurance

The Early Help Quality Assurance group meet on a monthly basis to assess the quality of random samples of completed CAFs from agencies across Wirral. The group exists to monitor the quality of completed CAFs as an indicator of the quality and effectiveness of the CAF and TAF process. Findings from the group are reported quarterly and include future actions to help drive up the standard of CAFs and improve outcomes for children and young people.

There are currently 9 members of the group from across the partnership. From 1st April 2015 to 31st March 16 the group also undertook several pieces of work including the introduction of the Child CAF attached to each CAF to better gain the voice of children within the assessment. The group has also updated the TAF minutes and considered timescales. The total number of multi-agency Family CAFs that have been quality assured from 1st April 2015 to 31st March 2016 is **157**.

Authors of Quality Assured CAFs

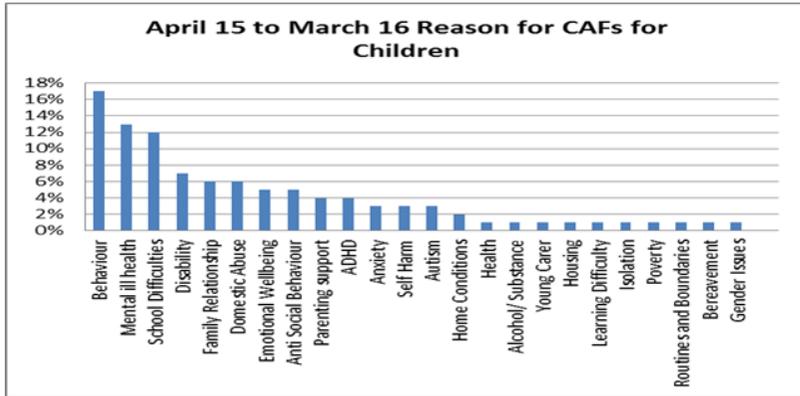
This graph shows the breakdown of organisations who completed the CAFs audited in the period of April 15 to 31st March 16. Although the CAFs QA'd are taken from a random selection from across the partnership provided by the Early Help and CAF team, the graph clearly demonstrates that schools and colleges appear to be completing the majority of CAFs (62%).





Reason's for CAFs for Children

The reasons why the CAFs quality assured were completed in the first instance are highlighted in the graph below. Within the last year behaviour (17%) mental ill health (13%) and school difficulties (12%) have been the most common reasons for CAFs being completed.



52% of CAFs identify the voice of the child. This is an increase of 11% from the previous year.

Views and Wishes of Parents/ Carers

There has been improvement in this area (89%) as the year has gone on and reports and recommendations have been acknowledged.

Child CAF

The Child CAF was introduced in 2014 and is attached to each CAF that is sent out by the Early Help and CAF team. It is an excellent way of supporting practitioners gain the children's thoughts and feelings. It should be noted that it is expected that the lead professional completes it with all the children the CAF relates to. 124 CAFs have been quality assured since the introduction and inclusion of the Child CAF. This has also been included within the TAF training. As shown in the graph below 22% of this group of CAFs have evidenced the use of the Child CAF (27 CAFs). However, this does not mean that the voice of children are missing from the rest of the CAFs.

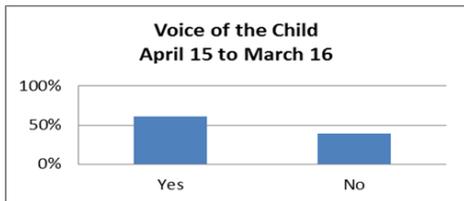
Reason's For CAFs for Parents, Carers or Guardians

As the CAF is a family assessment the issues experienced by the parents is also included. Within the last year parenting support (23%), stress (13%), health issues (13%) and mental ill health behaviour (12%) has been the most common reasons for CAFs being completed.

Views and Wishes of Child (ren) Voice of the Child

It has been acknowledged that the voice of the child(ren) must be included within the CAF and that this area remains poor. There is a direct correlation with the high number of inadequate CAFs and two specific issues. The

first is the lack of the child's voice, the second is that all family members needs have been considered.



Team Around the Family Training

In December 2015 the TAF training was transferred to the Early Help and TAF team. At this time the training was remodelled. Previously the courses were split into two separate sessions, Information Sharing and Family CAF training and the Role of Lead Professional and How to Chair a Team Around the Family training. From April 2015 to March 2016 **44** people applied for the Information Sharing and Family CAF training and **60** people applied for the Role of Lead Professional and How to Chair a Team Around the Family training. This is a total of **104**, a decrease of **90** applicants from the previous year.

Evaluation

Following each session attendees are asked to complete a training questionnaire in order to help identify gaps and make improvements and also evidence what went well. The attendees responded that 100% of them found the 'venues, training and overall' was good which is an improvement to the previous year. The venue section had only received 49% previously and changes were implemented.

Impact of TAF- Distance Travelled Findings

The WSCB evidence the impact Team Around the Family has on the families supported from their perspective. To do this the WSCB introduced a distanced travelled tool in 2014. The tool is completed at the end of each TAF meeting and the family score their current situation. As things improved the score will fall. For the 132 families who completed the tool in 2015-16, 131 recorded an improvement:

Number of Families	Number reporting an improvement between meetings	% reporting Improvement	Average % improvement
132	131	99.2%	-18.7%

Quality Assurance Next Steps and Recommendations

From their auditing work in 2015-16 the multi-agency CAF quality assurance group made a number of recommendations agreed by the partnership as shown in the table.

Action	Responsible Person	How will this be evidenced	Outcomes
Multi-agency training on listening to and evidencing wishes and feelings of children to be developed and delivered	Early Help and CAF Team	This will be included within the newly developed TAF training after consultation with the CAF QA group	The voice of children will improve within the CAFs
All agencies who act as lead professional should be completing the Distance Travelled tool	All Lead Professionals	Every closed case will have the distance travelled score evidenced	The figures included within reports would show a higher figure
Current CAF trainers to ensure that the concept of the family CAF is emphasised, including the importance of assessing the needs of all family members.	CAF Trainers and Champions	CAFs will include all family members	Needs are identified and support is included within TAFs
All Lead Professionals to include ALL children and adults in the family/ household when undertaking an assessment	All Lead Professionals	CAFs will include all family members	Needs are identified and support is included within TAFs
Target for 2016: 90% of CAFs rated as at least good	All Lead Professionals	The quality of the CAFs will improve	TAFs are streamlined and cases do not come back. Support
Introduction of CAF Champions to take forward recommendations	Early Help and CAF Team	CAF Champion Quarterly updates will be added to this report	LPs are supported, confident and wider participation from partners

1. Health - Physical Development



 0 None Needs no help/ support	Positive <ul style="list-style-type: none"> Physical skills e.g. crawling, walking, running, participation in games Access to a play group or play facilities, for example a mother and toddler group or play areas Can hear and see well Eats good, nourishing food The right height, weight and development for their age Takes part in physical activity like walking, swimming, running or playing Favourite activities Favourite foods and meals No drug or alcohol problems 
 1 Minor Needs occasional help/ support	
 2 Moderate Needs regular help/ support	Challenges <ul style="list-style-type: none"> No access to play areas Issues with hearing Under or over weight for their age Problems with vision Clumsy Often tired Always too busy to eat Too much junk food Could get more exercise Unable to relax Prefer playing computer games or watching TV 
 3 Significant Needs a lot of help/ support	
 4 Critical/ Complex Cannot cope with problems	

Things that might help

- Specialist advice to help improve delayed development
- A new physical activity
- A new interest in healthier eating
- Any other referrals?





CAF Champions

Following 3 consultation workshops in November 2015 it was evident that Lead Professionals felt that they required greater support to be able to confidently support staff and colleagues managing TAF interventions.

In response to the request for support, a CAF Champion role was developed resulting in enlisting professionals from across the wider children's workforce with a view to there being at least one CAF Champion in every organisation/agency.

The CAF Champion role is to support professionals within their organisation/agency and ensure they are up to date and knowledgeable regarding strategies, procedures and interventions. CAF Champions are also expected to provide help and support to other, smaller organisations when needed. Appendix 1 outlines the CAF Champion criteria in greater detail.

As of 30 April 2016 there are 125 CAF Champions registered with the Early Help and CAF Team, these are from a diverse range of organisations/agencies including: voluntary and charitable organisations, schools, Children's Centres and the Family Intervention Service and Health Visitors. Appendix 1 provides a more complete list.

A CAF Champion professional development programme has been developed, which aims to increase the skills, knowledge and experience of all CAF Champions to enable them to provide appropriate support to practitioners within their own agency and other professionals across the wider children's workforce where appropriate and practical.

All CAF Champions have undertaken a needs analysis of skills, knowledge and experience relating to specific areas of early help and prevention practice. The needs analysis results indicate areas of learning and development.

The first bespoke training took place on the 20th of April 2016 and was in respect of Domestic Abuse. 48 CAF Champions were recommended to attend as their scores indicated further training was required, 47 attended. In addition a further 7 attended to refresh their skills and knowledge.

In addition to the development training sessions, the CAF Champions meet as a large group bi monthly.



Lead Professional Welcome Pack



November 2016

1





Child Sexual Exploitation and Missing Children

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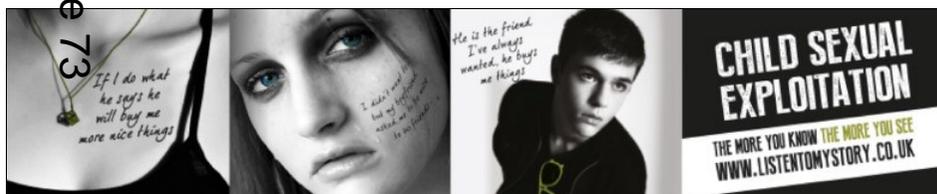
Child Sexual Exploitation (CSE)

Tackling child sexual exploitation is a top priority for the Wirral Safeguarding Children Board and the partnership. A number of high profile cases have highlighted the need for vigilance from all of us, and not just those in statutory safeguarding services. We all need to be more aware of the signs of child sexual exploitation (CSE) and identify children and young people who are at risk.

The Merseyside safeguarding children boards in partnership with Merseyside Police have developed a website dedicated to raising awareness of child sexual exploitation. The www.listentomystory.co.uk website is a 'one stop shop' for information and advice about Child Sexual Exploitation whether you are a professional, child or young person, parent or carer, or a member of the public.

Awareness raising material can be found on the website and employees are encouraged to use the signature footer shown below.

National CSE Day



The 18th of March marked national CSE awareness day. Each Safeguarding Children Board in Merseyside promoted key messages with partners, local businesses and members of the public. Catch 22 highlighted the issues via social media which included 'listen to my story' campaign links, links for young people, parents and professionals to raise awareness of CSE, spotting signs and reporting etc. The WSCB disseminated CSE themed updates to multi agency partners in the run up to national CSE awareness day with a particular focus on online gaming. CSE awareness raising posters and screensavers were also circu-

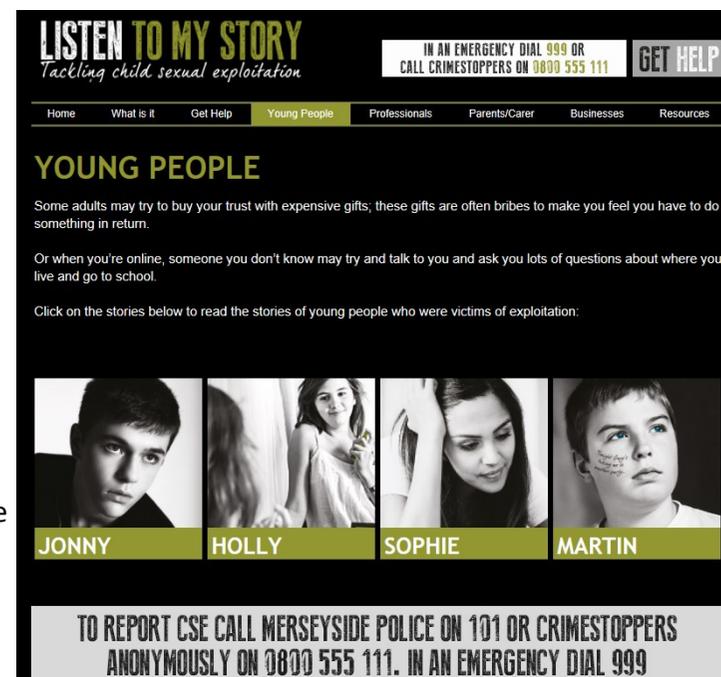
lated via e-mail and Twitter every day for a week before and after CSE day including promotion of CSE pledges.

Multi agency CSE training

The WSCB training calendar includes multi agency CSE training which aims to provide practitioners across all agencies with best practice principles for working with children and young people who have been, or are at risk of being, sexually exploited.

The training covers:

- the definition of CSE and the difference between abuse and exploitation
- signs, indicators and forms of CSE
- the referral pathway
- the role of MACSE meetings
- local case studies
- recognising the duty to report concerns
- services available to victims and families
- up to date legislation and protocol



'On one condition' theatre production

Funded by Public Health and Merseyside Police, 'On one condition...' is the latest peer education theatre production created by Creative Youth Development's Last Minute Theatre Company.

The production contains a number of scenarios which have been designed to raise young people's awareness about what exploitation is, some of the types of grooming methods used and where to get help and support. Each scenario is accompanied by an interactive question and answer section to aid learning, and there is also the opportunity to have a follow up workshop with Catch22.

The production is suitable for young people aged 13 plus, but can be adapted for a younger age range. On CSE Awareness day, 18 March 2016, this piece will be shown twice for groups of professionals at Pilgrim Street Arts Centre.

Practitioners have attended 'On one condition', commissioned by Police and Public Health in response to children who go missing in Wirral, is a performance that has been designed to raise awareness of CSE targeted at children and young people.

ON ONE CONDITION . . .

A production by Last Minute Theatre Company
exploring exploitation of young people.



Created by a young people's theatre company, for young people, On One Condition ... aims to raise awareness with young people about what exploitation is, the different grooming models and where to get help and support.





Private Fostering

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Private Fostering

Private Fostering is when a child or young person under 16 years old (or under 18 if disabled) lives with someone for 28 days or more by private arrangement (without the involvement of a local authority) with someone who is not a:

- parent
- close relative (brother, sister, aunt, uncle, grandparent or step parent)
- guardian or a person with parental responsibility

Private Foster cares might be:

- friends of the child's family
- Someone willing to care for a child of a family they don't know
- Relatives such as a cousin or great aunt

Private Fostering arrangements are reported through CADT and are transferred to the appropriate district social work assessment team and the Safeguarding Unit. The Social Worker will undertake a Private Fostering assessment which will assess the suitability of the arrangement and will undertake a joint visit with Targeted Services.

Each Privately Fostered child will be reviewed by the designated Independent Reviewing Officer (IRO) within 3 months following the authorisation of the arrangement and every 6 months thereafter.

The IRO will chair the meeting and will discuss the child's developmental needs, contact arrangements, targeted support, views of the child/parent/carer and any significant events.

Wired provide a commissioned service to review all Private Foster carers on an annual basis and promote relevant training for the carer.

The majority of arrangements do not continue for longer than 12 months, to ensure that all Private Foster carers receive a review from Wired, it has been recommended that future reviews will be undertaken before each meeting chaired by the IRO at a frequency of 3 months following the suitability of the arrangement and then every 6 months thereafter. A representative from Wired will attend the child's review to provide feedback.



Wirral's Privately Fostered Children

- During 2015/16, 5 *new* Private fostering arrangements commenced, of these new arrangements 1 remained open at the end of March 2016.
- An additional arrangement began in 2014 and remained open at the end of March 2016.
- 5 out of 6 of the children who had a Private Fostering arrangement during 2015/16 were already known to Children's Social Care.
- All of the children were White British and their average age was 14 years.
- At the end of March 2016, there were 2 Private Fostering arrangements.
- During 2015/16, 1 in 6 Private Fostering Assessments were completed on time. This is an area which requires improvement.
- Private Fostering visits are due every 6 weeks for the first 12 months, and every 12 weeks thereafter.
- Following the notification, a visit should be held within 7 days. In 4 out of 6 cases the initial Private Fostering visits were undertaken within timescales.





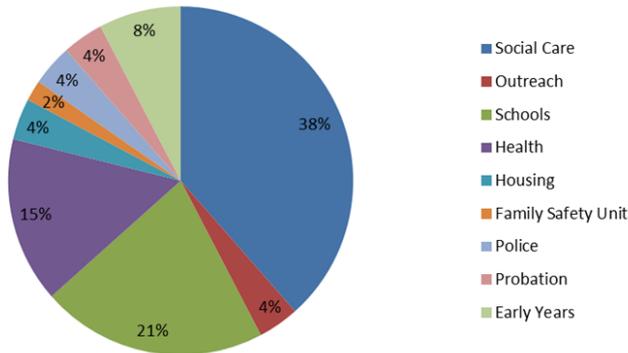
Training and awareness raising

The WSCB acknowledges that although all of the actions from the 2014/15 Private Fostering Annual Report have been met, the number of Privately Fostered children has reduced in the last year.

In March, 4 multi-agency Private Fostering Briefings were delivered to professionals, facilitated by Wired. The training focused on the responsibilities of professionals (particularly to identify and report known Private Fostering arrangements) and the support available for children and their carers.

50 professionals attended the briefings and full participation is shown below:

Private Fostering briefing participation



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The WSCB has added a number of multi agency Private Fostering briefings into the 2016/17 training calendar and these will commence in the Autumn.

Website

The WSCB website has two Private Fostering pages, one for professionals and another for the public.

The pages include useful information such as the definition of Private Fostering, how to report an arrangement, support available to children and carers and the full procedures. The pages also provides professional with the details of future Private Fostering briefings and the facility to book on-to a session.

Ofsted Inspection

An inspection of Children’s Services took place in July 2016 and the following recommendation was made in relation to Private Fostering;

Children privately fostered are not well identified by the local authority and partners. When children are living with private foster carers, the local authority does not discharge its statutory responsibilities effectively. Despite systems for an independent reviewing officer (IRO) to review and oversee Private Fostering arrangements, quality assurance of practice with these children lacks effective scrutiny. Children are not visited in line with requirements, and assessments seen are unsatisfactory. They do not include an analysis of suitability of living arrangements for children, so the local authority cannot be sure that privately fostered children are adequately cared for.

Improvement Plan—what we are going to do

The Local Authority has developed a robust improvement plan with the following actions in relation to improving service delivery of private fostering. The first action has already been completed.



Activity Required	Desired Outcome	Improvement Measure	Target Date	Lead
Re-affirm the lead for Private Fostering is to be under the Principal Social Worker	There are clear lines of accountability for Private Fostering arrangements.	Principal social worker appointed as lead	01/09/2016 Complete	Senior Manager Children in Need and Child Protection / Principal Social Worker
Review and implement revised arrangements for the identification of Private Fostered children and young people.	Children and young people in Private Fostering arrangements are identified.	Increase in number of Private Fostering notifications	12/10/2016	Senior Manager Children in Need and Child Protection / Principal Social Worker
Case audits of Private Fostering arrangements are to be undertaken 6 weekly to ensure that visits are undertaken in line with responsibilities and the suitability of living arrangements.	Privately Fostered children and young people live in suitable arrangements.	Audits of Private Fostering identify suitability of arrangements.	12/10/2016	Senior Manager Children in Need and Child Protection / Principal Social Worker

In addition, the Local Authority have set the following actions for completion during 2016/17.

Action	Description	Lead
Training to be offered to Private Foster carers	Private Foster carers will be offered the same training as Local Authority Foster carers.	Wired/Fostering Service
Wired to increase the frequency of carer reviews	Wired will undertake a review of the Private Foster carer before each meeting chaired by the IRO at a frequency of 3 months following the suitability of the arrangement and then every 6 months thereafter. A representative from Wired will attend the child's review to provide feedback.	Wired
Private Fostering procedures and Statement of Purpose to be amended in line with changes	Private Fostering procedures and Statement of Purpose to be amended to reflect any changes to roles, responsibilities or referral pathway. i.e. Private Foster carer review frequency	Safeguarding Unit/ WSCB



Multi-agency Safeguarding Training

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Learning and Development

The WSCB is responsible for ensuring that high quality multi-agency safeguarding training is available for professionals to attend. The training function for children's and adults safeguarding is managed through the multi-agency Learning and Development committee of the WSCB. The committee is responsible for developing, reviewing, promoting and quality assuring training and for establishing and overseeing a training pool of trainers drawn from the partnership.

The training function is supported by a Safeguarding Training Officer who is responsible for ensuring the day to day delivery of training, monitoring attendance at training and managing the evaluation strategy.

Competency Framework

The Learning and Development Committee publishes an annual safeguarding training calendar which is available on the Safeguarding Board website, www.wirralsafeguarding.co.uk. The calendar sits alongside the recently updated training competency framework for partner organisations.

The competency framework provides a baseline for standards of competence that are expected from those individuals and organisations, across a range of sectors, that have a responsibility to ensure that the children, young people and adults they work with are sufficiently safeguarded. It also assists in the development of training packages and provides a framework for performance management. Partner organisations can use this framework to help them decide the relevance of training courses to particular staff groups and individuals.

Training Calendar

The training calendar details all the courses offered by the WSCB over a 12 month period. A summary of each course is provided along with recommendations of which staff groups the event is appropriate for, based on the competency framework. Throughout the year the training calendar is regularly updated to integrate and respond to learning emerging from SCRs and CIRs.

In 2015-16 the training calendar offered 20 different courses, many appropriate to both adult and children's workers. 16 courses were designed solely for the children's workforce.

The training courses available in 2015-16 included Working Together to Safeguard Children, Neglect, Child Sexual Exploitation, Child Protection Conferences and Core Groups, Engaging Effectively with Resistant Families/Risk in Practice, Workshop to Raise Awareness of Prevent and Safer Recruitment all delivered with or by local professionals with relevant expertise.

All of the training offered by the WSCB is designed for a multi-agency children's services audience. The training is provided free of charge to professionals. In 2015-16 over 1000 professionals attended training. Staff attended from many different areas of the workforce and the voluntary, community and faith sector was regularly represented.

Applications for training are now submitted via the website

www.wirralsafeguarding.co.uk

"The booking system is really user friendly, many of my colleagues have booked on to events and found it easy to do"

Primary School Teacher

Training Evaluation

In 2015 it was agreed that a more in depth evaluation strategy was required in order to measure the effectiveness of the multi-agency training. Prior to this training has always been evaluated by professionals rating the course at its end on a scale of one to five—with five being excellent.

The new evaluation strategy has three stages:

- At the end of the course professionals complete an initial evaluation which details what they will now do differently in their organisation
- Three months after attending the course professionals complete a second evaluation which details how attendance at training has influenced practice and strategy in their organisation
- Six months after attending the course a range of professionals attend a WSCB facilitated working group to evidence impact of training on outcomes for children and young people and to feedback how effective the training has been.

Feedback from the working groups will inform the review of the WSCB training courses undertaken by the learning and Development committee.

Alongside the evaluation of the participants who attend the training, further evaluation of both the events and the trainers will be done via live observation and feedback. This will aid in development and improvement of training materials but also in development of the trainers.

This new training evaluation strategy is now being implemented.

Training Pool

There is a Training Pool of multi-agency trainers who facilitate the training for partner organisations across the area. This pool is made up of colleagues from CSC, DASS, health, and education. The pool works in collaboration to develop and update materials as well as deliver in their own areas of expertise. The input of knowledgeable, practising colleagues is invaluable to the learning process and well received by participants.

It has been recognised that the Training Pool needs to be expanded through 2016 to include staff from other partner agencies such as the police, probation and CRC and VCF. This will give the WSCB a larger pool of experience to draw upon and opportunity to deliver more sessions. This is a task that will be undertaken through the second half of 2016 with the development of regular training pool meetings, advertising for new trainers and a Train the Trainer event to help to upskill those who join the team.

“Excellent day. Very well presented with a great mix of trainers who are all very knowledgeable about their area of work”

Department of Adult Social Services worker



Child Sexual Exploitation

Child Sexual Exploitation (CSE) remains a priority area of work for the WSCB. In 2013 the WSCB secured two year funding from the Public Health Outcomes fund to support our CSE strategy. The bulk of the funding was used to commission provider Catch22 to deliver 10 multi-agency CSE courses.

Going forwards the WSCB continues to commission a catch 22 to deliver these multi-agency events every 2 months which prove to be very popular and the feedback from these events is positive.

Domestic Abuse

During 2014-15 the WSCB published a Domestic Abuse strategy and a new procedure and referral pathway. To support the introduction of these key documents the Domestic Abuse training has been revised. This event now runs every 2 months and is well-subscribed.

Neglect

The neglect course has been reviewed and revised by the Learning and Development Committee. The neglect course continues to promote the use of the Graded Care Profile as the recommended tool for assessing neglect and presents the new referral pathway. The event includes input from Police colleagues looking at live local cases and the complexities of working with neglect.

Feedback from the sessions of the training has been excellent.

Single Agency Training

The Learning and Development Committee maintain oversight of the range and quality of single agency training offered across the partnership. The Safeguarding Training Officer has recently supported staff from voluntary charity and faith organisations by providing two Train the Trainer events for single agency safeguarding children training.

The WSCB also offers Lead Designated Person training for senior staff members in organisations and contributes to the 3 yearly whole staff training sessions for schools.

Very interesting course which has given me a greater knowledge on CSE and roles of services, video clips were powerful. All professionals working with children/teenagers should attend course and gain awareness of CSE



Future Developments

Feedback from the most recent training needs analysis will be analysed and presented to the Learning and Development committee, and then used to help inform both the children's and adult's training plans for the coming year and to ensure that the WSCB offer needs led training. Impact evaluations will be undertaken and assessed on specific courses during the coming year. This will aim to assess the impact of training on worker's practice and on the families they work with.

The WSCB is mindful that at a time of austerity and cutbacks attendance at training is something which often suffers. In response to this the WSCB is keen to introduce alternative learning resources. In partnership with Virtual College the WSCB has commissioned a 3 year programme of e-learning for both the Children and the Adult workforce. The process of registering staff for access to this e-learning commenced in September and many members of staff are now able to access some or all of the 40 different learning modules available.

Alongside this the WSCB has also introduced a suite of 7 minute briefings as a learning tool for organisations to use within their own teams. These briefings will be added to regularly with a view to aligning them with a current theme.

National and local issues from Serious Case Reviews and Critical Incident Reviews will continue to be incorporated into the training.

The Committee will continue to address issues of non-attendance as this can create difficulties in ensuring large enough groups to run exercises.

The WSCB has now introduced a charging policy which will be introduced for all non-attendance from April 2016.

WSCB Training Priorities for 2016-17 are:

- Embed the multi-agency training evaluation strategy
- Use the WSCB learning and improvement framework (LIF) as the basis for a children's and adults LIF
- Deliver train the trainer sessions for Child Sexual Exploitation and WRAP (Prevent agenda) training to build capacity and expertise
- Commission the new substance misuse provider to deliver multi-agency substance misuse training
- Equip the training pool to be the lead delivery vehicle for high quality multi-agency training
- Ensure learning from national SCR's and local reviews are embedded in training and disseminated through the learning and development committee
- Improve the quality and usage of performance information data to support safeguarding





Safeguarding Performance

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Information

Safeguarding Performance Information



Contact and Referral

A contact is a request for a service to be provided by Children’s Social Care. This is in respect of a case where the child is not previously known to the Local Authority, or where the case was previously open but it is now closed.

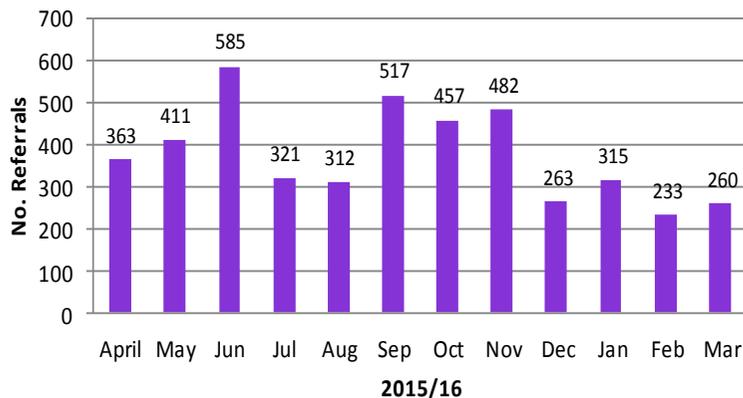
A contact can only be accepted when the MASH Manager/Advanced Social Work Practitioner decides that the threshold for Level 4 intervention is met or where further information needs to be gathered to consider whether a child is in need and therefore requires a service. This decision should be made within one working day.

Overview

In 2015/16 Wirral Specialist Services (CADT) received a total of **4519** referrals compared to 4292 during 2014/15.

The number of referrals increased steadily at the start of the year and then decreased significantly during July and August. Referrals spiked again in September before a steady decline at the end of the year.

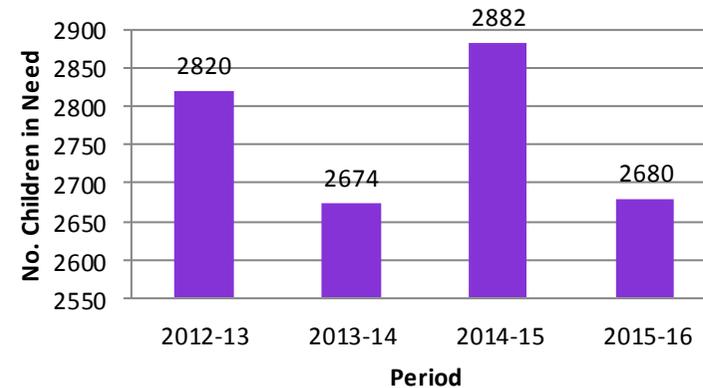
Referrals into Specialist Services by month



At the end of March, the overall referral rate per 10,000 was **668.1**, which is higher than the 2014/15 rate of 634.5.

The graph below illustrates the number of referrals received each month over the course of the year.

Children in Need



Children in Need (CiN)

At the end of March, there were a total of **2680** Children in Need compared to 2882 at the end of March the previous year. This is a decrease of 7%.

The graph below shows the number of Children in Need (CiN) over the last 4 financial years. As illustrated, 2014-15 saw a 7% increase in the number of CiN however this decreased by a further 7% between 2014/15 and 2015/16.



Child Protection (CP)

Following a section 47 investigation, an Initial Child Protection Conference is held to bring relevant professionals, family members and the child (where appropriate) together.

The conference provides a multi agency setting to analyse information provided by professionals and the outcome of the social worker's assessment (referred to as a Single Assessment) The conference will further examine the information available around the child's developmental needs and the capacity of the parents'/carers to respond to the child's needs. The conference is chaired by an Independent Reviewing Officer in the Safeguarding Unit who will consider the information provided as part of the assessment and information presented at conference to discuss and determine the requirement of a Child Protection Plan.

On 31st March 2016, **404** children were subject to Child Protection Plan, this equates to 59.7 per 10,000 of the child population compared to 233 (34.0%) this is a significant increase of 73%.

Plans increased significantly over the course of the year and there are various reasons for this, one of which is due to sexual exploitation cases being managed under Child Protection (and MACSE) rather than a separate Sexual Exploitation Strategy Meeting, and an action was made which recommended that districts should bring their Child in Need cases into Conference if there was no evidence of improvement within 12 months.

The fluctuation between the number of children subject to a Child Protection Plan at the start of the financial year (April 2015) and the end of the financial year (March 2016) is an increase of **72%**.

Timeliness

During 2015/16, **97.8%** of Child Protection reviews were held within timescales and **50.5%** of Initial Child Protection Conferences were held within timescales (within 15 working days of the strategy discussion).

The delay in holding Initial Child Protection Conferences within timescales was due to the sudden increase in requests. Initially there were not enough Conference slots to accommodate the sudden increase in demand therefore a number of Conferences were held out of timescales. Conference slots were increased from 5 per week to 10, and shortly to 15 slots per week to meet the demand and additional Independent Reviewing officer's were recruited to chair the meetings. By December timeliness improved to 100% however the overall timeliness figure for the year was affected by the number of Conferences held out of timescales earlier in the year.

2 Year Child Protection Plans

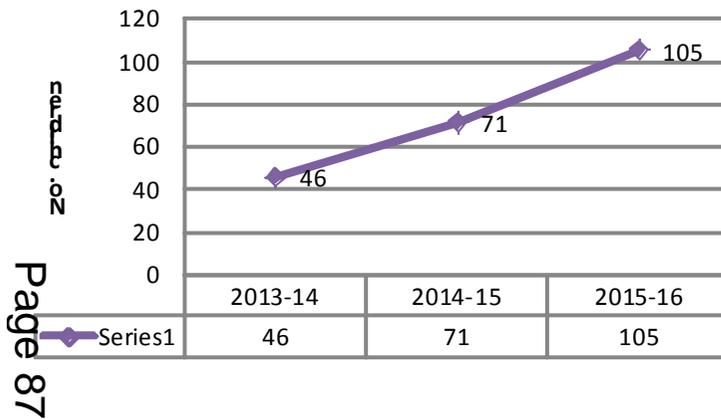
During 2015/16 there were **7** children who had been subject to a Child Protection Plan for 2 years or more. This is a decrease of **70%** in comparison to the previous year (24 children).

A new procedure has been introduced to ensure that all children who have been subject to Child Protection plans for over 12 months are further scrutinised by the senior manager for social care and service manager for safeguarding and quality assurance to ascertain if plans are being progressed or alternative decisions need to be made, i.e. progression to pre proceedings process.

Multiple Child Protection Plans

At the end of March 2016, **105** children were made subject to a Child Protection Plan in 2015/16 for a second or subsequent time. The graph below illustrates a five yearly overview of Child Protection repeat planning in Wirral.

Total number of children with a repeat Child Protection Plan (CPP)



The Safeguarding Unit have undertaken an audit to understand the reasons for repeat plans and to identify actions to reduce this number over the following year. 7 key recommendations have been made which have been incorporated into the Safeguarding Standards document.

Children Looked After (CLA)

Wirral's Children and Young People's Department provides services for Children who are Looked After (CLA) which include support, placements and care of children within Wirral.

Wirral provides support and placement in areas including adoption, foster

care, residential care and leaving care. Wirral Council aim to provide children and young people with a range of placement options to help them be safe, secure and develop in order to meet their full potential.

On 31st March 2016 there were **668** Children Looked After (CLA) in Wirral compared to 676 in 2014/15. This equates to 98.9 per 10,000 of the child population in Wirral.

Timeliness

During 2015/16, **95.5%** of Children Looked After reviews were held within timescales.





Local Authority Designated Officer for Allegations (LADO)



Background and Introduction

The LADO's key role is to provide advice and guidance to employers or voluntary organisations regarding referrals, to liaise with police and other agencies including Ofsted and professional bodies, to monitor the progress of referrals to ensure they are dealt with as quickly as possible with a consistent with a thorough and fair process. The LADO should also seek to resolve any inter-agency issues and to collect strategic data and maintain confidential records in relation to allegations and to disseminate learning from LADO enquiries throughout the children's workforce. The LADO function is carried out by a full time officer who sits within the WSCB.

This report forms part of the Local Authority Designated Officer's (LADO) reporting requirements to the Wirral Safeguarding Children Board (WSCB) regarding Managing Allegations Against Professionals who Work with Children & Young People and the Role of the LADO. It seeks to complement the quarterly performance data reports submitted to the WSCB. The purpose of this report is to assure the partnership regarding the Managing Allegations process, how it is implemented and developed, the impact of Working Together to Safeguard Children (WTTSC) 2015 and to identify local and national themes and issues relating to the Managing Allegations process.

WTTSC 2006 set out that each Local Safeguarding Children Board had a statutory responsibility to provide a LADO service that would be accountable for co-ordinating the response to concerns that an adult who works with children may have caused them harm. This role has been developed in more recent publications and is included in WTTSC 2015.

WTTSC 2015, Chapter Two, Section Four, states that under Organisations Responsibilities, agencies should have clear policies in line with those from the LSCB for dealing with allegations against people who work with children. Such policies should make a clear distinction between an allegation, a concern about the quality of care or practice or a complaint. This pro-

vides the threshold for referrals to the LADO and that a referral should be made when an agency is presented with allegation that may relate to a person who works with children who has:

- behaved in a way that has harmed a child, or may have harmed a child;
- possibly committed a criminal offence against or related to a child; or
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

All allegations must be referred through to the LADO within 24 hours of identification, prior to any investigation or action being taken by that agency. On average, for every one case that is opened, four further cases are discussed with the LADO and concluded as not having met the threshold at that present time.

Managing Allegations against Professionals who Work with Children and Young People

The Managing Allegations Against Professionals who Work with Children and Young People procedure can be found on the WSCB website: http://wirrallscb.proceduresonline.com/chapters/p_man_alleg_vol.html and was last updated in March 2016 in line with Working Together 2015. Within this update, the previous three policies, a generic procedure for all members of the Children's Workforce and two further policies in relation to Allegations against Foster Carers and Allegations Against Prospective Adopters and Children Placed for Adoption or Already Adopted have been combined into one policy in line with other North West LSCBs .

All agencies are under a statutory obligation to refer all allegations, prior to any investigation or action, to the LADO within 24 hours of identification. During the last twelve months, 281 allegations have met the criteria



be opened as a case and approximately a further 1100 initial consultations took place with regard to concerns held within agencies that did not meet the threshold.

The total number of cases opened has increased from 229 during 2014/15 to 281 during 2015/6, a 22.70% increase. This increase is in keeping with the year on year increase over the last five years. Referrals resulting in opened cases were received from agencies during 2015/16 compared to 2014-15 as follows:

	2014-2015	% of 2014-2015	2015-2016	% of 2015-2016	% +/- between years
Referrals receive from agencies:					
Community	38	16.59%	28	9.96%	-26.32%
Education	100	43.67%	150	53.38%	50.00%
Prison	0	0.00%	0	0.00%	0.00%
Probation	0	0.00%	0	0.00%	0.00%
Police	6	2.62%	19	6.76%	216.67%
Social care	78	34.06%	77	27.40%	-1.28%
Health	7	3.06%	7	2.49%	0.00%
Foster carers	0	0.00%	0	0.00%	0.00%
Total	229	100.00%	281	100.00%	

During this period, referrals and consultations from private agencies, such as Day Nurseries have seen an increase; this may be due to training and the introduction of new regulatory Ofsted guidance, although some nurseries are still unaware of the LADO role and their duty to refer. As with previous years, referral from certain agencies such as the Probation service and the Community/Voluntary and Faith sector continue to be low.

Allegations that have been referred from agencies were in relation to staff who work within the following settings:

Increases shown are broadly in line with previous year on increases, with

	2014-2015	% of 2014-2015	2015-2016	% of 2015-2016	% +/- between years
Referrals regarding staff employed by:					
Community	34	14.85%	36	12.81%	5.88%
Education	135	58.95%	172	61.21%	27.41%
Prison	0	0.00%	0	0.00%	0.00%
Probation	0	0.00%	0	0.00%	0.00%
Police	0	0.00%	0	0.00%	0.00%
Social care	9	3.93%	15	5.34%	66.67%
Health	6	2.62%	7	2.49%	16.67%
Foster carers	45	19.65%	51	18.15%	13.33%
Total	229	100.00%	281	100.00%	

the exception of social care staff, which has seen a 66% increase in concerns raised, but in practice as this is such small number of cases overall, this only amounts to 6 more cases this year.

It is noted that many of the referrals made this year with regard to Education staff are in relation to supply staff and increasing numbers have been seen in this group relating to allegations regarding teaching staff and their own children, thus impacting upon their position of trust.

All allegations reported to the LADO and opened as cases will fall within one of the four following categories of abuse:

It is noted that the increase in neglect cases, whilst only being an addition-

	2014-2015	% of 2014-2015	2015-2016	% of 2015-2016	% +/- between years
Type of abuse:					
Neglect	10	4.37%	27	9.61%	170.00%
Emotional	28	12.23%	28	9.96%	0.00%
Sexual	41	17.90%	51	18.15%	24.39%
Physical	150	65.50%	175	62.28%	16.67%
Total	229	100.00%	281	100.00%	



al 17 cases this year, amounts to a 170% increase. A number of these cases were in relation to the care afforded to the birth children of professionals in a position of trust.

Training and Development for a Safer Workforce

During this period a number of briefings and training sessions have been held to promote safer working practices across agencies, this has included sessions for the following:

- Managing Allegations against Professionals for Safeguarding Leads
- Safer Recruitment Training
- Senior Designated Persons Training - Education
- Nominated Safeguarding Lead Training – Multi Agency
- Safer Working Practices briefings
- Trade Union representative Briefings
- Foster Carer Briefings

The LADO page on the WSCB website has now been completed and the leaflets and posters for employers, employees and parents and carers have been loaded to the site, along with other support materials which are also available on the WSCB Facebook page and Twitter feed.

Other bespoke sessions have been delivered directly to settings upon identification of specific need. During this period over 630 staff have received direct training from the LADO to support them to develop a safer workforce.

Actions for Partnership

Ofsted reported, 'The management of allegations against professionals is not consistently effective and investigations are sometimes delayed. This is largely due to a lack of compliance with procedures. The designated officer does not receive reports of concerns about professionals quickly enough

and the quality of information, when it is provided, is poor. Many referrals are made after the strategy meeting has taken place, without the designated officer present. Communication and feedback to the designated officer from other agencies are poor, with large numbers of investigations remaining open for long periods while police investigations are ongoing. When children are subject to allegations of abuse by professionals or in their homes, investigations are not always compliant with statutory guidance. The local authority designated officer is sometimes informed retrospectively, after a strategy discussion about an allegation against a professional has taken place... The identification of, and response to, those children in private fostering arrangements and the management of allegations against professionals are inconsistent, so the local authority cannot be fully confident that children are safeguarded quickly and effectively'.

Ofsted went on to make the following recommendation to the WSCB, 'Ensure that procedures for referral to the designated officer are understood and followed by staff to provide a consistent, timely and effective response to allegations against professionals.'

- Work is ongoing regarding:
- Late referrals from partner agencies
- Some agencies still either do not make referrals about professionals and/or their own staff
- Investigations undertaken by agencies prior to referral
- Owner/Manager based settings
- Staff employed via agencies
- External HR providers or agencies without HR support
- Police investigations, allocation, updates, closure and information sharing
- Agency notifications to the LADO of progress or closures



To address the issue of cases remaining open, the Corporate Safeguarding Manager has written again to those professionals who are investigating concerns on behalf of their agency, requesting updates or closures. If information is still not received, this will then be escalated to the responsible board representative to take up within their agency.

A letter from the Chair of WSCB to all agencies board representatives requiring a written confirmation that ensures that your agency and all of the staff within it understand and will comply with:

The notification process to the LADO where there is or may be an allegation against professional.

The requirement to report conclusions of investigations and enquiries which they have referred or have been involved in the investigation of.

The Police board representative will appoint a single point of contact within the police who will be responsible for advising the LADO of who is the allocated officer for each allegations case and provide monthly feedback as the case progresses to closure and then will assist in the sharing of information to inform:

- HR investigations
- Owner/Manager based settings
- Staff employed via agencies
- External HR providers or agencies without HR support
- Police investigations, allocation, updates, closure and information sharing
- Agency notifications to the LADO of progress or closures

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KEY POINTS

- Regardless of the nature of the concern, safeguarding allegations **MUST BE REPORTED TO THE LADO WITHIN 24 HOURS**, prior to any investigation by the agency. This must include situations where the worker resigns. Compromise agreements are not acceptable in any circumstance and may put children or young people at risk in the future.
- Unless the allegation is clearly malicious or unfounded (eg if the alleged person has never met the child or young person or was not on duty) **THE ALLEGATION SHOULD NEVER BE REFERRED AS 'NO FURTHER ACTION'**. If the agency feels the allegation is unfounded or malicious, it must still be reported to the LADO. Consideration will also be given as to if the Police need to take action against the person making the allegation or if a child or young person has any need for assessment by Children's Social Care.
- **COMPLAINTS PROCEDURES ARE SEPARATE TO THE ALLEGATIONS MANAGEMENT PROCESS**. Just because someone does not wish to make a complaint, it does not mean that the allegation should not be considered and referred to the LADO.
- The North West Regional LADO retention policy states that records will be kept for the following period:
 - Founded 100 years
 - Unsubstantiated 100 years
 - Unfounded 10 years and review
 - Malicious 10 years and review

WIRRAL SAFEGUARDING CHILDREN BOARD

CONTACT US

If you have a concern about a child or young person, please tell somebody who can help:

- **CHILDREN'S MULTI AGENCY SAFEGUARDING HUB (MASH)**
0151 606 2008
(This service is also available out of hours on 0151 677 6557)
- **CHILDREN'S SAFEGUARDING UNIT**
0151 666 4442
- **POLICE**
In cases of emergency, call the Police on **999**
- **LOCAL AUTHORITY DESIGNATED OFFICER (LADO)**
Contact Suzanne Cottrell on **0151 666 4582** or email suzannecottrell@wirral.gov.uk

WIRRAL SAFEGUARDING CHILDREN BOARD

INFORMATION FOR EMPLOYERS

Managing allegations regarding adults who work or volunteer with Children or Young People



WIRRAL SAFEGUARDING CHILDREN BOARD



Ofsted Review of the Effectiveness of the WSCB July 2016

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Ofsted Inspection

In July 2016, Ofsted carried out a single inspection of Wirral's arrangements for children in need of help and protection; children looked after and care leavers. At the same time, Ofsted reviewed the effectiveness of the Wirral Safeguarding Children Board.

During the 4 week inspection period Inspectors scrutinised a comprehensive range of WSCB documentation including Board and sub committee minutes and met with a number of multi-agency focus groups related to particular committees or safeguarding themes.

The Ofsted inspection report was published in September and Ofsted's judgement was that the Wirral Safeguarding Children Board was inadequate. Children's Services overall judgement was also inadequate.

Recommendations

The inspection report made 7 recommendations for the WSCB and required the Board to develop an improvement plan to detail how the Board will address the requirements of each recommendation.

The 7 recommendations for the WSCB are:

1. WSCB should urgently review its governance and business arrangements to ensure that the board is independent of influence, as required by statutory guidance, and that it has the capacity and shared resourcing to meet business needs.
2. Ensure that the chair of WSCB has sufficient influence to meet WSCB priorities and that statutory partners are held to account for influencing WSCB priorities within their agencies.
3. WSCB should ensure that any challenges from the board are explicitly recorded and that there is a mechanism for effectively tracking progress and resolutions.
4. Ensure that the board has oversight of how well the needs of both

children living in the area who were placed by other local authorities and those who are privately fostered are being met in Wirral.

5. Ensure that all serious incidents are notified to Ofsted within the timeframe set out in statutory guidance.
6. Ensure that the board uses accurate data to inform conclusions about the safeguarding of children, and publishes an annual report with an informed assessment of the effectiveness of child safeguarding and the performance of local services.
7. Ensure that multi-agency audits focus on the outcomes and experiences of children and families, form clear actions from findings, and include managers and practitioners to develop the workforce and share learning.

Improvement Plan

The WSCB accepted the findings of the Ofsted review of the safeguarding board and has developed an improvement plan with clear actions and intended outcomes which has been shared with Ofsted.

Ofsted will monitor the plan closely and will scrutinise the work of the WSCB over the next 12-18 months through quarterly monitoring visits. A multi-agency improvement board has also been established to oversee the LA and WSCB improvement plans.

Improvement Action undertaken since the Inspection

The first monitoring visit by Ofsted is due in January 2017. However, the WSCB has already taken action to address the deficiencies identified in the review.

Progress against the recommendations is detailed on the next page.



Recommendation One: Review of Governance Arrangements

Work Undertaken:

- WSCB members have attended two facilitated development sessions with Edwina Grant, a consultant from the Local Government Association to review the governance arrangements of the safeguarding board and establish a new framework
- A revised terms of reference and operational framework have been developed for the safeguarding board

Recommendation Two: Ensuring the Influence of the Safeguarding Board

Work Undertaken:

- The WSCB has appointed Professor Maggie Atkinson as the new Independent Chair.
- A revised Memorandum of Understanding is being developed which will define the WSCB's relationship with other influential and statutory boards
- A review of the resourcing of the WSCB has completed and has recommended changes to funding arrangements for 2017-18
- The WSCB will appoint a second lay member from the community before April 2017

Recommendation Three: Recording and Tracking Challenges

Work Undertaken:

- WSCB has a mechanism in place to record and track challenges to partner agencies made by the safeguarding board.
- Since the Ofsted inspection partner agencies have been challenged to assure the safeguarding board about their arrangements to identify children who are privately fostered; and to assure the board that they are compliant with the 24 hour timescale for reporting allega-

tions against professionals to the Local Authority Designated Officer for Allegations.

Recommendation Four: Oversight of Children Looked After Placed in Wirral and those who are Privately Fostered

Work Undertaken:

- The safeguarding unit now oversee all private fostering arrangements and ensure visits and assessments are held within time-scales and are of suitable quality.
- The safeguarding unit have presented the Private Fostering annual report to the WSCB. The Board continue to deliver regular multi-agency briefings to partner agencies about private fostering

Recommendation Five: Notification of Serious Incidents

Work Undertaken:

- The WSCB has published a protocol for notifying Ofsted about Serious Incidents and cases being considered for serious case reviews. The protocol clarifies the respective responsibilities of the WSCB and Local Authority

Recommendation Six: Accurate Performance Information

Work Undertaken:

- The WSCB is reviewing the breadth of the dataset and a mechanism is in place to verify and validate performance information

Recommendation Seven: Ensuring Audits focus on Outcomes for Children and Include Practitioners and Managers

Work Undertaken:

- The WSCB has revised its audit framework to include frontline practitioners and managers in the multi-agency audit process



WSCB Governance

Page 96

Purpose and Function of the WSCB

Section 14 of the Children Act 2004 sets out the objectives of the WSCB, which are to:

- (a) co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
- (b) ensure the effectiveness of what is done by each such person or body for those purposes.

The core objectives of the WSCB are to:

- co-ordinate work by agencies to safeguard children and to promote their welfare; and
- ensure that what is done is effective.

The functions of the WSCB are to:

- develop policies and procedures for safeguarding and promoting the welfare of children in Wirral;
- raise awareness in Wirral of the need to safeguard and promote the welfare of children, and to provide advice and guidance as to how this can be achieved;
- monitor and evaluate the effectiveness of what is done by the Local Authority and WSCB partners, individually and collectively, to safeguard and promote the welfare of children and to advise them on ways to improve
- to participate in the local planning and commissioning of services for children in Wirral and to ensure that they take safeguarding and promoting the welfare of children into account
- to undertake case reviews
- to collect and analyse information about each child death in Wirral and to put in place procedures for ensuring that there is a coordinated response

by the authority, their WSCB partners and other relevant persons to an unexpected death.

The WSCB works towards ensuring the effectiveness of the work to safeguard and promote the welfare of children by member organisations. The identified safeguarding priority areas for each year form the basis of the WSCB's business plan. The WSCB operates a sub committee structure which deliver the statutory functions of the board.

A key aim of the work of the WSCB is to promote high standards of safeguarding work and to foster a culture of continuous improvement. It will also identify and act on identified weaknesses in services.

The WSCB should ensure that its monitoring role complements and contributes to the work of other influential and statutory bodies such as the Health and Wellbeing Board.

Governance

The WSCB operates as an independent statutory body under the direction of an independent chair and it is not subordinate to any other body. The WSCB is led by the Independent Chair. The Local Authority Chief Executive holds the Chair to account for the effective working of the WSCB.

All partners of the WSCB are accountable to the Independent Chair and the Board for their contribution to the work of the Board, whether they are local authority officers, professionals or lay members. Professional members of the Board both represent and 'hold to account' their own organisations. New members receive induction training and an induction pack and are encouraged to attend WSCB training courses. Members of the WSCB, attend regular development sessions. Recent sessions have included business and improvement planning, reviewing governance and developing a new model for child protection.

The 2015-16 membership and committee structure of the safeguarding board are shown overleaf.



Membership of the WSCB 2015-16

Bernard Walker Independent Chair

Julia Hassall Director of Children’s Services, CYPD

Simon Garner Corporate Safeguarding Manager

Tony Smith Councillor, Lead Member

Trish Jaggard Lay Member

Lisa Arthey Head of Specialist Services, CYPD

Deborah Gornik Head of Targeted Services, CYPD

Lindsay Davidson, Targeted Youth Support, CYPD

Amanda Bennett Designated Doctor-Safeguarding Children

Sandra Christie Director of Quality and Nursing, Wirral Community NHS Trust

Debbie Hammersley Designated Nurse-Safeguarding Children (CCG)

Lisa Cooper Assistant Director of Nursing, Quality & Safety NHS England

Jill Galvani Director of Nursing and Midwifery WUTH

Rosie Goodwin Assistant Chief Executive, Community Rehabilitation Company

Marie Orrell Marie Orrell, Head of Cluster, National Probation Service

Michelle Evans Service Manager, CAF/CASS

Jane Harvey Public Health Consultant

Vicki Shaw Borough Solicitor

Sheila Clark Area Service Manager, Career Connect

Bev Morgan Link Forum—representing Voluntary, Community and Faith sector

Andy Davies Primary Schools Representative

Paula Waring Special Schools Representative

Phil Sheridan Secondary Schools Representative

Lorna Quigley Chief Operating Officer NHS Wirral CCG

Paula Simpson Head of Quality and Nursing, Wirral Community NHS Trust

Avril Devaney Director of Nursing, Cheshire and Wirral Partnership NHS Trust

Sue Blevins Strategic Service Manager-HR, CYPD

Richie Davies Superintendent, Merseyside Police

Catherine Court Deputy Principal, Wirral Metropolitan College

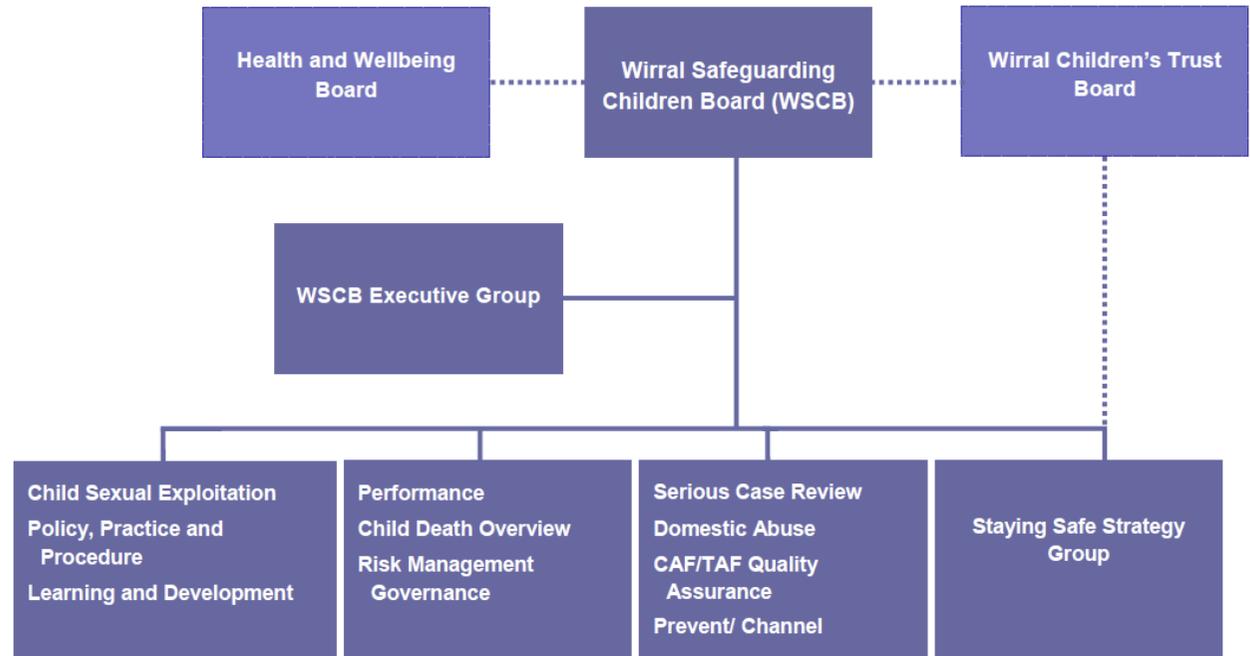
Caroline Crichton Group Manager, Merseyside Fire and Rescue

Anne Steel Head of Housing, Wirral Methodist HA

David Robbins WSCB Business Manager

Mandy Hope WSCB Business Administrator

WSCB Structure 2015-16



WSCB Board Membership and Attendance



The Board continued to experience good attendance during 2015/16 with new members adding additional value to co-ordinated partnership working. The Board met five times in 2016-17 and its membership was drawn from all statutory partners and others concerned with safeguarding children. A list of the Board membership as at April 2016 is detailed on page 78. The attendance rates by agencies for 2015/16 to the 5 full Board meetings are set out below. Where an agency has more than one representative the average attendance % is shown. The  represents how many seats there are per organisation.

Independent Chair		100% Attendance	Safeguarding		100% Attendance
Lay Member		100% Attendance	Lead Member		100% Attendance
CYPD		85% Attendance	Public Health		100% Attendance
Other LA		60% Attendance			
CCG—NHS		80% Attendance			
WUTH—NHS		75% Attendance			
Community Trust - NHS		60% Attendance			
CWP—NHS		100% Attendance			
NHS England		60% Attendance (one rep covers several LSCB areas)			
Merseyside Police		80% Attendance			
Education		65% Attendance			
Voluntary/ Community/ Faith		60% Attendance			
Fire Service		60% Attendance			
Housing		40% Attendance			
National Probation Service		60% Attendance			
Community Rehabilitation Company		100% Attendance			
CAFCASS		100% Attendance			
Career Connect		60% Attendance			



WSCB Financial Report

The WSCB is supported financially by its member organisations and, when available, by government or other grants. Managing the finances of the WSCB is a difficult process as although Working Together to Safeguard Children (2015) states that all LSCB member organisations have an obligation to provide LSCBs with reliable resources (including finance) that enable the LSCB to be strong and effective. It does not prescribe a funding formula other than to state:

“Members should share the financial responsibility for the LSCB in such a way that a disproportionate burden does not fall on a small number of partner agencies”.

The financial report for 2015-16 shows that the WSCB's finances continue to be under great pressure. The budget could only be balanced by utilising £35,000 of reserves from the Local Authority. The Board continue to be overly reliant on the Local Authority to ensure it can meet its financial obligations.

The Local Authority almost exclusively funds the posts which support the work of the Board and the concern has been raised about whether this compromises the independence of the WSCB.

Going forward to 2016-17 and beyond partners will have to agree a revised funding strategy to allow the Board to exert its influence and undertake developments which support the promotion of quality arrangements to safeguard children and young people.

One such development is the launch of a comprehensive e-learning programme for members of the children's workforce. This provides all members of the multi-agency workforce with access to 40 online e-learning safeguarding courses including CSE, neglect, domestic abuse, e-

Expenditure	2014-15	2015-16
Staffing	190,035	220,400
Training	5,500	5,500
Serious Case Reviews	12,000	12,800
Advertising/ Marketing	0	0
Projects	0	13,800
Room Hire	Included in training	Included in training
Operating Costs	34,994	34,400
Total	242,529	286,900
Income	2014-15	2015-16
LA Children's Services	123,100	172,200
Reserves	0	35,341
CAFCASS	550	550
Merseyside Police	12,500	12,500
Health	31,800	31,800
Probation Service and CRC	16,100	5,000
Schools Budget	30,000	30,000
Total	224,050	287,391

safety, parental mental health etc. To help offset the cost of the training, and to reduce the number of late cancellations and 'no shows' at the face to face multi-agency training, the WSCB has introduced a charge for non attendance for 2016-17.





Priority Areas 2016-18

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Priority Areas for 2016-18 - Business Plan on a Page



The Detailed Business is available here: <https://www.wirral safeguarding.co.uk/the-board/annual-reports-business-plans/>

Priority Area

Supporting Activity

1. Children who are in need of help and protection are identified and responded to at the earliest opportunity by services effectively working together

- Implementation of the Supporting Families Enhancing Futures Model of Child Protection
- Measurement of the effectiveness and impact of services on children, young people and their families
- Agencies evidence the use and impact of evidenced based tools to support practice and improve outcomes
- Performance Information dataset developed to clearly demonstrate how safe children and young people are
- Review of the multi-agency thresholds of needs and testing of application and understanding
- Voice and feedback from children, young people and families informs the commissioning and delivery of services

2. Children are protected from sexual exploitation by a skilled workforce and the wider community is equipped to understand and respond to concerns

- Children's services professionals and wider community have a good understanding of signs, symptoms and impact of CSE and are aware of when and how to report concerns
- Multi-agency lead officers identified in every partner agency, and the workforce is competent and confident to respond to CSE
- Agencies demonstrate the effectiveness of their response to CSE and missing
- Continual programme of auditing demonstrates swift and effective partnership working
- Perpetrators are identified, pursued and successfully prosecuted
- Children at risk of CSE are identified at the earliest opportunity and victims are supported for as long as is needed
- Children and young people are involved in the testing and review of the effectiveness of services

3. Children and Young People who are Looked After, including those placed in Wirral by other Local Authorities are supported by agencies who effectively work together to keep them safe

- Establish a care Home Governance group under the auspices of the safeguarding board
- WSCB can demonstrate how children and young people are positively listened to and responded to
- Children and young people who are subject to Private Fostering arrangements and their families are well supported and safeguarded
- Children and young people placed in Wirral by other local authorities are aware of the 'local offer' and support is provided to make sure they are safeguarding
- Children and young people currently living in Wirral whilst their immigration or asylum status is determined have access to services and are safeguarded

4. Through its effective governance and relationships with influential forums and groups the Wirral Safeguarding Children Board ensures all partner agencies meet the needs of Children and Young people

- Findings from the Ofsted review of the effectiveness of the WSCB and subsequent improvement action plan improve the governance and influence of the safeguarding board
- The WSCB development days inform a clear improvement action plan which positively influences the governance and functioning of the safeguarding board
- The WSCB is prepared for the implementation of the forthcoming Children and Social Care Act
- The WSCB can demonstrate, through its work with other influential bodies a clear and smart approach to the commissioning of services
- The WSCB actively supports the Council led partnership 2020 vision and can evidence the positive impact on and improved outcomes for children and young people
- Children and Young people are positive about the effectiveness of services they have received which demonstrate measurable outcomes

5. The Wirral Safeguarding Children Board discharges all of its statutory duties and ensures the effectiveness of arrangements to safeguard and promote the welfare of children and young people

- The WSCB devises an improvement plan to address the 7 recommendations made in the Ofsted review of the effectiveness of the WSCB
- Work is completed through the Board and committees and other groups established to ensure actions derived from the recommendations are completed
- The improvement plan is reviewed and challenged at each full meeting of the WSCB and the multi-agency improvement board
- The WSCB demonstrates progress and full achievement against all the actions within 18 months



People Overview and Scrutiny Committee Wednesday, 1 February 2017

REPORT TITLE:	Wirral Residents Live Healthier Lives; Tobacco Control and Alcohol Strategies
REPORT OF:	Director for Health and Wellbeing

REPORT SUMMARY

The Wirral Plan: A 2020 Vision sets out a shared partnership vision to improve outcomes for Wirral residents. Delivery of the priorities and outcomes described in the Plan are underpinned by the development and implementation of a set of key strategies.

This report provides the People Overview and Scrutiny Committee with copies of the draft strategies developed to address tobacco and alcohol use in the borough as outlined in the Wirral Plan Healthy Lives pledge: "We want all of our residents to have a good quality of life and live healthy lifestyles in clean and safe environments". Further work is required on both strategies to agree timelines and lead partners, the strategies are presented to the People Overview and Scrutiny Committee for comment prior to agreement by Cabinet and publication.

RECOMMENDATION/S

The People Overview and Scrutiny Committee are asked to review and comment on the draft strategies prior to formal approval by Cabinet.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

Strategies to address tobacco use and alcohol misuse have been developed to deliver the Wirral Plan pledge to create an environment in which our residents are encouraged and supported to live a healthy life.

The strategies have been developed with residents, partners and stakeholders to ensure that there has been extensive engagement in their development and priority areas for action.

2.0 OTHER OPTIONS CONSIDERED

No other options have been considered.

3.0 BACKGROUND INFORMATION

The Wirral Plan contains twenty pledges to be achieved by 2020; one of the plans under the environment theme is the Healthy Lives pledge which sets out the following commitment:

“We remain committed to addressing health inequalities in Wirral through encouraging residents to lead healthier lives and promoting physical activity and healthy eating. We will also continue to reduce the prevalence of smoking amongst our residents and the levels of alcohol related ill-health and anti-social behaviour through restricting availability of “super-strength” alcohol. We want to see the 30% of Wirral’s off–license retailer’s sign up to the Council supported “reduce the strength campaign”.

The initial steps in delivering this pledge have been to develop tobacco control and alcohol strategies.

Smoking is the primary cause of preventable ill health and early death, accounting for 1 in 5 deaths per year in Wirral (658 deaths a year). One in five people in Wirral smoke (46,432 people). People in our most deprived areas are more than twice as likely to smoke as people in our least deprived areas. Those doing jobs which are classed as ‘routine and manual’ are much more likely than average to smoke (28.5% or 11,000 people working a routine and manual job smoke). Reducing smoking rates in these groups and areas is one of the fastest ways to increase life expectancy and reduce smoking related ill health.

Tackling tobacco use in Wirral therefore requires action to address individual, cultural and social influences on smoking behaviour.

Treating smoking related illness cost the local NHS £12.8 million in 2015. However the costs of tobacco use are much greater than just costs to the NHS, with the overall economic burden of tobacco use to the Wirral estimated at £77.7 million a year. These costs comprise not only treatment of smoking related illness but also the loss in productivity from smoking breaks and increased absenteeism, the cost of cleaning up cigarette butts, the cost of

smoking related house fires and the loss in economic output for people who die from disease related to smoking or exposure to second-hand smoke.

Our vision for taking action to tackle tobacco use is to make smoking history for the children of Wirral.

Alcohol plays an important role in our social, economic and cultural life. In recent years alcohol consumption has increased dramatically and it is now estimated that 85% of adults drink alcohol. Although many people drink sensibly, it is judged that probably 1 in 5 people drink too much. According to the World Health Organisation (WHO), harmful consumption of alcohol results in 2.5 million deaths around the world annually. Alcohol misuse is now the third biggest risk factor to health behind tobacco and high blood pressure. Long term drinking has been linked directly to seven forms of cancer and there are also acute harms caused by binge drinking.

Our Vision is for Wirral to be a place that promotes a responsible attitude towards alcohol and minimises the risks, harms and costs of alcohol misuse to allow individuals, families and communities to lead healthier and safer lives.

Our ambition is to support Wirral to have a healthier relationship with alcohol by intervening as early as possible - we want to:

- Reduce alcohol-related health harms
- Reduce alcohol-related crime, anti-social behaviour and domestic abuse
- Establish diverse, vibrant and safe day time high streets and night time economy

It is expected that implementation of these strategies will complement the work of a range of other borough wide strategic plans. These include:

- Healthy Wirral Programme
- Children and Young People's pledges
- Growth Plan

4.0 FINANCIAL IMPLICATIONS

As projects to deliver the strategies are developed the financial implications will be identified as part of the project plans and met within existing resources.

5.0 LEGAL IMPLICATIONS

There are no legal implications arising directly from this report. As projects to deliver the strategies are developed the legal implications will be identified as part of the project plans.

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

Work to deliver the strategies will be co-ordinated in partnership by existing staff resources. Any additional resource requirements will be identified as detailed delivery plans are developed.

7.0 RELEVANT RISKS

Departmental and corporate risk registers will be refreshed as action plans are developed to ensure that any risks to delivery are understood and mitigating actions are put into place as appropriate.

8.0 ENGAGEMENT/CONSULTATION

Both strategies have been developed through wide consultation with residents, partners and other stakeholders.

Over the summer of 2015, research was undertaken with local people to understand their motivation for improving their health and wellbeing and the challenges they face in doing this. The research findings challenge current ways of working and suggest that change is required in the way health and wellbeing services and communications are designed, commissioned and delivered. This research has been used to develop the strategies.

Stakeholder events took place on the 23rd November 2016 (tobacco) and the 12th January 2017 (alcohol) to inform the developments of the strategies.

A local citizen's jury ran between December 2015 and February 2016 to inform the development of the alcohol strategy. Over the three month period a group of nineteen local people met to discuss with local and regional experts action to address alcohol misuse. They developed a series of recommendations which have been used to shape the actions in the alcohol strategy.

9.0 EQUALITY IMPLICATIONS

The potential impact has been reviewed with regard to equality, the impact assessments will be published on the Council website in due course.

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APPENDICES

Tobacco Control Strategy: Making Smoking History for our children

Alcohol Strategy: How Wirral can have a healthier relationship with alcohol

REFERENCE MATERIAL

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

Smokefree Wirral

Making Smoking History
for Wirral's Children
2015 – 2020

Draft:
Version 23
Date 13th January 2017

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Foreword

“Smoking remains the single greatest risk factor for poor health and early death in Wirral. Smoking still kills and we cannot say that the job of tobacco control is done when one in five deaths each year in Wirral is related to smoking. Smoking is the principal cause of health inequalities and there are still young people starting to smoke every day.

Smoking is harmful not only to smokers but also to the people around them. Smoking rates have fallen considerably since the 1960s but over 46,000 adults in Wirral still smoke. The decline in smoking rates has lost momentum in recent years.

This plan builds on the achievements in tobacco control policy made over many decades and sets out a comprehensive package of evidence-based action that will be implemented to drive down rates of tobacco use. We also set out how we will continue our work to reshape social norms around tobacco use to promote health and wellbeing. The plan includes our ambitions to reduce smoking rates among adults and young people, and to reduce smoking during pregnancy.

Smoking rates are much higher in some social groups, including those with the lowest incomes. These groups suffer the highest burden of smoking-related illness and death. Smoking is the single biggest cause of inequalities in death rates between the richest and poorest in our communities. Consequently, tackling tobacco use is central to realising our Pledge to promote healthier lifestyles.

The plan is built around the six strands of comprehensive tobacco control that are recognised internationally.

The Wirral Partnership recognises that tobacco control forms a crucial component of our efforts to promote healthier lifestyles. My ambition is for the Partnership to work in close collaboration with local people and communities to implement effective tobacco control and reduce smoking rates.

Let us make smoking history for our children.

Councillor Janette Williamson
Portfolio Holder Public Health

2.0 Introduction

Tobacco use is the major cause of preventable death in Wirral and harms not just smokers but the people around them, through the damaging effects of second-hand smoke. Smoking is an addiction that takes hold largely in childhood and adolescence, with the vast majority of smokers starting to use tobacco regularly before the age of 18.

Whilst nicotine keeps tobacco users physically dependent, there are a wide range of social and behavioural factors that encourage young people to take up smoking and that make it harder for tobacco users to quit.

Our Ambition

Tackling tobacco use in Wirral therefore requires action to address individual, cultural and social influences on smoking behaviour.

It is our ambition, as set out in the Wirral Plan, to work in partnership with all organisations, local residents and others to achieve the following pledge:

We remain committed to addressing inequalities in Wirral through encouraging residents to lead healthier lifestyles and promoting physical activity and healthy eating.

Our Vision

Our vision for taking action to tackle tobacco use is to make smoking history for the children of Wirral.

Action to tackle the harm caused by smoking impacts across a wide range of policy and service priorities i.e. accidents, enforcement and highlights the need for joint-working, as many of the targets held at an organisational level can rise or fall depending on the outcomes from effective partnership activities. We want to continue to build upon our established partnership

working to achieve a co-ordinated approach to the delivery of this strategy that maximises resources and avoids unnecessary duplication of effort. In doing this we will ensure that the goals set out within this strategy are linked to other thematic areas and strategies.

It is expected for example that implementation of the strategy will complement the work of a range of other borough wide strategic plans. These include:

- Healthy Wirral Programme
- Children and Young People's Plan

How has the strategy been developed?

This strategy has been developed with partners from the public, private, voluntary and community sectors. It is intended for use by all Wirral organisations as a framework for supporting and enabling people to live healthy lives in Wirral.

Our main priority has been to ensure that the national model for tobacco control activity has been shaped by local people for local delivery.

This strategy uses the World Health Organisations '6-strands' model¹ to provide a framework for local action, the strategy will address the following issues:

Support for smokers to quit

- Reducing exposure to second-hand smoke
- Developing an effective communications plan
- Reducing tobacco advertising, marketing and promotion
- Regulation of tobacco products
- Reducing the availability and supply of tobacco products

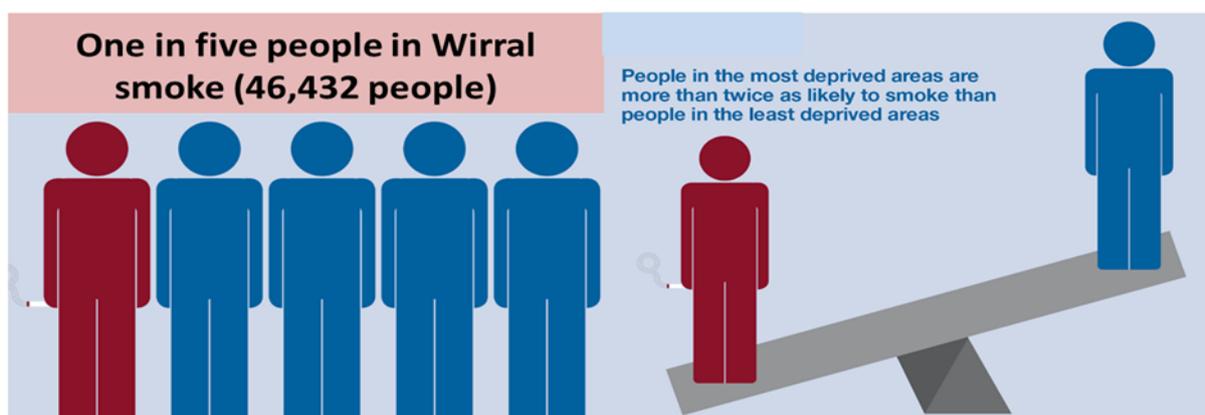
There will be a new national tobacco control plan for England released in early 2017, this plan will contain new targets which will be incorporated into the Wirral Strategy and reflected in local delivery.

WHAT WE KNOW

Smoking is the **primary cause of preventable ill health and early death**, accounting for 1 in 5 deaths per year in Wirral (658 deaths a year)⁴

One in five people in Wirral smoke (46,432 people). **People in our most deprived areas are more than twice as likely to smoke as people in our least deprived areas.** People doing jobs which are classed as 'routine and manual' are much more likely than average to smoke (28.5% or 11,000 people working a routine and manual job smoke). Reducing smoking rates in these groups and areas is one of the fastest ways to increase life expectancy and reduce smoking related ill health⁴

Smoking and the harm it causes are not evenly distributed



People doing jobs which are classed as 'routine and manual' are much more likely than average to smoke (28.5% smoke)

Smoking is harmful not only to smokers but also to the people around them. **Tobacco smoke contains thousands of chemicals, many of which are carcinogenic or toxic.** The World Health Organisation (WHO) has listed second hand smoke as a human carcinogen to which there is no safe level of exposure.

Deaths from smoking are more numerous than the next six most common causes of preventable death combined i.e. drug use, road accidents, other accidents and falls, preventable diabetes, suicide and alcohol abuse. 50% of fatal residential fires in Wirral are related to people smoking⁶

Treating smoking related illness cost the local NHS £12.8 million in 2015. However the costs of tobacco use are much greater than just costs to the NHS, with the overall **economic burden of tobacco use** to the Wirral estimated at £77.7 million a year. These costs comprise not only treatment of smoking related illness but also the loss in productivity from

smoking breaks and increased absenteeism, the cost of cleaning up cigarette butts, the cost of smoking related house fires and the loss in economic output for people who die from disease related to smoking or exposure to second-hand smoke.

Annual costs of smoking to wider society in Wirral



Source: Cost effectiveness of smoking services in Wirral report: Wirral JSNA

Smoking during pregnancy can cause serious pregnancy related health problems. These include complications during labour and an increase risk of miscarriage, premature birth, still birth, low birth weight and sudden unexpected death in infancy. Smoking during pregnancy also increases the risk of infant mortality by an estimated 40%. Locally over 10% of pregnant women are still smoking at time of delivery which equates to 320 pregnant women a year⁴

Children from less affluent backgrounds suffer greater levels of exposure to **second hand smoke** when growing up. Although levels of exposure to smoking among children has declined in recent years, it remains a significant health issue.

There are 3,057 additional incidents of childhood diseases each year within Wirral, directly attributable to second hand smoking. Amongst Wirral children exposure to second-hand smoke causes:

- 67 new cases of lower respiratory tract infection in children under three years old
- 625 new cases of middle ear infections
- 104 new cases of wheeze and asthma
- at least 3 new cases of bacterial meningitis

Smoking is an addiction largely taken up in childhood and adolescence, so it is crucial to reduce the number of young people taking up smoking in the first place.

If smoking is seen by young people as a normal part of everyday life, they are much more likely to become smokers themselves^{20,21}. A 15 year old living with a parent who smokes in

80% more likely to smoke than one living in a household where no one smokes^{20,21} Latest research suggest that reducing the uptake of smoking is best achieved by influencing the adult world in which young people grow up. Approximately 5% of 15 year olds in Wirral are regular smokers, this equates to 185 young people. 7% of 15 year olds (280 young people) are current smokers⁴.

Over two-thirds of smokers report wanting to stop smoking and just over 35% of these intend to make a quit attempt soon. The latest data from the Smoking Toolkit Study (STS) shows that the vast majority of smokers attempting to stop choose the least effective methods of doing so (going cold turkey), with less than 5% using the most effective method-their local stop smoking service². Figure 1 shows the factors Wirral residents said that stopped them from quitting. Results from this survey suggests more work can be done to nudge behaviours towards quitting.

Factors Wirral residents said stopped them from quitting

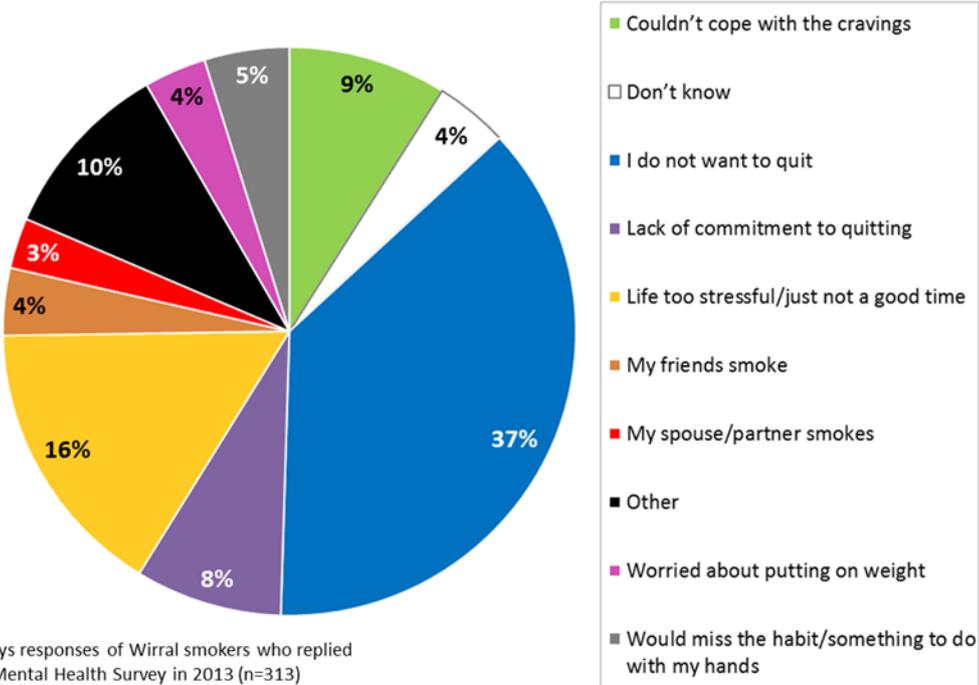


Chart displays responses of Wirral smokers who replied to the NW Mental Health Survey in 2013 (n=313)

Illegal tobacco can take many different forms and there can be regional variations in the names that it is given. The issue of **illegal tobacco is complex**, affecting partners and local communities in a number of different ways, for example:

- Illicit tobacco has health implications given that the cheapness and easy availability of keeps smokers smoking and enables them to consume more than they would if they were paying full price.
- It presents a danger to children as the trade is not subject to the same regulations as the legal trade e.g. underage sales legislation.
- It is linked to low level and organised crime and often goes hand-in-hand with illegal drug and alcohol trading, child exploitation, money laundering and, in some cases terrorism.

Across the UK tobacco products at the point of sale are no longer visible. In 2012, large supermarkets were no longer allowed to display tobacco products and in April 2015 the same applied to smaller shops. With effect from 1st October 2015, it is illegal to sell e-cigarettes to under 18s, or for adults to purchase e-cigarettes on their behalf. The appearance of all tobacco packs will be standardised including the colour of the pack, in line with the EU Tobacco Products Directive¹⁵

Nationally:

- Half of the of the tobacco bought by 14 to 15 year olds is illegal tobacco¹⁹
- 1 in 4 young smokers regularly gets offered illegal tobacco, which is far more often than adults¹⁹
- 1 in 7 young smokers have gone to a private address (or fag house) to buy illegal cigarettes
- In the 2014 Smokefree Britain survey only 4% of respondents in the North West opposed measures to crack down on tobacco smuggling
- 79% of people support a crackdown on illegal tobacco¹⁷
- The 2015 England wide Smoking, Drinking and Drug Use survey for England reported that e-cigarette use by 15 year olds mirrors the trend for teenagers smoking, and is generally higher in more deprived areas

Locally:

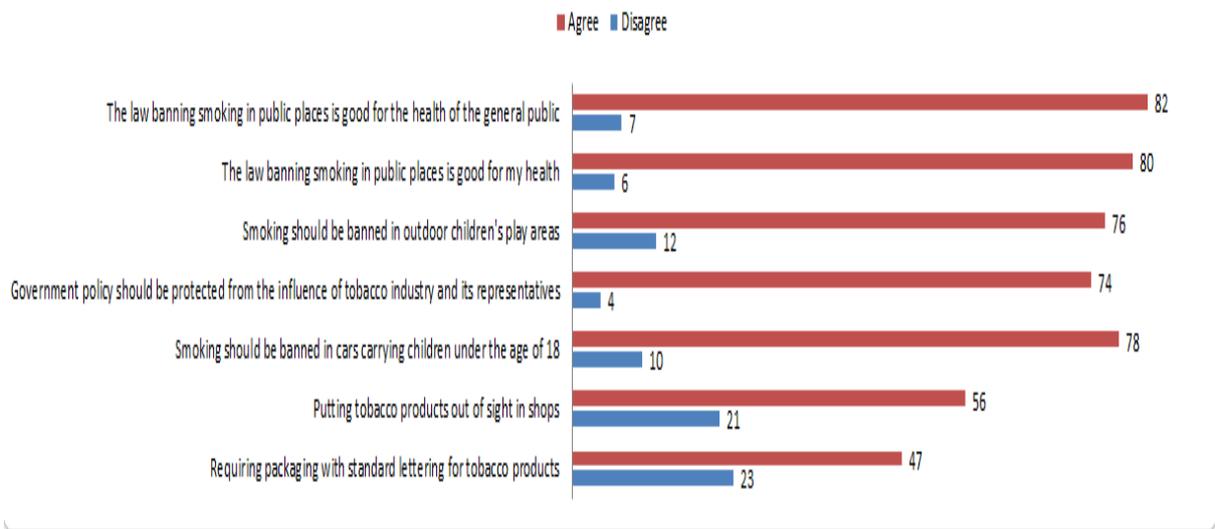
- Some young people see illicit tobacco as less of a problem and are less willing to report sales
- Illicit sales are commonly viewed as victimless
- Sellers who are often viewed as 'part of the community'¹⁰

E-Cigarettes are increasingly popular among smokers who want to limit the risks smoking poses to their health. There is some evidence that they facilitate long-term smoking cessation and are safe to use over short to mid-term²³. In the UK (2016) around 850,000 UK smokers quit and now vape; and another 700,000 smoked and vaped and now do neither²⁴.

What do local people say?

Support for recent measures introduced by the Government to tackle the harm caused by tobacco is high in the North West region¹⁷.

Strong Public Support for Tobacco Control Measures



Support for a ban on smoking in outdoor children's play areas and in public places was reported as 84% in the Public Health England Tobacco Control JSNA Support Pack.

Feedback from a local stakeholder engagement event held in January 2015 suggested that work targeted at the prevention of uptake of smoking in young people should be increased, especially that focused on children e.g. smoke free parks; smoke free school gates.

What works?

The goal of tobacco control is to reduce the harm caused by tobacco by helping smokers to quit, reducing exposure to second-hand smoke and preventing young people from starting smoking. It is not to stigmatise smokers. In Fair Society, Healthy Lives^{2b} it is recommended that interventions are both universal and targeted with a greater focus on smokers who are economically deprived or socially excluded.

Stop Smoking Services

Stop smoking services are extremely cost-effective and form a key part of tobacco control and health inequalities policies at local and national levels³. A targeted high-quality stop smoking service is essential to help reduce health inequalities and improve the health of local people. For those people who are not ready, willing, or able to stop in one step, harm reduction interventions can support them in moving closer to becoming smokefree and reducing the risk to their health.

Over the last few years the number of people using Stop Smoking Services has steadily declined. Anecdotal evidence suggests this may be due to an increase in people using e-cigarettes to help them stop smoking rather than making use of these services.

Stopping smoking at any time has considerable health benefits for people who smoke, and for those around them. For people using hospital services, there are additional advantages, including shorter hospital stays, lower drug doses, fewer complications, higher survival rates, better wound healing, decreased infections, and fewer re-admissions after surgery⁵. Health and social care providers have a duty of care to protect the health of and promote healthy behaviour among, people who use, or work in, their services. This duty of care includes providing them with effective support to stop smoking, or to abstain from smoking while using

or working in health and social care services. All health and social care services can play a key role in identifying smokers and referring people to stop smoking services.

GPs and Primary Care are identified as the main source of support when looking for advice around quitting^{10,11}

Wirral Nicotine and Stop Cessation Service

Wirral Council commissioned a specialist nicotine and smoking cessation treatment service to provide comprehensive and consistent smoking cessation, tobacco and nicotine cessation treatment for local people who want to quit. The service offers a combination of behavioural support and licensed pharmacotherapy.

Cheshire and Wirral Partnership NHS Foundation Trust

In February 2014 the Trust launched their Nicotine Management Policy. From this date, smoking was no longer permitted within their grounds or premises. This policy applies to all staff, visitors and patients. The Director of Nursing, provided strong leadership for the implementation of this policy to drive down the high rates of smoking in people with mental health illnesses. This achievement has been recognised nationally and other mental health trusts look to the Trust for peer support.

Workforce development

Educating and developing local frontline staff to adopt the principles of 'Making Every Contact Counts' would provide a more systematic identification of smokers at every opportunity and signposting to stop smoking services.

Creating a greater awareness with the local workforce is an effective way to influence positive changes in smoking behaviours and culture.

Merseyside Fire and Rescue Service (MSFR)

During 2015 MSFR enrolled fire officers on Choosing Health training. 'Choosing Health' provides information around key public health issues such as smoking, alcohol and physical activity. The objective of the training is to encourage local stakeholders to signpost to local services when a need is identified e.g. stop smoking service.

Safe and Well visits will be developed during 2016/2017 and will incorporate the fire service delivering very brief advice regarding smoking and, when appropriate, signposting to the local stop smoking service.

Secondhand smoke

Smokefree outdoor spaces are growing in popularity, especially where young children play and it is timely to review the ways in which children can be better protected from the normative influence of smoking. Increasing outdoor smokefree spaces will contribute to a reduction in tobacco related litter which in turn reduces the need for street cleaning.

Raising awareness around the benefits of having a smokefree homes and explaining the benefits of creating smokefree environments reduces the harmful effects created by second-hand smoke. It is important that complete smoking bans are introduced in households with children as this will make a significant impact on children's exposure.

On the 1st October 2015 legislation came into force prohibiting smoking in cars carrying children under 18 years old.

Wirral University Hospital NHS Foundation Trust

To mark National No Smoking Day 2015, Wirral University Hospital NHS Foundation Trust announced that was #PROUD to be smokefree. This means that smoking is not permitted anywhere on hospital grounds at Arrowse Park and Clatterbridge hospitals. Their aim is to protect both smokers and non-smokers from the harm of second hand smoke, and provide appropriate support to staff and hospital users in order to manage the symptoms of nicotine dependency whilst on the hospital premises. Adherence to the smokefree approach is having increasing degrees of success across the hospital site.

Smokefree play areas

In 2012 around 75 playgrounds across the borough signed up to a voluntary 'Play Smokefree' code to prevent smoking in children's playareas.

Communication and social marketing campaigns

Effective communication with local people is essential to ensure we effectively convey the dangers of smoking and capitalise on national and regional social marketing campaigns. There is evidence globally to show that targeted marketing and mass media campaigns are effective in prompting quit attempts and reducing smoking prevalence³

Communication and social marketing campaigns should aim to:

- Pinpoint lower socio economic groups and disadvantaged populations with adequate resources to ensure their reach, duration and frequency are in line with best practice
- Ensure local campaigns signpost and promote local stop smoking services

'Your Reason, Your Way' a local social marketing campaign (2009) suggested the internet was an excellent way to engage with people who do not venture far from home. Text and phone support was seen to be more convenient than travelling to a service especially for those who do not own a car¹⁰.

A stop smoking social marketing project, run at Wirral University Teaching Hospital NHS Foundation Trust during 2012, recommended that all forms of hospital communication should reinforce the same key messages tailored specifically to visitors, patients and staff around identifying the benefits of not smoking. Campaign content for staff should include clear, consistent and direct messages from senior management about the smoking policy on site including a rationale, the enforcement policy and sanctions, and that a social norms approach should be considered.²²

According to data provided by Mosaic the two population groups with the highest smoking rates prefer to use mobile phones. The two groups are 'Transient Renters' who tend to be young, single people renting low cost homes and are often highly transient, living in properties for short lengths of time before moving on and 'Municipal Challenge' who tend to be long-term social renters living in low-value flats in urban locations. These people send large numbers of texts every day and are users of social networking.¹¹

National quit campaigns

New Year Health Harms, No Smoking Day and Stoptober campaigns are promoted across

the borough. Wirral Council and its stakeholder partners promote these campaigns using a number of different sources including local press releases, Twitter and Facebook, intranet and internet sites and articles in local magazines.

Healthy Child Programme for 0-19s

This is provided by Wirral Community NHS Foundation Trust and aims to deliver the core components identified in the Healthy Child Programme documentation for children and young people through an integrated service to enable them to achieve optimal health and wellbeing. Smoking cessation and prevention interventions, sign up to smokefree home scheme and development of peer educators in schools/colleges are part of this programme of work.

Young people are more likely to smoke if their friends smoke and generally exhibit greater ambivalence about the present health dangers of their tobacco use than do adults. 200,000 new smokers start each year and two thirds are under 18, the legal age of purchase.¹⁸

Illegal Tobacco

The effective enforcement of tobacco control legislation is a key element of any comprehensive tobacco control strategy. Laws are in place that regulate the way that tobacco products are presented for sale and ensure that tobacco is not sold to people under the age of 18. Locally we need to continue to focus on the enforcement of tobacco legislation which will contribute to driving down the rates of tobacco use in our communities.

Trading Standards

Running since 2012, the Trading Standards programme aims to reduce the supply of illegal and illicit tobacco products within the Wirral population focusing on children and young people. Trading Standards provide an extensive knowledge and understanding of illegal and illicit tobacco to local retailers, stakeholders and partners via a comprehensive training programme. A key component of this work is underage sales as it is illegal to sell cigarettes or other forms of tobacco or tobacco products, including cigarette papers, to a person under 18 years.

Smokefree Commercial Vehicles

Wirral Council's Environmental Health and Licensing Teams in partnership with Wirral Community NHS Foundation Trust Livewell team ran a three-month promotional campaign (2015-2016) to support the 2007 legislation ban on smoking in commercial vehicles. The campaign was designed to encourage smoking cessation as part of a healthier lifestyle choice. If a driver of a commercial vehicle was caught smoking where smoking is prohibited, they were offered a one off opportunity to attend an alternative smoking cessation 'pathway' session instead of receiving a fixed penalty notice. The session provided information on the support available to smokers who wish to quit. If a driver is caught more than once on each occasion they will be issued with a Fixed Penalty Notice. As a result of the campaign only one driver was caught smoking in their vehicle and offered the alternative option of attending a smoking cessation session.

In February 2015 Wirral took part in a peer review exercise with the CLear team¹. The CLear peer review team suggested the following areas for development across the Borough:

- Reform the Tobacco Alliance as a strategic body, accountable to the Health & Wellbeing Board
- Use the Health and Wellbeing Strategy to highlight the role of tobacco control in achieving health improvement for Wirral, and especially on reducing inequalities
- Clinical leadership relating to tobacco control work could be broader and better linked to the Clinical Commissioning Group (CCG). There are opportunities to engage heart health, respiratory health, cancer specialists and GPs
- Work with schools and young people should be reviewed
- Work with 16-24 year olds would benefit from being part of a wider strategic approach in the borough

• ¹ CLear is a self-assessment tool and is designed to help local public health organisations to assess, review and improve their tobacco control work.

Our Priorities

To deliver our vision of making smoking history for Wirral's children we need to reduce overall smoking prevalence across the borough through prevention, protection and treatment activity which will collectively contribute to a reduction in health inequalities.

Our overall priorities are to:

- Develop workforce and community skills and capacity to help people to quit smoking
- Deliver high quality smoking cessation service
- Reduce exposure to second-hand smoke
- Implement and deliver targeted social marketing campaigns and population based campaigns
- Undertake effective tobacco enforcement activity (underage sales; illicit tobacco and legislation compliance)

These priorities will be achieved by adopting a structured and co-ordinated approach across a wide partnership of stakeholders, including the population of Wirral.

How will we deliver this strategy?

The delivery of this strategy will be in partnership with local residents and public, private and voluntary sector organisations. We will deliver the ambitions outlined within this pledge through the following action plans and other key strategies and plans which focus on education, regeneration and promoting the health and wellbeing of local people.

The agreed actions will be delivered over the lifetime of this pledge with detailed project plans to be developed to ensure there is regular review and monitoring of the actions. There will also be further engagement and consultation with residents, partner organisations and other stakeholders to identify who will be responsible for each action and the timescale for delivery.

1. Develop workforce and community skills and capacity to help people to quit smoking

Action	By when	Lead Organisation
Implement a borough wide smokefree policy and develop an approach to include e-cigarettes and harm reduction This will include working with: <ul style="list-style-type: none"> • Health and social care partners • Criminal justice • Local workplaces/businesses • Colleges and higher education settings 	2020	Wirral Council & partners
Provide training that will enable the local workforce to deliver advice in a sensitive manner about the risks of smoking and the benefits of stopping	2020	ABL Wirral
Work with Children and Young People's services including education settings to contribute to preventing young people starting smoking and investigate a risk and resilience approach		Wirral Council and partners
Continue to support the adoption of the voluntary code for smokefree play areas	August 2017	Wirral Council

2. Deliver smoking cessation services

Action	By when	Lead organisation
Actively promote the local stop smoking service (ABL Wirral) and raise awareness of the local offer	Ongoing	ABL Wirral

Support the establishment of a Smokefree town centre for Birkenhead	2020	Wirral Council
Host an annual networking event to showcase the work done around smoking cessation and tobacco control in Wirral and explore future opportunities	March 2017	Wirral Council and Public Health
Explore opportunities to Implement NICE guidance on smoking prevention in school/education settings	2020	

3. Reduce exposure to second-hand smoke

What do we need to do?	By when?	Lead organisation
Increase the number of events in Wirral that are smokefree using a voluntary code of practice	Annual	Public Health,
Ensure the training offer to all frontline staff delivers a strong and consistent message to parents/carers on reducing second-hand smoke exposure to children Increase public awareness of home fire safety particularly in relation to smoking materials	ongoing	ABL Wirral

4. Implement and deliver targeted social marketing campaigns and population based campaigns

Action	By When	Lead Organisation
Develop and implement an effective marketing and communication strategy	February 2017	Public Health
Amplify national and regional marketing and social marketing campaigns e.g. Stoptober, no smoking in cars with U18s and smokefree summer and integrate into a calendar of local events	Ongoing	Public Health, ABL Wirral, CCG and partners
Work with families, youth organisations and schools to increase advocacy so young people are motivated to resist smoking		Public Health, Children & YP dept

5. Effective tobacco enforcement activity (Underage sales; illicit tobacco and legislation compliance)

Action	By When	Lead Organisation
Enforce age of sale legislation relating to tobacco products and e-cigarettes	Ongoing	Trading Standards
Ensure the legislative provisions applicable to the advertising of tobacco are enforced	Ongoing	Trading Standards
Monitor the point of sale legislation across all retailers	Ongoing	Trading Standards
Monitor proxy sales purchasing	Ongoing	Trading Standards
To monitor the introduction of standardised packaging of tobacco products legislation across all retailers	May 2017	Trading Standards

5.2 How Will We Know if We are Getting it Right

In order to achieve our vision and reduce smoking rates in Wirral the strategy will seek to deliver the following interrelated outcomes:

- Reduce the number of people who smoke in the borough
- Reduce the number of women who continue to smoke during their pregnancy
- Reduce smoking among 15 year olds

6.0 Conclusion

Through this strategy we will work collaboratively with our partners and stakeholders to drive down smoking rates and prevent young people starting smoking using evidence based action such as controlling illicit trade, providing a local stop smoking service, mass media work and evaluation.

We are seeing a reduction in the numbers of people that smoke but the rates in our poorest areas of Wirral are still at an unacceptable level. We will work with local people and combine effective enforcement with education and smoking cessation support.

Let us make smoking history for our children.

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Wirral Alcohol Strategy

**How Wirral can have a healthier
relationship with alcohol**

2016-2020

**Draft:
Version 11
Date 5 Sept 2016**

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1.0 Foreword

The consumption of alcohol is an established part of life in the UK today. Not everyone drinks alcohol but, for the majority of adults in the UK, alcohol is accepted and enjoyed both in the routines of daily life and in the events that mark out the broader pattern of life: birthdays, weddings and celebrations of all kinds.

Yet excess alcohol drinking brings many challenges. For the individual, regular drinking risks a future burdened by illnesses such as cancer, liver cirrhosis and heart disease, and a taste for alcohol can turn all too easily into dependence. For families, alcohol dependence can lead to relationship breakdown, domestic violence and impoverishment. For communities, alcohol can fuel crime and disorder and transform town centres into no-go areas. For society as a whole, the costs of alcohol consumption include both the direct costs to public services and the substantial impact of alcohol-related absenteeism on productivity and earnings.

Cllr Janette Williamson
Portfolio holder

2.0 Introduction

In July 2015, Wirral Council with its partners committed to working together over the next five years and beyond to achieve real outcomes on a set of twenty pledges, one of which is for local people to live healthier lives.

Alcohol plays an important role in our social, economic and cultural life. In recent years alcohol consumption has increased dramatically and it is now estimated that 85% of adults drink alcohol. Although many people drink sensibly, it is judged that probably 1 in 5 people drink too much. According to the World Health Organisation (WHO), harmful consumption of alcohol results in 2.5 million deaths around the world annually. Alcohol misuse is now the third biggest risk factor to health behind tobacco and high blood pressure. Long term drinking has been linked directly to seven forms of cancer and there are also acute harms caused by binge drinking.

Our Vision is for Wirral to be a place that promotes a responsible attitude towards alcohol and minimises the risks, harms and costs of alcohol misuse to allow individuals, families and communities to lead healthier and safer lives.

Our ambition is to support Wirral to *have a healthier relationship with alcohol* by intervening as early as possible - we want to:

- Reduce alcohol-related health harms
- Reduce alcohol-related crime, anti-social behaviour and domestic abuse
- Establish diverse, vibrant and safe day time high streets and night time economy

Alcohol misuse impacts across a wide range of policy and service priorities i.e. accidents, sexual health, safeguarding and highlights the need for joint-working, as many of the targets held at an organisational level can rise or fall depending on the outcomes from effective partnership activities. We want to continue to build upon our established partnership working and achieve a co-ordinated approach to the delivery of this strategy that maximises resources and avoids unnecessary duplication of effort. In doing this we will ensure that the goals set out within this strategy are linked to other thematic areas and strategies.

It is expected for example that implementation of the strategy will complement the work of a range of other borough wide strategic plans where alcohol is also an issue. These include:

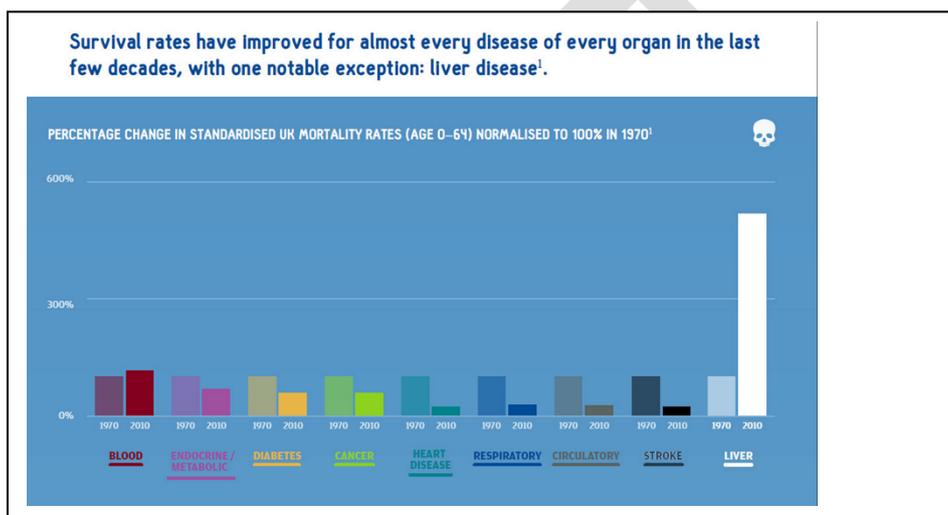
- Healthy Wirral Programme
- Children and Young People's Plan
- Community Safety Plan

The partnerships we adopt however will also need to extend to sub-regional and regional alliances where collective approaches to address complex issues or achieve policy change are required e.g. action on minimum unit pricing, legislation on licensing, advertising and marketing standards.

3.0 What We Know

National picture

Drinking alcohol has been part of British culture for hundreds of years, 85% of adults drink alcohol however **1 in 5 adults** drink too much. The average amount of alcohol drunk per person per year has increased **from 5 litres in the 1950s to 11 litres today**. Societal harm in the UK from alcohol includes **one million incidents of violent crime**, over **100,000** cases of domestic abuse, and over **250 deaths from drink driving**. Nearly 15,000 deaths per year in England are caused by alcohol this is **3% of all deaths**. Drinking at unsafe levels has fallen slightly in the last 5 years, though is increasing in young women. The total societal cost of alcohol misuse is **£21billion per year**.



What’s the Wirral story?

The main intelligence source for local data is the Joint Strategic Needs Assessment which has a comprehensive chapter on alcohol statistics¹.

Alcohol in Wirral

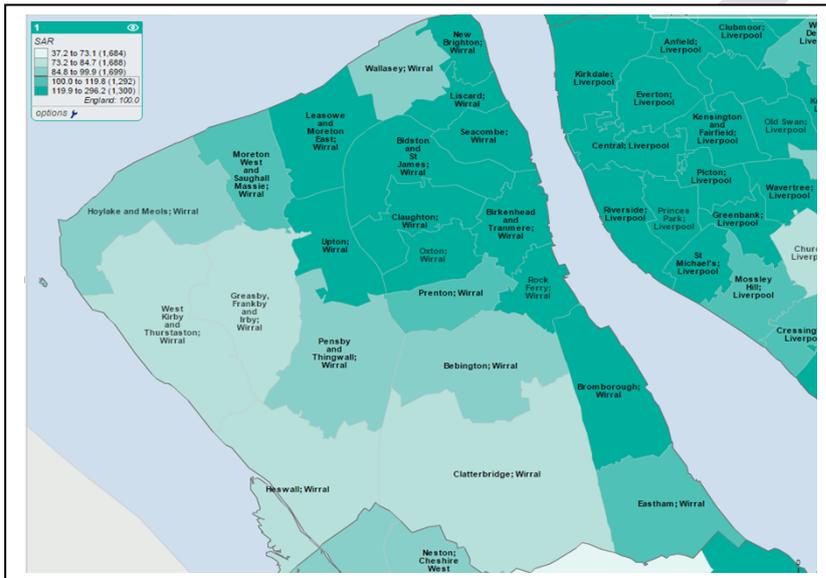
- 9,272** • Alcohol related hospital admission episodes (2014-15)
- 817** • Licensed premises 2016 (up from 799 in 2015)
- 183** • Alcohol related deaths (2014)
- 14.5** • Average months of life lost due to alcohol amongst Wirral men (2012-14)
- 7.6** • Average months of life lost due to alcohol amongst Wirral women (2012-14)

*9,272 admission episodes relates to the number of admissions and not individuals [N.B. Some of these figures change regularly, so those included here were accurate as of July 2016]

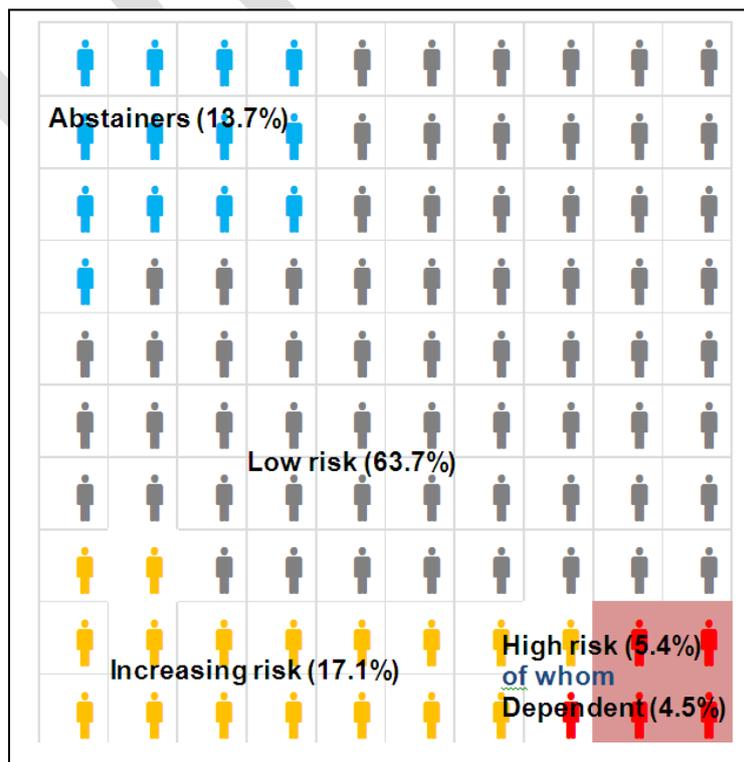
¹ <http://info.wirral.nhs.uk/ourjsna/wirral2009-10/alcoholdependency/>

Wirral is an area of great contrasts. There is a 10 year difference in life expectancy between the Rock Ferry (74yrs) and Heswall (84yrs) wards, with alcohol abuse being a major cause of the difference. The map below illustrates the admissions to hospital for conditions attributable to alcohol misuse. It shows that the higher levels of admission relate to our areas of high socio-economic deprivation. For 2011-13 Wirral had 19 deaths per 100,000 residents due to alcohol misuse compared to an England death rate 12 people per 100,000. Locally men lost 16 months of life due to alcohol abuse (the England rate was 12 months), women lost 7 months (the England rate was 6 months).

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



Estimates show Wirral having a higher proportion of dependent drinkers and increasing risk drinkers than the national figures but a slightly lower proportion of higher risk patients. The Borough also has a lower proportion of abstainers than the North West and England.



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Between 2001–2012 there has been a 40% increase in deaths with an underlying cause of liver disease (7,841 to 10,948) in England. In Wirral between 2010-2012 the average number of years of life lost in those aged under 75 from liver disease is 54 per 10,000 persons this compares to rates of 33 per 10,000 for breast cancer and 22 per 10,000 for stroke.

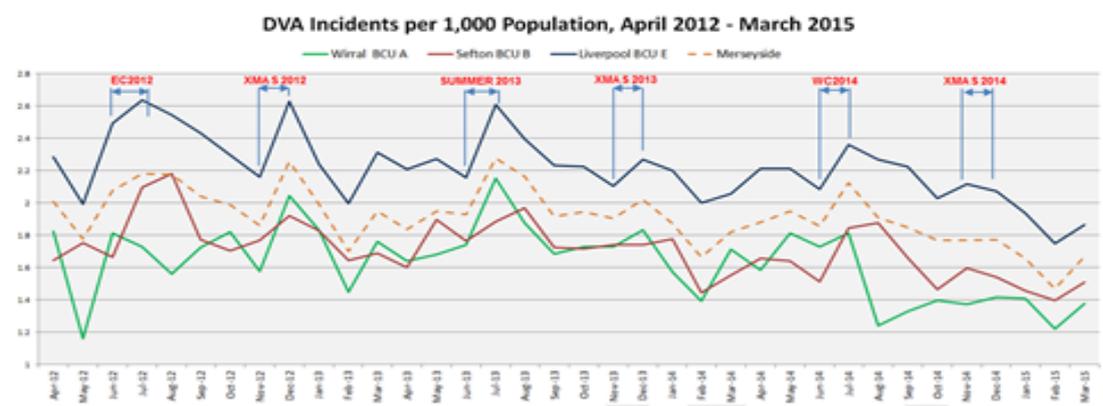
In Wirral the rate of premature mortality from liver disease between 2012-2014 was significantly higher than the England average for females (19.1 per 100,000 population) and males (30.7 per 100,000 population). In 2014/15 there were 610 hospital admissions in Wirral (all persons) for alcoholic liver disease condition.

The economic cost to Wirral of alcohol problems is considerable, estimated at **£127million per year**. This comprises of costs to the health and social care systems, criminal justice costs, and lost productivity. Alcohol is thought to **cost the Wirral Healthcare system £25 million** each year (this may be a greater cost than tobacco), and **1 in 9 crimes** on the Wirral are alcohol-related.

As at 21st July 2016 there were **817 licensed premises** in Wirral (2.49 per 1,000 population), with more licenced premises per head of population in more deprived areas.

Alcohol

Alcohol is a well evidenced trigger for domestic abuse



Peaks in the number of domestic abuse incidents reported are strongly associated with periods of increased alcohol consumption

EC- Euros football tournament
WC = World Cup

The peaks in the number of domestic abuse incidents reported are quite strongly associated with periods of increased alcohol consumption within the general population. These include notable footballing events, summer and Christmas. While alcohol consumption does not necessarily lead to domestic abuse in most cases, the data suggests that it can be a trigger for some individuals who are already predisposed to abusive behaviours.

Talking and listening to local people

The data relating to the impact of alcohol on the Wirral population and economy is very well known within the various professional stakeholders. But to ensure that this data is brought to life, and connected to the real experience of those living and working on the Wirral, this strategy is also committed to including the experiences, views and priorities of those who live in the diverse Wirral community.

To create a strategy with aims and objectives that are supported by local people, there is a commitment to having close and regular dialogue with the population about what they perceive the issues to be. One approach to this commitment is illustrated by the **Alcohol Inquiry** that was conducted between October 2015 and March 2016 by the community engagement specialists, Shared Future (a social enterprise). The aim of the project was to bring together a diverse group of residents to deliberate and discuss, over 9 sessions, the question, *“What can we all do to make it easier for people to have a healthier relationship with Alcohol?”*

The Inquiry was loosely based on the model of a “Citizens’ Jury”. In total 20 Citizens of Wirral were recruited from the 4 constituency areas and came together to be presented to over the 9 weeks by various expert witnesses from the field, providing them with a wide range of experience, knowledge and perspective. The Citizens group learnt and reflected, then discussed and debated what the issues meant to them, their peers, and those in their respective neighbourhoods. From this they produced their own set of recommendations, as residents’ representative of the diversity of the Borough, for what actions need to happen to make it easier for people of Wirral to have a healthier relationship with alcohol. These recommendations included the following, and will now inform the action plan for the strategy;

Inquiry Recommendations

- Limit the number of licensed premises and make it easier for the public to object to licensing applications; educate the public that you can have a say on local licensing; explore how we can make it easier for the public to have their say on local licensing.
- Community projects for young people and adults which provide alternatives to drinking alcohol; keep people together and offer new ways to make friends, and gain life, social and work skills
- Fifth licensing objective “to protect health and reduce anti-social behaviour and domestic violence”
- Publicise the wider cost of alcohol to the people of the Wirral (A & E, Police, Fire Service, Social Services, Mental health) and ask “what could we buy with this money otherwise?”
- Make the whole of Wirral a ‘no street drinking’ zone including beaches and parks
- Create a social media campaign with local images so that the community of Wirral ‘takes a step back and reflects on their own relationship with alcohol’.
- Instigate a Young People’s Alcohol Inquiry.
- More help for people with both mental health and alcohol problems.
- Reduce impulse-buying of alcohol in supermarkets by having special sales areas for alcohol,
- Separated from other goods and away from the check outs
- Publish Alcohol Inquiry recommendations to create a public conversation across Wirral about how people can have a healthier relationship with alcohol e.g. social media, vintage radio etc.
- More interactive education for young people. Education that allows young people to discover for themselves what’s involved and to then make their own decisions

There will be a continued commitment through the lifetime of this strategy, to sustaining this open dialogue with the community of Wirral through projects such as this one, and through other channels and regular practices that will be developed.

In order to reduce alcohol related harm in Wirral, this strategy will cover the following areas:

Prevention – information and education are necessary components of a comprehensive approach to reducing the harm from alcohol. Interventions such as media campaigns and school education programmes are important both in increasing knowledge and in changing attitudes towards alcohol. The National Institute for Health and Care Excellence recommends that alcohol education should be an integral part of the school curriculum and should be tailored for different age groups and learning needs¹ and the work of the Children and Young People’s department is therefore critical in delivering.

However the evidence suggests that information and education initiatives on their own are unlikely to deliver sustained changes in drinking behaviour. They will only help to change behaviour if they are supported by the actions in the areas outlined below².

Early identification – there is strong evidence that opportunistic early identification and brief advice is effective in reducing alcohol consumption and related problems. NICE has recommended widespread implementation of early identification and brief advice in a range of health and social care settings³. This strategy will aim to engage the widest partnership in adopting this approach.

Merseyside Fire and Rescue Service is offering Information and Brief Advice to people at risk of alcohol harm, followed by the offer of a referral to specialist services, through their Home Fire Safety Check programme.

Treatment – NICE has published detailed guidance on the identification, assessment and management of harmful drinking and alcohol dependence. These guidelines recommend improved access to effective interventions delivered by specialist services. These include psychological interventions and community based assisted withdrawal programmes⁴. Alcohol treatment has been shown to be highly cost effective; for every £1 spent in treatment the public sector saves £5⁵.

The Royal College of Physicians recommend that every acute hospital has an Alcohol Liaison Nurse Service to manage patients with alcohol problems within the hospital and liaise with community services⁶.

Wirral University Teaching Hospital NHS Foundation Trust now has a team of Substance Misuse Liaison Nurses who in the 12 months from April 2015 to March 2016 engaged with 2,448 people on the wards with alcohol as a contributor to their admission, offering them further specialist interventions, including referral to the community alcohol services after discharge.

Prevalence studies in the UK demonstrated that there are significant levels of mental health problems amongst people with alcohol problems (both in and out of treatment). In addition between a quarter and a third of people with serious long-term mental health problems are drinking at harmful or dependent levels. Evidence shows outcomes are improved if mental health and substance misuse services offer “integrated treatment” for both alcohol and mental health problems and work jointly for the most complex cases.

Cheshire and Wirral Partnership NHS Foundation Trust and Wirral Ways to Recovery specialist substance misuse service, have worked together to develop a Dual Diagnosis protocol and pathway.

Price of alcohol – making alcohol less affordable is the most effective way of reducing alcohol-related harm.

- There is overwhelming evidence that increasing the price of alcohol through taxation reduces alcohol intake.
- There is also clear evidence that reductions in alcohol consumption achieved through price increases translate into reductions in alcohol related harm.
- Increases in the price of alcohol are associated with reductions in alcohol-related deaths and illness, traffic crash fatalities and drink driving, incidences of risky sexual behaviour and sexually transmitted infections, other drug use, violence and crime.
- The reverse is also true: price cuts increase harm⁷.

An important study from the University of Sheffield has calculated that setting a minimum unit cost of 50p per unit of alcohol means that nationally each year there could be 98,000 fewer hospital admissions, 3,000 lives saved and 40,000 fewer crimes⁸.

Availability of alcohol – international evidence suggests that making it less easy to buy alcohol by reducing the outlets selling it in a given area and the days and hours when it can be sold, is an effective way of reducing alcohol-related harm. Based upon this evidence expert bodies including the Northern Institute Clinical Research (NICR) have recommended that legislation on licensing should be revised to include protection of the public’s health as one of its objectives⁹. The Organisation for Economic Co-operation and Development has drawn together research that reports on the strong link between the affordability and availability of alcohol and the incidence of harmful drinking (*OECD Paper No. 79, Alcohol Consumption and Harmful Drinking: Trends and Social disparities across OECD Countries*)

In a 2011 report from Alcohol Concern they found a statistically significant relationship between the density of off-licenced premises and hospital admissions in young people under 18 relating to alcohol misuse.

The promotion of alcohol – there is evidence that alcohol advertising does affect children and young people. It shows that exposure to alcohol advertising is associated with the onset of drinking amongst young people and increased consumption among those who already

drink. All of the evidence suggests that children and young people should be protected as much as possible by strengthening current regulations.

An article in the Journal, Alcohol and Alcoholism reported in 2009¹⁰ – “In the UK the rise in the affordability of alcohol by 65% between 1980-2006, the extension of hours of sale for both on-premise and off-premise outlets in 2003, combined with extensive advertising and the promotion of alcohol have been linked with an increase in consumption and drinking related damage.”

Reducing alcohol-related crime and disorder and promoting a vibrant and diverse night time economy

Policy tools that can reduce problems, associated with alcohol, crime and disorder and the night time economy include¹¹:

- Alcohol pricing:
- Licensing
 - Outlet density and mix
 - Monitoring and enforcement
 - Licensing hours
- Premise design and operations
 - Glassware management within premises
 - Manager and staff training
 - Accreditation and awards
 - Environment within the premise (covering capacity, layout, seating, games, food and general atmosphere)
- Public realm design
 - CCTV
 - Street lighting
 - Active frontages
 - Public toilet provision
 - Glassware management outside premises
 - General layout
- Policing (covering targeted policing, street policing, third party policing, transport policing, anti-social behaviour/drink banning orders and alcohol arrest referral schemes) Transport (covering buses, taxis and parking)
- Public education campaigns and community engagement

The Institute of Alcohol Studies (May 2013) reported on evidence that indicated the correlation between the density of outlets licensed to sell alcohol and the occurrence of alcohol related crime and anti-social behaviour)

The most effective approaches to tackling alcohol misuse seem to be those that consist of several policy elements or are multicomponent approaches, guided by evidence on local needs/demands.

This strategy will focus on action to address these issues and identify those areas where we need to work beyond Wirral's boundaries to influence policy making and maximise opportunities presented by the devolution agenda.

4.0 Our Priorities

Our priorities for action are:

- **To encourage and support responsible attitudes and behaviours towards alcohol consumption**
- **To deliver evidenced based, recovery focused treatment support to meet individual needs and reduce the effects on health caused by excessive alcohol consumption**
- **To reduce the number of people who experience crime and disorder related to alcohol misuse**
- **To protect children, young people and their families from harm related to alcohol misuse**
- **To ensure via local licensing decisions and influencing of government policy that accessibility of alcohol is responsibly controlled**

These priorities will be achieved by adopting a structured and co-ordinated approach across a wide partnership of stakeholders, including the population of Wirral.

5.0 How we will deliver this strategy

The delivery of this strategy will be in partnership with local residents and public, private and voluntary sector organisations. We will deliver the ambitions outlined within this pledge through the following action plan and other key strategies and plans which focus on housing, education, regeneration and promoting the health and wellbeing of local people.

The agreed actions will be delivered over the lifetime of this pledge with detailed project plans to be developed to ensure there is regular review and monitoring of the actions. There will also be further engagement and consultation with residents, partner organisations and other stakeholders as we develop more detailed action plans.

5.1 Action Plan

Action	By When	Lead Organisation
Priority One:		
To encourage and support responsible attitudes and behaviours towards alcohol consumption		
Reduce the number of adults drinking above NHS guidelines through: <ul style="list-style-type: none"> ○ the sustained promotion of sensible drinking ○ by encouraging and supporting the early identification of problematic drinking ○ increasing the provision of information and brief advice particularly for those drinkers identified as being at greater risk 		
Expand the coverage of the Reducing the Strength scheme, and other schemes that support safer drinking		
Support the development of workplace policies and initiatives to reduce alcohol related harm		
Priority Two		
To deliver evidenced based, recovery focused treatment support to meet individual needs and reduce the effects on health caused by excessive alcohol consumption		
Pursue effective engagement of alcohol related attendees at hospital to prevent or significantly reduce attendance		
Provide effective evidenced based interventions and treatment to substantially reduce all levels of problematic drinking		
Continue to improve the effectiveness of the treatment pathways, ensuring that they are fully compliant with all key national standards		
Increase the number of people accessing services who go on to use this engagement to become sober and sustain their sobriety		
Ensure access to appropriate housing, and associated support, is available for local alcohol misusers, particularly those who are homeless, to		

Action	By When	Lead Organisation
support their recovery		
Priority Three		
Reduce the number of people who experience crime and disorder related to alcohol misuse		
Work with key agencies to implement structures and interventions to achieve a reduction in <ul style="list-style-type: none"> • alcohol-related domestic abuse inclusive of repeat victimisation and offending • alcohol-related violence • alcohol-related anti-social behaviour • alcohol-related offending 		
Work with businesses and other partners engaged with the night time economy and the wider alcohol industry to reduce alcohol-related harm		
Bring together all key partners to reduce the availability of and access to alcohol		
Priority Four		
Protect children, young people and their families from harm related to alcohol misuse		
Develop an approach to promote the dangers of drinking whilst pregnant		
Ensure early identification and access to effective treatment and support for young people at risk of developing alcohol-related problems		
Increase levels of awareness, knowledge and skills ensuring more young people are deterred from harmful drinking, by <ul style="list-style-type: none"> ○ better equipping professionals working with young people, to address the issues of alcohol misuse ○ supporting parents, carers and families through targeted evidence based parenting ○ to be able to reduce their own or their children's alcohol misuse, ○ establishing a new partnership with parents on teenage drinking. ○ developing a comprehensive and consistent alcohol harm reduction message for young people to be delivered through the school system. 		
Priority Five		
To ensure via local licensing decisions and influencing of government policy that accessibility of alcohol is responsibly controlled		
Inform and support national policy, legislation and campaigns that assist the local reduction of alcohol-related harm		

5.2 How Will We Know if We are Getting it Right

In order to achieve our vision and minimise the harm from alcohol in Wirral the strategy will seek to deliver the following interrelated outcomes:

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- Reduce alcohol-related health harms
- Reduce alcohol-related crime, anti-social behaviour and domestic abuse
- Establish a diverse, vibrant and safe night time economy

High level indicators have been selected in order to monitor progress towards these outcomes:

Outcome	Indicators
Reduce alcohol-related health harms	<ul style="list-style-type: none">• Under 18 alcohol specific hospital admissions• Alcohol specific hospital admissions (Working age adults 18-64)• Alcohol specific hospital admissions (older adults 65+)
Reduce alcohol-related crime, anti-social behaviour and domestic abuse	<ul style="list-style-type: none">• Alcohol-related recorded crime• Alcohol-related violent crime• Alcohol-related sexual crime
Establish a diverse, vibrant and safe night time economy	<ul style="list-style-type: none">• Reductions in night time economy crime and anti-social behaviour• Improved public perceptions of town centres at night

6.0 Conclusion

In developing this strategy we have listened to what our residents have told us is important to them to develop a different relationship with alcohol and reviewed the evidence base of what works to help people have a different relationship with alcohol.

7.0 Steering Group Members

The following organisations and individuals have all contributed to and commented on the development of this strategy.

8.0 References

¹ NICE public health guidance 7: School based interventions on alcohol

² WHO. Evidence for the effectiveness and cost-effectiveness of interventions to reduce alcohol-related harm

³ NICE public health guidance 24: Preventing Harmful Drinking

⁴ NICE clinical guidance 115: Diagnosis, assessment and management of harmful drinking and alcohol dependence

⁵ Russell et al (2005) Cost-effectiveness of treatment for alcohol problems: findings of randomised UK Alcohol Treatment Trial. British Medical Journal, 331 pp. 554-547.

⁶ Department of Health: Commissioning to improve the outcome for people at risk of alcohol-related harm

⁷ Health First: An evidence based alcohol strategy for the UK

⁸ For more information visit: <http://minimumpricinginfo/how-does-a-50p-minimum-unit-price-help/>

⁹ NICE public health guidance 24: Alcohol-use disorders: preventing harmful drinking

¹⁰ Alcohol & Alcoholism Vol. 44, No. 5, pp. 500–516, 2009

¹¹ Greater London Authority. Alcohol consumption in the night-time economy

Document Status:	
Date	25th August 2016
Responsible Officer	Julie Webster
Proposed Review Date	September 2017
Approving Body	Approval Date
Wirral Council Cabinet	
Health and Wellbeing Board	



**People Overview and Scrutiny Committee
Wednesday 1st February 2017**

REPORT TITLE:	Community Pharmacy Scrutiny Review
REPORT OF:	The Chair and members of the Community Pharmacy task & finish group

REPORT SUMMARY

The Government set out initial proposals for community pharmacy in 2016/17 and beyond in an open letter to the Pharmaceutical Services Negotiating Committee (PSNC) and other stakeholders on 17th December 2015. The proposals included revised contractual and funding arrangements. A period of formal consultation ended on 24th May 2016, although confidential discussions continued beyond that date.

Following a notice of motion to Council in July 2016, this issue was referred to the People Overview & Scrutiny Committee for further consideration. On the advice of NHS England, it was not practical to commence the review immediately as the Government had not, at that time, made a formal response to the consultation nor provided detailed proposals regarding the future contractual and financial arrangements for community pharmacies. Once the Government's final proposals were made public in October 2016, a task & finish group met in November to consider the potential impact of the changes to Wirral. 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 Community Pharmacy scrutiny report;
- (2) The report be referred to the next appropriate meetings of Cabinet and the Health & Wellbeing Board.

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 and the Health & Wellbeing Board for consideration of the recommendations made.

2.0 OTHER OPTIONS CONSIDERED

Not Applicable

3.0 BACKGROUND INFORMATION

New contractual and funding arrangements for community pharmacies were published by the Department of Health on 21st October 2016. In order to consider the potential impact of the changes on Wirral, an Evidence Day was held on 16th November 2016, including representatives from NHS England, Wirral Clinical Commissioning Group (CCG), Community Pharmacy Cheshire & Wirral Local Pharmacy Committee and Public Health (Wirral Borough Council). The members of the task & finish group were Councillors Moira McLaughlin (Chair), Tom Anderson, Angela Davies, Phil Gilchrist, Treena Johnson, Chris Meaden, Tony Norbury and Tom Usher.

Members agreed that the objectives of the review were:

- To understand the rationale behind the current provision of community pharmacies in Wirral.
- To review the implications for Wirral of the Government proposals for changes to the contractual framework and funding of community pharmacies.
- To ascertain whether action or intervention by the various partners will be necessary to mitigate the impact on services

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 and to the Health & Wellbeing Board.

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: Community Pharmacy scrutiny report

REFERENCE MATERIAL

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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**COMMUNITY PHARMACIES
SCRUTINY REVIEW**

A report produced by
THE PEOPLE OVERVIEW & SCRUTINY COMMITTEE

January 2017
FINAL REPORT

WIRRAL BOROUGH COUNCIL
COMMUNITY PHARMACIES
SCRUTINY REVIEW
FINAL REPORT

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1. INTRODUCTION AND ORIGINAL BRIEF

The Government set out initial proposals for community pharmacy in 2016/17 and beyond in an open letter to the Pharmaceutical Services Negotiating Committee (PSNC) and other stakeholders on 17th December 2015. The proposals included revised contractual and funding arrangements. A period of formal consultation ended on 24th May 2016, although confidential discussions continued beyond that date.

The following Notice of Motion was moved at Council on 11th July 2016:

SECURING LOCAL PHARMACY SERVICES

Proposed by Councillor Phil Gilchrist

Seconded by Councillor Dave Mitchell

“Council notes that the Department of Health undertook a consultation on the future of Community Pharmacies which concluded in May 2016.

Council recognises that this has created uncertainty about the range of accessible pharmacy services, with the delivery of a petition to 10 Downing Street bearing 1.8 million signatures raising concerns.

Council is concerned that the potential changes in the funding of pharmacy services may have an adverse impact on the availability of local services, with an impact on GP workload and pressures on hospital services. This would have an adverse impact on the Wirral Plan and undermine the objectives of Healthy Wirral.

Council therefore requests that the Cabinet:

- 1. ensure that this Council and its partners work with health providers so as to ensure that there is no reduction in the provision of services to Wirral’s residents;*
- 2. ensure that the Health and Wellbeing Board is kept informed of the emerging arrangements so that the impact of any efficiency savings can be monitored and assessed”.*

A subsequent amendment was also moved and approved:

Proposed by Councillor Janette Williamson

Seconded by Councillor Moira McLaughlin

Add the following:

“Council notes that there are potential changes to the funding of pharmacy services following on from the completion of the consultation currently underway by the Department of Health and is uncertain how this will impact on the objectives of Healthy Wirral. We therefore request that this matter be referred to the People Overview and Scrutiny Committee for further scrutiny to ensure better informed decision making”.

In response, the People Overview & Scrutiny Committee agreed to form a task and finish group to undertake a review. On the advice of NHS England, it was not practical to commence the review immediately as the Government had not, at that time, made a formal response to the consultation nor provided detailed proposals regarding the future contractual and financial arrangements for community pharmacies. Following a period of negotiation with the PSNC, the Government imposed a settlement. New arrangements were published by the Department of Health on 21st October 2016. As a result, an Evidence Day was held on 16th November 2016, including representatives from NHS England, Wirral Clinical Commissioning Group (CCG), Community Pharmacy Cheshire & Wirral Local Pharmacy Committee and Public Health (Wirral Borough Council). The scope for the review, agreed by the members of the task & finish group is attached as Appendix 1 to this report. The objectives of the review were:

- To understand the rationale behind the current provision of community pharmacies in Wirral.
- To review the implications for Wirral of the Government proposals for changes to the contractual framework and funding of community pharmacies.

- To ascertain whether action or intervention by the various partners will be necessary to mitigate the impact on services

The methodology for the review, including the contributors to the Evidence Day is shown as Appendix 2.

An Executive Summary of the findings follows, together with the recommendations arising from this Review. The Report then sets out contextual information relating to the pharmacy sector, both nationally and locally. This is followed by a description of the Government's revised contractual and funding arrangements for community pharmacies followed by the key findings of the Review along with the evidence gathered in support of the recommendations proposed by the Scrutiny Panel Members.

2. EXECUTIVE SUMMARY AND RECOMMENDATIONS

From April 2013, local Health & Wellbeing Boards became responsible for the publication and update of the local Pharmaceutical Needs Assessment (PNA), which provides a detailed review of existing pharmacy provision, including current service provision and opening hours as well as an assessment of population needs including areas of deprivation. Updated every three years, Wirral's current PNA was produced in 2015 and concluded that the borough is well served in terms of spread of pharmacies. There was one pharmacy for every 3,402 residents, which compared extremely favourably to the national average of one pharmacy for every 5,000 resident population. With a rate of 29 per 100,000 population, Wirral also had a higher ratio of pharmacies than its geographical neighbours including West Cheshire (at 24 per 100,000), Warrington (at 22 per 100,000) and Knowsley (at 25 per 100,000). Wirral's current provision is 94 pharmacies across the borough. The provision includes nine which operate '100 hour contracts' plus one operator of a distance selling contract. The distribution of pharmacies in the borough, as at October 2016, is shown on the map in section 4.4 of this report (page 11).

The Department of Health issued reforms to the contractual and funding arrangements for community pharmacies in October 2016. As agreement could not be found with the PSNC after detailed negotiation, the Government announced that the proposed reforms will be implemented. The Pharmacy Funding Settlement will result in national spending of £2.687 billion (a 4% reduction) in 2016/17 and £2.592 billion (a further 3.4% reduction in 2017/18). The funding changes will result in a simplification of the fees structure, including consolidation of fees into a single activity fee and phasing out of establishment fees. At the same time, the Pharmacy Access Scheme (PhAS) will be introduced to support access where pharmacies are sparsely spread and patients depend on them the most. However, key among the criteria for eligibility to the new access scheme is that a pharmacy must be more than one mile from the next nearest pharmacy. Initial indications are that, at a national level, 1356 pharmacies will receive funding from the PhAS on the basis of these criteria. However, only four of these are in Wirral.

Although a national impact assessment has been undertaken by the Department of Health, Members were informed that, at this stage, no local impact assessments have taken place nor have any been requested. All contributors at the Evidence Day agreed that, at this stage, it is not possible to give an indication as to whether the funding changes will lead to a reduction in the number of pharmacies in Wirral. Although it is recognised that the funding changes are causing considerable concern to local pharmacy providers, it is particularly difficult to estimate the financial impact of the funding changes on businesses (and the market as a whole) as the services provided by pharmacies are not all related to the NHS; this particularly being the case where a pharmacy is co-located as part of a larger store. The impact on individual pharmacies will vary depending on their business model. Members are also very much aware of the role of pharmacy in the community as a much needed social and economic asset. This was demonstrated in the Local Government Association response to the Government consultation in early 2016 and also a report produced on behalf of the Pharmaceutical Services Negotiating committee (PSNC) by Price Waterhouse Cooper.

The Panel members have, therefore, concluded that the most appropriate action is to request Wirral's Health & Wellbeing Board to keep an on-going brief over future developments in the local pharmacy market. It is suggested that, if pharmacy closures (or mergers) do take place, the impact on the respective communities and on other health service providers, such as GPs are taken into account. The People Overview & Scrutiny Committee is also recommended to undertake a further investigation of the impact of the new contractual and funding arrangements for community pharmacies in approximately one year's time.

Alongside the new financial arrangements, the Department of Health also issued other significant changes to the contractual arrangements for community pharmacies. The Pharmacy Quality Payments Scheme will be introduced in 2017, with up to £75 million being paid to community pharmacies for meeting a number of quality criteria. At the same time, the Pharmacy Integration Fund (PHIF) is being introduced during 2016/17 and beyond. The aim of the PHIF is to support the development of clinical pharmacy practice in a wider range of primary care settings, resulting in more integrated and effective NHS primary care patient pathways. This should lead to greater co-location of pharmacies with other health service providers, such as GPs; a proposal developed further in the GP Five Year Forward View. Joint working with stakeholders, led by NHS England and Wirral CCG is taking place to support take-up of the innovation proposals. In general, members welcome these other contractual changes seeing opportunities for the greater integration of pharmacies within the NHS and also for developing greater use of pharmacies in the delivery of more specialised services and public health services.

In considering the evidence found during the Review, the Panel Members have formulated the recommendations shown on page 7.

Community Pharmacies Scrutiny Review – Recommendations

Recommendation 1 – Monitoring the future impact of the new contractual and funding arrangements

It is recognised that the impact of the Government’s contractual and funding arrangements for community pharmacies is causing concern among the providers. As no local impact assessments of the new arrangements have taken place, the consequences of the policy change are currently unclear. Therefore, Wirral’s Health & Wellbeing Board is requested to keep an on-going brief over future developments in the local pharmacy market. Further data will be required to establish:

- The number of pharmacies directly affected (by closure or merger);
- The impact of changes in the market on any specific communities, particularly in light of the criteria for eligibility to the new Pharmacy Access Scheme not including any indicator of community deprivation;
- The potential impact on other service providers, such as GPs.

Recommendation 2 – Integration of pharmacies within the NHS

As members welcome proposals to further integrate community pharmacies and pharmacists more closely within the NHS, Wirral CCG and NHS England are encouraged to further develop the principle of co-location between GP practices and pharmacies (or employment of a clinical patient-facing pharmacist).

Recommendation 3 – Diversification of pharmacy services

As the GP Five Year Forward View gives a direct incentive to promote the use of pharmacies for specialised services such as the treatment of diabetes or deep vein thrombosis, Wirral CCG is encouraged to consider the feasibility of such schemes at the earliest opportunity.

Recommendation 4 – Public health commissioning of services via pharmacies

The Director for Health & Wellbeing (DPH) is requested to ensure that public health services such as smoking cessation and Emergency Hormonal Contraception (EHC) continue to be services that are easily available through outlets such as community pharmacies. Public health services will continue to be commissioned with a view to providing the best value for money and outcomes for patient care and public health. For the future commissioning and re-commissioning of services, opportunities for pharmacy consortia to tender should be made clear.

Recommendation 5 – The relationship between pharmacies and care homes

The Director for Health & Care is requested to consider whether closer links can be established between pharmacists and care homes in order to take on roles such as medication reviews for patients. The Local Authority’s commissioning of care homes could be developed to include consideration of the home’s relationship with a pharmacist as part of the specification of the service.

Recommendation 6 – Repeat prescription pilot scheme

Members note the pilot scheme implemented by Wirral CCG aimed at reducing medicine waste by stopping pharmacies being able to order repeat prescriptions for people. It is proposed that the People Overview & Scrutiny Committee receive a report from Wirral CCG regarding the outcomes of the pilot scheme with particular reference to the patient experience of this pilot.

Recommendation 7 – Future review by the People Overview & Scrutiny Committee

The People Overview & Scrutiny Committee is recommended to undertake a further investigation of the impact of the new contractual and funding arrangements for community pharmacies in approximately one year’s time. An update on the other recommendations from this review will be incorporated.

3. **MEMBERS OF THE SCRUTINY PANEL**

Councillor Moira McLaughlin (Chair)



The public are very well aware that the NHS is under acute strain at this time and this is particularly strongly felt in the provision of acute hospital services and GP practices. As efforts are made to try to reduce this strain other services are being introduced or enhanced to direct people with less serious conditions away from hospital and GP attendance to alternative forms of help. A very important part of that effort is developing and making people aware of how pharmacists can help through advice and carrying out some of the procedures such as blood glucose and blood pressure checks and administering of flu vaccinations.

The consultation initiated by the Government towards the end of 2015, leading to the formal announcement of revised funding and contractual arrangements for pharmacy services in October 2016 have been greeted with concern by pharmacists themselves who feel that they will result in closures and a diminished service for people.

Wirral is currently adequately served by pharmacy services, but the impact of these changes locally have not been assessed, though they have been at a national level and the local impact is, therefore, unknown. This report was undertaken following concerns raised at Full Council and though it has been a useful exercise in understanding the role of pharmacies and how they can be further developed to improve health for Wirral residents, it has left us no clearer, at the end of it, as to what the local impact will be. For that reason our overriding recommendation is that the Health and Wellbeing Board and the People Overview and Scrutiny Committee should monitor pharmacy closure closely and the impact they have on local communities.

Other Panel members:

<p><i>Councillor Tom Anderson</i></p> 	<p><i>Councillor Angela Davies</i></p> 	<p><i>Councillor Phil Gilchrist</i></p> 	<p><i>Councillor Treena Johnson</i></p> 
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<p>Councillor Chris Meaden</p> 	<p>Councillor Tony Norbury</p> 	<p>Councillor Tom Usher</p> 	<p><i>This Scrutiny Panel was supported by:</i> Alan Veitch Scrutiny Officer 0151 691 8564 alanveitch@wirral.gov.uk</p>
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4. CONTEXTUAL INFORMATION

4.1 Current arrangements for commissioning pharmacy services

Since April 2013, when Primary Care Trusts (PCTs) ceased to exist, a number of commissioners have had a role in commissioning services from community pharmacies. From that time, NHS England became responsible for the management of pharmacy lists. As well providing an assurance role, local NHS England teams commission all services in the NHS Community Pharmacy Contractual Framework (CPCF), that is, Essential, Advanced and Enhanced Services:

- Essential services: All pharmacies are required to provide essential services, which include dispensing, prescription-linked healthy lifestyle advice, and support for self-care within a clinical governance framework.
- Advanced services: Pharmacies can choose to, and the majority do, provide advanced services if accredited, which include medicine use reviews (MURs) and the new medicines service (NMS).
- Enhanced services: Pharmacies also provide enhanced services, as commissioned locally by NHS England area teams to meet local needs, such as a minor ailment service.

In addition to services specified in CPCF, Local authorities and Clinical Commissioning Groups (CCGs) can also commission services directly from pharmacies, and, across the country, many public health services are commissioned this way, for example, stop smoking services. The following public health services provided by community pharmacies in some areas would be commissioned by local authorities:

- Supervised consumption;
- Needle and syringe programme;
- NHS Health Check;
- Emergency Hormonal Contraception (EHC) and other contraceptive services;
- Sexual health screening services;
- Stop smoking;
- Chlamydia testing and treatment;
- Weight management; and
- Alcohol screening and brief interventions.

Although the CCG is not responsible for commissioning of the core contract for pharmacy services, CCGs may wish to commission services from community pharmacies in response to specific needs of the local population such as minor ailments services, palliative care schemes, MUR+ and other medicines optimisation services.

4.2 National Context: Community Impact

The following statistics give an indication of the role which community pharmacies play within local communities¹ at a national level:

- there were 11,674 community pharmacies in England in March 2015;
- It is estimated that 1.6 million people visit a pharmacy each day; 1.2 million of those for health related reasons (433 million in 1 year);
- 79 per cent of people have visited a pharmacy at least once in the last 12 months, 37 per cent visit at least once a month;
- over 75 per cent of adults use the same pharmacy all the time;
- pharmacies in England dispensed nearly one billion (978.3 million) prescription items in 2014/2015 - nearly 2.7 million items per day;

¹ Source: 'The community pharmacy offer for improving the public's health: A briefing for local government and Health and Wellbeing Boards', Local Government Association, 2014. **Page 156**
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- 95 per cent of people are able to get to a pharmacy within a 20 minute walk and access is greatest in the most deprived areas;
- over 9,000 pharmacies in England supported Smoke Free January in 2015;
- nearly 10,000 pharmacies supported Stoptober 2015;
- over 90 per cent of pharmacies now have a private consultation room and many have already taken on a wider public health role, for example running weekly clinics to help people lose weight, stop smoking or to monitor blood pressure or cholesterol;
- over 8,000 (nearly 70 per cent) of pharmacy contractors had signed up to deliver the seasonal flu vaccination in 2015, with almost half a million vaccinations having been delivered by 20th November.

4.3 Wirral's Pharmaceutical Needs Assessment (PNA) - 2015

From April 2013, local Health & Wellbeing Boards became responsible for the publication and update of the local Pharmaceutical Needs Assessment (PNA). The Health & Wellbeing Board will be held to account for the quality of the PNA (and potentially the cost of defending it at an appeal). Since 2012, control of the entry of new pharmacies has been determined by a Market Entry Test. Applications are considered with reference to the PNA. The PNA provides a detailed review of:

- The existing pharmacies
- Current services provided and the opening hours
- The needs of the population including the areas of deprivation

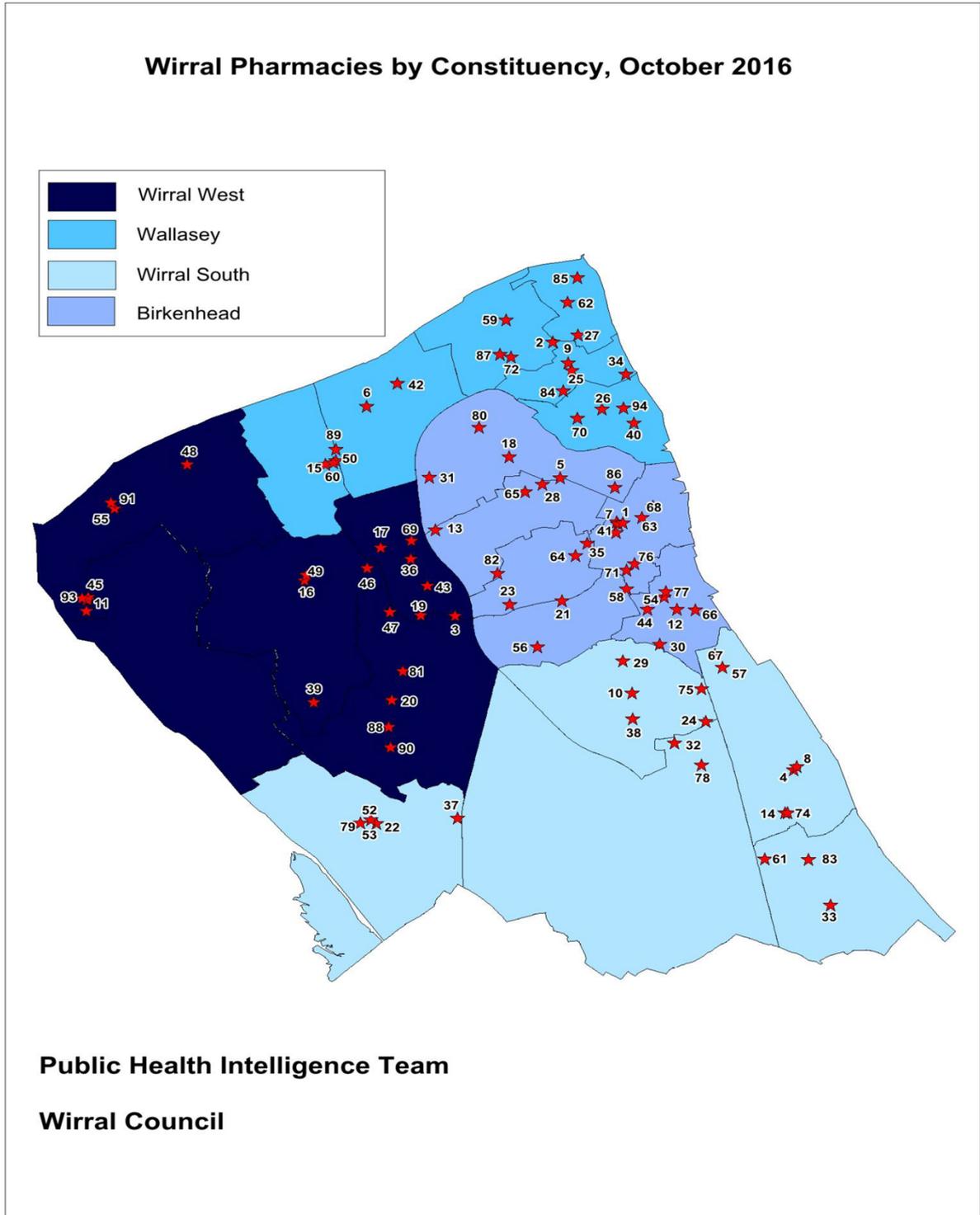
The PNA must be updated at least every 3 years and the current version for Wirral commenced in 2015 and lasts until 2018. A draft plan is in place to complete the next version of the PNA by March 2018, which includes a period of public consultation. In terms of the timetable for the review of the PNA, the consequences of the pharmacy contractual changes are unknown. It is possible that the timetable for the PNA renewal could be brought forward if the pharmacy market were to radically change (that is, there were a number of closures / mergers).

At the time it was produced, the key findings in the 2015 PNA for Wirral included:

- Wirral was generally very well served by community pharmacies. There was one pharmacy for every 3,402 residents, which compared extremely favourably to the national average of one pharmacy for every 5,000 resident population. With a rate of 29 per 100,000 population, Wirral also had a higher ratio of pharmacies than its geographical neighbours including West Cheshire (at 24 per 100,000), Warrington (at 22 per 100,000) and Knowsley (at 25 per 100,000).
- Wirral residents had adequate access to 'out of hours' pharmacy services through the provision of '100 hour contracts' and there is good weekend coverage for residents of all four constituencies. There are currently nine pharmacies in Wirral operating '100 hour contracts'. (These are listed among the information in Appendix 3). Wallasey had the least pharmacies delivering 100 hour contracts, but had good weekend coverage.
- 'Locally Commissioned Services' were delivered equitably throughout the borough with over two thirds of all community pharmacies providing alcohol and smoking misuse services (for example, the Nicotine Replacement Therapy scheme).
- Geographical mapping of locally commissioned services show that more services were delivered in the most densely populated areas of the borough. It is intended that services continue to be delivered in line with population growth and also deprivation.
- In Wirral there was an increasing number of pharmacies now co-located with GP surgeries (12) making the transition and relationships between GP and pharmacy staff more seamless.
- The PNA did not identify any specific gaps in local service provision at that time.

4.4 Current location of pharmacies in Wirral

Wirral's current provision is 94 pharmacies across the borough. The PNA (2015) concluded that the borough is well served in terms of spread of pharmacies. The provision includes nine which operate '100 hour contracts' plus one operator of a distance selling contract. The distribution of pharmacies in the borough, as at October 2016, is shown on the map below. The legend to the map, showing the location of each of the 94 pharmacies is attached as Appendix 3 to this report.



5. THE GOVERNMENT PROPOSALS FOR FUNDING AND CONTRACTUAL ARRANGEMENTS

The Department of Health issued reforms to the contractual and funding arrangements for community pharmacies in October 2016. As agreement could not be found with the PSNC after detailed negotiation, the Government announced that the proposed reforms will be implemented. Members were informed that the aims of the contractual changes, from the Government perspective, are to:

- Integrate community pharmacy and pharmacists more closely within the NHS, in line with the GP Forward View;
- Modernise the system for patients and the public, capitalising and learning from innovation and digital implementation;
- Ensure the system is efficient and delivers value for money for the taxpayer;
- Maintain good public access to pharmacies and pharmacists in England.

Key changes to the contractual and funding arrangements are detailed below.

5.1 Funding Settlement

The Pharmacy Funding Settlement will result in national spending of £2.687 billion (a 4% reduction) in 2016/17 and £2.592 billion (a further 3.4% reduction in 2017/18). Decisions relating to community pharmacy remuneration for 2018/19 and beyond will be subject to future consultation.

The funding changes will result in:

- **Simplification of the Fees structure**, including consolidation of fees into a single activity fee and phasing out of establishment fees. The single activity fee will subsume a range of dispensing-related fees into one, simplified payment. The establishment fee, which is currently paid on a banding dictated by prescription volume, will be phased out in totality by 2019/20. Prior to the changes, the fee started at £23,278 for over 2,500 or more dispensed items per month, increasing to £25,100 for over 3,150 or more dispensed items per month. Compared to 2015/2016 levels, as at 1st December 2016 the fee was reduced by 20% (the top payment reducing from £2,092 per month to £1,673). As at 1st April 2017, the fee will be reduced by 40% (top payment reduced to £1,255 per month).
- **The Pharmacy Access Scheme (PhAS)** will be introduced to support access where pharmacies are sparsely spread and patients depend on them the most. Criteria for inclusion include:
 - Pharmacy is more than 1 mile from next nearest pharmacy
 - Pharmacy is included in pharmaceutical list from 1st September 2016
 - Pharmacy is not in top quartile by dispensing volume

The new fee incorporates efficiency saving of 1% in 2016/17 and 3% in 2017/18 (compared with 4.6% and 8.3% for non-PhAS pharmacies). Initial indications are that, at a national level, 1356 pharmacies will receive funding from the PhAS on the basis of these criteria. On average, the payment received will equate to approximately £11,600 for the 4 remaining months in 2016/17 and £17,600 in 2017/18. The scheme will operate from 1st December 2016 to 31st March 2018. A review mechanism is in place to enable pharmacies to appeal for addition to the scheme if they feel that their circumstances merit consideration.

5.2 Other contractual arrangements

Alongside, the new financial arrangements, the Department of Health also issued other significant changes to the contractual arrangements for community pharmacies:

- **The Pharmacy Quality Payments Scheme** will be introduced in 2017. The scheme will reward community pharmacies for delivering quality criteria in all three of the quality dimensions: clinical effectiveness, patient safety and patient experience. Up to £75

million will be paid to community pharmacies for meeting a number of quality criteria. The payment will depend on how many of the quality criteria the pharmacy achieves.

For a pharmacy to become eligible for any payment under the Quality Payments Scheme it must first meet all four gateway criteria. The gateway criteria are:

- the contractor must be offering at least one specified advanced service at the pharmacy, such as, Medicines Use Review (MUR) or New Medicine Service (NMS); or must be registered for NHS Urgent Medicine Supply Advanced Service Pilot; and
- the NHS Choices entry for the pharmacy must be up to date; and
- pharmacy staff at the pharmacy must be able to send and receive NHS mail and
- the pharmacy contractor must be able to demonstrate ongoing utilisation of the Electronic Prescription Service at the pharmacy premises.

Pharmacies passing the gateway will receive a payment if they meet one or more of a further list of the criteria. These criteria have been weighted based on an assessment of the challenge of achievement and the benefit to patients from doing so, with each criterion designated a number of 'points'.

- **The Pharmacy Integration Fund (PHIF)** is aimed at transforming the way pharmacy and community pharmacy services are commissioned from 2016/17 and beyond. It seeks to not solely look at traditional community pharmacy services but pharmacy in the broader professional sense. The aim of the PHIF is to support the development of clinical pharmacy practice in a wider range of primary care settings, resulting in a more integrated and effective NHS primary care patient pathway. In particular, the PHIF will drive the greater use of community pharmacy, pharmacists and pharmacy technicians in new, integrated local care models. With £20 million available in 2016/17 and rising to £100 million by 2020/21, investments already identified within PHIF with resources allocated include:
 - 2016/17 Integration of pharmacy in to urgent care pathways
 - National urgent supply pilot as a referral from NHS 111. This will speed up access for those needing urgent repeat prescriptions because they will no longer need a GP out-of-hours appointment.
 - Improved access to minor illness service via NHS 111. The intention is to make the referral of people with minor ailments from NHS 111 to community pharmacy much more robust.
 - 2017/18 Further developments include:
 - Workforce Development for Pharmacists and Pharmacy Technicians working in a range of settings to better integrate pharmacy in to NHS Primary Care settings.
 - Training and development for pharmacists working in care homes, integrated urgent care clinical hubs including NHS 111 and GP out of hours.

A programme of first wave pilot schemes is underway in 2016 to support GP practices working within a geographical locality to employ a clinical patient facing pharmacist to support the skill mix of the clinical team. This is part of the GP Five Year Forward View strategy. Although there are 6 pilot sites across Cheshire and Merseyside in wave 1, none are in Wirral.

- **Market Entry Changes** are proposed which will allow pharmacies to consolidate (merge or close a branch) without this creating an artificial gap in provision.

6. KEY FINDINGS

6.1 Impact of the proposed funding changes on the pharmacy market

The Department of Health has undertaken a national impact assessment of the proposed contractual and funding changes. The assessment explains that "The current mechanism for funding community pharmacy is complex, and there is a constant need to ensure that NHS resources are being directed in an optimal manner, as well as community pharmacy needing to make its contribution to the efficiency savings the NHS needs to deliver. This includes seeking to ensure that good patient access to pharmaceutical services is maintained whilst ensuring the most efficient use is made of public funds. Government intervention is needed to improve the mechanism for funding community pharmacies, to ensure NHS resources are allocated efficiently". However, the assessment further explains that "There is no reliable way of estimating the number of pharmacies that may close as a result of this policy, and the potential impacts in this Impact Assessment are assessed on the basis that there is a scenario where no pharmacy closes".

During the Evidence day, members were informed that, at this stage, it is not possible for NHS England to give an indication as to whether there will be a reduction in the number of pharmacies in Wirral. It was confirmed that no local impact assessment has been undertaken nor had there been a requirement for NHS England local offices to do so. Wirral CCG confirmed that no assessment of the impact of the funding changes on Wirral had taken place and it is not yet known whether the policy will lead to a significant change in the number of pharmacies from the current cohort of 94. It is particularly difficult to estimate the financial impact of the funding changes on individual businesses (and the market as a whole) as the services provided by pharmacies are not all related to the NHS. Some pharmacies will have significant on-line sales or have other parts of their business.

It was pointed out that NHS funding is only a small part of pharmacy income. Some pharmacies, for example, those located as part of larger stores may operate as loss leaders. In other localities, because of the population composition, a pharmacy could exist purely on dispensing. It was noted that the pharmacy marketplace has undergone significant changes during the last decade. Under market-entry rules introduced by the Government in 2005, Members were informed that a pharmacy had an automatic right to be established on the assumption that it would be open for 100 hours per week or more per week or would operate as an internet and mail-order pharmacies. In the period from 2005 to 2014, approximately 3000 additional pharmacies opened across the country. There are currently 9 providers in Wirral delivering 100 hour contracts. This market change has led to the effective disbanding of the pharmacy rota which was formerly used to ensure that a local pharmacy was open during evening and weekend hours.

The establishment of the distance selling pharmacy (or internet sales) is also changing the marketplace. Although one distance selling operator is based in Wirral, clearly the precise location of such service providers is less important as sales are via the internet. As an example, one large distance selling pharmacy, not based in Wirral, is estimated to issue between 50,000 and 60,000 prescriptions per month nationwide. Looking to the future, it is also important that the opportunities arising from the emerging seven day GP service developments include community pharmacy. It is feasible that those developments could provide further opportunities for co-location.

Representatives from the Community Pharmacy Cheshire & Wirral Local Pharmacy Committee also confirmed to Members that, at this stage, it is not known how many pharmacies on Wirral will close. However, based on a previous Government Minister's prediction that 3000 pharmacies could close nationwide, the Local Pharmacy Committee argued that it is possible, locally, one-in-four pharmacies could close.

A pharmacy contractor provided a statement for members, which probably best describes the potential community impact of the changes. The statement included:

"The local community have relied on us for all their medicinal needs and we have not failed them yet. We have been available to this community 6 days a week, opening on bank holidays and even xmas day. The community relies on us to dispense prescriptions, over-the counter advice, signposting, a go-between with the local surgeries who we have excellent relationships with, MURs, help with new medicines, home deliveries (Sundays, evenings, you name it we do it), blister packs to help vulnerable patients and any other needs patients' have.

These other acts cannot be measured, but we are here for the community and are for some the only source of contact they have for days or weeks at a time. We are a constant in these people's lives and all we want to do is keep them well, and to stop them from feeling isolated in their illness or social circumstances. We are on their doorstep and we would like to stay there too.

We want to stay accessible for the local community. It is 1.2 miles for them to walk, drive or public transport to the next pharmacy (who let's not forget, are also in danger of closing) and to some people this is just not achievable. The feeling of isolation they will feel would be devastating. We've helped these people maintain their independence, we have kept them from the unnecessary GP appointments, A&Es and walk in centre's doors, and we have contributed to the massive NHS saving that the PSNC report clearly shows".

Members were informed that the phasing out of the Establishment Fee is the main contributor to the headline 4% and 3.4% budget reductions for 2016/17 and 2017/18. It is this change to the funding arrangements which will have the most significant impact on individual pharmacy contractors. The introduction of the single activity fee will further reduce income for those businesses. The impact on individual pharmacies will vary depending on the business model employed.

A key proposal within the Government's new funding and contractual arrangements package is the establishment of the Pharmacy Access Scheme. As the Establishment Fee will be phased out by 2019 / 2020, the introduction of the Pharmacy Access Scheme will be used to ensure that those pharmacies deemed to be most important to their communities will receive additional government funding (although even those pharmacies will see a real funding reduction compared to pre-December 2016 levels). Members were informed of the key criteria for eligibility to the Pharmacy Access Scheme, key among which is a minimum distance of 1 mile from the next nearest pharmacy. As a result of this, only four pharmacies in Wirral have been named among the 1356 pharmacies deemed to be eligible for inclusion in the scheme by the Department of Health. The four Wirral pharmacies currently on the Pharmacy Access Scheme list are:

- Heswall Hills Pharmacy, 119 Brimstage Road, Heswall
- Irby Pharmacy, 39 Thingwall Road, Irby
- Well Hoylake, 40 Market Street, Hoylake
- Manor Pharmacy, 13 Station Approach, Meols

Members were informed that pharmacies can request a review for eligibility to the Pharmacies Access Scheme if they deem the process to be incorrect, for example, if the calculated distances are not correct. It is understood that some pharmacies in Wirral have taken this course of action although the outcome of the review process is not known at this stage. It is a major concern for Panel Members that the criteria for the Pharmacy Access Scheme are focused primarily on distance and do not take account of other factors such as disadvantaged communities. It was pointed out that in some deprived communities there may be a number of pharmacies in close proximity. However, the demand for pharmacy services is also high in those communities. Members were informed that, during the Department of Health negotiations with the PSNC, an index of deprivation plus distances between established pharmacies had been key criteria to the Access Scheme. However, due to the perceived complexities of the system, the criteria were amended to remove deprivation from the final proposal. As a result, Members were informed by a witness that:
“The proposed Access Scheme will provide support against isolation or rurality; but not against deprivation”.

A key unknown is the impact that any pharmacy closures or mergers may have on other NHS services, such as GP services, A&E and walk in centres. Clearly, if closures do occur it will be important for any impact on attendance levels at those services to be monitored. As a result, the Panel Members propose that the Health & Wellbeing Board keep a watching brief over developments across the pharmacy sector over the coming months.

Recommendation 1 – Monitoring the future impact of the new contractual and funding arrangements

It is recognised that the impact of the Government’s contractual and funding arrangements for community pharmacies is causing concern among the providers. As no local impact assessments of the new arrangements have taken place, the consequences of the policy change are currently unclear. Therefore, Wirral’s Health & Wellbeing Board is requested to keep an on-going brief over future developments in the local pharmacy market. Further data will be required to establish:

- The number of pharmacies directly affected (by closure or merger);
- The impact of changes in the market on any specific communities, particularly in light of the criteria for eligibility to the new Pharmacy Access Scheme not including any indicator of community deprivation;
- The potential impact on other service providers, such as GPs.

6.2 Integration of pharmacies within the NHS

While Members have concerns over the implications of the national funding reductions for community pharmacies, they welcome some of the other contractual changes, such as the proposed Pharmacy Quality Payments Scheme and the Pharmacy Integration Fund (PHIF). As described above (section 5.2), the Department of Health is creating the Pharmacy Integration Fund (PHIF), the intention of which is to create a greater role for the pharmacy profession within a more integrated NHS. The Pharmacy Integration Fund, with £20 million in 2016/17 is aimed at further transforming how pharmacists, their teams and community pharmacy work as part of wider NHS services in their area. Furthermore, the Department of Health is, in particular, proposing closer links between pharmacies and GP practices, care homes and urgent care.

The GP Forward View is committed to current investment of £31 million to pilot 470 clinical pharmacists in over 700 practices to be supplemented by new central investment of £112 million to extend the programme, leading to a further 1,500 pharmacists in general practice by 2020. Indications from the pilot scheme suggest that clinical pharmacists may have a role in streamlining practice prescription processes, medicines optimisation, minor ailments and long term conditions management. Although 6 pilot schemes are in place across Cheshire and Merseyside to enable GP practices to employ a clinical patient facing pharmacist, none of these first wave pilots are in Wirral.

At the same time, the Healthy Wirral Programme includes a review of the options for the current 53 GP practices in Wirral to enable them, if appropriate, to operate at greater scale. For some practices, this may mean moving into larger centres with other services wrapped around them. It is intended that the resulting services will complement one another and that pharmacies will continue to be a key component of the health service mix. Although it is recognised that there are difficulties for some pharmacy providers in responding to some contractual changes, such as using the NHS email account, the Panel Members, in general, welcome the emerging Quality Payments Scheme and the Pharmacy Integration Fund.

Recommendation 2 – Integration of pharmacies within the NHS

As members welcome proposals to further integrate community pharmacies and pharmacists more closely within the NHS, Wirral CCG and NHS England are encouraged to further develop the principle of co-location between GP practices and pharmacies (or employment of a clinical patient-facing pharmacist).

6.3 Extended service provision

As described earlier (Section 4.1), CCGs (as well as Local Authorities) can commission additional services from community pharmacies in response to specific needs of the local population. Such services include the Think Pharmacy service which has been developed by Wirral CCG. Think Pharmacy is a scheme intended to reduce the demand on Primary and Secondary Care and improve better access for patients with minor ailments and conditions.

Members were informed that, since the introduction of Think Pharmacy, the level 1 service enabled patients to receive advice on many minor conditions, for example, head lice which resulted in patients receiving over-the-counter treatments. The level 2 service related to items on prescription only. Following a recent public consultation, the Level 1 service ceased, as of 14th November 2016. Members were informed that a consequence of the removal of the Level 1 service is that those people who normally get their prescriptions free will no longer be able to receive them free over the counter (for those former Level 1 services) and as a result will have to visit the GP for a free prescription.

The Level 2 service remains, with patients with conditions being targeted who would otherwise be most likely to visit a GP. This service includes a diagnostic role for pharmacists. The conditions treatable within the minor ailments specified in Think Pharmacy are:

- Acute Bacterial Conjunctivitis
- Cystitis
- Impetigo
- Migraine
- Oral candidiasis in infants <12 months
- Thrush in Breastfeeding Mothers

The Think Pharmacy scheme is currently focused on trying to divert patients away from primary care. However, the GP Five Year Forward View gives a direct incentive for CCGs to promote the use of pharmacies for helping patients with self care and common ailments, such as diabetes or deep vein thrombosis (DVT). At present, though, there are no schemes ready to roll out in Wirral. It is also estimated that, across Cheshire and Merseyside, there are 40,000 undiagnosed hypertensions. The provision of blood pressure tests by community pharmacies could offer a feasible approach to increasing take-up of the test and improving identification rates. In order to promote increased diversion of patients away from other NHS services, the Panel Members encourage the identification of further conditions which could be offered via alternative providers, such as community pharmacies.

Recommendation 3 – Diversification of pharmacy services

As the GP Five Year Forward View gives a direct incentive to promote the use of pharmacies for specialised services such as the treatment of diabetes or deep vein thrombosis, Wirral CCG is encouraged to consider the feasibility of such schemes at the earliest opportunity.

Section 4.1 of this report identifies the types of public health services which could potentially be available through providers such as community pharmacies. Members were informed that, in Wirral, Public Health no longer commission smoking cessation directly from pharmacies. However, Public Health commissions the provider, ABL Wirral, to provide this service which they sub-contract to a number of pharmacies. Likewise, Public Health funding commissions a provider, CGL, to sub contract with pharmacies for the provision Alcohol Identification & Brief Advice (IBA's), supervised consumption and syringe exchange.

Members were also informed that a report prepared on behalf of the PSNC by Price Waterhouse Cooper had identified that 95% of emergency hormonal contraception was provided by pharmacies. In Wirral, pharmacies are commissioned directly from Public Health to provide Emergency Hormonal Contraception (EHC) services. Members have also noted recent research (reported by the Guardian newspaper) by the Advisory Group on Contraception showing that 1.5million women of reproductive age live in parts of England where councils have restricted contraception services or are considering doing so. Of the 140 local authorities which responded to a Freedom of Information request, 20 confirmed that at least one site had closed in 2015/16 or would do this year, and a further 18 said that clinics could be closed during 2016/17. As a result, members would like to ensure that, in Wirral, EHC continues to be a service that is easily available through appropriate providers, including pharmacies.

Recommendation 4 – Public health commissioning of services via pharmacies

The Director for Health & Wellbeing (DPH) is requested to ensure that public health services such as smoking cessation and Emergency Hormonal Contraception (EHC) continue to be services that are easily available through outlets such as community pharmacies. Public health services will continue to be commissioned with a view to providing the best value for money and outcomes for patient care and public health. For the future commissioning and re-commissioning of services, opportunities for pharmacy consortia to tender should be made clear.

The Pharmacy Integration Fund makes specific reference to developing closer links between pharmacies and care homes. In September 2016, NHS England published *'The Framework for Enhanced Health in Care Homes'*. This describes an enhanced health in care homes (EHCH) care model that has been developed from six EHCH vanguards in England. It is based on a range of evidence-based interventions which are designed to be delivered within and around a care home in a coordinated manner in order to make the biggest difference to its residents.

The following areas have been identified for national development:

- Mapping the range of services provided by community pharmacies to care homes and how they are commissioned.
- Deployment of pharmacy professionals into care homes and evaluation of the models of integrated clinical pharmacy that achieve the best outcomes for patients.

Members suggest that further investigation could take place in Wirral to consider whether closer links can be established between pharmacists and care homes. It is suggested that consideration could be given to whether Medicine Use Reviews (MURs) could be provided in care homes.

Recommendation 5 – The relationship between pharmacies and care homes

The Director for Health & Care is requested to consider whether closer links can be established between pharmacists and care homes in order to take on roles such as medication reviews for patients. The Local Authority's commissioning of care homes could be developed to include consideration of the home's relationship with a pharmacist as part of the specification of the service.

6.4 Future considerations

Members were informed that a Wirral CCG pilot scheme is looking at how prescriptions are re-newed, for example, for inhalers. It is understood that the pilot scheme is aimed at reducing medicine waste by limiting the number of repeat prescriptions which can be provided by community pharmacies. As a result, it is proposed that, on completion of the pilot scheme, Wirral CCG be requested to provide a report regarding the outcomes of the pilot scheme giving particular focus to patient experience.

Recommendation 6 – Repeat prescription pilot scheme

Members note the pilot scheme implemented by Wirral CCG aimed at reducing medicine waste by stopping pharmacies being able to order repeat prescriptions for people. It is proposed that the People Overview & Scrutiny Committee receive a report from Wirral CCG regarding the outcomes of the pilot scheme with particular reference to the patient experience of this pilot.

As identified earlier in the report, the impact of the new contractual and funding arrangements are currently unclear as, to date, it is not known how the pharmacy market (that is, the providers) will respond to the new financial environment. Therefore, the Panel members propose that a follow-up scrutiny review takes place in approximately one year's time in order to explore the longer-term consequences.

Recommendation 7 – Future review by the People Overview & Scrutiny Committee

The People Overview & Scrutiny Committee is recommended to undertake a further investigation of the impact of the new contractual and funding arrangements for community pharmacies in approximately one year's time. An update on the other recommendations from this review will be incorporated.

***This Report was produced by the Community Pharmacies Task & Finish Group
(which reported to the People Overview & Scrutiny Committee)***

Appendix 1: Scope Document for the Community Pharmacies Scrutiny Review (Final version)

1. Contact Information:	
<p>Panel Members: Councillors: Moira McLaughlin Angela Davies Tom Anderson Phil Gilchrist Treena Johnson Chris Meaden Tom Usher</p>	<p>Key Officers: Alan Veitch – Scrutiny officer 0151 691 8564 alanveitch@wirral.gov.uk</p> <p>Other Contacts:</p>
2. Review Aims:	
<p>Wirral Plan Pledge/s: Older People Live Well This issue also falls within the Committee’s statutory duty to undertake health scrutiny</p> <p>Review Objectives:</p> <ul style="list-style-type: none"> • To understand the rationale behind the current provision of community pharmacies in Wirral. • To review the implications for Wirral of the Government proposals for changes to the contractual framework and funding of community pharmacies. • To ascertain whether action or intervention by the various partners will be necessary to mitigate the impact on services <p>The issue was referred from Council, following a Notice of Motion, on 14th July 2016. The Notice of Motion is attached to this document.</p> <p>Scrutiny Outcomes:</p> <ul style="list-style-type: none"> • Partner agencies are held to account • Members are assured about the effectiveness of service provision 	
3. Review Plan	
<p>Review Approach: Workshop, Evidence Day, Task and Finish? Evidence Day</p> <p>Review Duration: The majority of the evidence gathering will take place at an evidence day scheduled for 16th November 2016. The review will be complete by the end of December 2016.</p> <p>Scheduled Committee Report Date: People OSC, 16th January 2017</p> <p>Scheduled Cabinet Report Date: Cabinet, 27th February 2017</p>	

4. Sources of Evidence:

Key Witnesses:

- Tom Knight, Head of Primary Care – Direct Commissioning, NHS England – Merseyside & Cheshire
- Pam Soo Pharmacy Lead, NHS England – Merseyside & Cheshire
- Iain Stewart, Head of Direct Commissioning, Wirral CCG
- Barbara Dunton, Commissioning Support Manager – Direct Commissioning, Wirral CCG
- Melanie Carroll, Cheshire & Wirral Community Pharmacies
- Bev Murray, Senior Manager, Public Health, Wirral Borough Council

Supporting Papers / Documentation:

Documents will include:

- [Community Pharmacy in 2016/17 and beyond: Final package, Department of Health \(20th October 2016\)](#)
- [Community Pharmacy in 2016/17 and beyond: Impact Assessment, Department of Health \(20th October 2016\)](#)
- [Community Pharmacy in 2016/17 and beyond: The pharmacy access scheme, Department of Health \(20th October 2016\)](#)
- [Community Pharmacy in 2016/17 and beyond: List of pharmacies eligible for payment, Department of Health \(20th October 2016\)](#)
- [Statement from the Minister for Health, David Mowat MP \(20th October 2016\)](#)
- [The community pharmacy offer for improving the public's health - A briefing for local government and health, LGA briefing, March 2016](#)
- Map of community pharmacies in Wirral, October 2016
- Executive summary of current PNA (Pharmaceutical Needs Assessment)
- Link to full PNA

Involvement of service users / public:

- James Kay, Patient Champion at Wirral CCG, has been invited to attend the Evidence Day.

5. Key Communications:

Cabinet Member:

- The scope document will be shared with the relevant portfolio holder at the start of the review (Portfolio holder for Public Health, Cllr Janette Williamson).
- The draft report will also be discussed in advance of being finalised by the task & finish group, before being presented to the People Overview & Scrutiny Committee for approval.

Press Office:

- The scope document will be sent to the press office on approval.
- The final report will be referred to the press office for information.

APPENDIX TO THE SCOPE DOCUMENT:

Notice of Motion to Council, 14th July 2016

SECURING LOCAL PHARMACY SERVICES

Proposed by Councillor Phil Gilchrist

Seconded by Councillor Dave Mitchell

Council notes that the Department of Health undertook a consultation on the future of Community Pharmacies which concluded in May 2016.

Council recognises that this has created uncertainty about the range of accessible pharmacy services, with the delivery of a petition to 10 Downing Street bearing 1.8 million signatures raising concerns.

Council is concerned that the potential changes in the funding of pharmacy services may have an adverse impact on the availability of local services, with an impact on GP workload and pressures on hospital services. This would have an adverse impact on the Wirral Plan and undermine the objectives of Healthy Wirral.

Council therefore requests that the Cabinet:

1. ensure that this Council and its partners work with health providers so as to ensure that there is no reduction in the provision of services to Wirral's residents;
2. ensure that the Health and Wellbeing Board is kept informed of the emerging arrangements so that the impact of any efficiency savings can be monitored and assessed.

Amendment

Proposed by Councillor Janette Williamson

Seconded by Councillor Moira McLaughlin

Add the following:

Council notes that there are potential changes to the funding of pharmacy services following on from the completion of the consultation currently underway by the Department of Health and is uncertain how this will impact on the objectives of Healthy Wirral. We therefore request that this matter be referred to the People Overview and Scrutiny Committee for further scrutiny to ensure better informed decision making.

APPENDIX 2 – METHODOLOGY FOR THE REVIEW

The Panel has employed the following methods to gather evidence:

5.1 Evidence Day

Sessions were held during an Evidence day with the following contributors:

NHS England

Tom Knight (Head of Primary Care – Direct Commissioning, NHS England – Cheshire and Merseyside) Pam Soo (Pharmacy lead, NHS England – Cheshire and Merseyside)

Wirral Clinical Commissioning Group

Iain Stewart (Head of Direct Commissioning, Wirral CCG)
Barbara Dunton (Commissioning Support Manager - Direct Commissioning, Wirral CCG)

Representatives of Cheshire & Wirral Local Pharmacy Committee

Melanie Carrol (Community Pharmacy Cheshire & Wirral Local Pharmacy Committee)
Ian Cubbin (A local pharmacy contractor in Seacombe, New Brighton and Heswall plus a Regional representative for the Pharmaceutical Services Negotiating Committee)
Stuart Dudley (A local pharmacy contractor in Eastham)

Wirral Pharmaceutical Needs Assessment

Bev Murray (Senior Manager, Public Health, Wirral Borough Council)

5.2 Written Evidence

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

Appendix 3: Legend to the map 'Wirral Pharmacies by Constituency, October 2016'

Legend Number	Trading Name	Address	Address	Town	Postcode	Telephone No.	Type of contract - 40hrs, 100hrs, distance selling, retail & appliance
1	Asda Pharmacy	Asda Stores Ltd	22 Grange Road	Birkenhead	CH41 6EB	0151 5521110	100 hours
2	Asda Pharmacy	Asda Superstore	Seaview Road	Liscard,	CH45 4NZ	0151 6389491	40 hours
3	Asda Pharmacy	Woodchurch Road	Upton	Wirral	CH49 5PD	0151 5227710	100 hours
4	Asda Pharmacy	Welton Road	Croft Business Park	Bromborough	CH62 3QP	0151 3462510	100 hours
5	Birkenhead Pharmacy	31 Laird Street	Birkenhead	Wirral	CH41 8DB	0151 6537720	40 hours
6	Blackheath Pharmacy	113 Reeds Lane	Leasowe	Wirral	CH46 1QT	0151 6041600	40 hours
7	Boots Pharmacy	215 Grange Road	Birkenhead	Wirral	CH41 2PH	0151 6477255	40 hours
8	Boots Pharmacy	Bromborough Retail Park	Welton Road	Bromborough	CH62 3PN	0151 3430276	40 hours
9	Boots Pharmacy	Manor Health Centre	Liscard Village	Wallasey	CH45 4JG	0151 6385617	40 hours
10	Boots Pharmacy	118 Teehey Lane	Higher Bebington	Wirral	CH63 8QT	0151 6082523	40 hours
11	Boots Pharmacy	11-13 The Crescent	West Kirby	Wirral	CH48 4HL	0151 6258586	40 hours
12	Boots Pharmacy	206 Bedford Road	Rock Ferry	Birkenhead	CH42 2AT	0151 6454272	40 hours
13	Boots Pharmacy	395 Upton Road	Prenton	Birkenhead	CH43 9SE	0151 6775353	40 hours
14	Boots Pharmacy	3-5 The Precinct	Bromborough	Wirral	CH62 7AD	0151 3344406	40 hours
15	Boots Pharmacy	254 Hoylake Road		Moreton	CH46 6AF	0151 6775182	40 hours
16	Boots Pharmacy	148 Greasby Road	Greasby	Wirral	CH49 3NQ	0151 6775501	40 hours
17	Boots Pharmacy	23 Arroe Park Road	Upton	Wirral	CH49 0UB	0151 6772241	40 hours
18	Boots Pharmacy	30 Hoylake Road	Bidston	Birkenhead	CH41 7BX	0151 6537871	40 hours
19	Boots Pharmacy	Commonfield Road Surgery	156 Commonfield Road	Wirral	CH49 7LP	0151 6775058	40 hours
20	Boots Pharmacy	509 Pensby Road	Thingwall	Wirral	CH61 7UQ	0151 6481351	40 hours
21	Boots Pharmacy	379 Woodchurch Road	Prenton	Birkenhead	CH42 8PE	0151 6082609	40 hours
22	Boots Pharmacy	218-220 Telegraph Road	Heswall	Wirral	CH60 0AL	0151 3422663	40 hours
23	Boots Pharmacy	8-10 Holmlands Drive	Prenton	Birkenhead	CH43 0TX	0151 6085093	40 hours
24	Boots Pharmacy	21 Church Road	Lower Bebington	Wirral	CH63 7PG	0151 6453925	40 hours

Legend Number	Trading Name	Address 1	Address 2	Town	Postcode	Telephone No.	Type of contract - 40hrs, 100hrs, distance selling, retail & appliance
25	Boots Pharmacy	36 Liscard Way	Wallasey	Wirral	CH44 5TP	0151 6382477	40 hours
26	Campbells Chemist	175 Poulton Road	Wallasey	Wirral	CH44 9DG	0151 6385730	40 hours
27	Carringtons Pharmacy	128 Rake Lane	Wallasey	Wirral	CH45 5DL	0151 6393531	40 hours
28	Claughton Pharmacy	161 Park Road North	Claughton	Birkenhead	CH41 0DD	0151 6537543	100 hours
29	Cohens Chemist	4 Broadway	Higher Bebington	Wirral	CH63 5NH	0151 6084480	40 hours
30	Dale Pharmacy	218 Bebington Road	Rock ferry	Wirral	CH42 4QF	0151 6441912	40 hours
31	Day Lewis Pharmacy	41 Fender Way	Beechwood	Birkenhead	CH43 7ZJ	0151 6772353	40 hours
32	Day Lewis Pharmacy	14-16 Cross Lane	Bebington	Cheshire	CH63 3AL	0151 3341040	40 hours
33	Dudleys Chemist	1194 New Chester Road	Eastham	Wirral	CH62 9AE	0151 3271586	40 hours
34	Egremont Pharmacy	9a King Street	Wallasey	Wirral	CH44 8AT	0151 6395016	40 hours
35	Haven Pharmacy	40 Balls Road	Birkenhead	Prenton	CH43 5RE	0151 6528282	40 hours
36	Heatherlands Pharmacy	396 New Hey Road	Upton	Wirral	CH49 9DA	0151 6785427	100 hours
37	Heswall Hills Pharmacy	119 Brimstage Road	Heswall	Wirral	CH60 1XF	0151 3424385	40 hours
38	Higher Bebington Pharmacy	The Medical Centre	Brackenwood Road	Bebington	CH63 2LR	0151 6082206	40 hours
39	Irby Pharmacy	39 Thingwall Road	Irby	Wirral	CH61 3UE	0151 6481498	40 hours
40	Jackson's Pharmacy	118 St Pauls Road	Wallasey	Wirral	CH44 7AW	0151 6384555	40 hours
41	Jamiesons Pharmacy	44 Whetstone Lane	Birkenhead	Wirral	CH41 2TF	0151 6474449	40 hours
42	Leasowe Pharmacy	Leasowe Primary Care Centre	Hudson Road	Leasowe,	CH46 2QQ	0151 6383810	40 hours
43	Lee's Pharmacy	98 Hoole Road	Woodchurch	Birkenhead	CH49 8EG	0151 6774932	40 hours
44	Lloyds Pharmacy	Victoria Park Health Centre	Bedford Avenue	Rock Ferry	CH42 4QJ	0151 6451201	40 hours
45	Lloyds Pharmacy	35 Grange Road	West Kirby	Wirral	CH48 4DZ	0151 6251034	40 hours
46	Lloyds Pharmacy	Upton-By-Pass	Upton	Wirral	CH49 6QG	0151 6041211	100 hours
47	Lloyds Pharmacy	Arrowe Park Hospital	Arrowe Park Road	Upton, Wirral	CH49 5PE	0151 6776449	40 hours
48	Manor Pharmacy	13 Station Approach	Meols	Wirral	CH47 8XA	0151 6320070	40 hours
49	McKeever's Chemist	Greasby Health Centre	424 Frankby Road	Greasby	CH49 3PH	0151 6783350	40 hours
50	Moreton Pharmacy	205-207 Hoylake Road	Moreton	Wirral	CH46 0SJ	0151 6772344	40 hours
51	Morrisons Pharmacy	Dee Lane	West Kirby	Wirral	CH48 0QA	0151 6258094	40 hours
52	Oakley Pharmacy	270 Telegraph Road	Heswall	Wirral	CH60 7SG	0151 3426892	40 hours

Legend Number	Trading Name	Address 1	Address 2	Town	Postcode	Telephone No.	Type of contract - 40hrs, 100hrs, distance selling, retail & appliance
53	Oakley Pharmacy	270 Telegraph Road	Heswall	Wirral	CH60 7SG	0151 750 2355	40 hours
54	Old Chester Pharmacy	296 Old Chester Road	Rock Ferry	Wirral	CH42 3XD	0151 6453055	40 hours
55	Pharmersey	Unit 6	Carr Lane Business Park	Hoylake	CH47 4AX	0151 632 2569	Distance Selling
56	Prenton Dell Pharmacy	Villa Medical Centre	Roman Road, Prenton	Wirral	CH43 3DB	0151 6083507	40 hours
57	Rowlands Pharmacy	20 Bebington Road	New Ferry	Wirral	CH62 5BQ	0151 6453295	40 hours
58	Rowlands Pharmacy	Greenway Road Surgery	62 Greenway Road	Birkenhead	CH42 7LX	0151 6525941	40 hours
59	Rowlands Pharmacy	62 Grove Road	Wallasey	Wirral	CH45 3HW	0151 6392352	40 hours
60	Rowlands Pharmacy	2a Chadwick Street	Moreton	Wirral	CH46 7TE	0151 6773814	40 hours
61	Rowlands Pharmacy	154 Allport Road	Bromborough	Wirral	CH62 6BB	0151 3342254	40 hours
62	Rowlands Pharmacy	Field Road Health Centre	Field Road	Wallasey	CH45 5BG	0151 6393729	40 hours
63	Rowlands Pharmacy	9 Princes Pavement	Birkenhead	Wirral	CH41 2XY	0151 6476858	40 hours
64	Rowlands Pharmacy	53 Christchurch Road	Oxton Village	Birkenhead	CH43 5SF	0151 6525678	40 hours
65	Rowlands Pharmacy	2 Upton Road	Claughton	Wirral	CH41 0DF	0151 6521902	40 hours
66	Rowlands Pharmacy	Riverside Health Centre	525 New Chester Road	Rock Ferry	CH42 2AG	0151 6453131	40 hours
67	Rowlands Pharmacy	Parkfield Medical Centre	Sefton Road	New Ferry	CH62 5HS	0151 6453985	40 hours
68	Rowlands Pharmacy	73 Market Street	Birkenhead	Wirral	CH41 6AN	0151 6478017	40 hours
69	Rowlands Pharmacy	Upton Group Practice	32 Ford Road, Upton	Wirral	CH49 0TF	0151 6775948	40 hours
70	Somerville Pharmacy	Somerville Medical Centre	71 Gorsey Lane	Wallasey	CH44 4SP	0151 6382772	40 hours
71	St Catherine's Pharmacy	St. Catherine's Hospital	Church Road, Tranmere	Birkenhead	CH42 0LQ	0151 6013132	100 hours
72	St Hilary's Pharmacy	St Hilary Brow Group MP	Broadway	Wallasey	CH45 3NA	0151 6383048	40 hours
73	Superdrug Pharmacy	203-205 Grange Road	Birkenhead	Wirral	CH41 2PF	0151 6477387	40 hours
74	Swettenham Chemist	18 Allport Lane	Bromborough	Wirral	CH62 7HP	0151 3342020	40 hours
75	Swettenhams Chemist	176 Bebington Road	Bebington	Wirral	CH63 7PD	0151 6451013	40 hours
76	Swettenhams Chemist	4 Tranmere Court	Tranmere	Birkenhead	CH42 5AB	0151 6478645	40 hours
77	Swettenhams Chemist	249 Old Chester Road	Birkenhead	Wirral	CH42 3TD	0151 6451851	40 hours
78	Temple Pharmacy	3 Lancelyn Court Precinct	Spital	Bebington	CH63 9JP	0151 3345486	40 hours
79	Tesco Pharmacy	Telegraph Road	Heswall	Wirral	CH60 7SL	0151 6760447	40 hours
80	Tesco Pharmacy	Bidston Moss Extra	Bidston Link Road	Birkenhead	CH43 7AA	0151 268 6447	100 hours

Legend Number	Trading Name	Address 1	Address 2	Town	Postcode	Telephone No.	Type of contract - 40hrs, 100hrs, distance selling, retail & appliance
81	Thingwall Pharmacy	The Warrens Medical Centre	Arrowe Park Rd	Thingwall	CH49 5PL	0151 6013101	100 hours
82	Townfield Pharmacy	Townfield Health Centre	Townfield Close	Birkenhead	CH43 9JW	0151 6537707	40 hours
83	Tree Tops Pharmacy	TreeTops Primary Care Centre	49 Bridle Rd, Bromborough	Wirral	CH62 6EE	0151 3274554	40 hours
84	Victoria Central Pharmacy	Victoria Central PCC	Mill Lane	Wallasey	CH44 5UF	0151 6390732	40 hours
85	Victoria Pharmacy	100 Victoria Road	New Brighton	Wallasey	CH45 2JF	0151 6394361	40 hours
86	Vittoria Pharmacy	134 St.Anne Street	Birkenhead	Wirral	CH41 3SJ	0151 6478679	40 hours
87	Wallasey Village Pharmacy	95 Wallasey Village	Wallasey	Wirral	CH45 3LE	0151 6382392	40 hours
88	Weinronk's Chemist	413 Pensby Road	Pensby	Wirral	CH61 9PF	0151 6481936	40 hours
89	Well Pharmacy	Pasture Road Health Centre	Pasture Road	Moreton	CH46 8SA	0151 6774100	40 hours
90	Well Pharmacy	309 Pensby Road	Pensby	Wirral	CH61 9ND	0151 6481606	40 hours
91	Well Pharmacy	40 Market Street	Hoylake	Wirral	CH47 2AF	0151 6324015	40 hours
92	Welsh's Pharmacy Ltd	90 Banks Road	West Kirby	Wirral	CH48 0RE	0151 6252544	40 hours
93	Wilson's Chemist	17 The Crescent	West Kirby	Wirral	CH48 4HW	0151 6256115	40 hours
94	Wyn Ellis & Son Pharmacy	32 Poulton Road	Wallasey	Wirral	CH44 9DQ	0151 6386609	40 hours



People Overview and Scrutiny Committee Wednesday 1st February 2017

REPORT TITLE:	2017/18 Budget Scrutiny Report
REPORT OF:	Councillor Moira McLaughlin, Chair of the Committee

REPORT SUMMARY

This report presents the work of the People Overview & Scrutiny Committee in relation to scrutinising the 2017/18 budget proposals. This follows a workshop held on Tuesday 10th January for Members to explore in more detail the various budget proposals being put forward that fall under the remit of this committee. A report is included as an appendix to this report. The People Overview & Scrutiny Committee is requested to acknowledge this report as its response to the 2017/18 budget proposals to be referred to Cabinet as part of its considerations in developing any budget recommendation to Council.

RECOMMENDATION/S

- Committee acknowledges this report as its response to the 2017/18 budget proposals.
- Committee refers this report to Cabinet as part of its considerations in developing any budget recommendation to Council.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

The recommendations will enable the People Overview and Scrutiny Committee's comments in relation to the 2017/18 budget proposals to be referred for future consideration by Cabinet.

2.0 OTHER OPTIONS CONSIDERED

Not Applicable

3.0 BACKGROUND INFORMATION

A consistent approach for the scrutiny of the 2017/18 budget proposals was presented to each of the three Overview & Scrutiny Committees in November 2016. It was proposed to follow a similar approach to that adopted for the 2016/17 budget process with a separate workshop for each of the three Overview & Scrutiny committees.

The complete list of budget proposals was reviewed by the Chair and Spokespersons of the committee and those proposals falling within the committee's remit were prioritised for further scrutiny at the workshop. Relevant officers were invited to the workshop to provide an overview and to answer questions for the proposals selected.

4.0 FINANCIAL IMPLICATIONS

4.1 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

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

Appendix 1: 2017/18 Budget Proposals - Scrutiny Report of People Overview & Scrutiny Committee

REFERENCE MATERIAL

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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2017/18 Budget Proposals

Scrutiny Report of People Overview & Scrutiny Committee

January 2017

DRAFT

VERSION 1
DRAFT

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1. INTRODUCTION

A dedicated 2017/18 budget proposals workshop for Members of the People Overview and Scrutiny Committee was held on the Tuesday 10th January 2017. This provided the committee members with the opportunity to examine in greater detail a number of budget proposals affecting services that fall under the remit of the committee. All of the budget proposals within the remit of the Committee were selected for further examination by the Chair and Party Spokespersons. This report summarises the proposals scrutinised and the comments and suggestions of Members attending the workshop.

2. SPECIALIST TRANSPORT

Summary of Proposal

The annual combined transport budget for the Integrated Transport Unit in 2016/17 is £6.8m, of which the children's transport budget is £5.4m and adults of £1.4m. The aim is to reduce demand for specialist transport and related costs for the Council and to improve the quality of life and outcomes for residents by encouraging increased levels of independent travel. This will enable a planned budget saving of £500k in 2017/18. This proposal relates to Wirral Council provision only; not Liverpool City Region (LCR).

The detail of the project is currently being developed although the scope of the work will include:

- In and out of borough SEN / LAC to special and mainstream schools;
- Adult transport services;
- Travel training;
- Mainstream school transport;
- Post 16 to 19 transport.

Commissioning / Contracts: SAVING	17/18 £m	18/19 £m	19/20 £m	20/21 £m	TOTAL £m
Specialist Transport	0.50	-	-	-	0.50

Source: Wirral Borough Council, Cabinet report, 8th December 2016

Committee Members' Comments

- The principle of independent travel training is supported. However members expressed concern about the potential for this to contribute to the savings target given the reluctance by some parents / carers to participate in the scheme. Members were reassured that the travel training service has worked very well enabling greater independence for service users and providing a number of excellent case studies.
- It is appreciated by Members that this service review is likely to lead to concern from service users and carers. It is important that the views of service users and carers are incorporated into the review and there is evidence of user involvement in the review.
- There is a risk in agreeing that the service review will produce a saving of £500k without having sufficient detail available to confirm that the saving is achievable.
- Given the amount of work that will be required in the project, Members queried whether the full saving of £500k would be achievable in the first year (that is, 2017/18).

- Although some of the proposals were described as “quick wins”, greater detail regarding the impact of those specific proposals would be beneficial.
- Members were reassured that a full impact assessment will be undertaken before any proposals are implemented.
- An assessment needs to take place to split the potential savings between contractual value and care packages as savings relating to packages of care will be accounted for elsewhere (within the Adult social care budget). There is, therefore, a danger of double-counting an element of the saving.
- Members expressed concern regarding the likely impact of the proposals on staff and urged the involvement of the trade unions at the earliest appropriate opportunity.

3. PUBLIC HEALTH (RENEGOTIATED CONTRACTS)

Summary of Proposal

The public health grant is allocated to local authorities to support the delivery of public health outcomes. The grant is ring-fenced and cannot be used to make savings. However, it can be used to invest in public health activity which might release savings elsewhere within the Council. The funding identified under this budget proposal falls into that category and decisions will need to be made as to where the £3m should be invested. The investment will be aligned against those pledges which have a public health outcome component.

A significant element of the reduction in spend contained in this budget proposal comes from commissioning new models of delivery of public health interventions during the past two years.

Commissioning / Contracts: SAVING	17/18 £m	18/19 £m	19/20 £m	20/21 £m	TOTAL £m
Public Health (Renegotiated Contracts)	3.0	-	-	-	3.0

Source: Wirral Borough Council, Cabinet report, 8th December 2016

Committee Members' Comments

- A member commented about the positive impact of the Get Into Reading programme. It was explained that the programme is now delivered in a different way with an increased role for volunteers. A retained investment of £25k will support the future delivery of the programme.
- A member commented that, as the value of some contracts are reduced (for example, the 3% savings per annum agreed as part of the drug and alcohol tender), there is a risk that either the same level of service is not achievable or additional funding is requested by providers to uphold service levels.
- Members were informed that there was an absolute cut in the public health grant for 2016/17 and there will be an additional reduction for 2017/18. It is prudent in the current climate to expect further reductions in future years.
- It was noted that the £50k contribution from the public health budget for the School Hub project had ceased in 2016/17. Members were informed that this had previously been short-term pump priming funding. Members welcomed that alternative funding, albeit at a lower level, had been made found from within the Children's Services budget.

4. DELIVERY OF ADULT SOCIAL CARE

Summary of Proposal

There are budgetary pressures within the Adult Social Services budget for 2017/18 relating to:

Inflation	£1.8m
Fees-related	£2.5m
Demographic – older people	£1.8m
Demographic – learning disabilities	£0.7m
Total	£6.8m

This is partly offset by additional income:

Adult Social Care Precept 2% per year	£2.5m
Improved Better Care Fund	£1.4m
Total	£3.9m

Net saving required £2.9m

Delivering Differently: SAVING	17/18 £m	18/19 £m	19/20 £m	20/21 £m	TOTAL £m
Adult Social Care Integration (Saving)	2.90	4.00	3.50	4.00	14.40

Source: Wirral Borough Council, Cabinet report, 8th December 2016

Members were further informed, that subsequent to the Cabinet report (8th December), the Government had announced that local authorities will have the option to re-profile the Adult Social Care Precept. In addition to the original option of implementing a 2% increase in Council Tax for each of three years (as agreed by Cabinet on 8th December 2016), there is now an alternative approach of a 3% increase for the first two years. Using the second option would result in the £2.9m spending gap for 2017/18 being further reduced. This is now subject to a further Cabinet decision. An additional transformation project to review provision of learning disabilities and mental health services is also due to be launched.

Committee Members' Comments

- Members were reassured that the anticipated £700k saving on commissioning which was part of the Social Care Integration project have been largely achieved in 2016/17.
- Members welcome the relative increase in social care funding compared to recent years although recognise that this is likely to be offset by increased demand for services.
- Members acknowledge that there is uncertainty in the proposal to review the learning disabilities and mental health services. Once the project has been developed, members look forward to receiving further detail in due course. The review will focus on the elements of services provided by health and by social care; and who pays for what. The emergence of new services such as mobile nights will also be incorporated.
- Members acknowledge that pay levels are a significant issue in the care sector. Members welcome the proposed increase in wage for staff, particularly in domiciliary care.

5. LCR INTEGRATION OF ADULT SAFEGUARDING

Summary of Proposal

Four local authorities from within the LCR (Sefton, Knowsley, Liverpool and Wirral) have agreed, in principle, to create a single Adult Safeguarding Board. This will enable the development of one set of criteria and standards. An Executive Board will remain within each local authority to review local performance and, in particular, to link with local partners. The new Safeguarding Board will be serviced by staff from Wirral. Therefore, a re-charging process (with the other three boroughs) delivers a saving for Wirral.

Commissioning / Contracts: SAVING	17/18 £m	18/19 £m	19/20 £m	20/21 £m	TOTAL £m
LCR Integration of Adult Safeguarding	0.20	-	-	-	0.20

Source: Wirral Borough Council, Cabinet report, 8th December 2016

Committee Members' Comments

- Members were reassured that there is no risk relating to the monitoring of safeguarding in the borough. Expertise and knowledge will be shared with the neighbouring authorities.

6. CHILDREN'S SERVICES – MANAGING DEMAND

Summary of Proposal

The Medium Term Financial Plan identifies Children's Services savings, to be achieved through managing demand for services and providing a total saving of £10m over four years. The initial saving is £1.4m in 2017/18.

These savings do not take money out of the budget; instead they contain increased pressure from:

- Inflation (fostering and other allowances)
- Increases in the number of children supported / allowances paid (for example, Special Guardianship Orders)
- Temporary support from contingency

Given the current budget position and the forecast overspend of £5.3m in the current year this is a challenging target.

The current pressures highlighted to Members included:

- Increasing numbers of children looked after, currently 749 (compared to 705 on 4th July 2015);
- Increasing numbers of children with a child protection plan, currently 447 (compared to 393 on 4th July 2015);
- Increasing overall numbers of children in need, currently 2909 (compared to 2712 on 4th July 2015);
- and increasing numbers of children who are supported financially.

The response to the Children's Services Ofsted report to transform children's services is being finalised. This will underpin the Improvement Plan which was submitted to Ofsted and the Department for Education on 23rd December 2016. This will improve services through focusing on:

- Prevention, earlier intervention and early help;
- Children's plans, placements and permanence;
- A strong, qualified and experienced, stable workforce.

The Improvement Plan will require significant investment from the Transformation Fund and capital receipts. The investment is made on the basis that it will secure lasting improvement and reductions in the cost of services.

Delivering Differently: SAVING	17/18 £m	18/19 £m	19/20 £m	20/21 £m	TOTAL £m
Children's Services – Managing Demand	1.40	3.70	3.70	1.20	10.00

Source: Wirral Borough Council, Cabinet report, 8th December 2016

Committee Members' Comments

- Members concluded that the ability to deliver the savings were fundamentally dependent on the Council being able to effectively implement the Improvement Plan for Children's Services. It is critical that the demand for services in children's social care is reduced
- A Member commented that Children's Services is, and will continue to, undergo considerable cultural change. There is a concern regarding the level of change that can be achieved quickly.
- A Member raised the tension between having to bid for money from the Transformation Fund in order to enable change, yet some reduction in the demand for services is also required in the short-term.

Appendix 1 – Workshop Attendance

Members of People Overview & Scrutiny Committee:

Moira McLaughlin (Chair)
Bruce Berry
Alan Brighthouse
Wendy Clements
Angela Davies
Treena Johnson
Chris Meaden
Tony Norbury
Walter Smith
Tom Usher
Warren Ward

Councillors also in attendance:

Phil Gilchrist
Tony Smith
Janette Williamson

Officers:

Clare Fish	Executive Director of Strategy
Fiona Johnstone	Director of Health & Wellbeing (DPH)
Graham Hodgkinson	Director for Care and Health
Julia Hassall	Director of Children's Services
Andrew Roberts	Senior Manager, Finance
Julie Barnes	Lead Commissioner – Transport and Technology
Patrick Torpey	Scrutiny Officer
Alan Veitch	Scrutiny Officer

Apologies:

Councillor Cherry Povall

POLICY INFORM:

People



Policy Inform- January 2017

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 approach to improve outcomes for Wirral residents.

The Plan focuses on three key theme areas:



The Wirral Plan People theme 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.”

This policy briefing focuses specifically on policies and legislation relating to the People Theme 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 focused 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 was 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	The third policy briefing will focus on the Autumn Statement which sets out how Government money will be allocated. The policy briefing will provide an update

2017	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 January policy briefing focuses on the key announcements from the Autumn Statement and provides an update on policy and legislative developments that have been aligned to the Wirral Plan pledges.

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

On Wednesday 18th 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	Business and Environment
Bus Services Bill	Business
Local Growth and Jobs Bill	Business
Digital Economy Bill	Business
Modern Transport Bill	Business
High Speed Rail Bill	Business
Better Markets Bill	Business
Finance Bill	People and Business
Children and Social Work Bill	People
Education for All Bill	People
Higher Education and Research Bill	People
National Citizen Service Bill	People
Policing and Crime Bill	People and Environment
Soft Drinks Industry Levy	People and Environment
Lifetime Savings Bill	People and Environment
Prison and Courts Reform Bill	Environment
Investigatory Powers Bill	Environment

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.

Additional Legislative Plans
Wales 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.

AUTUMN STATEMENT

'The Autumn Statement prioritises investment to improve productivity and ultimately living standards.' Gov.uk

Chancellor of the Exchequer Philip Hammond delivered his first Autumn Statement to the House of Commons on the 23rd November 2016; setting out the new administration's spending plans and priorities for the coming year.

The key announcement themes relevant to local government include:



The Chancellor did not mention, or offer clarity to local government in relation to the following within the Autumn Statement:

- About the role of local government in allocating and spending the National Productivity Investment Fund.
- About devolution beyond the major cities.
- About funding for social care.
- About how business rate retention is going to work and how local government will be financed in the medium to long term.

KEY ANNOUNCEMENT THEMES:

Local Government	Tax	Devolution
<ul style="list-style-type: none">• £1.8bn will be provided to England regions from the Local Growth Fund.• The government will give mayoral combined authorities powers to borrow for their new functions, subject to agreeing a borrowing cap with HM Treasury.• The government will also consult on lending local authorities up to £1 billion at a new local infrastructure rate of gilts + 60 basis points for three years to support infrastructure projects that are high value for money.	<ul style="list-style-type: none">• To promote 'simplicity' within the tax system, the government intends to move towards having a single major fiscal event each year.• Following the spring 2017 Budget and Finance Bill, Budgets will be delivered in the autumn.• Personal tax free allowance will go up to £12,500 by end of Parliament.• The taper rate at which Universal Credit is withdrawn as earnings rise to be reduced from 65p to 63p from April.• Tax savings on salary sacrifice and benefits in kind to be stopped, with exceptions for ultra-low emission cars, pensions, childcare and cycling.• Employee and employer National Insurance thresholds to be equalised at £157 per week from April 2017.	<ul style="list-style-type: none">• The government has published a strategy setting out an overall approach to building the Northern Powerhouse.• The British Business Bank will make its first investments from the Northern Powerhouse Investment Fund in early 2017, to support local SMEs.• The government remains committed to devolving powers to support local areas.• The government will begin talks on future transport funding with Greater Manchester.• The government will transfer to Greater Manchester the budget for the Work and Health programme, subject to certain conditions.• The government will award £1.8bn to Local Enterprise Partnerships (LEPs) across England through a third round of Growth Deals.• £556 million of this funding will go to the North of England. Awards to individual LEPs will be announced in the coming months.

Vulnerable



- No plans for welfare savings measures in this parliament beyond those already announced.
- The government will shortly publish a consultation on options to tackle pension scams.
- Government commitment to a further £10 million over two years to the Rough Sleeping Fund.
- Support for refugees – refugees and their family members will be exempted from the Past Presence Test

Childcare



- Tax-Free Childcare will be introduced gradually from early 2017, with roll out beginning upon completion of the trial. The government will review its operation to assess the benefit it is delivering for working parents.

Housing



- £2.3bn in new Housing Infrastructure Fund to help provide 100,000 new homes in 'high-demand areas'. Allocated to local government on a competitive basis, will provide infrastructure targeted at unlocking new private house building.
- £1.4bn will be made available to deliver 40,000 extra affordable homes.
- Restrictions on government grant relaxed to allow providers to deliver a wider range of housing types.

Transport



- £23bn national productivity investment fund over five years.
- £1.1bn extra investment in English local transport networks.
- £390m investment in low emission vehicles and the development of connected autonomous vehicles. To "build on our competitive advantage" in these areas.
- £450m investment to trial of digital signalling on railways. Aim to achieve a 'step-change' in reliability.
- The government will invest £100 million to improve the resilience of roads to flooding.
- The government will invest £50 million for rail resilience projects to flooding.
- £80 million will be allocated to accelerate the rollout of smart ticketing including season tickets for commuters in the UK's major cities.

Leisure and Culture



- The government will support a Royal Society of the Arts pilot to promote cultural education in schools.
- £7.6 million will be provided for urgent repairs at Wentworth Woodhouse country house in Rotherham.
- The Autumn Statement confirms the government's contribution of up to £15 million towards the costs of hosting the 2021 Rugby League World Cup, and £10 million towards legacy infrastructure.

Business



- Additional funding will be allocated to increase research capacity and business innovation.
- The statement announces a reduction in business rates by £6.7 billion over the next 5 years.
- National Living Wage will increase from £7.20 to £7.50 in April 2017.
- To remove inconsistency between rural rate relief and small business rate relief the government will double rural rate relief to 100% from April 2017.

Digital



- The government will invest over £1 billion by 2020-21, including £740 million through the NPIF.
- £400 million of this for a new Digital Infrastructure Investment Fund, at least matched by private finance, to invest in new fibre networks over the next 4 years.
- 100% business rates relief for new full-fibre infrastructure for a 5 year period from 1 April 2017 to support roll out to more homes and businesses.
- This is targeted at supporting roll out of full-fibre connections and future 5G connections.

Research



- The government has selected 8 areas for the second wave of Science and Innovation Audits, including: Liverpool City Region and the Bioeconomy of the North of England.

Productivity



- National Productivity Investment Fund (NPIF) announced targeting four areas: Housing; Transport; Digital communications and Research and development.
- The NPIF will provide for £23 billion of spending between 2017-18 and 2021-22.
- The NPIF will take total spending on housing, economic infrastructure and R&D to £170 billion over the next 5 years.

KEY ANNOUNCEMENTS FOR OUR PARTNERS:

NHS	Police & Justice	Schools and Apprenticeships
<ul style="list-style-type: none">• An additional student loan outlay allows the government to fund up to 1,500 additional medical training places each year, from the 2018-19 academic year onwards.	<ul style="list-style-type: none">• The government will provide up to £500 million of additional funding across the period to the Ministry of Justice. This will enable the recruitment of 2,500 more prison officers to improve prison safety. It will also fund wider reforms to the justice system.• Ministry of Justice will reduce the 'unacceptably high' number of whiplash claims.	<ul style="list-style-type: none">• Government will provide £50 million of new capital funding to support the expansion of existing grammar schools. This has been budgeted for 2017-18 through to 2020-2021.• Proposals for further reforms set out in the consultation document 'Schools that Work for Everyone.'

IMPACT ON WIRRAL:

- Departmental spending plans set out in the 2015 Spending Review to remain in place. This implies that the Councils projections are in line with what the Government has already announced. However further details on the local government finance settlement including schools have yet to be released, although it is known that 97% of Councils including Wirral have accepted the Four year funding offer. The Government has made a commitment to protect budgets for key public services, defence, overseas aid and the pension "triple lock" until the end of this Parliament.
- There have been no announcements on further funding for social care or the NHS whether through the Better Care Fund or the Council Tax Precept despite the pressures in these areas being highlighted prior to the Statement's announcement.
- The Statement includes details on investment in roads infrastructure but the amount that may come to Wirral is not yet known.
- The Statement includes details on housing infrastructure and affordable housing but the amount that may come to Wirral is not yet known.
- The Living Wage is set to increase from £7.20 per week to £7.50 per week. This is in line with the previous announced level of increase. The Council has factored into its budget projections increases in the living wage.
- High level figures have been announced for the Growth Fund including LEP however there are no details for the LCR announced yet.
- The change in the Universal Credit taper reducing from 65% to 63%
- Further details will be made by the various government departments over the coming weeks.

IMPLICATIONS OF THE AUTUMN STATEMENT FOR THE NORTH WEST:

- The Government's Northern Powerhouse (NPH) strategy reaffirmed commitments to the NPH including:
 - £13bn for transport in the North over the course of this Parliament;
 - £70 million for the Northern Powerhouse Schools Strategy;
 - £60m development funding for Northern Powerhouse Rail; and
 - A number of investments in Greater Manchester including the £235 million to the Sir Henry Royce Institute, £78 million for the Factory theatre and £38 million for the National Graphene Institute.
- The Chancellor announced that £556 million of the total £1.8 billion fund available for Growth Deals to Local Enterprise Partnerships (LEPs) will go to the North of England: the allocation for individual LEPs will be announced in the next few weeks.
- The Government has committed to giving mayoral combined authorities such as Greater Manchester and Liverpool City Region powers to borrow for their new functions allowing them to invest in economically productive infrastructure, subject to agreeing a borrowing cap with HM Treasury.
- The government has also selected eight areas for the second wave of Science and Innovation Audits, aimed at boosting economic growth in the knowledge sector. Liverpool City Region was one of the successful areas and its audit will exploit synergies and identify collaborations, investments and interventions to strengthen and attract businesses.
- It is estimated that at least 134,300 people in the North West stand to gain from the decision to increase the national living wage from £7.20 to £7.50.
- The reduction in the Universal Credit taper rate from 65% to 63% could potentially affect a substantial proportion of the 37,700 people in work who receive Universal Credit in the North West.
- The budget for the forthcoming national Work and Health Programme will be devolved to Greater Manchester. The government will also begin talks on future transport funding.
- Documents published alongside the Autumn statement confirm major new investments in the region's roads:
 - A66 Penrith to Scotch Corner will be duelled;
 - Improvements will be made to the M60 North West quadrant;
 - Connectivity between Sheffield and Manchester will be improved; and
 - Four Northern transport projects were awarded business case developmental funding from the Local Majors Fund, including the Warrington Waterfront western link.

WIRRAL PLAN BUSINESS PLEDGES- POLICY AND LEGISLATIVE DEVELOPMENTS

OLDER PEOPLE LIVE WELL

We will support older people to live independently in their homes and help prevent social isolation. We will seek ways to show we value the experience and knowledge of older people and encourage more volunteering and mentoring opportunities within our communities

Our Pledge Ambition:

To achieve this, we must talk more regularly to older residents in Wirral. Over the five years of this plan, we will ensure more older people tell us they have a good quality of life and feel valued and respected in their communities. We will identify a benchmark in our 2015 Survey and show continuous improvement over the life of this plan.

Outcome Strategy: 1) Being an active part in strong, thriving local communities. 2) Enjoy a happy home life. 3) Being emotionally and physically healthy. 4) Being financially secure 5) Having better access to the right information and support.



Associated Legislation:

Right to Die at Home Bill

Reporting stage: The Bill was presented to the House of Lords on Monday 6 June 2016. The date for the Bill's second reading has not been announced yet.

The purpose of the Bill is to:

- Create a right to die at home, giving the individual a choice

Concerns and progress so far:

The Bill is a private members Bill and therefore the full write up of the Bill has not been printed yet. It is predicted the Bill will be printed close to the second reading debate.

Associated Legislation:

Carers (Leave Entitlement) Bill

Reporting stage: The Bill was presented to the House of Lords on June 9, 2016. A date for the second reading of the Bill has yet to be announced.

The purpose of the Bill is to:

1. Entitle employees to a period of leave to fulfil caring responsibilities of dependants.

Concerns and progress so far:

The Bill is a private members Bill and therefore the full write up of the Bill has not been printed yet. It is predicted the Bill will be printed close to the second reading debate.

Associated Legislation:

Assisted Dying Bill

Reporting stage: The Bill was presented to the House of Lords on June 9, 2016. A date for the second reading of the Bill has yet to be announced.

The purpose of the Bill is to:

- Enable adults who are terminally ill, to be provided with assistance to end their own life

Concerns and progress so far:

The Bill is a private members Bill and therefore the full write up of the Bill has not been printed yet. It is predicted the Bill will be printed close to the second reading debate.

Associated Legislation:

Access to Palliative Care Bill

Reporting stage: The Bill was presented to the House of Lords on June 9, 2016. A date for the second reading of the Bill has yet to be announced.

The purpose of the Bill is to:

- Make provision for equal access to palliative care services.
- To advance research, education and training around palliative care

Concerns and progress so far:

The Bill is a private members Bill and therefore the full write up of the Bill has not been printed yet. It is predicted the Bill will be printed close to the second reading debate.

Associated Emerging Policy:

Social Care funding gap and Autumn Statement

LocalGov, 08/11/2016

Summary- The Health Foundation, The King's Fund and Nuffield Trust have warned the government that social care faces a £1.9 billion funding gap in 2017, even with councils opting to increase council tax by 2%. It is predicted that spending on social care will fall to less than 1% of GDP by 2020 leaving many without access to services.

Brief Analysis- The Autumn Statement of November 23, 2016, failed to offer any relief to social care, with the Chancellor failing to mention it at all. The three bodies called for next year's funding from the Better Care Fund to be brought forward from 2019/2020 however this did not happen.

The **LGA** believe it is "unacceptable" that social care was not been addressed in the Autumn Statement. They believe urgent action is needed The LGA estimates that adult social care faces a funding gap of £1.3 billion by 2019/2020 caused by increases in National Living Wage, inflation and demography. The LGA are also worried about the impact of the new increase in National Living Wage will have upon social care (announced in the Autumn Statement that it will increase to £7.50 in April 2017).

Society of Local Authority responded by again warning the government of how older people will continue to suffer as "care services are cut back and fall into decline".

Potential implications for the Wirral Plan as a result of emerging legislation and policy:

There are currently no potential implications as the emerging legislation is in the early stages of development.

The legislation will continue to be monitored and implications will be captured in the next Policy Inform paper which will be published in March 2017.

Opportunity to shape national legislation and policy:

The Department for Communities and Local Government and Department for Work and pensions are seeking the views on the government's plan for funding model for supported housing, short term placements and emergencies. It covers areas such as:

- Funding for emergency and short-term placements across Great Britain
- Devolved top-up funding to local authorities in England.

The consultation closes on 13th February 2017 at 12:00am. More information can be accessed [here](#).

CHILDREN ARE READY FOR SCHOOL

We must make sure that every child is equipped with the emotional, social and developmental skills to be ready to start school and to learn. We achieve this through a range of early interventions, engagement and support for families within our communities.

Our Pledge Ambition:

Currently 63% of our children are achieving a good level of development at the age of 5. Over the life of this plan we want to see a major improvement in this number so more of our young children get the best possible start in life.

Outcome Strategy:

Wirral's Strategy for Children, Young People and Families- Priorities:

1. Children are ready for school
2. Young people are ready for work and adulthood
3. Vulnerable children reach their full potential



Associated Legislation:

Education for All Bill

The Bill was first outlined at the Queen's Speech 2016 but has not yet been presented to Parliament due to the response from the education sector.

The purpose of the Bill is to: Make significant changes in England's schools especially around academisation. These include:

- Convert school 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 place. Goal of making every school an academy in the future.
- Head teachers, not councils, to be responsible for school improvement.
- A new national funding formula for schools to make funding fairer.

Concerns and progress so far:

Government more recently announced a full shift from forcing academisation as the bill suggested to building capacity in the system and encouraging schools to convert voluntarily. Works on principle of when schools are performing well, governing bodies are best to decide what's best for their schools and pupils e.g. whether converting to academy status is most effective way to improve education.

Associated Emerging Policy:

End of education grants

Local Gov, 01/11/2016

Summary- The education Services Grant (ESG), which funds a range of services local authorities can sell to schools, is to be removed completely by August next year.

Brief Analysis- Research by the County Councils Network (CCN) showed that more than two thirds of academies purchase school improvement services from local authorities. It warns that as non-academy schools have very little budget of their own for school improvement services; this could leave them vulnerable to academisation due to poor performance. At the same time academies will be left without support from their local authorities.

The CCN has written to education secretary Justine Greening demanding a review of the decision. The network's chairman Cllr Paul Carter said the move would leave councils with 'a virtually non-existent budget' to improve standards.

Associated Emerging Policy:

Government scraps forced academies plan

Local Gov 27/11/2016

Summary- Plans to force all schools to convert into academies have been scrapped by the Education Secretary Justine Greening. This came after opposition from Councils and teachers claiming the Education for All Bill focused too heavily on structures.

Brief Analysis- This marks a shift from forced academisation to building capacity in the system and encouraging schools to convert voluntarily. Change was declared after councils argued measured in the Education for All Bill went against evidence that council-maintained schools perform better than academies and free schools in Ofsted inspections, and that conversion to academies did not in itself lead to better results.

It also calls for the Government to take advantage of councils' unique position in the community and give them a clear and strategic role in overseeing local schools systems, accompanied by appropriate resources, powers and flexibilities, so that they can support local school improvement and hold schools to account for education standards.

Associated Emerging Policy:

Autumn Statement- £240m for Grammar school expansion

LGiU, 24/11/2016

Summary- During the Autumn Statement, Philip Hammond's declared that he has earmarked £240 million for the expansion of grammar schools in England over the next 4 years.

Brief Analysis- The spending commitment reflects Theresa May's enthusiasm for the expansion of existing grammar schools and the establishment of new ones. Head teachers have said it is "disappointing" that the funding pressures faced by many schools and colleges across England were not addressed. Russell Hobby, general secretary of the National Association of Head Teachers, said: "Capital investment in grammar schools is the wrong priority, and a distraction from the most important issues in education." In response, Mr Hammond said: "The Government's education reforms have raised standards and expanded opportunity with 1.4m more children now in 'good' or 'outstanding' schools," adding that "the new capital funding I have provided today for grammar schools will help to continue that trend."

YOUNG PEOPLE ARE READY FOR WORK AND ADULTHOOD

Our children deserve to be educated in 'good' schools. We want to see continued improvements in literacy and numeracy skills with more of our pupils achieving A- C GCSE level English and Maths. Today, 78.5% of Wirral schools are rated "good" or better by OFSTED.*

Our Pledge Ambition:

By 2020, we want to extend that to cover all Wirral schools. We also want to support improving academic attainment for children in care and those in low income families. It is also important to support teenage parents and vulnerable young people back into education and we will reduce the number of young people classified as NEET- not in employment, education or training.

Outcome Strategy: Wirral's Strategy for Children, Young People and Families- Priorities:

1. Children are ready for school 2. Young people are ready for work and adulthood 3. Vulnerable children reach their full potential.



Associated Legislation:

National Citizens Service Bill

Reporting stage: Line by line examination of the Bill took place during committee stage on 22th November. Further line by line examination of the Bill will take place during the report stage on 7th December.

The purpose of the Bill is to:

The NCS bill is intended to secure the future of the National Citizen Service by making it more accountable to Parliament and the public. A new body, the National Citizen Service Trust, will be established by Royal Charter.

The new NCS trust will provide programmes for young people which should:

1. Enable participants to mix with others from different backgrounds to work together and participate in social action projects.
2. Enhance participants' communication, leadership and team- working skills.

The bill also makes provision to better promote the scheme. For example, HMRC will send out promotional material to young people when they turn 16.

Concerns and progress so far:

When the bill was first announced, it was understood it would include a new duty on schools and local authorities to promote the scheme; however this was not taken forward after the first reading in

Associated Legislation continued- NCS Bill

NCS Bill

Concerns and progress so far:

parliament. Concern has also been raised regarding the corporate form of giving NCS its statutory framework, in particular the decision to make it a Royal Charter framework. Due in part to the operational consequences this may bring further concerns expressed at the second reading regarding the effectiveness of all 16 year olds receiving a letter from the HRMC. This has been highlighted as an issue as a formal letter from the government may be disregarded as somewhat “un-cool” by young people.

Several peers have also highlighted the importance of local authority engagement and the leadership role of the NHS in strengthening the wider youth sector and breaking down siloed working, in the context of national cuts to the youth sector and voluntary sectors.

Peers also highlighted providers’ concerns about whether the draft charter would limit the role of the NCS and its links with the wider sector, and called for a strong leadership role in promoting service throughout society. There was consensus that a key challenge was ensuring that the NCS is developed further to support socially excluded and hard-to-reach groups.

However, the bills role in encouraging young people to play an active role in their communities through volunteering and social action, will teach them valuable skills for life.

Associated Legislation:

National Minimum Wage (Workplace Internships) Bill

Reporting stage: The bill started its second reading debate on Friday 4th November 2016 and the debate has now been adjourned to Friday 24th February 2017.

The purpose of the Bill is to:

The bill is intended to require the Secretary of State to apply the provisions of the National Minimum Wage Act 1998 to workplace internships; and for connected purposes.

Seeks to tackle the inconsistencies within certain industries- particularly politics, the media and the arts where unpaid internships are often compulsory to gain the necessary experience. Making young people work for free often means that only those from the most fortunate backgrounds can afford to have their parents to sustain them whilst they gain experience.

Concerns and progress so far:

The whole problem with the Bill revolves around the definition of three key terms: “work”, “internship” and “work experience”. Someone who is deemed to be a worker will have the right to be paid the national minimum wage- which is already the position. Workers are already, under the existing law, entitled to be paid the correct minimum wage if they are part- time, casual labourers, including even someone hired for one day.

Associated Emerging Policy:

Supporting Young People- Youth Investment Fund

LGIU, 18/10/2016

Summary- The government launched an £80 million fund to support England's youth sector in September 2016 to give young people the best start to life. The fund complements the Government's commitment to expand the National Citizen Service. Investment for the YIF will be focused on six eligible clusters which includes the Liverpool City Region.

Brief Analysis- The Youth Investment Fund (YIF) will be jointly delivered by the Government and the Big Lottery Fund. It will be launched later in the autumn and will help to create community engagement by getting young people involved in greater volunteering opportunities. £40 million of the funding will go directly to the YIF, targeting disadvantaged communities across England, while an additional £40 million will provide continued support for Step Up to Serve's successful youth social action campaign.

Potential implications for the Wirral Plan as a result of emerging legislation and policy:

NCS Bill

The Bill seeks to establish the National Citizen Service on a more permanent footing with current provision for 16- and 17-year olds in England being extended. As such more Wirral young people and families will have the opportunity to attend NCS Courses.

Opportunity to shape national legislation and policy:

The Department for Work and Pensions alongside the Department of Health are seeking views on the voluntary sector. In particular how the sector can play a crucial role in helping more people lead healthy lives, specifically disabled people. It recognises how voluntary organisations embody a spirit of citizenship upon which our country is built.

As a government they are already working to invest in voluntary organisations including: the NCS, given them the opportunity to develop the skills and attitudes needed to engage with their local communities.

The consultation closes on 17th February 2016 at 11:45pm

VULNERABLE CHILDREN REACH THEIR FULL POTENTIAL

We want to see Wirral's children thrive and be safe in their own families and communities. Today, nearly 700 young people are living in care on Wirral. Over the term of this plan we aim to reduce that by a third.

Our Pledge Ambition:

By focusing on prevention, more children and young people will avoid the need to enter care, and for those who are looked after, we will provide quality care and services to enable them to reach their full potential.

Outcome Strategy:

Wirral's Strategy for Children, Young People and Families- Priorities:

1. Children are ready for school
2. Young people are ready for work and adulthood
3. Vulnerable children reach their full potential



Associated Legislation:

Children and Social Work Bill

Reporting stage: Following the debates in the House of Lords, the Bill entered the House of Commons on 24th November. The bill is expected to have its second reading debate on 5th December.

The purpose of the Bill is to:

- The purpose of the Children and Social Work Bill is to: To create a new 'Care Leavers' Covenant', requiring councils to tell children leaving care what services they are entitled to.
- To speed up the adoption process and tip the balance in favour of permanent adoption where that is the right thing for the child
- To ensure that local authorities and schools promote educational achievement for adopted children and those in long-term care
- To extend the right that care leavers have to a Personal Adviser, up until the age of 25.
- To support innovation in children's social care and create a new social work regulator to focus on training and professional standards

Associated legislation continued- Children and Social Work Bill

Children and Social Work Bill

Concerns and progress so far:

Some concerns have been raised about the implications for the tens of thousands of social care professionals who work in the sector; especially in relation to the bill giving unprecedented control over regulation of the profession to the Secretary of State. The position of the British Association of Social Workers (BASW) is that regulation should be the responsibility of an independent regulatory body- the role currently filled in England by the Health and Care Professions Council (HCPC).

The bill will also allow the government to permit local authorities “exemptions” from the obligation to meet certain statutory duties, for a period of up to six years in total. Whilst the government claims this will promote innovation and the opportunity to experiment with different ways of achieving better outcomes, some have expressed concerns that this is simply opening the door to academy- style models in the social work sector. This approach- which invariably involves introducing private contractors into traditionally public services- has been controversial when introduced into other sectors, such as education and the probation service, with claims that it leads to a focus on targets and profit rather than actual quality of service.

There have also been concerns raised regarding Clause 32 which gives the Secretary of State the power to remove legislative provisions from a local authority without any form of democratic scrutiny on consultation with local partners. This runs counter to the Government’s aims of using these innovation clauses to allow local practice leaders to design services around the needs of the children and young people they know best.

The Bill has received further criticism for not considering the bigger picture. While it aims to drive up social work standards, it fails to address the underlying problems in the profession which lead to high staff turnover. Furthermore, while the Bill promises to speed up the adoption process, it does not focus on tackling the problems that mean that children have to go into care in the first place, such as drugs abuse and neglect.

More recent progress of the bill at the Third Reading discussed how the freedom to innovate can be a powerful tool in improving outcomes and the Local Government Association has strongly supported the principle of allowing councils to shape provision for their own areas. It also proposes the power set out by the Government should only be used where this is clearly shown to be in the best interests of children. An expert panel with strong representation from the sector would ensure this.

Associated Emerging Policy:

Children in need of help or protection

[NAO, 17/10/2016](#)

Summary- The national audit office has published a report examining progress in improving the system to help and protect children. It concludes that the quality of services is generally poor and interventions to improve failed services have been ad hoc. The report sets out an account of the demand for help and protection for children; how the system is working in practice; and how the Department of Education aims to improve it.

Associated Emerging Policy continued:

Children in need of help or protection

NAO, 17/10/2016

Brief Analysis- The report highlighted how the demand for help or protection is rising. As of March, 2015, 391,000 children in England were assessed as being in need of help or protection. In 2013-14 there were 2.3 million initial contacts (up 65% since 2007/08).

There were also inconsistencies found in the quality of protection, localities and outcomes for children. It also highlighted how the Department of Education sees its role as setting the statutory frameworks within which local authorities help and support children.

It also includes recommendations for the Department such as: should set out how it plans to transform services, consult with OFSTED better and develop better indicators of outcomes for children.

Associated Emerging Policy:

EIF analysis of £17 billion cost of social problems affecting children

LGA, 17/11/2016

Summary- The LGA have recently published their response to new analysis from the Early Intervention Foundation that revealed a £17 billion cost to helping children, young people and their families affected by social problems.

Brief Analysis- It states that councils have long recognised the importance of investing in preventative services. However, the significant increase in demand for child protection services over recent years has placed a strain on services. This calls for an urgent reform of how funding is allocated across the range of early intervention services.

Associated Emerging Policy:

'Social mobility coldspots'

Local Gov, 22/11/2016

Summary- New research on social mobility has revealed children from disadvantaged backgrounds are more than 20 months behind their wealthier peers. The education charity Ambition School Leadership has found that persistently disadvantaged children in areas of low social mobility made 20.1 months' less progress than peers across England in 2015.

Associated Emerging Policy Continued:

'Social mobility coldspots'

Local Gov, 22/11/2016

Brief Analysis- The research responds to education secretary Justine Greening's identification of six areas deems 'social mobility coldspots' and announced they would receive £60 million in funding in a bid to boost social mobility. These were called 'Opportunity Areas'. Persistently disadvantaged students - who have spent at least 80% of their time in secondary school eligible for free school meals, now make the least progress, the charity found. In Opportunity Areas, this group has fallen 8.3 months' further behind since 2010. This follows the announcement earlier in the month by Education Secretary, Justine Greening that 'opportunity areas' will receive £60 million of funding. Opportunity areas will be given prioritised access to a wider support package helping young people from nursery right through to starting work.

Potential implications for the Wirral Plan:

Children and Social Work Bill

- The Bill sets out new principles for local authorities in relation to its Corporate Parenting role and what good corporate parenting looks like.
- It is proposed that local authorities will have greater freedom to develop and trial more effective ways of delivering children's social care, supported by the Social Work Innovation Fund.
- From September 2018 a new independent regulator will be established 'Social Work England' to regulate and improve the quality of the social work profession.
- There is a new requirement that Wirral consults and publishes a local offer which sets out the support available to care leavers within the authority.
- The Bill sets out that Care Leavers have access to a Personal Advisor up to the age of 25. This extends the provision of PA's to Care Leavers and has staff resource implications.
- The role of the Virtual School Head Teacher and the role of Designated Teachers in schools is extended to include greater support to adopted children and children and young people who are in long-term care.

REDUCE CHILD AND FAMILY POVERTY

We will work in partnership with children, young people and their families, residents and local organisations to ensure that no child in Wirral lives in poverty.

Our Pledge Ambition:

We will continue to work with partners to look at opportunities to tackle child and family poverty in Wirral communities. Sadly, 22.4 % of children in Wirral currently live in low income households. Our long term ambition is to ensure no child in Wirral lives in poverty and we will work with our partners to reduce this level over the five years of this plan.

Outcome Strategy

Wirral Improving Life Chances Strategy Priorities: 1. Supporting parents into sustainable employment 2. Improve life chances for children and young people 3. Supporting families to become financially resilient 4. Tackling the immediate effects of poverty.



Associated Legislation:

Child Poverty in the UK (Target for Reduction) Bill

Second Reading Debate Stage: Bill presented to parliament on the 29th June 2016, with its second reading scheduled for 3rd February 2017.

The purpose of the Bill is to:

- To establish a target for the reduction of child poverty in the United Kingdom; and
- to make provision about reporting against such a target

Concerns and progress so far:

As a Private Members' Bill, its contents are currently being prepared for publication ahead of its second reading scheduled for the 3rd February 2017. It follows the decision of the UK Government to scrap the Child Poverty Act in 2010, and to move away from income based child poverty targets. The government has said in response to the Private Members' Bill invoked by Dan Jarvis MP, that it already has a strategy to tackle child poverty in the UK.

Associated Legislation:

Families with Children and Young People in Debt (Respite) Bill

Second Reading Debate Stage: The Bill was presented to parliament on 29th October. The Bill is expected to have its second reading debate on 3rd February.

The purpose of the Bill is to:

- Place a duty on lender and creditors to provide periods of financial respite for families in debt
- Place a duty on public authorities to provide access to related advice, guidance and support in those circumstances

Concerns and progress so far:

This Bill is a Private Member's Bill. These are often not printed until close to the second reading debate.

Associated Emerging Policy:

UK Poverty: Causes, Costs and Solutions

[LGiU, 08/11/2016](#)

Summary- A report by Joseph Rowntree Foundation (JRF) has brought together much of the poverty research and policy development over recent years. It provides a number of recommendations on how to tackle child poverty.

Brief Analysis-

The numerous recommendations for tackling child poverty are grouped under six main headings:

1. Supporting family life and relationships- should include revitalising and developing children's centres and family support services into family hubs.
2. Raising and protecting family incomes- calls for a review on planned changes to Universal credit to ensure lone parents are not pushed into poverty.
3. Helping parents balance work and parenting- calls for improvements to parental leave, maternity and paternity pay to enable families to maintain a decent standard of living.
4. Strengthening early years childcare and education- a ten-year plan to transform early education and childcare systems across the UK.
5. Providing all children with an excellent education- the focus should be on improving attainment for children from low-income backgrounds across all types of schools.
6. Supporting the transition to adulthood- calls for quality improvements in careers advice and apprenticeships are called for.

Associated Emerging Policy:

Benefits freeze contributes to child poverty

Local Gov, 09/11/2016

Summary- The benefits freeze and cuts to Universal Credit threatens to increase the number of children living in poverty, charities have warned.

Brief Analysis- The End Child Poverty coalition has warned the Government that the benefits freeze- in place until 2020 will mean low income families will find it increasingly hard to pay for the same basic essentials as prices rise. They also proposed that recent cuts to in work support under Universal Credit 'would push more working families' below the poverty line.

Associated Emerging Policy:

Autumn Statement

LGC, 23/11/2016

Following the recommendations of the independent Low Pay Commission, the National Living Wage (NLW) will be increased by 4.2 per cent from £7.20 to £7.50 from April 2017. The target for the NLW to reach 60 per cent of median earnings is restated, subject to sustained economic growth. This is estimated to mean a pay rise for over a million workers.

Phillip Hammond announced an overhaul of the speed at which benefits are withdrawn under Universal Credit. Delivering his Autumn Statement, the chancellor revealed that from April 2017 the rate at which benefits are reduced as a claimant earns more would fall from 65% of payments to 63% - meaning 63p would be withdrawn for every pound of net earnings.

Potential implications for the Wirral Plan as a result of emerging legislation and policy:

There are currently no potential implications as the emerging legislation is in the early stages of development.

The legislation will continue to be monitored and implications will be captured in the next Policy Inform paper which will be published in March 2017.

PEOPLE WITH DISABILITIES LIVE INDEPENDENTLY

It is our aim to support more people with disabilities to increase their independence and access to work, education and volunteering.

Our Pledge Ambition:

To do this we must listen to people with disabilities to fully understand their needs, how to best support them to be ready for work and enable more people to access employment opportunities over the next five years.

Outcome Strategy:

All Age Disability Strategy Priorities: 1. Working with partners to increase independence, choice and control for individuals. 2. Offer and create more employment and volunteering opportunities. 3. Ensure transport and public areas are accessible. 4. Implement an All Age Disability Service in Wirral.



Associated Legislation:

Disability Employment (Gap) Bill

Reporting stage: The Bill was started in the House of Lords however a date for the first reading is still to be announced.

The purpose of the Bill is to:

- Introduce proposals to halve the disability employment gap.
- Make training more readily available for disabled people, to allow them to acquire the skills they need for employment.
- Make provision for availability of qualified job coaches for disabled people.

Concerns and progress so far:

The Bill is a private members Bill and therefore the full write up of the Bill has not been printed yet. It is predicted the Bill will be printed close to the second reading debate.

Associated Legislation:

Carers (Leave Entitlement) Bill

Reporting stage: The Bill was presented to the House of Lords on June 9, 2016. A date for the second reading of the Bill has yet to be announced.

Associated Legislation Continued:

The purpose of the Bill is to:

- Entitle employees to a period of leave to fulfil caring responsibilities of dependants.

Concerns and progress so far:

The Bill is a private members Bill and therefore the full write up of the Bill has not been printed yet. It is predicted the Bill will be printed close to the second reading debate.

Associated Legislation:

Health Services Commissioning (Equality and Accountability) Bill

Reporting stage: The Bill was presented to Parliament on September 14, 2016. The Bill is expected to have its second reading debate on February 24, 2017.

The purpose of the Bill is to:

- To reduce inequalities in health care received by people with learning disabilities and mental illness.
- To make an annual report to Secretary of State on equality of service provision to people with learning disabilities and mental illness.

Concerns and progress so far:

The Bill is a private members Bill and therefore the full write up of the Bill has not been printed yet. It is predicted the Bill will be printed close to the second reading debate.

Associated Legislation:

Disability Equality Training (Taxi and Private Hire Vehicle Drivers) Bill

Reporting stage: The Bill was presented to the House of Commons on June 29, 2016. A second reading debate took place on November 18, 2016 but was adjourned until November 25, 2016.

The purpose of the Bill is to:

- Make the completion of disability training a requirement for the licensing of taxi and private hire vehicle drivers in England and Wales.
- Stop guide dogs and assistance dog owners being refused access to taxis and minicabs

Concerns and progress so far:

The Bill is a private members Bill and therefore the full write up of the Bill has not been printed yet. It is predicted the Bill will be printed close to the second reading debate.

LGA supports proposals but states local councils have the necessary tools to properly administer the training scheme.

Associated Emerging Policy:

Work and Health Programme [Green Paper](#)
[31 October 2016](#)

Summary- The Government's Work and Health Programme Green Paper proposes a plan to help disabled people and long term unemployed back into work. The programme includes new initiatives including a Personal Support Package, a greater number of job coaches, voluntary work experiences and 'Journey to Employment' job clubs.

Brief Analysis- The Work and Health Programme is replacing the national Work Programme and Work Choice when the contracts expire in 2017. Although the budget for the programme is to be £130 million per year for England and Wales, it is significantly lower than the £2.8 billion the Work Programme received between 2011 and 2016. The [LGA](#) has voiced its concerns over the low levels of funding compared to its predecessors and believes it could lead to inadequate interventions or too few claimants benefitting from the support. The LGA believe responsibility for the programme should be devolved to local areas.

The Chancellor announced in the Autumn Statement that the financial responsibility for the Work and Health Programme will be devolved to London and Greater Manchester. The LGA agrees with the proposals but believes devolution could be extended to all areas across England.

A consultation is currently open in relation to this, please see p.30.

Associated Emerging Policy:

Taskforce on Accessibility of Apprenticeships for people with Learning Disabilities
[Gov.uk, May 2016](#)

Summary- In May 2016, it was announced that a taskforce would be created to improve apprenticeships for people with learning disabilities. The Taskforce is made up of the Department of Work and Pensions, Department of Education and Department of Business, Innovation and Skills. The Taskforce meets three times in May and June, to identify issues, then explore solutions and finally to form recommendations to Ministers.

Brief Analysis- The Taskforce focuses on making apprenticeships accessible to all. Through providing more opportunities for training and apprenticeships, it will support many people into work.

Opportunity to shape national legislation and policy:

The Department of Work and Pensions are seeking opinions on how they can halve the disability employment gap. They are keen to hear from all interested parties, including disabled people and disability organisations. The consultation is split into audience groups, with each party filling in the appropriate section. Topics for discussion include:

- Role of employers and work coaches
- Improvements to welfare system
- Investing in innovative services, occupational health support and changing culture around work and health.

The consultation closes on 17th February 2017 at 11:45pm. More information can be accessed [here](#).

The Office of Rail and Road are currently seeking views on complaints handling procedures and disabled people's protection policies. The consultation asks for options for how they regulate obligations relating to Disabled People's Protections Policies (DPPPs) and Complaints Handling Procedures (CHPs) for station license holders and charter operators.

The consultation closes on 20th January 2017 at 11:45pm. More information can be accessed [here](#).

ZERO TOLERANCE TO DOMESTIC VIOLENCE

Our focus will remain on prevention and early intervention and we will continue to facilitate an integrated response and effective court system to deal with cases quickly and effectively.

Our Pledge Ambition:

By working with our partners we want to see a significant reduction in repeat incidents of domestic violence by 2020.

Outcome Strategy:

Zero Tolerance to Domestic Violence Strategy Priorities: 1. Partners work towards prevention and early intervention. 2. To ensure Children and Young People at the heart of domestic abuse receive prompt support from services. 3. Partnership come together to create a strong community co-ordinated response. 4. Make victims safer and reduce re-offending.



Associated Legislation:

Prevention and Combating Violence Against Women and Domestic Violence (Ratification of Convention)

Bill

Reporting stage: The Bill was presented to Parliament on June 29, 2016. The Bill is expected to have its second reading debate on December 16, 2016.

The purpose of the Bill is to:

- To ratify the Council of Europe Convention – [Istanbul Convention](#) on preventing and combating violence against women.
- The convention has the aims of preventing violence, increasing victim protection and “end with the impurity of perpetrators”. (Convention wants to prevent domestic violence, protect victims of domestic violence, prosecute perpetrators and integrate agencies and institutions to tackle domestic violence together)

Concerns and progress so far:

The UK have signed the convention along with 42 other nations. However the Bill is a private members Bill and therefore the full write up has not yet been printed. It is predicted the Bill will be printed close to the second reading debate.

Associated Emerging Policy:

Fund to Tackle Domestic Violence

[LocalGov , 04/11/2016](#)

Summary- Local authorities can bid for a share of £20 million fund dedicated to tackling Domestic Abuse. This fund will be used to increase refuge spaces and other accommodation for women fleeing violence. It will support services which will provide accommodation, education, skills training and employment to women fleeing domestic violence. Local authorities should bring local services together and should take account of survivor's voices and needs.

Brief Analysis- The overwhelming aim of the fund and the new Priorities for Domestic Abuse Services is to put the victim first. It is part of the government's £80 million Violence Against Women and Girls (VAWG) Strategy, which believes that real change will only happen at local level with the needs of the victim coming first. However funding is only available for local areas that are working together to end domestic violence. The fund is looking to address the needs of all victims including victims from diverse communities. Bids are required by December 16, 2016.

Associated Emerging Policy:

Comic Relief to distribute £3million to women's charities

[LGA , 23/11/2016](#)

Summary- The Chancellor announced in the Autumn Statement, November 23, 2016, that £3million will be awards to Comic Relief to distribute out to the women's charities. This money has been raised from the Tampon Tax. The charities receiving the funding will be schemes and programmes run to tackle domestic violence against women. Charities can now apply for the next round of Tampon Tax funding from December 2016.

Brief Analysis- The LGA have backed the scheme but have also called for the government to allow local councils to apply for the funding too. The money could be used by local authorities to support work with partners in particular around early intervention and repeat offenders.

Potential implications for the Wirral Plan as a result of emerging legislation and policy:

Fund to Tackle Domestic Violence, Local Government, 04/11/2016

Wirral is already in receipt of this grant for 2015-2016.

Potential implications for the Wirral Plan as a result of emerging legislation and policy:

Comic Relief to distribute £3million to women's charities, LGA , 23/11/2016

Noted that this was originally only for organisations with charitable status however if LGA get approval to bid, the money could be used by local authorities to support work with partners in particular around early intervention and repeat offenders.

This would be an opportunity for Wirral due to identified gaps in early intervention support services in line with Pledge 7 .No other issues identified based on what has been shared.

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WIRRAL COUNCIL

PEOPLE OVERVIEW & SCRUTINY COMMITTEE – 1ST FEBRUARY 2017

HEALTH AND CARE PERFORMANCE PANEL – 1ST FEBRUARY 2017

SUBJECT:	<i>FEEDBACK FROM THE MEETING OF THE HEALTH & CARE PERFORMANCE PANEL HELD ON 7TH DECEMBER 2016</i>
REPORT OF:	<i>THE CHAIR OF THE PANEL (COUNCILLOR MOIRA MCLAUGHLIN)</i>

1.0 PURPOSE OF THE REPORT

This report provides feedback regarding the key issues arising from the meeting of the Health & Care Performance Panel held on 7th December 2016.

2.0 ATTENDEES

Members:

Councillors Moira McLaughlin (Chair), Bruce Berry, Alan Brighthouse, Wendy Clements, Treena Johnson, Tom Usher, Chris Meaden (Deputy for Warren Ward)

Other Attendees:

Jacqui Evans (Head of Transformation, Adult Social Services, Wirral Borough Council)
Lorna Quigley (Director of Quality and Patient Safety, Wirral Clinical Commissioning Group)

Alan Veitch (Scrutiny Officer, Wirral Borough Council)
Patrick Torpey (Scrutiny Officer, Wirral Borough Council)

Visitors for part of the meeting:

Jason Oxley (Assistant Director Health and Care Outcomes, Wirral Borough Council)

Apologies:

Amanda Kelly (Senior Manager, Transformation and Contracts, Wirral Borough Council)
Karen Prior (Wirral Healthwatch)
Councillor Warren Ward

3.0 NOTES FROM THE PREVIOUS PANEL MEETING HELD ON 5TH OCTOBER 2016

The notes from the previous meeting, held on 5th October, were approved by members.

4.0 CONTINUING HEALTHCARE FUNDING

The Chair welcomed Jason Oxley to the meeting. Jason introduced the report which described the process for administering Continuing NHS Health Care (CHC) in Wirral.

Overview

The National Framework for NHS Continuing Healthcare places a statutory duty on the NHS to administer the CHC process. The framework sets out the timelines for assessments and decisions, roles and responsibilities of those involved and includes a suite of standard forms, including the standardised CHC Checklist.

South Cheshire CCG carries out the administration of the CHC process on behalf of five local CCGs including Wirral.

At the consent stage, any professional practitioner who is familiar with the person's needs and the CHC framework may complete the checklist. The threshold for consideration for CHC funding is set deliberately low. This means that many people who are considered for CHC funding are found ultimately not to be eligible.

The CCG appoint a co-ordinator to ensure that a full assessment process takes place, culminating in a Multi-Disciplinary Team Meeting (MDT). It is recommended that all professionals who know the client best, together with the family should contribute to the MDT. The MDT will consider all evidence and reach a recommendation on eligibility for CHC. The MDT recommendation should be clearly evidenced using a Decision Support Tool and this should be forwarded to the CCG. The CCG can only overturn the recommendation of the MDT in certain circumstances, reinforcing the notion that it is the professionals closest to the cases that are best placed to make decisions.

Decisions on CHC funding should be reached within 28 days of the CCG receiving a positive checklist and in eligible cases, funding should be awarded on the 29th day.

A fast-track process exists for end of life cases.

Reference was made to the Parkinson's UK Report (produced on behalf of the Continuing Healthcare Alliance) issued to the Panel in the agenda pack. This describes a number of case studies highlighting real examples of where CHC has worked well and where things have gone wrong.

The Panel was assured that Wirral is working closely with South Cheshire CCG regarding timescales and processes with the aim of improving the process for local people.

Discussion

During discussion with members, a number of issues emerged:

- A Member raised concerns about Wirral being the 3rd lowest of 32 regional CCGs for numbers of people eligible for CHC together with Wirral having a significantly higher number of joint funded care packages. Members were concerned regarding these figures and the costs to Wirral Council of jointly funded packages. Some issues exist in managing this high-volume area but it was highlighted that the report data was from 2014/15 and may be slightly out of date. Data suggests that more people in Wirral may be eligible for CHC rather than jointly funded awards. From an NHS perspective this has been a complex issue historically, but staff were now working closely with the CHC team based at South Cheshire CCG. It was accepted that further scrutiny may be required to provide assurance around compliance with the framework in future. The Chair agreed and asked Members for suggestions on how best to progress this issue.
- A Member referred to the Parkinson's UK report and evidence of significant national variations on the approach to CHC. It was suggested that even with a more integrated approach, issues will not go away. It was highlighted that the main stage of CHC assessment was very bureaucratic and it was queried if there was any flexibility to reduce bureaucracy and make the process simpler locally. It was explained to the Panel that the national framework is proscribed and there are limitations to local changes which can be made to processes.

- Members questioned the extent to which MDT meetings and the decisions made were clinical, or whether they were affected by budgetary pressures.
- A Member commented on mismatches between evidence and scoring. Members were informed that if someone was recommended as eligible for CHC funding but assessment evidence did not support this on the decision support tool, the CCG can request further clinical assessments and would convene a further MDT to consider additional evidence.

Conclusion

The Chair thanked Jason Oxley for attending and providing the report on Continuing Health Care Funding. It was agreed that a new task and finish group would be formed in the New Year to investigate CHC in more detail.

5.0 DOMICILIARY CARE - OVERVIEW

The Chair welcomed Jacqui Evans to the meeting. Jacqui introduced the Domiciliary Care Overview Report to the Panel.

Overview

The report summarises the position of the domiciliary care market in Wirral now and the changes made in the last twelve months.

Previously the market was very fragmented and there was a lack of real-time information and data to support complaints and investigations.

A re-tendering exercise took place in 2014 with the aim of delivering a responsive domiciliary care market for Wirral with four zones covering the borough, each zone being served by a main provider and back-up provider.

Reassurance was provided to the Panel regarding the continued existence of 15 minute visits amidst negative media attention. It was felt that a small number of 15 minute visits (approx. 3% of all visits) were appropriate in certain circumstances such as medication monitoring visits. Similarly information was provided regarding another high profile issue, zero hour contracts. Providers in Wirral were incentivised to offer fixed hours contracts to staff and one of the main providers offered these terms to their staff. The provider fed back that a significant proportion of their staff rejected the offer of fixed hours and preferred the flexibility of zero hours. It remained a challenge to work with providers over recruitment and retention of staff.

The new contracts and zoning arrangements commenced in April 2015 and worked well until a number of issues emerged during summer 2016. Since then a number of the main providers have withdrawn from the market or otherwise ended their contracts with Wirral Council. A contingency plan has been implemented to ensure that care services continue to be provided to those in need. It was explained to the panel that the last 12 weeks had involved intense work to implement the contingency plan and to provide a sustainable solution.

It was agreed that a further briefing would be provided to the Panel concerning this issue.

Discussion

During discussion with Members, a number of questions were asked:

- A Member queried if recent issues would suggest that there is too much reliance on one provider. This was acknowledged and it was explained that the current situation was not intended to be permanent. The intention in future would be to

have a mix of four large providers supported by back-up providers. The priority is to make the service safe and stable and then retender later in 17/18.

- A Member queried the fees and arrangements for back up providers and asked how back-up providers could operate on low levels of work. It was explained that back up providers normally have some private business separate from their contract with Wirral.
- A Member congratulated the team over the way they have responded to the various situations described in the report. It was queried if the problems described are evidence that there is something fundamentally wrong with the model of domiciliary care in Wirral. It was explained that the issues in Wirral reflect a national situation. Nationally, most domiciliary care organisations do not pay above minimum wage and find it difficult to recruit and retain staff. Most find themselves in competition with employers such as national supermarket chains. Issues aren't simply related to money however. Greater partnership work between providers may help with recruitment issues. There is a risk if the local market becomes dominated by one or two large providers, just as it is not desirable to have a large number of small providers.

Conclusion

The Chair thanked Jacqui Evans for the report and requested a further report to come to the H&CPP at its next meeting on 1st February. It was requested that the report includes observations on the possible impact of domiciliary care issues on hospital discharges or respite services.

6.0 CARE HOMES SCRUTINY REVIEW – REVIEW OF RECOMMENDATIONS.

Jacqui Evans provided an update on progress implementing the recommendations from the Scrutiny Review.

The Chair queried why the table contained details of progress on 9 recommendations when the Scrutiny Review made 18 recommendations in total. JE agreed to enquire about this and feedback to the Panel.

The information in the report was summarised and Members were informed that a lot of positive work is being done in this area in collaboration with the CCG, in particular an investment in technology in care homes. The establishment of the Wirral Care Home Improvement Programme (CHIP) was seen as a positive step and members were pleased with progress overall.

An overarching strategy for care homes was planned and would be presented to the panel in future.

A Member raised the issue of driving up standards in care homes. It was recognised that CQC inspections would not achieve this alone and Members were interested in mechanisms to improve standards. The point was acknowledged and this issue remained a challenge, particularly regarding the leadership of some care homes.

In response to a query on End of Life care, it was explained that work is underway on understanding the EOL pathways to explore service users' experiences. It remains a commitment to achieve improvement in this area during the coming year. A joint commissioning hub was being set up with the CCG. It was added that the CCG were working on an EOL project with a number of agencies including Wirral Council, Wirral Community Trust and Wirral University Teaching Hospital.

The Chair thanked Jacqui Evans for the progress update.

7.0 MEMBER VISITS TO CARE HOMES

The Chair introduced the item and summarised the report provided.

Currently Healthwatch Wirral conducts 'Enter and View' visits to care homes using a team of trained volunteers. It was suggested that the best way to progress this was for Members to link with the well-established Healthwatch visits and follow their format and procedures for inspections, including DBS checks for all volunteers.

Healthwatch would organise and deliver appropriate training for Members.

The Chair suggested that subject to the Panel's agreement, a call would be put out asking for volunteers for Member care home visits. Training sessions would be arranged and a visit rota drawn up.

The Panel agreed to this approach.

8.0 QUALITY FRAMEWORK AND PERFORMANCE MEASURES FOR THE HEALTH SECTOR IN WIRRAL INCLUDING FEEDBACK FROM THE QUALITY SURVEILLANCE GROUP

Lorna Quigley was welcomed to the meeting to introduce Wirral's health and care quarterly performance report for Quarter 2 (2016/17). The report illustrates a series of high level indicators which are measures of performance across the health and care sector. Key issues identified included:

- Referral to Treatment. Planned junior doctor strikes in September 2016 (which were averted) may have affected the Referral to Treatment figures, which were down on the Q1 figures and below the targets set for referral within 18 weeks. It remained a challenge to meet this target.
- Healthcare Acquired Infections. These targets are particularly challenging in winter due to an increase in C difficile cases. A patient campaign is underway to raise awareness that antibiotics are ineffective against viral infections, as inappropriate antibiotic prescribing has a direct link with the rate of C difficile.
- A&E Waiting Times are improving but the figures are still not acceptable and are below the 95% target for Arrowe Park A&E. The position in Wirral reflects the regional and national situation.
- Issues remain around the Emergency Ambulance target relating to the handover to A&E. The average waiting time at A&E to handover patients was 33.67 minutes against the target of 15 minutes.
- The figures for the 62 day wait for Cancer treatment were below target and it was explained that there is a complexity with lung cancer cases which require a referral to Liverpool Heart and Chest Hospital.
- Incidents of Same Sex Accommodation affect the privacy and dignity of patients and whilst any incident is disappointing, the 10 cases all occurred in critical care areas.
- Friends and Family Response rates had improved in some areas, but it was an aim to get response rates up to around 30%.

Discussion

During discussion with members, a number of questions were asked:

- A member asked if the increase in A&E waiting times could be attributed to the removal of the Single Front Door (SFD) approach at Arrowe Park A&E. It was acknowledged that SFD could support a reduction in waiting times and Members were disappointed that SFD had been removed. The Panel were informed that a new approach to support improved triage was being evaluated.
- A Member asked if there were issues with the Phlebotomy service as there had been reports of a 4-5 hour wait for blood tests at Arrowe Park and St Catherine's hospitals. It was explained that the Phlebotomy contract is a mixed commission

between Wirral Community Trust and some GPs. There had been a change to the Wirral Community Trust part of the phlebotomy service in the last few weeks, which had led to a backlog of appointments. The solution had been to increase the number of available appointments per week by 1000 across four hub sites. The backlog of appointments was being worked through and last week the average waiting time had reduced to around 50 minutes. The latest waiting times for the current week were around 5 minutes. An additional facility for domiciliary blood testing had been introduced as house-bound patients had been waiting up to 8 days for blood tests. The above was an interim solution to the issue and the current phlebotomy contract is due to end in summer 2017. The service will be re-commissioned and the views of the local community would be welcomed and hoped that volunteers would come forward to form part of a steering group to ensure that a more effective service is commissioned in future.

The Chair thanked Lorna Quigley for the report.

9.0 FUTURE ARRANGEMENTS AND WORK PROGRAMME FOR THE PANEL

Items for the agenda of the next Panel meeting on 1st February 2017 were confirmed:

- Commissioning and quality of Intermediate care (including the inspection framework)
- Domiciliary care provision – update report
- Suicide – Follow-up report

10.0 SUMMARY OF ACTIONS ARISING FROM THE MEETING

The following actions arose from the meeting:

1. Alan Veitch to arrange for Continuing Health Care Funding to be included on the work programme.
2. Alan Veitch to ensure that the strategy for care homes be added to the work programme.
3. Jacqui Evans to provide an update on progress regarding the missing recommendations from the Care Homes Scrutiny Review
4. Chair to email Members requesting volunteers for care home visits.

11.0 RECOMMENDATIONS FOR APPROVAL BY THE PEOPLE OVERVIEW & SCRUTINY COMMITTEE

There were no specific recommendations to be made to the People Overview & Scrutiny Committee.

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**People Overview and Scrutiny Committee
Wednesday, 1st February 2017**

REPORT TITLE:	People Overview & Scrutiny Committee - work programme update
REPORT OF:	The Chair of the Committee – Councillor Moira McLaughlin

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 28th November. The current work programme is made up of a combination of scrutiny reviews, standing items and requested officer reports. This update report provides the committee with an opportunity to plan and regularly review its work across the municipal year. The current work programme for the Committee is attached as an appendix to this report.

RECOMMENDATION/S

Members are requested to:

1. Approve the proposed People Overview & Scrutiny Committee work programme for 2016/17, making any required amendments, including suggestions for additional items.
2. Approve the membership of a task & finish group to undertake the forthcoming Continuing Healthcare scrutiny review.

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 THE SCRUTINY WORK PROGRAMME AND PRIORITISATION

The work programme should align with the priorities of the Council and its partners. The programme will be informed by:

- The Wirral Plan pledges
- The Council's transformation programme
- The Council's Forward Plan
- Service performance information
- Risk management information
- Public or service user feedback
- Referrals from Cabinet / Council

Good practice suggests that, in order to maximise the impact of scrutiny, it is necessary to prioritise proposed topics within the work programme. Members may find the following criteria helpful in providing a guideline towards ensuring that the most significant topics are prioritised:

Principles for Prioritisation	
Wirral Plan	Does the topic have a direct link with one of the 2020 pledges?
	Will the review lead to improved outcomes for Wirral residents?
Public Interest	Does the topic have particular importance for Wirral Residents?
Transformation	Will the review support the transformation of the Council?
Financial Significance	Is the subject matter an area of significant spend or potential saving?
	Will the review support the Council in achieving its savings targets?
Timeliness / Effectiveness	Is this the most appropriate time for this topic to be scrutinised?
	Will the review be a good use of Council resources?

By assessing prospective topics using these criteria, the Committee can prioritise an effective work programme that ensures relevance and the highest potential to enhance outcomes for residents.

3.2 UPDATE ON CURRENT SCRUTINY ACTIVITY

Since the Committee meeting at the end of November, activity has taken place relating to a number of scrutiny reviews:

Community pharmacies Scrutiny Review

Further to the referral of a Notice of Motion from Council, Committee members agreed to review the implications for Wirral of Government proposals for changes to the contractual framework and funding of community pharmacies. An Evidence Day was held on 16th November, when representatives from NHS England, Wirral CCG, Community Pharmacies Cheshire & Wirral and the Public Health team from Wirral Council attended. Councillors Moira McLaughlin, Angela Davies, Tom Anderson, Phil Gilchrist, Treena Johnson, Chris Meaden, Tony Norbury and Tom Usher formed the task & finish group for this review. The report detailing the outcomes from this review forms a separate item on this Committee agenda.

Budget Scrutiny 2017/18

Three workshops were held to scrutinise the 2017/18 budget proposals for each of the scrutiny committees (Business, Environment and People). The People workshop was held on 10th January and a report containing Members' feedback forms a separate item on this Committee agenda.

Respite Services Scrutiny Review

Members have previously agreed to undertake a review to enable members to check on service users' experiences of alternative respite provision following the decision to close Girtrell Court. A task & finish group has now been formed and a meeting to determine the scope of the review is due to be held shortly. Members of the task & finish group are Councillors Moira McLaughlin, Angela Davies, Treena Johnson, Chris Meaden, Bruce Berry, David Burgess-Joyce and Alan Brighthouse.

3.3 HEALTH AND CARE PERFORMANCE PANEL

Panel meetings

The most recent meeting of the Health & Care Performance Panel was held on 7th December 2016. The outcomes from that meeting are reported as a separate item on this agenda.

The next meeting of the Panel is scheduled for 1st February when the agenda is expected to include items on:

- Quality and availability of domiciliary care - update
- Commissioning and quality of Intermediate care
- Suicide rates

Continuing Healthcare funding

NHS continuing healthcare (CHC) is the name given to a package of care that is arranged and funded solely by the NHS for individuals who are not in hospital and have been assessed as having a "primary health need". A report was presented to the Health & Care Performance Panel on 7th December to consider the accessibility and operation of the scheme in Wirral. Members agreed that a task & finish group should be formed to investigate CHC in more detail. Nominations for membership of this task & finish group are being sought before a meeting is held to agree the scope of the review.

Care Quality Commission (CQC)

An announced inspection of Clatterbridge Cancer Centre was held in June 2016. However, the resulting CQC report has not yet been made publicly available.

3.4 CHILDREN SUB-COMMITTEE

Sub-Committee meetings

The most recent meeting of the Children Sub Committee was held on 14th December 2016. The minutes from that meeting are reported as a separate item on this agenda.

The next meeting of the Children Sub Committee is scheduled for 8th February 2017, with further meetings now arranged for 8th March and 5th April 2017.

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: People Overview & Scrutiny Committee – Work programme

REFERENCE MATERIAL

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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PROPOSED AGENDA ITEMS – Wednesday 1st February 2017

Item	Format	Officer
Minutes from People OSC (28 th Nov) and Children Sub (14 th Dec)	Minutes	
Safeguarding Children Annual report 2015/16	Report and Presentation	Maggie Atkinson, LSCB Chair / David Robbins
Draft Alcohol Strategy	Report	Julie Webster
Draft Tobacco Strategy	Report	Julie Webster
Ageing Well in Wirral – update on the delivery of the strategy	Report	Fiona Johnstone to arrange
Community pharmacies – report from task & finish group	Report	Report of the task & finish group (Alan Veitch to provide report)
Outcomes from budget scrutiny	Report	Report of the Chair (Alan Veitch to provide report)
Policy Inform	Report	Rachel Howey to provide report
Report from the meeting of the Health & Care Performance Panel held on 7 th December	Report	Report of the Chair (Alan Veitch to provide report)
Work programme update	Report	Report of the Chair (Alan Veitch to provide report)
Deadline for reports to be with Committee Services: Monday 16th January 2017		

Note: there will be no Performance Monitoring or Financial Monitoring reports at the January meeting.

PROPOSED AGENDA ITEMS – Thursday 23rd March 2017

Item	Format	Officer
Wirral CCG – outcomes from the Service Policy Review consultation (Report due to go the CCG Governing Body on 7 th Feb)	Report	Wirral CCG – to be agreed
Avoiding Admissions Scrutiny review: Follow-up report	Report	Jacqui Evans
Improving Life Chances – update on the delivery of the strategy	Report	Fiona Johnstone
Adults Safeguarding Annual Report	Report	Simon Garner
Performance monitoring – 2016/17 Q3	Report	Performance team / Clare Fish
Financial Monitoring – 2016/17 Q3	Report	Peter Molyneux to provide report
Policy Inform	Report	Rachel Howey to provide report
Work programme update	Report	Report of the Chair (Alan Veitch to provide report)
Deadline for reports to be with Committee Services: Monday 6th March 2017		

ADDITIONAL AGENDA ITEMS – WAITING TO BE SCHEDULED

Item	Format	Approximate timescale	Lead Departmental Officer
Re-provision of respite services – report from task & finish group	Report	Report of the task & finish group (Alan Veitch to provide report)	Re-provision of respite services – report from task & finish group
Safeguarding Children Scrutiny Review – Progress report. (This item was last reported to People OSC in July 2016)	Committee Report	July 2017	Julia Hassall
CGL (Change, Grow, Live) – Update report (as agreed by People OSC on 28/11/16)	Committee Report	July 2017	Fiona Johnstone
GP 7 day working – progress report (Follow-up to committee report of 28 th November 2016)	Report	To be agreed	Carla Sutton (NHS England) and Martyn Kent (Wirral CCG)
All Age Disability – update on the delivery of the strategy	Report	To be agreed	
Children, Young People and Families - update on the delivery of the strategy	Report	To be agreed	
Domestic Abuse – update on the delivery of the strategy	Report	To be agreed	
Cumulative Impact on Public Health Scrutiny review: Follow-up report	Committee Report	Sept 2017	Julie Webster

WORK PROGRAMME ACTIVITIES OUTSIDE COMMITTEE

Item	Format	Timescale	Lead Departmental Officer	Progress / Comments
Visit to CRI – Wallasey	Member visit	23 rd June 2016 - Complete	Gary Rickwood	Complete. Report to Health & Care Panel – 5 th October 2016
Transformation Programme – DASS business cases	Workshop	10 th August 2016	Graham Hodgkinson	Complete. Report to People OSC – 8 th Sept 2016
Community pharmacies	Evidence day	16 th Nov 2016		Report to People OSC – 1 st Feb 2017
Budget scrutiny 2017 / 18	Workshop	10 th Jan 2017		Report to People OSC – 1 st Feb 2017
Re-provision of respite services – a check on service users' experiences	Task & finish group	Jan 2017 – March 2017	Graham Hodgkinson/ Jayne Marshall	
Continuing Healthcare Funding	To be agreed	Start Jan 2017 at the earliest	Jason Oxley	This work will be in partnership with Healthwatch Wirral
Looked after children - Follow-up review	Evidence day	Deferred	Liz Davenport	Waiting until post-Ofsted planning for scrutiny is complete
Children ready for school	Task & finish group	Deferred	Deborah Gornik	
Local Welfare Assistance Scheme (Original work undertaken by the former Transformation and Resources P & P Committee).	Follow-up review: Evidence Day	Transferred to Business and Environm't OSCs.	N/A	Chairs agreed on 03/10/16 that Business and Environment OSCs will lead this work as part of a wider review on Welfare Reform.

HEALTH & CARE PERFORMANCE PANEL – 2016/17

Meetings of the Health & Care Performance Panel have been scheduled for:

Wed 1st Feb 2017, 4.00pm

Mon 3rd April 2017, 4.00pm

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
Continuing Healthcare funding	Report	Dec 2016	Jason Oxley
Member visits to care homes - update	Report	Dec 2016	Amanda Kelly
Care homes scrutiny review – review of recommendations	Report	Dec 2016	Amanda Kelly
Quality and availability of home care (domiciliary & reablement)	Report	Dec 2016	Amanda Kelly
Commissioning and quality of Intermediate care (including the inspection framework)	Report	Feb 2017	Jacqui Evans / Amanda Kelly
Domiciliary care provision - update	Report	Feb 2017	Jacqui Evans / Amanda Kelly
Suicide – Follow-up report	Report	Feb 2017	Lorna Quigley
Annual social care complaints report	Report	April 2017	Simon Garner / Alison Carey
Continuing Healthcare funding (This work will be undertaken in partnership with Healthwatch Wirral)	Task & finish	Jan 2017 onwards	Members
Clatterbridge Cancer Centre – Outcomes from the CQC inspection held in June 2016 (The report is not yet publicly available).	Report	To be agreed	
CGL (Change, Grow, Live) – Outcomes from the recent CQC inspection (The report is not yet publicly available)	Report	To be agreed	

Note: A Special meeting of the Panel is scheduled for Wednesday 10th May (2.00pm) to review the draft Quality Accounts prepared by the local health providers.

CHILDREN SUB-COMMITTEE – CURRENT WORK PROGRAMME

Item	Format	Timescale	Lead Departmental Officer
School Standards report: Attainment at GCSE and A Level	Report	14 th Dec 2016	Sue Talbot
Complaints report for Children's Services	Report	14 th Dec 2016	Simon Garner / Dawn Stanley-Smith
Exception reports highlighting positive and negative aspects arising from school Ofsted inspection reports	Report	8 th Feb 2017	Sue Talbot
School Strategy	Report	8 th Feb 2017	Sue Talbot
Special Guardianship Orders	Report	8 th Feb 2017	Julia Hassall
Impact of the IFIP programme (Troubled Families) in Wirral	Report	8 th Feb 2017	Julia Hassall
Governance arrangements and the role of scrutiny in safeguarding	Report	To be agreed	
Devolution of the Further education budget and the apprenticeship framework	Report	To be agreed	
Quality Assurance process of care plans	Report	To be agreed	

Further items proposed at the workshop held on 7th November to discuss the implementation of the Ofsted improvement plan included:

Item	Format	Timescale	Lead Departmental Officer
Monitoring the key milestones of the Improvement Plan	Report	Standing item	
Reviewing the performance data tracker	Report	Standing item	
Early intervention / prevention, including the application of thresholds, partnership arrangements and the operation of MASH	Possible task & finish group	To be agreed	
The management of care plans and related performance; leaving care and IROs	Possible task & finish group	To be agreed	
Competent skilled workforce and the quality of social work practice	Possible task & finish group	To be agreed	
Scrutiny's place in long-term governance arrangements	To be agreed	To be agreed	
Follow-up to the original Looked after children scrutiny review (August 2013)	To be agreed	To be agreed	
Follow-up to the previous Safeguarding scrutiny review (December 2015)	To be agreed	To be agreed	

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