

Adult Care and Health Overview and Scrutiny Committee

Date:	Wednesday, 28 June 2017
Time:	6.00 pm
Venue:	Committee Room 1 - Wallasey Town Hall

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AGENDA

1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

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.

3. BRIEFING PACK - ADULT HEALTH & CARE OSC (Pages 1 - 12)

The Overview and Scrutiny Committee Briefing pack provides Members with an introduction to the purpose of scrutiny and includes details of the Committee remit and operational information.

Members are requested to note the contents of the Briefing Pack.

4. KEY ISSUES FOR HEALTH AND CARE (Pages 13 - 20)

5. REPEAT PRESCRIPTION PILOT SCHEME

Presentation.

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

Presentation.

7. OUTCOME OF CQC INSPECTION FOR CGL (Pages 21 - 48)

Change, Grow, Live (CGL) is a substance misuse provider that delivers services nationwide. Their services are delivered locally under the name Wirral Ways to Recovery. The Care Quality Commission (CQC) undertook an inspection in October 2016 and the report, which is attached, was issued in December 2016. A presentation will also be provided for Members.

8. CLATTERBRIDGE CANCER CENTRE - OUTCOMES FROM THE CQC INSPECTION HELD IN JUNE 2016 (Pages 49 - 92)

An inspection of Clatterbridge Cancer Centre was carried out by the Care Quality Commission (CQC) in June 2016. The CQC report, which is attached, was issued in February 2017. A presentation will also be provided for Members.

9. ALL AGE DISABILITY - UPDATE ON STRATEGY DELIVERY (Pages 93 - 98)

10. 2016/17 QUARTER 4 AND YEAR END WIRRAL PLAN PERFORMANCE - PEOPLE THEME (Pages 99 - 144)

11. 2016/17 QUARTER 4 FINANCIAL MONITORING REPORT (Pages 145 - 188)

12. ADULT CARE AND HEALTH OVERVIEW & SCRUTINY COMMITTEE - WORK PROGRAMME UPDATE REPORT (Pages 189 - 198)

13. ANY OTHER URGENT BUSINESS APPROVED BY THE CHAIR (PART 1)

14. EXEMPT INFORMATION - EXCLUSION OF MEMBERS OF THE PUBLIC

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

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

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

Adult Care and Health Overview & Scrutiny Committee

Members' Briefing Pack

June 2017

Contents:

1. The Purpose of Scrutiny
2. The Scope of the Adult Care and Health Overview and Scrutiny Committee
3. Committee Membership and Meeting Schedule
4. The Work Programme
5. Relevant Wirral Plan Pledges, Strategies and Plans
6. Officer Support Arrangements
7. Key Contacts

1. The Purpose of Scrutiny

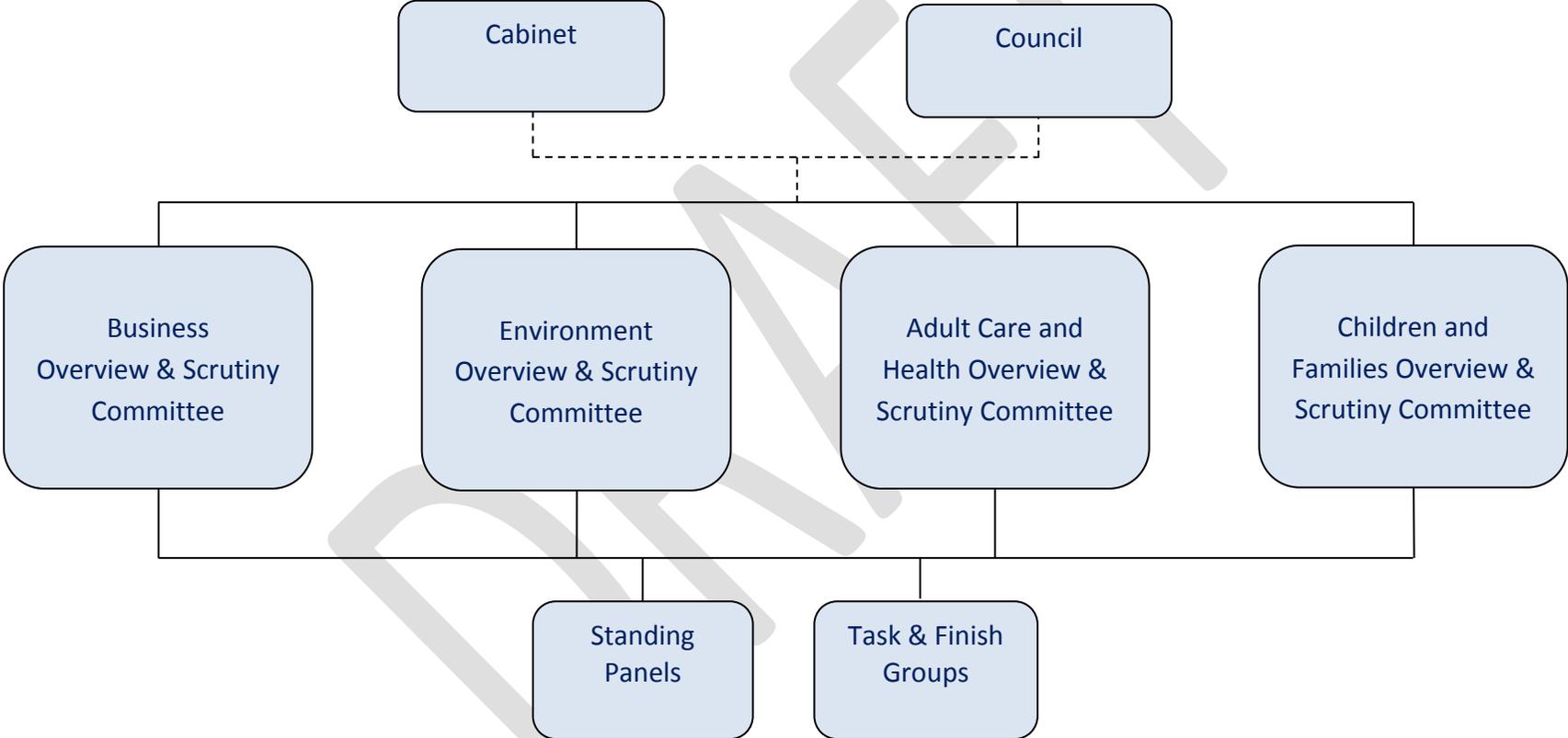
Overview & Scrutiny was introduced by the Local Government Act 2000. It places a statutory requirement on Councils that operate Executive arrangements to have an Overview and Scrutiny function in place. This is discharged through the creation of dedicated committees composed of Councillors who are not members of the Cabinet. Wirral Council's Overview & Scrutiny function is delivered through four Overview & Scrutiny Committees.

Overview and Scrutiny is a vital component of good governance. It provides a mechanism to engage non-executive Members in reviewing the effectiveness of Council policy and service delivery as well as that of local partners and other providers. It has the potential to drive improvement and significantly enhance the quality of Council decision-making, service provision and cost-effectiveness.

Overview and Scrutiny fulfils a number of roles including:

- **Holding the Executive to account** – a primary role is to provide a framework of accountability to modify executive behaviour and prevent the abuse of power. This includes the power to call-in Executive decisions (see page 7).
- **Holding Partners to account** – scrutiny provides an opportunity to investigate the work of public, private and voluntary sector partners and their impact on the community.
- **Horizon-scanning** – looks ahead to future changes in local government in order to help the Council prepare. This will usually mean considering future activity by central government which will have repercussions at a local level.
- **Policy Development and Review** – scrutiny contributes to the development of key policies to be included in the Council's policy framework, as well as examining how well a policy has been delivered and if outcomes have been achieved.
- **Pre-decision scrutiny** – examines the council's proposals and draft programmes to inform their development before they are implemented. This helps improve the quality of proposals and avoids mistakes being made.
- **Post-decision scrutiny** – examines the implementation of council policy and performance and enables the council to review the effects of its decision-making.
- **Performance management and improvement** – involves reviewing achievement against Wirral Plan objectives and targets. This can be a powerful force for improvement by highlighting areas of poor performance and ways to address them.

The Overview & Scrutiny Committee structure at Wirral Council is set out in the diagram below:



2. The Scope of the Adult Care and Health Overview and Scrutiny Committee

The scope and remit of the Adult Care and Health Overview and Scrutiny Committee is set out in the table below:

<p>Wirral Plan Pledges</p>	<ul style="list-style-type: none"> • Older People Live well • People with disabilities live independently
<p>Scope of the Committee</p>	<p>To review and / or scrutinise any strategies and plans, and the delivery of these plans, including:</p> <ul style="list-style-type: none"> • Ageing well Strategy • All Age Disability Strategy • Safeguarding Strategy • Health and Wellbeing Strategy <p>To review and / or scrutinise the commissioning, management and performance of services for:</p> <ul style="list-style-type: none"> • Older People • Health and Social Care • Mental Health (all age) • Learning Disabilities (all age) • Adult Safeguarding <p>To perform the Council’s statutory responsibilities to undertake health scrutiny. The Committee will:</p> <ul style="list-style-type: none"> • Review and scrutinise any matter relating to the planning, provision and operation of health services in the Borough, including significant change to service provision and those jointly commissioned or delivered by the council. • Require the provision of information or the attendance of an officer of a local NHS body to answer questions and provide explanations about the planning, provision and operation of health services in the Borough. • Participate in cross-boundary overview and scrutiny of health services with other local authorities; including the establishment of joint committees; or the delegation of functions to another local authority, where appropriate. • Report to the Secretary of State for Health: <ul style="list-style-type: none"> - Where the committee is concerned that consultation on substantial variation or development of services has been inadequate

	<ul style="list-style-type: none"> - Where the committee considers that the proposal is not in the interest of the local health service.
Cross-Cutting Themes	<ul style="list-style-type: none"> • Wirral residents live healthier lives pledge (link with Environment) • Zero tolerance to domestic violence (link with Children & Families) • Liverpool City Region Combined Authority

Health scrutiny

Local health partners who can be held to account include both providers and commissioners as follows:

Providers

- Wirral University Teaching Hospital NHS Foundation Trust
- Cheshire and Wirral Partnership NHS Foundation Trust
- Wirral Community Trust
- Clatterbridge Cancer Centre NHS Foundation Trust
- North West Ambulance Service

Commissioners

- Wirral Clinical Commissioning Group
- NHS England North - Cheshire & Merseyside office

In addition, good practice suggests that health scrutiny should develop constructive relationships with bodies such as Wirral Healthwatch, Wirral Health and Wellbeing Board and the Care Quality Commission.

Joint Health Scrutiny

Where more than one local authority's health scrutiny arrangements consider a proposed change in NHS services to be substantial in terms of the impact on its area, health scrutiny regulations place an obligation on the local authorities to establish a joint health scrutiny committee. A protocol has been established to enable joint health scrutiny for Cheshire and Merseyside, covering 9 local authority areas. The protocol was approved by the Policy and Performance Coordinating Committee (1st April 2014) and Annual Council, Part 2 (9th July 2014 – Item 13):

<http://democracy.wirral.gov.uk/ieListDocuments.aspx?CId=123&MId=4356>

Notices of Motion

Under the council procedure rules, Members of the Council can ask for any matter that affects the Wirral area, or which the council has responsibility for, to be discussed at a council meeting. The procedure is called a "notice of motion". The Mayor or a majority vote at Council can determine that a particular Notice of Motion can be referred either to the Leader or to a Council Committee. Therefore, some Notices of Motion are referred to the most appropriate Overview & Scrutiny Committee for further debate.

A Member of the Council who has moved a motion which has been referred to an Overview & Scrutiny Committee will be given notice of the meeting at which it is to be considered. The Member will be invited to attend the meeting and be given the opportunity to explain the motion. The Committee will be able to endorse, reject or amend the proposal. The decision of the Committee will be reported to a subsequent Council meeting, where the report or recommendation of the Committee will be debated.

Call-in

Non-executive councillors have the power to 'call-in' an executive decision taken by the Cabinet, an individual portfolio holder or a key decision taken by an officer. Once a decision has been made and formally publicised, Councillors have five working days to call-in the decision. A minimum of six councillors must request that the decision be called-in. This results in the implementation of the decision being delayed in order to allow the decision to be scrutinised.

If a valid call-in has been received a meeting of the relevant Overview & Scrutiny Committee is normally convened within 15 working days. The call-in will be dealt with by the Overview & Scrutiny Committee whose remit most closely aligns with the subject of the decision. The call-in meeting gives scrutiny members an opportunity to test the merits of the decision. The Overview and Scrutiny Committee cannot change the decision but will either uphold the decision or refer the matter back to the decision-maker for reconsideration. When it refers a decision back, the Committee may ask the decision maker to consider particular points or alternative courses of action. The Cabinet (or portfolio holder) is not bound to accept any advice offered to it and will have sole discretion on any further action to be taken.

3. Committee Membership and Meeting Schedule

Committee Membership

15 Members		
9 Labour	5 Conservative	1 Liberal Democrat
Julie McManus (Chair) Moirá McLaughlin (Vice-Chair) Paul Doughty Treena Johnson Adrian Jones Christina Muspratt Tony Norbury Paul Stuart Irene Williams	Wendy Clements (Spokesperson) Bruce Berry Gerry Ellis Tracey Pilgrim Lesley Rennie	Phil Gilchrist (Spokesperson)

Meetings Schedule

Formal Committee meetings are scheduled for the following dates during the 2017/18 municipal year:

- 28th June 2017
- 13th September 2017
- 28th November 2017
- 30th January 2018
- 20th March 2018

Meetings normally commence at 6.00pm

4. The Work Programme

Good scrutiny relies on members taking the lead, gathering evidence and reporting back their findings. Each Overview & Scrutiny Committee develops a work programme for the municipal year. The work programme should align with corporate priorities and 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

Good practice suggests that, in order to maximise the impact of scrutiny, it is necessary to prioritise proposed topics within the work programme. The following criteria will provide 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 Committees can prioritise an effective work programme that ensures relevance and the highest potential to enhance outcomes for residents.

The work programme is presented as a schedule highlighting the topics to be considered. The selection of topics is considered at the start of the municipal year and reviewed at each

committee meeting. The Chair will usually discuss potential topics with the party spokespersons, relevant Portfolio Holder and Strategic Director.

There are a number of mechanisms to carry out scrutiny, depending on the level of detail required as follows:

- Scrutiny reviews undertaken by task & finish groups
- Standing panels
- Evidence day(s)
- Workshops
- Committee reports provided by officers
- Standing committee agenda items, for example, performance monitoring and financial monitoring.

As some of the topics may cut across the Wirral Plan themes, it is anticipated that some of the scrutiny topics may be of interest to members of more than one committee. In these circumstances, opportunities for members of more than one committee to work jointly on an item of scrutiny work will be explored.

5. Relevant Plans and Strategies

- The Wirral Plan
- Ageing well Strategy
- All Age Disability Strategy
- Zero tolerance to domestic abuse Strategy
- Health and Wellbeing Strategy

All strategies can be found on the Wirral Council website:

[Wirral Plan: a 2020 vision | www.wirral.gov.uk](http://www.wirral.gov.uk)

Wirral Plan Performance Reporting

Each Committee receives quarterly performance reports detailing performance against the pledges that fall within the remit of the Committee. This enables Members of Overview and Scrutiny Committees to scrutinise the performance of Wirral Council and its partners in relation to delivering the Wirral Plan.

All Wirral Plan performance reports are published on the performance page of the Council's website:

[Wirral Plan performance | www.wirral.gov.uk](http://www.wirral.gov.uk)

- [Medium Term Financial Strategy](#)

6. Officer Support Arrangements

The Chair and Committee will be supported by the Scrutiny Support Team as follows:

- Working with the Chairs of the Overview & Scrutiny Committee and Review Panels in preparing agendas, work programming and dealing with matters arising at meetings.
- Support in the scoping, planning and management of scrutiny reviews, including notes of working group meetings and coordination of witnesses.
- Ensuring Chairs and Members are kept informed of relevant scrutiny guidance, and that Chairs have the information needed to feel confident in chairing their committees.
- Undertake background research for the committees and for specific scrutiny reviews.
- Working with Review Panel Members to draft reports and recommendations arising from scrutiny reviews.
- Monitoring the progress of previous recommendations from committee meetings or scrutiny reviews.
- Liaising with senior managers and teams across the Council to ensure appropriate officer support is available for committee meetings and scrutiny reviews.
- Facilitating appropriate events for Members and officers involved in scrutiny work.

Officers have developed scrutiny guidance and a toolkit for Members which can be accessed at the following link:

<http://wbcnet.admin.ad.wirral.gov.uk/governance-scrutiny/scrutiny-toolkit>

7. Key Contacts

Director for Health and Care

Graham Hodgkinson

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Scrutiny Support

Alan Veitch – Scrutiny Officer

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Committee Services

Patrick Sebastian – Principal Committee Services Officer

patricksebastian@wirral.gov.uk

DRAFT



ADULT CARE AND HEALTH OVERVIEW & SCRUTINY COMMITTEE

REPORT TITLE	<i>KEY ISSUES FOR HEALTH AND CARE</i>
REPORT OF	<i>GRAHAM HODKINSON</i>

REPORT SUMMARY

Health and care services are provided to vulnerable people with support needs. Good care and support can transform lives, helping people to live as independently and as healthily- as they can, in a variety of circumstances. It enhances health and wellbeing, increasing independence, choice and control. It is distinctive, valued, and personal.

An independent YouGov poll indicates that 1 in 3 people either receive or are in touch with social care services. The same poll indicated that adult social care was the area in which the public would most like to see additional government investment, apart from the NHS

RECOMMENDATION/S

N/A

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

N/A

2.0 OTHER OPTIONS CONSIDERED

N/A

3.0 BACKGROUND INFORMATION

3.1 National Background:

- Demographic pressures for social care alone are currently running at £400m per year and will increase.
- Real uncertainty remains about the affordability and sustainability of the current system.
- In the medium-term social care faces a gap of £4.3 billion, or 29% of the budget.
- NHS is forecast to have a £30 billion funding gap by the end of the decade.

3.2 Policy perspective:

Whilst there are a range of differing perspectives, there is an emerging consensus supported by the Care Act about the key features of a future health and social care system. In broad terms these are:

- Integrated health and social care
- Centered around the individual and focused on outcomes
- Pooling budgets and commissioning
- Focus on prevention, co-production and personalization
- Properly funded baseline
- Localism not centralism

3.3 Background to Integration

Integration is part of the national move to design and deliver services in a more co-ordinated way. It brings together the resources and expertise of our adult health and social care services, making plans together to support people to stay safe, well and at home.

3.4 Integration is about placing people at the centre of the design and delivery of care with the aim of improving patient outcomes, satisfaction and value for money.

3.5 Integration is a response to three pressing issues, the first being spending cuts and the need to deliver efficiency savings. Between 2011-12 and 2015-16 spending by NHS Trusts increased by 11% while local authority spending on adult social care

reduced by 10%. The second is the demographic changes, this is concerned with the rise in demand for health and social care services because of the ageing population along with the greater number of people living with long-term conditions and the incidence of dementia amongst the older age groups. The third issue is around accepting that people were not getting the services they need or receiving them in an appropriate setting.

3.6 Policy Brief

The *Health and Social Care Act (2013)* and the *Care Act (2014)* were introduced to ensure health and social care services pool their resources and integrate so people get the right care they need, in the right place at the right time.

3.7 This was reiterated by NHS England's *Five Year Forward View*, published in 2014. This set out how it aims to achieve financial sustainability in the health and social care system by 2020, this includes integration. This called for better integration of community health, hospital services, mental health, GPs, home care and care homes.

3.8 *The Better Care Fund (BCF)* brings together health and social care budgets to support more person-centred co-ordinated care. The Fund offers financial support to Councils and NHS organisations to jointly plan and work together to deliver local services. The total amount pooled so far has been £5.3 billion in 2015-16 and £5.8 billion in 2016-17. The Better Care Fund is the vehicle to drive the integration by 2020. The BCF did not achieve its principle financial targets over 2015-16, local areas planned to reduce emergency admissions by 106,000 however emergency admissions increased by 87,000 compared with 2014-15. However, it has led to stronger working relationships within local areas, and in Wirral to reductions in unplanned hospital admissions of 4.2% in 2015/16 and 2.8% in 2016/17.

3.9 What are we doing it for?

We are carrying out integration in order to produce a more seamless approach to meeting a person's care needs.

Enabling people to tell their story only once.

The aim of integration is to ensure people receive the most cost-effective care, it looks to overcome professional, legal, organisational and regulatory boundaries within health and social care.

3.10 What are the benefits of doing it?

- Improving the quality of care – ability to respond quickly and effectively to people's needs,
- Reducing costs and activity levels, including reducing duplication across different services. However there is no compelling evidence to show integration in England leads to sustainable financial savings or reduced hospital activity,
- Supporting relationship building at local level.

3.11 Adult Social Care Demand in Wirral:

Over the last 7 years there have been considerable changes to deliver more efficient and effective services. Social care services are mainly outsourced and commissioned at comparatively low prices. Services have been re-tendered and there is a strong focus on re-ablement, but key issues include:

- Low cost comparator overall for older people
- Whilst improving, still a relatively higher proportion of placements into care homes, mainly from Hospital.
- Investments in intermediate care and other alternatives are now reducing admissions (2nd year of reduction) and improving individual outcomes following discharge from hospital.
- Learning Disability, and some mental health services, are relatively high cost.
- Social care has not in the past been well integrated with other council services to improve wellbeing, although this is changing with the 2020 Pledges.

3.12 Quality of care services in Wirral.

Like many other Local Authority areas, Wirral has a mixed economy of care providers. The Council has a Care Act duty to ensure a range of affordable and quality support services are available locally. The Council works with care service providers and the Care Quality Commission to ensure that quality standards are met and to safeguard vulnerable people when this is required.

3.13 The care market is high volume and dynamic, and the Council's commissioning arrangements are important in ensuring stable and sustainable provision for local people. The rates and fees paid by the Council need to reflect both the requirements for providers to be able to meet quality and safety standards, enable the Council to maintain a stable market which can offer quality provision, whilst ensuring best value and consideration of local factors.

3.14 Recruitment and retention of the workforce remain a key challenge and priority across the health and care system, including the independent sector. Whole system capacity and demand modelling is underway and this will help inform how we best deploy the available resources in Wirral. There will need to be an ongoing conversation with all providers, to seek joint solutions to this challenge.

3.15 The Economic Value of Care

In Wirral the health and care annual investment/cost is currently £880M. This is a significant part of Wirral's £3BN economy. The sector is a primary employer of Wirral people, however funding for care and support comes from a number of sources. The value of informal support offered by carers and care purchased directly significantly outweighs spending by Local Authorities.

3.16 Care Funding, social care precept and iBCF

The Council's strategy remains as having a focus on setting fees that stimulate a responsive and flexible market place maintain capacity and ensure that a range of provision is available, including suitable provision for people with dementia. This includes effective joint commissioning with the CCG for provision such as intermediate care, supporting the whole system economy. Responsive and timely provision is required to support individuals appropriately in their Community, avoiding and minimising the need for acute services, maximising outcomes for individuals. The Council is investing in the development of viable alternatives such as Extra Care housing and a range of step up and step down services to reduce and delay the need for long term care.

3.17 New funding has become available to address the gap in social care funding. The key sources have recently included the Social care precept which is collected from

Council tax payers directly. During 2016 the full value of the precept was set aside to support the care market. Again in 2017 the value of this is a little over £3M which is to be invested directly into the care sector to help improve quality and meet the increased costs of meeting the basic minimum living wage and inflation.

3.18 Focal Points for strategic change ASC in Wirral

Having taken account of the strategic context set out above four primary focal points have been identified to underpin the realisation of further future savings;

- Re-commissioning of services for people with learning disabilities
- Full operational integration of health and social care delivery into 8 local areas with 4 Integrated Community Care Hubs
- Full integration of social care commissioning and quality assurance
- A cohesive population based approach to prevention early intervention and the promotion of wellbeing.
- Transformational change across health and social care providers, to ensure a robust 7 day community offer, which further reduces the need to be admitted to hospital unless absolutely necessary and minimises the time spent in an acute setting, therefore reducing the deconditioning that occurs in people over the age of 80, assessing people for ongoing care and support outside of an acute setting.

3.19 A different reablement and domiciliary commission and offer, which addresses recruitment and retention issues and maximises the use of technology as part of the solution. Further pooling of resources.

4.0 FINANCIAL IMPLICATIONS

4.1 Financial breakdown table. The table below shows new care rates agreed for 2017.

Service type	2016/17	2017/18	Increase From 2016/17	Est. Pressure/yr	% Increase	FNC	(inc. FNC)
Supported Living - Day Hours	£13.02	£13.55	£0.53	£782,000	4.1%		£13.55
Supported Living - Night Hours	£72.51	£73.92	£1.41	£54,000	1.9%		£73.92
Res	£416.00	£434.00	£18.00	£473,000	4.3%		£434.00
Res EMI	£458.00	£488.00	£30.00	£391,000	6.6%		£488.00
Nurs	£457.00	£477.00	£20.00	£266,000	4.4%	£156.25	£633.25
Nurs EMI	£479.00	£499.00	£20.00	£220,000	4.2%	£156.25	£655.25
Dom Care	£12.92	£13.80	£0.88	£621,000	6.8%		£13.80
Extra Care	£11.50	£12.00	£0.50	£100,000	4.3%		£12.00
Total Increase				£2,907,000			
BCF-Funded Care							
Intermediate Care	£643.00	£700.00	£57.00		8.9%		£700.00

Reablement	£14.20	£15.70	£1.50	10.6%	£15.70
Mobile Nights	£47.25	£50.00	£2.75	5.8%	£50.00

4.2 In relation to the iBCF and additional grant funding, this has proved an important source of funding to enable the local system to deal with increasing demand around the Hospital system. Wirral received an additional £8.3M for social care. This will help to cover pressures that we have carried forward from 2016/17 (£5M), to meet new pressures for Hospital transfers such as transfer to assess and home first models, including additional domiciliary capacity (£1.3M) and to develop more innovative services such as investment in technology and telehealth solutions (£2M). The total value of the Better care Fund for 2017 is circa £42M the fund is used to support a range of integrated health and care services designed to enable people to be as independent as possible. Demand is anticipated to remain very high through 2017/18

4.0 LEGAL IMPLICATIONS

N/A

5.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

N/A

6.0 RELEVANT RISKS

N/A

7.0 ENGAGEMENT/CONSULTATION

N/A

8.0 EQUALITY IMPLICATION

(b) No because there is no relevance to equality.

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APPENDICES

N/A

REFERENCE MATERIAL

N/A

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
N/A	

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Midlands and North Regional Office

Quality Report

Midlands and North Regional Office
20 Piercy Street
Manchester
M4 7HY
Tel: 0161 203 6622
Website: www.changegrowlive.org

Date of inspection visit: 31 October 2016 to 2
November 2016
Date of publication: 23/12/2016

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following issues that the service provider needs to improve:

- The systems in place for managing and storing equipment safely were not effective. We found out of date equipment at two services. We also found that emergency medicines were not stored securely at one service.
- Staff did not manage clinical waste safely at two services. At one of these services, staff had not completed a risk assessment to identify and mitigate the risks of the spread of infection as a result of a clinical hand wash basin that did not meet national standards.
- Staff did not keep a complete and contemporaneous care record for each client. Information was stored within an electronic record and a paper record, which meant staff had difficulties accessing information quickly.

Summary of findings

- All staff had not completed mandatory training nor received an appraisal. There were 16 members of staff who required an updated disclosure and barring service check in line with the provider's policy.
- Records at Runcorn and Blackburn were not clear as to whether complaints had been dealt with appropriately.

However, we also found the following areas of good practice:

- Clients had unexpected exit from treatment plans in their care records. Staff took action when clients did not attend their appointments and there was a robust system in place to ensure client safety. There were excellent systems in place for storing prescriptions safely. Serious incidents and deaths were thoroughly investigated and learning from incidents was shared across the organisation.
- Staff followed national guidance when delivering treatment. Staff routinely assessed clients' physical health and made referrals to specialists when needed. We found excellent communication and joint working with other services and organisations.
- We observed staff being supportive and respectful to clients. Clients told us that staff were caring, helpful and approachable. Clients told us they were involved in discussions about their care and treatment and were happy with the treatment provided. We found excellent client involvement in decisions about the services.
- There was open access at all of the services we visited which meant that clients could present to the service and be seen the same day. Services had evening opening times and some services opened at the weekends. Staff made attempts to engage clients who were reluctant to engage with services.
- We found good monitoring systems that identified areas for improvement. There was excellent leadership at a local and regional level and managers had received leadership training. We found a strong commitment to quality improvement and innovation. The provider was involved in a number of research projects with local universities.

Summary of findings

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Midlands and North Regional Office

Services we looked at

Substance misuse services

Summary of this inspection

Background to Midlands and North Regional Office

Change, Grow, Live is a substance misuse provider that delivers substance misuse services across the country. Midlands and North Regional Office delivers community substance misuse services and provides opiate substitute medication, community detox and psychosocial treatment to clients.

Midlands and North Regional Office was registered with the Care Quality Commission on 6 August 2014 for the treatment of disease, disorder or injury and diagnostic and screening procedures. There were two registered managers for this location.

Midlands and North Regional Office had 48 sites that provided services under one registered location across the midlands and north of England.

The sites that we visited were:

Manchester Integrated Drug and Alcohol Services (Carnarvon Street)

Wirral Ways to Recovery (Conway Street)

Step Forward North Lincolnshire (Scunthorpe)

New Directions Nottinghamshire (Sherwood Street, Mansfield)

Inspire North Lancashire (Lytham St Annes)

Inspire Blackburn

Change, Grow, Live Runcorn

This was the first comprehensive inspection of this location. We inspected two services in July 2015 following concerns raised by a whistleblower. We issued two requirement notices which, at this inspection, we found that the provider had taken the necessary actions to improve the delivery of care and treatment. The services inspected in July 2015 were taken over by another provider soon after our inspection.

Our inspection team

The team that inspected the service comprised CQC inspector Zena Rostron (inspection lead), five other CQC inspectors, two inspection managers, two pharmacist specialists and two specialist advisors with experience in delivering substance misuse treatment.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

- Is it safe?

- Is it effective?
- Is it caring?
- Is it responsive to people's needs?

Summary of this inspection

- Is it well led?

Before the inspection visit, we reviewed information that we held about the location, asked other organisations for information, and gathered feedback from staff members in response to an email we asked the provider to send to them. We also carried out a client focus group and a staff focus group.

During the inspection visit, the inspection team:

- visited seven sites at this location, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with 20 clients
- spoke with the two registered managers

- spoke with 52 other staff members employed by the service provider, including team managers, doctors, nurses and support workers
- received feedback about the service from seven commissioners
- attended and observed one hand-over meetings and one multidisciplinary meeting
- collected feedback using comment cards from 40 clients
- looked at 33 care and treatment records, including medicines records, for clients
- looked at 30 staff files
- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients we spoke to were positive about the care and treatment they received. Clients told us that staff were friendly, approachable, caring, polite, respectful, courteous, kind, helpful, interested in the client's wellbeing and were always available. Many clients told us that the treatment they had received had saved their lives and had given them the tools they needed to make positive changes. Clients told us there was support available for their relatives.

Many paid staff members had previously accessed the service as clients themselves; clients told us that speaking to staff who had lived experience of substance misuse put them at ease and gave them hope. Clients also told us that recovery groups that took place in the local community ensured that there was always support available when clients needed it.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

We found the following issues that the service provider needs to improve:

- We found equipment at Runcorn and Blackburn that was not safe to use. At Runcorn there were 14 boxes of needles that were out of date. At Blackburn there was one box of urine testing kits that was out of date. Staff had not identified that equipment was out of date and there was no evidence that stock was being rotated.
- At Manchester and Blackburn we found that clinical waste was not managed safely. This meant there was a risk of needle stick injury to clients, visitors and staff.
- The clinical wash hand basin in the clinic room at Manchester was not compliant with the Health Building Note 00-09: infection control in the built environment.
- We found that medicines were not stored safely at Blackburn. Emergency medicines were stored in a lockable box, however at the time of our inspection staff had been advised to keep the box unlocked to access quickly in an emergency.
- All staff were not up to date with mandatory training.
- A number of staff had not applied to renew their disclosure and barring check in line with the provider's policy.

However, we also found the following areas of good practice:

- The environments of all services we visited were clean, tidy and well-maintained.
- Staff completed risk assessments of clients which were comprehensive and regularly reviewed.
- Clients had unexpected exit from treatment plans in their care records. Staff took action when clients did not attend their appointments and there was a robust system in place to ensure client safety.
- There were excellent systems in place for storing prescriptions safely.
- Staff had a good understanding of safeguarding children and adults and reported safeguarding concerns.
- Serious incidents and deaths were thoroughly investigated and learning from incidents was shared across the organisation.
- Staff were aware of their responsibilities under duty of candour and records showed that staff had demonstrated these responsibilities.

Summary of this inspection

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following issues that the service provider needs to improve:

- Staff did not keep a complete and contemporaneous care record for each client. Information was stored within an electronic record and a paper record, which meant staff had difficulties accessing information quickly.
- A number of staff had not received an appraisal.

However, we also found the following areas of good practice:

- Staff followed national guidance when delivering treatment.
- Clients were trained in the use of naloxone and were provided with kits to take home for use in an emergency.
- There was a variety of psychosocial interventions, support groups and self-help available for clients to access.
- Staff routinely assessed clients' physical health and made referrals to specialists when needed.
- Staff were knowledgeable, appropriately skilled and had the necessary qualifications and experience to carry out their roles.
- Staff received regular supervision and had access to team meetings.
- We found excellent communication and joint working with other services and organisations.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- We observed staff being supportive and respectful to clients. Clients told us that staff were caring, helpful and approachable.
- Clients told us they were involved in discussions about their care and treatment and were happy with the treatment provided.
- Staff maintained client confidentiality by not sharing information with relatives when clients had requested that their information was kept confidential.
- We found excellent client involvement in decisions about the services.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

Summary of this inspection

- There was open access at all of the services we visited which meant that clients could present to the service and be seen the same day.
- Staff made attempts to engage clients who were reluctant to engage with services.
- Services had evening opening times and some services opened at the weekends.
- There were a number of activity groups available for clients to attend including fishing, drama and gardening groups.
- At Blackburn, there was an excellent recovery pathway for people of Islamic faith.

However, we also found the following issues that the service provider needs to improve:

- There was no accessible information on display in languages other than English.
- Records at Runcorn and Blackburn were not clear as to whether complaints had been dealt with appropriately.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff were aware of the organisation's vision and values.
- We found good monitoring systems that identified areas for improvement.
- There was excellent leadership at a local and regional level and managers had received leadership training.
- Staff morale was good at all of the services we visited.
- There were clear pathways for staff and client progression within the services. Many of the current staff members had previously received treatment from the services and the provider had supported them to become paid members of staff.
- We found a strong commitment to quality improvement and innovation. The provider was involved in a number of research projects with local universities.

Detailed findings from this inspection

Mental Health Act responsibilities

The service was not registered to accept clients detained under the Mental Health Act. If a client's mental health

were to deteriorate, staff were aware of who to contact. Some of the nursing staff had been trained as registered mental health nurses, which meant that they were aware of signs and symptoms of mental health problems.

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff received training in the Mental Capacity Act. We found that staff had a good working knowledge of the Mental Capacity Act. This included the assumption that all clients have capacity unless proven otherwise, and that decisions regarding a client's capacity are decision

specific. The provider did not have a Mental Capacity Act Policy. However, information relating to mental capacity was included within the provider's safeguarding adults at risk policy. Staff were aware of who to contact for advice relating to the Mental Capacity Act.

Substance misuse services

Safe

Effective

Caring

Responsive

Well-led

Are substance misuse services safe?

Safe and clean environment

The environments of all services we visited were clean, tidy and well-maintained. The provider had contracts with independent cleaning companies who regularly cleaned all areas of the buildings. Records showed that regular cleaning took place, however at Lytham St Annes there was no record on site of the areas of the building that had been cleaned. Staff showed us the cleaning contract that was in place and told us that the cleaning company kept their own record once the environment had been cleaned.

Staff wore personal alarms, which were used to alert staff to an emergency situation. When an alarm was activated, available staff would respond to provide assistance. Records showed that alarms were regularly checked.

All services had a well-equipped clinic room and a separate needle exchange room. The seven clinic rooms that we visited were clean, tidy and had the necessary equipment to carry out physical examinations. Staff carried out temperature checks of fridges that were used to store medication. Staff also carried out room temperature checks. Records showed that temperature checks were regularly carried out and staff took action when temperatures were outside of the recommended range. At Manchester, the fridge used to store medicines had been checked by staff and on two occasions this was out of range. Staff had taken action on one occasion, however on the other occasion staff had recorded that no action had been taken and staff had not reported this as an incident. This meant that staff could not be certain that the medicines were stored safely.

At all services, there were arrangements in place for the collection and disposal of clinical waste. We found that clinical waste was managed safely at all services apart from

Manchester and Blackburn. At Manchester, the sharps bin in the needle exchange room was not dated when opened nor when closed and disposed of. There was a large clinical waste bin in the car park of the building that was attached to the wall, however the bin was not locked. The storage of clinical waste at Blackburn was not compliant with the Health Building Note 00:09: infection control in the clinical environment which recommends that clinical waste needs to be stored in a separate purpose built area to prevent cross-contamination. There was a large clinical waste bin that was stored in the accessible toilet. Staff told us that the toilet was locked, however on the day of our visit the lock was faulty and staff told us that clients and visitors used the toilet. This meant there was a risk of needle-stick injuries and infection to clients, visitors and staff at Manchester and Blackburn, as the clinical waste was not managed safely.

At Runcorn we found 14 boxes of needles in the needle exchange room that were out of date, the expiry date on the needles was 2015. At Blackburn, we found one box of urine testing kits that were out of date by one day. Staff had completed a weekly audit of the rooms and equipment, however staff had not identified that the needles and testing kits were out of date and there was no evidence that stock was being rotated. At all other services we found that staff regularly completed clinic room and needle exchange room audits and took actions when necessary to ensure that equipment was safe to use.

There were emergency medicines in stock at all services we visited. Emergency medicines were stored securely and safely at all of the services we visited apart from Blackburn. We found naloxone stored in a lockable box that was attached to the wall in the reception staff office. This medication was used to treat an opioid overdose in an emergency. During our inspection we found that the emergency medicines box was not locked. Staff told us that they had been advised to keep the box unlocked to be able to access the medication quickly in an emergency. Staff

Substance misuse services

immediately locked the emergency medicines box and we raised this with the manager of the service who advised us that they would review the storage arrangements to ensure that medicines were stored safely.

Staff adhered to infection control principles and there was hand sanitiser available and hand washing posters displayed at all services. The provider had an infection control policy and staff were aware of their responsibilities relating to infection control. Staff carried out regular infection control audits in line with the provider's policy. At Manchester, the clinical wash hand basin in the clinic room was not compliant with the Health Building Note 00-09: infection control in the built environment. The sink had a plug and an overflow and did not have non-touch taps. Staff had not completed a risk assessment to identify the risk of the spread of infection nor had actions been identified to mitigate the potential risks. This meant there was a risk that infection could spread amongst clients, staff and visitors to the service.

Health and safety risk assessments had been completed at all services. These were reviewed every six months and staff also completed a monthly checklist. We found evidence of identified actions highlighted on the risk assessment being completed.

The provider had completed fire risk assessments and fire evacuation plans at all services. Records showed that staff completed regular checks of the fire alarm system and fire extinguishers. There were fire wardens at all services who were identified on the service health and safety notice boards.

Portable appliance testing was routinely carried out to ensure that equipment was safe to use.

Safe staffing

The provider had estimated the number of staff required for each team using a staffing tool. The number of staff required varied at each site dependant on the contract with the commissioner and the services provided. Data we received showed the number of staff at each service:

Blackburn

Number of substance misuse staff 19

Number of volunteers 17

Number of peer mentors 5

Runcorn

Number of substance misuse staff 26

Number of volunteers 4

Number of peer mentors 10

Manchester

Number of substance misuse staff 111

Number of volunteers 3

Number of peer mentors 0

Lytham St Annes

Number of substance misuse staff 48

Number of volunteers 19

Number of peer mentors 9

Scunthorpe

Number of substance misuse staff 21

Number of volunteers 10

Number of peer mentors 10

Mansfield

Number of substance misuse staff 31

Number of volunteers 3

Number of peer mentors 4

Wirral

Number of substance misuse staff 73

Number of volunteers 14

Number of peer mentors 2

At all of the services apart from Scunthorpe, the staffing figures provided were a total number for all services provided within that local area and were not specific to the service that we visited during our inspection. Some of the staff worked between services and provided in-reach to local prisons. There were vacancies at Runcorn, Lytham St Annes and Wirral. All vacancies were for substance misuse staff. At Runcorn and Lytham St Annes there was one vacancy and at Wirral there were nine.

Data we received showed the staffing turnover rate for each service.

Substance misuse services

Blackburn 41%

Lytham St Annes 12%

Manchester 4%

Mansfield 22%

Runcorn 38%

Scunthorpe 17%

Wirral 15%

The provider told us that high turnover rates were due to redundancies, some of which were voluntary, following budget reductions and service restructures. Some staff had also been promoted within the organisation.

There were arrangements in place to cover staff absence to ensure client safety. Staff told us that generally, staff within the team covered short-term staff absence. Managers raised any ongoing staffing concerns with service managers to request the use of agency staff. Both registered managers had oversight of any staffing concerns and signed off any requests for agency staff. Managers told us that they felt they had enough staff to meet the needs of clients who used services.

Agency staff were used to cover vacancies. There were two agency recovery co-ordinators working at Lytham St Annes and one agency recovery co-ordinator working at Mansfield. There were agency administrative staff at Manchester, Lytham St Annes and Scunthorpe. There was a locum doctor providing cover at Wirral. Managers told us that vacant posts had been advertised and they were in the process of recruiting staff.

The average caseload was 47 cases per key worker. Individual service data showed the average caseload per key worker for the month of September 2016.

Blackburn 64

Lytham St Annes 48

Manchester 45

Mansfield 48

Runcorn 42

Scunthorpe 37

Wirral 44

Overall, staff told us that their caseloads were manageable. Managers accessed a dashboard that provided them with data on caseloads to allow monitoring and caseload management. The frequency and contact between clients and key workers varied dependant on the level of need and treatment the client was receiving. We found excellent complex case discussions taking place between keyworkers, doctors and managers.

There were no clients that were awaiting allocation of a key worker as there were no waiting lists at the services we visited.

Staff were knowledgeable and held a variety of different skills. Staff received mandatory training which included safeguarding children, safeguarding adults, Mental Capacity Act and data protection and information security. These courses were to be completed by staff within the first three months of employment. There was further core training which included equality, diversion and inclusion, health and safety, safeguarding adults, safeguarding children, boundaries, safeguarding young people, over the threshold and first aid for frontline workers. Nurses also completed further core training which included basic life support and anaphylaxis and patient group directives. Core training was to be completed by staff within the first 12 months of employment. The average mandatory training rate across all services was 49%. Blackburn had the highest mandatory training rate at 63% and Wirral had the lowest mandatory training rate at 38%.

At the time of our inspection, the provider had recently changed to a new system for booking and recording electronic and classroom training. The provider acknowledged that there was further work to be completed regarding mandatory and specialist training for staff. Staff we spoke to told us that they received mandatory training and had access to the new system.

We found evidence that disclosure and barring service, checks were carried out for all staff before they started employment. However, the provider told us that there were a number of staff who had a disclosure and barring service check on file that had expired. At Blackburn, Scunthorpe and Wirral there was one member of staff at each service, at Lytham St Annes there were two members of staff and at Manchester there were 11 members of staff all with expired disclosure and barring checks. The provider told us that staff were in the process of completing the forms required to send to the disclosure and barring service. Disclosure

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and barring service checks have no official expiry date, however the employer determines whether a new check is required. The provider told us they renewed disclosure and barring checks for staff every three years.

Assessing and managing risk to clients and staff

We reviewed 33 client care records during our inspection. We found that 30 care records included an up to date risk assessment, two risk assessments were out of date and one care record did not include a risk assessment. Risk assessments were comprehensive and included safeguarding children and adults, risk to self, risk to others, risk of harm from others and offending. Overall, we found that staff regularly reviewed risks and associated risk management plans. However, at Blackburn we found that two risk management plans were not clear as to what the risks were and how staff were managing the risks. At Manchester we found that risks were documented within a client's care record, however this was recorded in a number of documents, which made accessing the information difficult.

There were plans included within clients' care records in the event of an unexpected exit from treatment. Staff at all services followed a matrix for clients who did not attend their appointments. This included contacting the client, the GP, pharmacies, the client's relatives and next of kin, where consent had been given. Staff would contact the police to request a welfare check if they had any concerns about clients. All unplanned exits from treatment were signed off by the team manager, who would check that the matrix had been followed.

Data provided to us indicated the number of unplanned exits from the services from April 2016 to September 2016.

Blackburn 98

Lytham St Annes 17

Manchester 105

Mansfield 148

Runcorn 41

Scunthorpe 103

Wirral 225

Staff responded promptly to deterioration in clients' health. There were good working relationships with local pharmacies and GP practices. Staff completed physical

health assessments and made referrals to appropriate services to ensure that deterioration in a client's physical health was addressed quickly. Medical review letters were sent to the client's GP and included physical health, mental health and recovery plans to make the GP aware of the client's treatment, where clients had given their consent. Within the letter there was information detailed asking the GP to contact the service before prescribing a number of listed medicines to prevent overdose or misuse.

We found excellent systems in place for storing prescriptions safely in line with NHS protect guidance on security of prescription forms. Access to prescriptions was restricted and prescriptions were stored securely. Cancelled prescriptions were recorded, voided and shredded and staff kept a record of each stage of the process. At Wirral, staff told us that time was not protected when prescriptions were being issued in bulk (over 1000 prescriptions every two weeks). There was a potential risk that errors could be made when staff were signing prescriptions. This had already been identified by staff as a risk and staff told us that a review of this procedure was taking place.

The provider had a family focused clinic policy. This had been created following a review of research that highlighted the potential risks to the children of adults receiving opioid replacement therapy and more specifically methadone. The policy supported staff to reduce the risk of children being able to access methadone. Staff used a flowchart to choose the most appropriate medication for clients already prescribed methadone. This included an assessment of the suitability of ongoing treatment and the use of supervised consumption where risks to children were present. All new clients entering treatment with children five years and younger were prescribed buprenorphine to reduce the risks to children.

There was a system in place to assess a client's suitability to collect their prescription and keep it at home. The client's ability to continue self-administration at home was reviewed regularly. Staff provided clients with safe storage boxes that included a child safety catch inside the lid and also a padlock on the outside of the box.

Staff received training in safeguarding adults and children. Staff were knowledgeable about identifying and reporting safeguarding concerns and staff knew who to approach for information and advice within the organisation. The electronic care records system included a section specific

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to safeguarding which allowed easy access to any safeguarding concerns and included actions taken and actions required. Although the average training rate was 68% for safeguarding children and 65% for safeguarding adults, staff we spoke with and records reviewed showed that staff identified and reported safeguarding issues appropriately.

Track record on safety

In total, two serious incidents were reported between August 2015 and August 2016. The serious incidents reported related to Scunthorpe and Wirral. We reviewed the investigation into the serious incident that occurred at Wirral during our visit. We found evidence that staff had thoroughly investigated the serious incident and recommendations had been actioned to reduce the risk of repeated events. Staff had previously submitted notifications to the Care Quality Commission to inform us of the death of a client. The provider had received incorrect guidance from us, relating to the submission of these types of notifications, which meant staff were not routinely submitting notifications to us prior to our inspection. Following discussions with the provider and at the time of our inspection, staff were submitting notifications to inform us of the death of a client.

The provider's serious incident reporting policy did not routinely classify the death of a service user as a serious incident. However, all service user deaths were thoroughly investigated within ten days of the service being informed. We reviewed three investigations of service user deaths during our visit. We found that a comprehensive investigation took place which included a chronology of events, staff contact with the client, communication with other services and recommendations for practice. We received feedback from commissioners of services prior to our inspection visit. Commissioners told us that the provider was involved in death reviews, local groups and meetings to identify areas for improvement and share learning across the organisation. The provider had also been involved in responding to a Regulation 28 report to prevent future deaths with a local NHS trust. We found evidence of good joint working with other stakeholders. The provider had responded to the report appropriately and had taken action to improve pathways and communication with other services.

Reporting incidents and learning from when things go wrong

Staff knew how to report incidents and were able to describe what would be reported as an incident. All staff completed incident forms on the provider's electronic recording system. The electronic system used to report incidents alerted the manager of the service once an incident report had been completed. The manager then took action to investigate the incident and escalated high-risk concerns to senior management. Records showed that thorough investigations of incidents were carried out. We found excellent communication regarding learning from incidents across all services. Learning from incidents was shared through emails and team meetings. The electronic system used for reporting incidents had a dashboard that staff used to identify themes of incidents and staff carried out further investigations when necessary. The provider also notified the Care Quality Commission of any changes, events or incidents that affected their services or the people who used them.

We found that staff also reported incidents when medicines errors had been made by the local pharmacy, learning from mistakes made by external agencies was shared with staff. All medicines errors were sent to the provider's national pharmacist to review and make recommendations.

Staff told us that the teams they worked in and the senior management team were supportive following an incident and debriefs took place. Staff could access counselling from an external agency and managers told us that they would refer staff for counselling should this be required following a serious incident.

Duty of candour

Duty of candour is a statutory requirement to ensure that providers are open and transparent with people who use services in relation to their care and treatment. It sets out specific requirements that providers must follow when things go wrong with care and treatment. The provider included information regarding duty of candour in their incident reporting policy. Staff we spoke to were able to give examples of being open and transparent and provided an explanation to clients when something went wrong. Staff were aware of their responsibilities under the duty of candour and records showed that staff had demonstrated these responsibilities.

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Are substance misuse services effective? (for example, treatment is effective)

Assessment of needs and planning of care

We reviewed 33 care records during our inspection. Records showed that staff carried out a comprehensive assessment following referral to the service and assessment of need continued throughout treatment. The assessment focused on substance use, mental health, physical health, employment, benefits, housing and social needs. The information gained at assessment was then used to formulate a recovery plan with the client.

Of the 33 care plans we looked at 29 were holistic and 30 included client's views and their strengths and goals. Three records were brief and focused on one problem when other problems were present. One record did not include a care plan. We found that 32 clients had received a physical health assessment, with one record containing a physical health assessment, which had not been completed. Out of 33 records, 16 records indicated that the client had received a copy of their care plan. However, one record at Blackburn, five records at Mansfield, five records at Wirral and three records at Manchester did not evidence whether the client had received a copy of their care plan. Within these records, it was clear that clients had been involved in developing their care plan with staff.

The provider used a paper and electronic system for care records. All information was available to staff within the care records. However, risk assessments, risk management plans and recovery plans were kept within a client's paper record, whilst medical reviews, safeguarding information and routine contacts were kept within the electronic record. During our visit staff from each service sat with inspectors to look at care records. We found that staff could not access the information requested quickly, particularly information relating to risk. At Manchester, staff had difficulties locating information around risk within clients' care records. The provider told us that there was a plan in place to upload all paper records onto the electronic record for each client. However, we were not confident that information was available to staff when they needed it, as one complete record was not kept for each client.

Best practice in treatment and care

Staff followed the Department of Health's Drug misuse and dependence: UK guidelines on clinical management. We found good prescribing practices at the services we visited. Staff used a formulary when prescribing medicines. The formulary included a red, amber and green system of which medicines doctors could prescribe and measures to prevent non-formulary prescribing. The formulary was linked to treatment pathways for drugs and alcohol and included the first line treatment and the starting dose of the medicine being prescribed as recommended by the National Institute for Health and Care Excellence.

Naloxone is a medicine used to treat an opioid overdose in an emergency. Staff provided naloxone kits to clients and kept a log of who had been supplied with a kit and the expiry date of the naloxone. Clients were trained on how to use the naloxone in an emergency and there was an information leaflet with diagrams in each pack. Between February 2016 and August 2016, the provider had supplied 256 naloxone kits to clients. Staff were working on targeting areas with low distribution rates and enhancing the number of kits supplied to family and friends of clients.

Staff were trained in a range of psychosocial interventions that are recommended by the National Institute for Health and Care Excellence 2016 (CG51: Drug misuse in over 16's: psychosocial interventions). Staff delivered brief interventions and were trained in motivational interviewing techniques. Staff delivered a foundations of recovery programme to clients. The programme focused on three stages of recovery including why clients used substances and why they may want to change, learning new skills to reduce their substance use and achieve abstinence and relapse prevention. Self-help groups were held at each service and staff provided clients with information on mutual aid groups available in the local area. Clients also had access to an online cognitive behavioural therapy programme which was specific to substance use.

Staff provided clients with support for employment, housing and benefits. Client's needs were addressed in individual key worker sessions. Key workers would signpost or refer clients to other services and organisations for additional advice and support.

Staff assessed clients' physical health needs during the initial comprehensive assessment. Records showed that ongoing physical health input was provided, including referral to specialists when needed. Clients received an

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electrocardiogram in line with the Department of Health's Drug misuse and dependence: UK guidelines on clinical management. Results of electrocardiograms were routinely shared with clients' GPs.

Staff used outcome measures to monitor client change and progress whilst engaged in treatment. This included the treatment outcomes profile to measure change and progress in key areas of the lives of clients. Staff also used a number of rating scales to monitor the severity of substance use, these included the alcohol use disorders identification test and the severity of alcohol dependence questionnaire.

Staff were involved in completing clinical audits. Staff completed audits relating to the clinic room, medication storage, prescription security and opioid initiation and titration. Minutes of meetings confirmed that feedback from audits was discussed within local team meetings and national integrated governance committee meetings.

Skilled staff to deliver care

The services we visited had a variety of disciplines within the teams including nurses, doctors, non-medical prescribers, peer mentors, recovery champions, recovery co-ordinators, counsellors, cognitive behavioural therapist, administrators and volunteers.

Staff were qualified and experienced to perform their role well. Staff had completed a number of additional training courses to assist them with their roles. The courses included counselling, working with veterans, needle exchange, harm reduction, domestic violence, working with street sex workers, mental health, dual diagnosis, venepuncture, anaphylaxis and diploma in substance misuse. Staff told us that they were supported to access further training relevant to their roles. Some of the staff we spoke to had previously accessed services as clients and had progressed through a development pathway to become volunteers and paid members of staff. This meant that staff had a strong empathy with clients' substance misuse difficulties, which was reflected in their practice.

Peer mentors accessed a comprehensive training course prior to starting in their roles. The course was a level two diploma in peer mentoring and included understanding boundaries, communication skills, interpersonal skills,

alcohol awareness, drug awareness and mentoring skills. Peer mentors that we spoke with told us the course was comprehensive and included all the necessary information they needed to carry out their roles.

The provider had a two-day induction which all new starters attended. The induction covered policies and procedures, values, health and safety and emergency procedures. Staff completed a local induction checklist with new starters. Staff we spoke with told us that they had received an induction.

We reviewed 30 staff files during our visit and found evidence of regular clinical supervision. Staff we spoke with told us that they received supervision monthly. One member of staff at Mansfield told us they did not receive regular supervision. There were a number of additional supervision groups available for staff, including groups for recovery champions and safeguarding supervision groups. Staff attended regular team meetings and all of the staff we spoke to were positive about the support that they received.

Staff we spoke to told us that they received an appraisal. We found evidence of completed appraisals in staff records. Although, at Mansfield out of the five staff records we looked at, four staff had not received an appraisal, central records showed that 87% had received an appraisal.

Records showed that managers managed poor staff performance well. This included offering additional support and training, increased supervision, setting goals for improvements and regularly reviewing staff progress. Staff told us that they received support from their managers and human resources when managing poor staff performance.

Multidisciplinary and inter-agency team work

There were a number of regular multidisciplinary meetings at the services we visited. Staff held clinical multidisciplinary meetings, complex case panels and daily 'flash' meetings. We observed a complex case panel at Lytham St Annes. At this meeting, staff discussed the treatment of clients including safeguarding, risk and engagement. Staff spoke about clients respectfully and it was evident that staff cared about their wellbeing. Staff discussed any concerns they had about clients and were able to reflect on practice and identify solutions.

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Staff told us that daily 'flash' meetings were held each morning to discuss the day, any outstanding actions from the previous day, safeguarding concerns and risk. At Blackburn, we observed a 'flash' meeting. We observed detailed, reflective discussions taking place between the multidisciplinary team. Staff were respectful and sensitive when discussing clients and there was evidence of multi-agency working.

We found excellent communication and joint working with other services and organisations. There were good links with midwives, social workers, local hospitals, pain specialists and multi-agency safeguarding hubs. Staff attended multi-agency risk assessment conferences and pregnancy meetings.

Good practice in applying the Mental Capacity Act

At the time of our inspection, staff were in the process of completing an online Mental Capacity Act training course. There were plans in place at each service for deadlines for completion of training. We found that a number of staff had already completed the training including 25 staff at Blackburn, 26 staff at Lytham St Annes, 11 staff at Wirral and nine staff at Runcorn.

Overall, staff had a good knowledge of the Mental Capacity Act. This included the assumption that all clients have capacity unless proven otherwise, and that decisions regarding a client's capacity are decision specific. Staff were able to describe the actions they would take if a client attended the services whilst under the influence of drugs or alcohol. Staff explained the process of how they managed this including asking the client to return when they were no longer under the influence of substances.

The provider did not have a Mental Capacity Act Policy. However, information relating to mental capacity was included within the provider's safeguarding adults at risk policy. There were Mental Capacity Act posters, which included information on the five key principles, displayed in all of the services. The poster also included information for staff to follow should they have concerns about a client's capacity.

Staff told us that they would seek advice regarding the Mental Capacity Act from the medical staff and the organisation's legal team.

Equality and human rights

The provider supported both staff and clients with protected characteristics under the Equality Act 2010. All services we visited employed staff who had previous experience of using substance misuse services or a diagnosed mental health problem. The provider ensured that these staff members had the same opportunities to develop as other members of staff.

Staff employed within services were of different ages, races and sectors of the community to ensure that the diversity of the client group accessing each service was reflected in the staff delivering the service. There were equality, diversity and inclusion champions within the services. These members of staff spent one day a month focusing on equality, diversity and inclusion to explore audits, quality standards and any areas for development. Training in equality, diversity and inclusion was being rolled out across all services with a deadline for completion in March 2017.

Management of transition arrangements, referral and discharge

We found good management of transitions of clients into the service. Staff worked closely with local hospitals, prisons and probation and offered clients an appointment within 24 hours of discharge from hospital and prisons.

Staff provided extended support to clients that were approaching the end of their treatment programme. Clients attended recovery groups supported by recovery champions, peer mentors and volunteers. The purpose of this support was to minimise the risk of relapse and to maintain positive relationships and recreational activities within the local community.

There were a number of joint working arrangements in place at the services we visited. We found excellent joint working with local hospitals, mental health services, midwives and specialist physical health professionals. At Wirral, there was a respiratory conditions specialist treatment pathway that had been developed with the local university. The provider had produced a flow chart for staff to follow for clients at risk of chronic obstructive pulmonary disease.

Are substance misuse services caring?

Kindness, dignity, respect and support

Substance misuse services

We spoke to 20 clients during our inspection. The feedback from clients was positive. Clients told us the staff were friendly, approachable and courteous towards them. They considered staff to be respectful, helpful and interested in the clients wellbeing. Staff were always available if clients wanted to speak to them. One client told us that diversity was respected and they were treated equally. Another client told us that they felt listened to. Clients told us that when they have missed their appointments staff had contacted them quickly to enquire about their welfare. We spoke with one client's relative during our inspection, they told us that they felt supported and staff provided information to help them understand addiction.

During our inspection we observed interactions between staff and clients. We found that staff were polite, professional and treated clients with respect. Staff were supportive and had a good understanding of the individual needs of the clients who were using the service. We observed positive supportive relationships between doctors and clients. Staff were non-judgemental, compassionate and supportive. It was evident that staff were extremely passionate about the care and welfare of clients and staff worked hard to meet their individual needs.

Staff maintained client confidentiality. Where clients had requested that their information not be shared with relatives this was respected. We also found evidence in care records that staff routinely checked the client's recorded consent with regard to how the client would like to be contacted and whether the client wanted staff to leave a message if they did not answer a telephone call.

The involvement of clients in the care they receive

Clients were fully involved in their care and treatment. There was evidence, in care plans, of collaboration with the client in developing an individual plan to meet their needs. Clients told us that they felt involved in discussions about their treatment and they were offered a choice of treatment. Clients had received a copy of their care plan. Two clients told us they were asked for their opinion on how treatment was progressing. Two other clients told us they were involved in discussions about risk and were involved in regular risk reviews.

Clients told us that their families were involved in their care and treatment if they wanted them to be. Client's relatives attended appointments and staff provided them with

information. Clients told us that their families were offered support. One relative told us that staff had provided them with support and they knew who to contact if they needed further support from staff.

Overall, clients we spoke to were aware of how to contact advocacy. Staff told us that access to local advocacy services was available and they supported clients to access an advocate when needed. At Mansfield, two clients were unsure of advocacy and how to access this if needed.

The provider carried out a national client survey in August 2016. In total, 1185 clients completed the survey. Of these responses, 484 clients who used services at Midlands and North Regional Office had completed the survey. The results of the survey were positive; 90% of clients said they would recommend services to their family and friends, 96% of clients said that staff were polite, friendly and welcoming, 91% of clients said that their recovery worker had listened carefully to them and 90% of clients said that they were treated with fairness, dignity and respect.

We found excellent client involvement in decisions about the services. Clients told us that they were involved in a number of different decisions including opening times of services and activities available. Clients provided feedback through service user representatives at a local, regional and national level. Service user representatives attended monthly integrated governance meetings to provide feedback. Clients also told service user representatives how they would like to be responded to by managers and directors of services. This included feedback from the manager or director in person. Clients told us that if they requested feedback in person then this was arranged and clients were invited to attend.

There were complaints, compliments and suggestion boxes at each service. Clients told us that they could make suggestions by completing a form and they received a response from staff. We found that clients had made suggestions about activity groups that they wanted to attend and staff had supported these.

Are substance misuse services responsive to people's needs?
(for example, to feedback?)

Access and discharge

Substance misuse services

Referrals to the services were received from GPs and other health professionals, client's relatives and by self-referral from the client.

Services we visited also had an open access policy. This meant that clients could walk into the service and be seen the same day by a recovery worker. The client would then leave the service with an appointment to see a doctor or a nurse within two weeks of the first contact. Due to the flexible nature of access to the services, staff were able to see all clients quickly, whether urgent or routine, to commence treatment.

Data supplied by the provider indicated the average waiting times from referral to treatment for the past 12 months as of September 2016.

Blackburn 0 days

Lytham St Annes 0 days

Manchester 12 days

Mansfield 1 day

Runcorn 0.1 day

Scunthorpe 5 days

Wirral 4.6 days

The target time from referral to treatment was 14 days for all services.

Clients told us that staff were accessible and always responded quickly when they contacted the services. Two clients told us that when they missed their appointments staff contacted them the next day. Clients told us that they could drop in to the services in between their appointments to access support groups and talk to if needed. Staff provided clients with a helpline number and out of hours contact details. Clients we spoke to were aware of how to seek help out of hours.

Services were offered to clients who presented with a substance misuse problem and also to people who were concerned about someone else's drug or alcohol use. The only exclusion criterion was the age of the client. Clients under 18 years were referred to young person's treatment services.

Staff took steps to engage clients who were reluctant to engage with services. Staff at Scunthorpe had been working with the Eastern European community to raise awareness of the service. At a number of services staff carried out outreach work with street sex workers.

All services offered flexibility in the times of clients' appointments which included evenings. Weekend appointments were available at Blackburn, Manchester and Wirral. Staff and clients told us that appointments were rarely cancelled. We found evidence of clients being allocated a different key worker at their request. Staff told us that clients could be seen at other bases within the local area to help engagement.

The facilities promote recovery, comfort, dignity and confidentiality

All services had a sufficient number of rooms to support care and treatment. These included interview rooms, reception areas and clinic rooms. Interview rooms had adequate sound proofing to maintain confidentiality. There were separate rooms for intimate procedures such as blood borne virus testing and needle exchange services.

Services had welcome areas with volunteers and service user representatives available for clients to speak to when they entered the service. Staff told us that allowed clients presenting to the service to feel more relaxed and have someone to talk to who had been through a similar experience.

There was information for clients on display at each service. Leaflets available included mutual aid, support groups, mental health, physical health, sexual health, medication, smoking cessation, carers and family support, employment, harm reduction, helplines, blood borne viruses, hepatitis C, complaints and advocacy services. The needle exchange rooms had separate information leaflets relating to safer injecting and steroid use.

Meeting the needs of all clients

There was access for people with mobility difficulties at Blackburn, Lytham St Annes, Mansfield and Scunthorpe, including accessible toilets. At Manchester, Wirral and Runcorn the service base was located on the first floor of the building. Staff accessed rooms on the ground floor when needed.

There were no information leaflets available in other languages on display, however staff told us that they could

Substance misuse services

provide information in different languages or different formats if needed. Staff at Wirral had displayed a poster in Polish around the local community to raise awareness of the services available. At Blackburn, staff had created a recovery folder for Islamic clients. The folder included information related to Islamic spirituality and views of drugs. Staff also engaged with the Islamic community and prayers were read at the local mosque to raise awareness of substance misuse and the services available.

There were a number of activity groups available for clients to attend. These included drama, art, gardening, fishing, women's group, over 50s walking, pre-detox group and peer volunteer led groups. Clients told us that they were able to request activities that they would like to carry out and these were arranged.

Staff had access to interpreters and signers to support clients when needed.

Listening to and learning from concerns and complaints

Data provided to us indicated the number of formal complaints received by the provider in the past 12 months as of August 2016.

Blackburn

Number of compliments 3

Number of complaints 8

Number of complaints upheld 4

Lytham St Annes

Number of compliments 117

Number of complaints 9

Number of complaints upheld 7

Manchester

Number of compliments 1

Number of complaints 3

Number of complaints upheld 3

Mansfield

Number of compliments 7

Number of complaints 8

Number of complaints upheld 2

Runcorn

Number of compliments 4

Number of complaints 6

Number of complaints upheld 1

Scunthorpe

Number of compliments 38

Number of complaints 16

Number of complaints upheld 0

Wirral

Number of compliments 0

Number of complaints 27

Number of complaints upheld 6

There were no complaints that had been referred to the independent ombudsman. Staff at Wirral told us that they did not keep a log of compliments received.

Clients we spoke to told us they knew how to make complaints, however, they had no reason to complain. Staff we spoke with were aware of the complaints procedure and how to handle a complaint. Records showed that the outcome of complaint investigations were shared with staff.

Overall, records showed that staff thoroughly investigated complaints and communicated with the client including acknowledging receipt of the complaint, arranging a face-to-face meeting and providing an outcome to the client in writing. However, at Blackburn and Runcorn it was unclear as to when complaints had been received and the outcome of the complaints. Both services held a file that listed the complaint and detailed communication with the complainant, however the records were unclear as to whether staff had taken the appropriate actions to deal with complaints in line with the provider's policy and timescales.

Are substance misuse services well-led?

Vision and values

The organisation's vision was "to help people change the direction of their lives, grow as a person and live life to its full potential".

Substance misuse services

The organisation's values were:

- Focus
- Empowerment
- Passion
- Social justice
- Respect
- Vocation.

Staff we spoke with aware of the organisation's vision and values and we found information relating to these values displayed at each service.

Staff knew who the senior managers of the organisation were and reported that they had visited the services. Staff told us that local service managers were visible, approachable and supportive and that the registered managers had also visited the services.

Staff told us that the recruitment process included a technical interview and a value based interview. Staff were trained to carry out value based interviews. Staff told us of instances where applicants had passed the technical interview but not been offered a job because they had failed the value based interview.

At the time of our inspection, the provider was embedding a values based leadership and management approach throughout the organisation. A number of programmes had already been delivered to staff and included values based leadership workshops, supervision training, mentoring and team leader development. The provider had committed to carrying out this work as a result of the high proportion of staff members who had transferred over to the provider from another employer and the wide variety of organisational cultures and leadership training that staff had experienced.

Good governance

There was an effective governance structure throughout the organisation. Staff attended regular managers meetings, integrated governance meetings, local team meetings and clinical meetings. There were a number of areas discussed including performance, risk management, quality improvements, innovation, safeguarding, audit, learning from incidents and learning and development.

There was a system in place to communicate information with the executive management team and the board of trustees. We found a continuous cycle of communication throughout the organisation.

Locally, we found good monitoring systems in place to ensure that incidents were reported and investigated. Learning from incidents was shared, safeguarding procedures were followed and clinical audits were carried out. We found that managers were strong leaders and this contributed to the effective functioning and performance of the services that we visited.

Managers used an information dashboard to monitor the performance of the services. The dashboards gave a snapshot of the activity of the services and included keyworker caseload, safeguarding issues identified, missed appointment rates, number of days since the last face-to-face client contact, supervised consumption rate, number of incidents reported, sickness absence rates and staff supervision rate. We found evidence that managers acted on the information included within the dashboards such as ensuring supervision was available for staff and reviewing caseloads when necessary.

Each service had a service quality improvement plan, which was individualised to the service and included an intended outcome, actions required and information of how the outcome would be achieved. The plans included outcomes for improving recovery and risk plans, increasing successful outcomes for opiate users and monitoring missed appointments.

Records showed that staff carried out an audit of volunteer and peer mentor files to ensure that these staff members were receiving appropriate support. The audit included mandatory training, supervision, induction, risk assessments and policies. We found evidence of actions being completed following the audits, which included arranging supervision and ensuring that staff could access mandatory training on the electronic system.

Managers told us they felt they had enough autonomy to carry out their roles and were supported by senior managers. There was administrative support at all of the services.

Managers of the services were aware of the provider's risk register and told us that they would add an item to the risk register by escalating any concerns to their managers.

Substance misuse services

Leadership, morale and staff engagement

Results of a staff survey completed in March 2016 indicated that staff were happy with the support that they received and would recommend the provider to their friends and family. Of the staff that completed the survey, 74% of staff agreed or strongly agreed that they received support from their immediate line manager and 82% of staff agreed or strongly agreed that they received support from their colleagues. There was 69% of staff that agreed or strongly agreed that they would be happy with the standard of care provided if their friends or relative needed treatment.

We found excellent leadership at a local and regional level. Managers told us that they had received leadership training and could request specialist training for further professional development. Staff we spoke with told us that they felt supported by their managers and their colleagues. We found staff to be dedicated, passionate and committed to their roles.

We observed a senior management team meeting at Runcorn. Managers discussed audits, staffing and investigation reviews and reviewed data provided for each service. We found excellent communication and sharing of information.

Staff morale was good. At Mansfield, staff told us that their workload could be more manageable and that they experienced stress, however they felt supported by the team. At Manchester, the provider had taken over the service in April 2016. Staff spoke positively about the transition and reported improvements in the culture of the team. The organisation provided staff with online mindfulness sessions to support personal wellbeing. Following a pilot in May 2016, the provider had rolled out the 'health, wellbeing and development hour', which was an hour allocated each week for staff to engage in an activity that was focused on health, wellbeing or development. The results from the pilot indicated that staff felt valued and trusted, stress was relieved, staff felt more relaxed and there was an increase in staff morale. At Wirral, staff listed the hour as a contributor to improved performance.

The average sickness absence rate across the services was 3.1%. At Blackburn and Wirral there were higher rates of

long term sickness at 4% and 4.8% respectively. Managers raised any concerns regarding staff sickness and absence with senior managers and we found evidence that staff were supported on their return to work.

There were no bullying and harassment cases being investigated at the time of our inspection.

Staff we spoke with were aware of the whistleblowing process. Staff felt able to raise concerns with their team manager and service manager.

We saw examples of staff being open and explaining to clients when things had gone wrong.

There were clear pathways for staff and client progression within the services. Many of the current staff had previously received treatment from the services and the provider had supported them to attain the necessary skills, training, qualifications and accreditations to become paid members of staff.

There were regular staff involvement meetings that staff representatives attended to give feedback on services. Staff told us that they also gave feedback to their managers and they felt that they were listened to.

The provider had been assessed by Investors in People in July 2016 and received a Silver award. The provider was rated as 'advanced' in a number of areas including motivating people, operating in line with the values, encouraging high performance and encouraging innovation.

Commitment to quality improvement and innovation

The provider demonstrated a strong commitment to quality improvement and innovation. There were a number of pilots taking place across services to assess how services could improve and how this could benefit clients using the services. An example of a pilot was the use of new tools for the assessment process when clients entered the service, with the aim of improving the client and staff experience and reinforcing a person centred approach. The findings from the pilot allowed the provider to make necessary changes and provide additional support to staff when rolling out the new assessment tools.

The provider had worked with local universities on a number of research projects. These included drug and alcohol staff views about recovery, overcoming barriers to entry to treatment and a study of the effectiveness of

Substance misuse services

medication management for relapse prevention in alcohol dependence. As of April 2016, the provider was involved in 28 external research projects. A research oversight group met quarterly to discuss and review research projects. We

saw evidence of research applications being rejected by the provider if staff had concerns about the way the research was proposed to be carried out and any identified weaknesses in the research methodology.

Outstanding practice and areas for improvement

Outstanding practice

The service demonstrated a strong commitment to quality improvement and innovation. They participated in local and national research projects to further the understanding of substance misuse difficulties. This included working closely with other agencies, including local hospitals and universities.

We also found a strong commitment to client involvement in decisions about the services provided. This included service user representatives attending local, regional and national governance meetings with senior managers of the organisation.

At Blackburn, staff had created a recovery folder for Islamic clients. The folder included information related to Islamic spirituality and views of drugs. Staff also engaged with the Islamic community and prayers were read at the local mosque to raise awareness of substance misuse and the services available.

The provider held family focused clinics. These had been created following a review of research that highlighted the potential risks to the children of adults receiving opioid replacement therapy and more specifically methadone. There was a policy which supported staff to make decisions to reduce the risk of children being able to access methadone. Staff used a flowchart to choose the most appropriate medication for clients already prescribed methadone. This included an assessment of the suitability of ongoing treatment and the use of supervised consumption where risks to children were present. All new clients entering treatment with children five years and younger were prescribed buprenorphine to reduce the risks to children.

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure that equipment used for delivering care and treatment is safe to use.
- The provider must ensure that clinical waste is managed safely and stored securely.
- The provider must ensure that medicines are stored safely.
- The provider must ensure that staff identify and mitigate the risks of the spread of infection.
- The provider must ensure that staff keep a complete and contemporaneous care record for each client.

Action the provider **SHOULD** take to improve

- The provider should ensure that staff follow the provider's policy for dealing with complaints and keep a record of actions taken at all stages of the complaints process.
- The provider should ensure that all staff are up to date with mandatory training and receive an appraisal.
- The provider should ensure that staff disclosure and barring checks are completed in line with the provider's policy.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met</p> <p>We found equipment that was not safe to use at Runcorn and Blackburn. Staff had completed a weekly audit of the equipment, however staff had not identified that the equipment was out of date and there was no evidence that stock was being rotated.</p> <p>We found that clinical waste was not managed safely at Manchester and Blackburn. This meant there was a risk of needle-stick injuries and infection to clients, visitors and staff.</p> <p>At Manchester, the clinical wash hand basin in the clinic room was not compliant with the Health Building Note 00-09: infection control in the built environment. Staff had not completed a risk assessment to identify the risk of the spread of infection nor had actions been identified to mitigate the potential risks. This meant there was a risk that infection could spread amongst clients, staff and visitors to the service.</p> <p>At Blackburn, we found that medicines were not stored safely. We found emergency medicines were stored in a lockable box, however at the time of our inspection staff had been advised to keep the box unlocked.</p> <p>This was a breach of Regulation 12 (2)(e)(g)</p>
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met</p>

This section is primarily information for the provider

Requirement notices

We found that a complete and contemporaneous care record was not kept for each client. Staff accessed risk assessments, risk management plans and recovery plans within paper records and details of appointments, safeguarding and treatment notes were stored on the client's electronic care record. At Manchester, staff had difficulties locating information around risk within clients' care records.

This was a breach of Regulation 17 (2)(c)

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The Clatterbridge Cancer Centre NHS Foundation Trust

Quality Report

The Clatterbridge Cancer Centre
Clatterbridge Road
Wirral
Merseyside
CH63 4JY
Tel: 0151 556 5000
Website: www.clatterbridgecc.nhs.uk/

Date of inspection visit: 07, 08, 09 June 2016
Date of publication: 01/02/2017

This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this trust

Outstanding 

Are services at this trust safe?

Requires improvement 

Are services at this trust effective?

Good 

Are services at this trust caring?

Outstanding 

Are services at this trust responsive?

Good 

Are services at this trust well-led?

Outstanding 

Summary of findings

Letter from the Chief Inspector of Hospitals

The Clatterbridge Cancer Centre is one of the biggest cancer centres in the country and treats patients from across Merseyside, Lancashire, Cheshire, the Isle of Man and North Wales. The trust also provides specialist care and treatment to patients from all over the United Kingdom.

The trust completed the year with an income and expenditure surplus of £56.5 m. However, the trust will be moving to a new site in the centre of Liverpool in 2018, and £49m funding will be reinvested into the cost of the building of the new hospital. The new hospital will make treatment more accessible for those who live in the more deprived areas of Merseyside and the surrounding areas. Some services will remain at the Clatterbridge site including the proton service for eyes.

Oncology services are provided at the hospital there are 74 inpatient beds over three inpatient wards at the hospital and a four bedded young peoples' unit that was found on Mersey Ward. They had a total of 3,760 admissions between April 2015 and March 2016 and had a low number of deaths during the same period (74).

Chemotherapy services are provided by the trusts Systematic Anti-Cancer Therapy (SACT) Service at the Clatterbridge Cancer Centre and at eight peripheral satellite clinics at a range of locations, which include acute general hospitals, primary care centres and other sites managed by the trust. The service also provides certain types of chemotherapy in patient's homes. This service is provided by staff employed and trained by the Clatterbridge Cancer Centre. The adult day-case Delamere chemotherapy unit is open Monday to Friday between the hours of 8.30am and 6.30pm. Between April 2015 and April 2016, the unit delivered 46,974 doses of chemotherapy. Of these 19,979 were delivered at the Clatterbridge Cancer Centre, 26,247 were delivered in the outreach sites and 748 of these doses were delivered in patient's homes.

There are ten linear accelerators for the delivery of radiotherapy treatment at the Clatterbridge site and there is a radiographer led service from a purpose built unit in Aintree. The trust delivered 97,926 radiotherapy treatments in the period April 2015 to March 2016. There is a brachytherapy treatment known as Papillon which

can provide an alternative to surgery for some rectal cancers. There is a proton beam therapy service for the treatment of cancers of the eye that treats patients from all over the country and from abroad. The low energy proton beam therapy unit is the only one in the country.

A range of outpatient cancer services are provided by the trust and a number of outpatient appointments are also offered in satellite clinics at hospitals throughout Cheshire, Merseyside and the Isle of Man. They offer a combination of consultant and nurse-led clinics including clinical and medical oncology and phlebotomy. A number of therapy led appointments are provided including physiotherapy, speech and language therapy and occupational therapy. There were 99,394 outpatient appointments offered across the trust between July 2015 and April 2016 with 43,318 offered at Clatterbridge Cancer Centre, Wirral.

The diagnostic imaging department consists of two direct radiography (DR) rooms (one of which includes a orthopantomogram (OPT) machine), one computed tomography (CT) scanner, one gamma camera, one positron emission tomography-computed tomography (PET CT) scanner, two magnetic resonance imaging (MRI) scanners, and ultrasound.

End of life services were provided and led by a team of specialist palliative care nurses and a consultant in palliative care medicine, who provided direct care and treatment to patients and supported staff throughout the hospital.

We visited the Clatterbridge Cancer Centre and the Aintree Radiotherapy site as part of our announced inspection during 7 to 9 June 2016. We also carried out an unannounced inspection on 21 June 2016. During this inspection, the team inspected the following core services:

- Medical care services (Oncology)
- End of life
- Outpatients and diagnostic services
- Chemotherapy
- Radiotherapy

Summary of findings

Overall, we rated The Clatterbridge Cancer Centre NHS Foundation Trust as outstanding. We have judged the service as 'requires improvement' for safe; "good" for effective and responsive. We rated the domains of caring and well-led as 'Outstanding'.

Our key findings were as follows;

Vision and strategy

- There was a clear trust strategy plan for 2014 to 2019 which had been refreshed in February 2016. This was supported by the establishment of a Transformation Programme Office to support the delivery of the transformation agenda. The plan was linked to other external plans including the Five Year Forward View (5YFV) [Published October 2014]; the 2016/17 planning guidance (particularly the opportunities provided by the requirement for the development of health economy sustainability and transformation plans (STPs) that cover the same planning period). Published December 2015 and the Report of the cancer taskforce (Achieving World Class Outcomes: a strategy for England 2015-2020).
- All services had local plans which linked to the trust strategy.

Leadership and Management

- The hospital was led and managed by a visible executive team. This team were well known to staff, and staff spoke highly of the commitment by leaders to continually improve services putting patients and people close to them at the centre of decision making.
- There was effective teamwork and clearly visible leadership within the services and decision-making was patient centred and clinician led.
- Leaders understood the challenges to good quality care and identified actions to address them.
- Staff felt involved in decision making, and felt that they were able to influence the vision and strategy of the organisation.
- The NHS staff survey 2015 showed the trust performed better than the national average for 12

indicators and as expected in a further seven. The overall staff engagement score for the trust was 3.98, which was in line with the national average score of 3.94 for specialist acute trusts.

Culture

- The trust had "the Clatterbridge Culture Programme" in place. This was a five year strategy to create a culture in which positive behaviours are experiences consistently throughout the organisation. This contained a culture recipe and clear measurement of each of the culture dimensions.
- All the staff we spoke with were proud, highly motivated and spoke positively about the care they delivered. Staff told us there was a friendly and open culture. They told us they received regular feedback to aid future learning and that they were supported with their training needs by their managers.
- All leaders appeared to be competent, knowledgeable and experienced to lead their teams and understood the challenges to good quality care and what was needed to address those challenges. Leaders strived to deliver and motivate staff to succeed and to continue to improve. Managers sought to improve the workforce culture to engage with staff to achieve advances in care and quality.
- We saw that a very positive and supportive culture across all wards and departments. Staff were very proud of their hospital and the work they did. They were enthusiastic and passionate about the care they provided and the achievements they have accomplished. There was a tangible sense of willingness to go the extra mile and do the very best for their patients.
- There was an open and honest culture within the organisation and staff were candid about the challenges they faced.
- Staff morale was reported to be good although in outpatients the amount change the department had experienced in a short period of time had affected morale.

Equality and Diversity

- The trust has an overall Equality and Diversity Strategy (EDS) in place and there were clear

Summary of findings

monitoring processes for the EDS2 plan. However the EDS2 plan was not readily visible to staff, the equality plan published on the intranet was dated 2012-16 and was not the same as the current EDS2 action plan.

- A governance process was in place to ensure that equality impact assessments were carried out for major service changes and policies, but this did not extend to organisational strategies.
- There was a strong communication relationship between corporate diversity lead and staff side chair.
- Equality and diversity training was included as mandatory training for all staff every three years. Overall trust rates of compliance are 84%.
- The trust's staff survey result in relation to discrimination at work was 7%, which was better the 9% sector average.

Governance and risk management

- The trust had commissioned an external governance report which had reported in March 2016. This had made 36 recommendations to strengthen the governance in the organisation and the trust had a robust action plan in place with actions to be completed by October 2016.
- The Board Assurance Framework (BAF) had been revised in May 2016 in response to the governance report and there were good processes in place for the management of the BAF.
- There was a robust committee structure in place that supported challenge and review of performance, risk and quality. Mechanisms were in place to ensure that committees were led and represented appropriately, to ensure that performance was challenged and understood.
- We found all policies to be clear, accessible and up to date.
- The trust had been awarded significant assurance by Mersey Internal Audit for the last two years regarding information governance (IG). The IG Toolkit was reported as 80% compliant for 2015/16.

- Clinical governance managers were integrated in to directorates, attending and reporting to directorate meetings and providing leadership with root cause analyses.
- Local risk registers were seen to be relevant and up to date; however in oncology the process required strengthening. The use of monitoring including dashboards and audits was seen in all areas.

Cleanliness and Infection control

- Clinical areas at the point of care were visibly clean.
- The trust had infection control and prevention policies in place, which were accessible to staff and staff were knowledgeable on preventing infection and minimising risks to patients, visitors and staff.
- The local Infection Control Committee met regularly and covered all expected areas.
- In April 2016 the committee reported that the C.diff objective for the year remained at one case. There had been no MRSA bacteraemia infections.
- Staff were observed to comply to bare below the elbow standards and hand washing procedures were adhered to. The use of personal protective equipment was of a good standard.
- In the 2015 patient-led assessments of the care environment (PLACE) audit the trust scored 99.8% for cleanliness compared to a national average of 97.6% and patients commented positively about cleanliness.

Staffing

- Medical, nursing and radiographer staffing was good and in line with the expectations at a specialist trust. Staff told us that they felt well-staffed and they felt that they had enough time to care for patients and medical response was timely when required.
- Nurse staffing levels were based on an acuity tool. Staff sickness and turnover rates were as expected. Staff told us that they felt well-staffed and they felt that they had enough time to care for patients. Staff vacancies were noted on the risk registers and

Summary of findings

actions had been identified to mitigate these risks. There was a reliance on temporary staffing on some of the wards but there was a buddy system in place to make sure they were well supported.

Mortality rates/ Patient outcomes

- As a specialist cancer trust, it is inevitable that many patients with advanced cancer spend their final weeks as patients of Clatterbridge Cancer Centre, and whilst acknowledging the desire of the most terminally ill patient to die at home, for some, symptom control issues or social difficulties mean that their end-of-life care is delivered within a hospital.
- Between April 2014 and March 2015 there were 50 deaths at the centre.
- Accordingly a significant number of deaths occurring within the trust were "expected". The Trust Management Group reviewed the 99 inpatient deaths occurring between April 2014 and January 2016, only 5 were deemed to be unexpected. The palliative care team had significant input into the management of in-patients with advanced disease, and often patients had been on the amber care or an end-of-life pathway in the days or weeks prior to their death.
- The service participated in the National Chemotherapy Multi-Disciplinary Team (MDT) Peer Review (2014) being compliant with 35 out of 36 standards and scoring 97.6% overall. The service scored 100% overall compliance with the 19 standards for intrathecal chemotherapy in the National Chemotherapy MDT Peer Review (2014).
- Data contributions to the National Care of the Dying audit showed that the service had performed better than others nationally in the ten key clinical performance indicators.

We saw several areas of outstanding practice including:

In the End of Life Service;

- The service had developed a simulation based training programme to develop the skills and

knowledge of staff throughout the hospital. This involved simulating difficult situations so that staff developed their confidence when dealing with patients and relatives at the end of life.

- All staff were committed to facilitating the requests of patients at the end of life. For example, there had been a number of weddings organised within a short period of time at the request of patients. Several staff were involved in facilitating these.
- The service had responded to NICE guidance by developing a day after death service which met the needs of the bereaved in that a number of risk assessments were undertaken to ensure their welfare.
- The SPC consultant was involved in a number of projects. For example, the serious illness programme UK was being piloted alongside a number of organisations from the United States of America and had been designed in response to services recognising the challenging situations that clinicians faced when dealing with patients and relatives at the end of life.

In the Outpatients and Diagnostics service;

- Individual needs of patients were identified through completion of a Holistic Needs Assessment at varying times during treatment and surveillance. Following completion a care plan was formulated to summarise any concerns and identify actions to address them.

In the Radiotherapy service;

- The development of the advanced practice radiographer posts that enabled consultants and registrars to do the more complex work.
- The uses of skill mix across the department for staff at all levels including health care assistants
- The continuing development of the Papillon service as an alternative to radical surgery.
- The proton beam service for the treatment of eye cancers and its continuing development and training of staff from other centres.
- Radiographers able to prescribe medicines for head and neck cancer patients to alleviate their pain.

Summary of findings

- The development and use of the vac bags to help to immobilise patients during treatment and the making of individual head rests to make patients more comfortable.

In the Chemotherapy service;

- The innovative introduction of the rapid chair initiative in the Delamere unit had improved the experience and waiting times for patients receiving shorter treatments.
- The introduction of the Adjuvant Zoledronatec service was innovative and market leading the introduction of this service meant that patients with breast cancer were receiving the very latest evidence based treatment to reduce their risk of death and reoccurrence.
- The Chemotherapy at Home project was outstanding and provided patients with treatment in their own homes. This service embodied the overall trust and service vision of providing the best cancer care to their patients.
- The positivity and compassion shown by staff and reflected in the feedback from patients was outstanding. It was clear that all levels of staff continuously strived to provide outstanding care to their patients.

- The interaction and utilisation of the Maggie's Merseyside charity was excellent. It meant that patients could access all the advice, support and treatment in one place at one time.

- The support offered to patients throughout their treatment was outstanding. This included the implementation of the end of treatment bell, the PAT therapy dog and handler, massages and relaxation techniques for patients and the program of activities provided in the Maggie's centre. All of which contributed to patients receiving an excellent level of emotional and practical support.

However, there were also areas of poor practice where the trust needs to make improvements.

Importantly, the trust must:

- Improve the staffing within the diagnostic imaging service.
- Ensure that concerns were raised regarding the protection documentation (as required by the Ionising Radiation Regulations 1999 (IRR) and Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R)) which was overdue for review or did not reflect current clinical practise such as a risk assessment from 2013, and local rules from 2014 are addressed.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to The Clatterbridge Cancer Centre NHS Foundation Trust

The Clatterbridge Cancer Centre is one of the biggest cancer centres in the country and treats patients from across Merseyside, Lancashire, Cheshire, the Isle of Man and North Wales.

The trust will be moving to a new site in the centre of Liverpool in 2018, this will make treatment more accessible for those who live in the more deprived areas of Merseyside and the surrounding areas. Some services will remain at the Clatterbridge site including the proton service for eyes.

The oncology service at the hospital provides care and treatment for patients who require non-surgical oncology treatments as an inpatient on its main site on the Wirral. The trust provides specialist care and treatment to patients from all over the United Kingdom and overseas, as well as their catchment areas of Merseyside and Cheshire. There are 74 inpatient beds at the hospital and they had a total of 3,760 admissions between April 2015 and March 2016. The wards were part of the integrated care directorate.

Chemotherapy services are provided by The Clatterbridge Cancer Centre's Trust's Systematic Anti-Cancer Therapy (SACT) Service. This service is provided at the Clatterbridge Cancer Centre and at eight peripheral satellite clinics at a range of locations, which include acute general hospitals, primary care centres and other sites managed by the trust. The service also provides certain types of chemotherapy in patient's homes. This service is provided by staff employed and trained by the Clatterbridge Cancer Centre.

The adult day-case Delamere chemotherapy unit is located at the Clatterbridge Cancer Centre. This unit is open Monday to Friday between the hours of 8.30am and 6.30pm.

Between April 2015 and April 2016, the unit delivered 46,974 doses of chemotherapy. Of these 19,979 were delivered at the Clatterbridge Cancer Centre, 26,247 were delivered in the outreach sites and 748 of these doses were delivered in patient's homes.

There are ten linear accelerators for the delivery of radiotherapy treatment at the Clatterbridge site and the

is a purpose built unit in Aintree, which is a radiographer led unit. The trust delivered 97,926 radiotherapy treatments in the period April 2015 to March 2016. There is a brachytherapy treatment known as Papillon which can provide an alternative to surgery for some rectal cancers. There is a proton beam therapy service for the treatment of cancers of the eye that treats patients from all over the country and from abroad. The low energy proton beam therapy unit is the only one in the country.

A range of outpatient cancer services are provided by The Clatterbridge Cancer Centre NHS Foundation Trust and a number of outpatient appointments are also offered in satellite clinics at hospitals throughout Cheshire, Merseyside and the Isle of Man.

The Clatterbridge Cancer Centre NHS Foundation Trust offers a combination of consultant and nurse-led clinics including clinical and medical oncology and phlebotomy. A number of therapy led appointments are provided including physiotherapy, speech and language therapy and occupational therapy.

Data from the trust showed there were 99,394 outpatient appointments offered across the trust between July 2015 and April 2016 with 43,318 offered at Clatterbridge Cancer Centre, Wirral.

The diagnostic imaging department sits in the Radiation Service Directorate within the Trust. The department currently consists of two direct radiography (DR) rooms (one of which includes a orthopantomogram (OPT) machine), one computed tomography (CT) scanner, one gamma camera, one positron emission tomography-computed tomography (PET CT) scanner, two magnetic resonance imaging (MRI) scanners, and ultrasound.

Clatterbridge Cancer Centre provides specialist care and treatment to patients across the North West, North Wales and the Isle of Man. The hospital had 3,760 admissions between April 2015 and March 2016 and had a low number of deaths during the same period (74).

The hospital had three inpatient wards and a total of 74 beds, with a mixture of open plan areas and doored side

Summary of findings

rooms. There was also a four bedded young peoples' unit that was found on Mersey Ward. There was not a designated ward or area for patients who were at the end of life.

End of life services were provided and led by a team of specialist palliative care nurses and a consultant in palliative care medicine, who provided direct care and treatment to patients and supported staff throughout the hospital.

Our inspection team

Our inspection team was led by: Lorraine Bolam, Care Quality Commission

Chair: Jane Barrett

Inspection Manager : Nicola Kemp, Care Quality Commission

The team included an Inspection manager, 7 CQC inspectors, a radiology CQC specialists, a CQC pharmacist, inspection planner, , a senior analyst and a variety of specialists including :

Clinical Nurse Specialist; 2 Oncology Nurses; 2 Consultants in Clinical Oncology; a Consultant Nurse in Palliative Care; a Macmillan Nurse; a Strategic Lead for Integrated Governance and Organisational Development; a Clinical Governance Manager; a Head of Clinical Quality Assurance; a Clinical Auditor - Safeguarding Adults & Children and an Equality and Diversity specialist.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before visiting the hospital, we reviewed a range of information we held about The Clatterbridge Cancer Centre NHS Foundation Trust and asked other organisations to share what they knew about it. These included the Clinical Commissioning Groups, NHS England, Health Education England, the General Medical Council, the Nursing and Midwifery Council, the Royal Colleges and the local Health watch.

We had stalls in the hospital for people who had experienced care at The Clatterbridge Cancer Centre NHS Foundation Trust to share their experiences with us.

Some people also shared their experiences by email and telephone. The announced inspection of The Clatterbridge Cancer Centre NHS Foundation Trust was from 7 to 9 June 2016.

The inspection team inspected the following core services at The Clatterbridge Cancer Centre NHS Foundation Trust

- Medicine (Oncology)
- Outpatients and Diagnostic Imaging
- Chemotherapy
- Radiotherapy
- End of life care

As part of the inspection, we held focus groups and drop-in sessions with a range of staff in the hospital, including nurses, consultants, student nurses, administrative and clerical staff, physiotherapists, occupational therapists, pharmacists, staff from BME backgrounds, trade union representatives and managers.

We also spoke with staff individually as requested. We talked with almost 50 patients and carers and over 120 staff from all the ward areas and outpatients and

Summary of findings

diagnostic services. We observed how people were being cared for, talked with carers and/or family members, and reviewed over 70 patients' records of personal care and treatment including medication records.

We undertook an unannounced inspection between 2.30pm and 6pm on 21 June 2016 at the Clatterbridge

Cancer Centre. We would like to thank all staff, patients, carers and other stakeholders for sharing their balanced views and experiences of the quality of care and treatment at The Clatterbridge Cancer Centre NHS Foundation Trust.

What people who use the trust's services say

- The NHS Friends and Family Test, which assesses whether patients would recommend a service to their friends and family showed that between December 2015 and April 2016 the percentage of patients that would recommend the centre ranged between 97 and 100%.
- We spoke with patients and families who told us they had experienced "nothing but kindness", that staff were very helpful and how the department "had a nice atmosphere". One patient who had an appointment for the planning of their radiotherapy said they had a choice of centre for treatment and had chosen Clatterbridge because of its reputation. They said that their care was excellent and that everyone was doing the best that they could. They told us that everyone introduced themselves by name and that staff knew her name, they said they were treated as an individual. They had been given a lot of information at the start of the treatment about facts and figures and relevant clinical trials which they appreciated. Another patient we spoke with said "you couldn't have come to a better place and the staff make you feel secure and safe". A patient who described themselves as very nervous and anxious, said that they had travelled two hours for treatment and that they had nothing negative to say about their treatment. They said that the staff helped them to be comfortable and less anxious for the procedure. They said that they didn't mind travelling as it was an excellent centre.
- All the patients we spoke with were positive about their care and treatment. Comments included 'staff have been brilliant, they are amazing and fantastic', 'I wouldn't go anywhere else' and 'staff will go to the ends of the earth for you'. Patients said that staff always introduced themselves and treated everyone as individuals.

Facts and data about this trust

From ten operating sites across Merseyside and Cheshire The Clatterbridge Cancer Centre NHS Foundation Trust treat over 30,000 patients a year, offering pioneering chemotherapy, radiotherapy and proton therapy treatments. Specialist cancer care is available to patients from all over the UK and overseas, as well as their catchment areas of Merseyside, Cheshire, North Wales, the Isle of Man and parts of Lancashire.

During 2015/16 they delivered 96,502 outpatient radiotherapy treatments on their 11 linear accelerator machines. Eight of these machines are located at Clatterbridge Cancer Centre - Wirral, whilst the remaining three are located in Clatterbridge Cancer Centre - Aintree.

Clatterbridge Cancer Centre - Aintree, a £17m purpose built centre, helps bring expertise and treatment 'closer to patients' and partnership working with the neighbouring specialist neurological Trust (The Walton Centre) offers cancer patients treatment options previously unavailable in the northwest region.

In 2015/16 they delivered more than 45,000 outpatient chemotherapy treatments and over 1,000 inpatient chemotherapy episodes of care. In addition to the chemotherapy services available at the Delamere Day Case Unit at Clatterbridge Cancer Centre - Wirral, they also deliver chemotherapy treatments at weekly nurse-led clinics in eight district hospitals across Merseyside and Cheshire.

Summary of findings

The introduction of Acute Oncology Teams has greatly improved the experience and care of patients admitted to A&E with cancer related illnesses. Their acute oncology specialists operate in seven hospitals across Merseyside and Cheshire. The team brings together expertise from oncology, surgery, emergency and general medicine, diagnosing patients more quickly and reducing treatment delays. 92% of all cancer patients attending A&E are now seen within 24 hours of referral.

Since April 2013 they have been running 'Clatterbridge Private Clinic' - a specialist cancer clinic for private patients offering chemotherapy and radiotherapy treatments. The new facility is managed by The Mater Private in partnership with The Clatterbridge Cancer Centre and offers private patients the choice of receiving

high quality treatment in a dedicated clinic without any impact on NHS services. Income from Clatterbridge Private Clinic is reinvested back into The Clatterbridge Cancer Centre NHS Foundation Trust to support the delivery of cancer care across the region.

The health of people across Liverpool is generally worse than the England average. Deprivation is higher than average and about 32% children live in poverty. Life expectancy for both men and women is lower than the England average.

At the time of inspection there were 1080 whole time equivalent (wte) staff, of which 66 were medical staff, 435 were nursing staff, 194 were Allied Health professionals and 385 were other staff disciplines.

Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>We rated safe as requires improvement because:</p> <ul style="list-style-type: none">• Mandatory training was below the trusts target in some subjects. This had been recognised and action plans were in place to address areas of low uptake. They were also reviewing the number of training areas classified as mandatory as the expectation had become undeliverable.• Documentation showed that emergency resuscitation equipment was not consistently checked on the CREST (Cancer Rehabilitation and Support Team) corridor.• Concerns were raised regarding the staffing levels in cross sectional imaging during the day. During inspection, many of the staff commented on the pressures this caused. However, at the time of the inspection it appeared there was sufficient staff on the floor to allow for patient safety.• Concerns were raised regarding the protection documentation (as required by the Ionising Radiation Regulations 1999 (IRR) and Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R)) which was overdue for review or did not reflect current clinical practise such as a risk assessment from 2013, and local rules from 2014. The trust had plans in place to rectify the situation. <p>However;</p> <ul style="list-style-type: none">• Safety was a high priority and there was routine measurement and monitoring of safety and performance within the trust. There were effective systems in place to ensure patient safety was monitored and maintained which included signs of deteriorating health and medical emergencies. Staff responded appropriately to changes in risks to people who used services. The radiographers were also trained to undertake an early warning score on patients they deemed unwell and requiring medical attention, with set pathways in place to provide support and the admitting of outpatients when required.• We saw evidence in patient records that risks were identified on an individual patient basis and appropriate action was taken by staff in response to these risks. This included specific risks relating to cytotoxic (chemotherapy) medications. We found that records were completed to a good standard and that they	<p>Requires improvement </p>

Summary of findings

were stored appropriately. The trust had recently started move from paper records to an electronic system to store some patient records and staff were competent in its use. There were action plans in place to move to the electronic systems including radiotherapy planning. Audit showed 99% of medical records were available for outpatient clinics.

- Medical, nursing and radiographer staffing was good and in line with the expectations at a specialist trust. Staff told us that they felt well-staffed and they felt that they had enough time to care for patients and medical response was timely when required.
- Staff understood the importance of reporting and learning from incidents and learning was disseminated effectively. Staff described a good open culture and incident reporting was good. There had been two ionising radiation (medical exposure) regulations (IRMER) notifications to the Care Quality Commission and both had been investigated fully and lessons had been learned.
- Medicines including controlled drugs, chemotherapy drugs and medicines requiring cool storage were managed well and in line with national guidance and legislation. Anticipatory medicines were available to be used when required. Sufficient competent staff were available to administer medicines via syringe drivers. Patient group directives (written instructions for the supply or administration of contrast media by the radiographers) were seen to be up to date. Radiographers had also received training enabling them to injection contrast through central lines.
- Safeguarding was well managed, although uptake of training was variable across both services and professional groups. Staff felt confident to report issues when raised. There was a safeguarding policy which covered both children and adults but had passed its review date and contained some out of date references.
- All areas were visibly clean, staff adhered to “bare below the elbow” guidelines. Arrangements were in place for the handling, storage and disposal of clinical waste. Safety testing for equipment was in use across the trust. There was good monitoring of infections and audits to support the cleaning of equipment following its use on patients with a health care acquired infection. In the 2015 patient-led assessments of the care environment (PLACE) audit the trust scored 99.8% for cleanliness compared to a national average of 97.6% and patients commented positively about cleanliness.

Summary of findings

- Emergency Prevention, Preparedness and Response training was incorporated into the trust induction.

Duty of Candour

- There was a current duty of candour policy which contained appropriate guidance.
- The patient experience manager confirmed that they had never had a complaint which required formal Duty of Candour application however the trusts approach to complaints was very patient centric.
- They received very few formal complaints and they had a very active PALs service.
- The trust took a proactive approach to supporting bereaved relatives through their Day after Death service. The majority of complaints they received were from bereaved relatives.
- Meetings with complainants were offered wherever appropriate and the consultants were very willing to meet with relatives or patients.
- Referral to psychological support counsellors was available and offered to bereaved relatives.

Safeguarding

- There was a combined safeguarding policy for children and adults. Mental Capacity Act requirements were embedded within other policies including best interest decisions and the use of Deprivation of Liberty safeguards (DOLs) however there was no DOLs policy.
- The policy had not been reviewed as required in January 2016 and there was reference to out of date national documentation “No Secrets” and no reference to the Care Act.
- Safeguarding training compliance for adults and children was variable across services and professional groups. Administrator up take was noted to be low percentages but there were low numbers of staff. Nursing and medical uptake of adult safeguarding training ranged from 80 to 100%. Safeguarding children level one training ranged from 70 to 100%. Safeguarding children level two training was slightly above 72%. The trust had set a target of 95% for all mandatory and statutory training.
- Staff felt confident to report issues when raised. Staff told us about types of safeguarding concerns that they would report and were able to describe the process to do this.

Incidents

- Staff understood the importance of reporting and learning from incidents and learning was disseminated effectively.

Summary of findings

- Staff received feedback from incidents and lessons learnt were disseminated in monthly team meetings and in the trust wide Team Brief Incident reporting was a paper based system although an electronic system was being implemented.
- Staff described a good open culture and incident reporting was good.
- There had been two ionising radiation (medical exposure) regulations (IRMER) notifications to the Care Quality Commission and both had been investigated fully and lessons had been learned.

Staffing

- In line with the trust specialism the percentage of consultants working at the trust was 54%, which was higher than the national average of 34%. The percentage of middle grade doctors was about the same as the national average of 6%. The percentage of registrars (senior doctors) was 34%, which was lower than the national average of 39%. The percentage of junior doctors working in the trust was 4%, which was lower than the national average of 22%.
- Nurse staffing levels were adequate and based on an acuity tool. Staff sickness and turnover rates were as expected. Staff told us that they felt well-staffed and they felt that they had enough time to care for patients. Staff vacancies were noted on the risk registers and actions had been identified to mitigate these risks. There was a reliance on temporary staffing on some of the wards but there was a buddy system in place to make sure they were well supported.
- Radiographer staffing was adequate at the Clatterbridge site and at the satellite site. There was good skill mix with and an effective management structure. Specialist radiographers were used when appropriate. There was an on call rota for urgent treatment. There were some vacancies in medical physics which were covered by staff working additional hours.
- Planned versus actual staffing numbers reported by the Trust showed that in cross sectional imaging the department was largely understaffed during the day. Rotas ensured that the early, late and on call shifts were covered to ensure that the department was never left unopen, however day shifts were largely understaffed. During inspection, many of the staff commented on the pressures put on them due to the under staffing. However, at the time of the inspection it appeared there was sufficient staff on the floor to allow for patient safety.

Medicines Management

Summary of findings

- Medicines were managed well and in line with national guidance and legislation.
- We found that anticipatory medicines were stored appropriately and were available to be used when required.
- Staff had regard to the use of syringe drivers and there were sufficient numbers of staff trained to use them.
- There were clear and specific protocols and processes for staff to follow in relation to the storage, management and disposal of chemotherapy medications.
- Medicines were stored securely in a locked cupboard.
- Patient group directives (written instructions for the supply or administration of contrast media by the radiographers) were seen to be up to date.
- Radiographers had also received training enabling them to injection contrast through central lines.
- Medication requiring cool storage was appropriately stored in fridges and temperature checks were always completed.
- Controlled drug checks were always completed on the wards and there was good stock control.

Mandatory training

- Mandatory training was below the trusts target in some subjects. There were no areas which were of major concern but cumulatively there was a deficit.
- Senior managers were aware and were reviewing the number of training areas classified as mandatory or statutory as the expectation had become undeliverable.

Are services at this trust effective?

We rated effective as good because:

- There were protocols in place and treatment was planned and delivered using best practice and national guidelines. The trust participated in the majority of clinical audits they were eligible to take part in and they undertook excellent comprehensive audit to measure compliance with guidelines.
- The service participated in the National Chemotherapy Multi-Disciplinary Team (MDT) Peer Review (2014) being compliant with 35 out of 36 standards and scoring 97.6% overall. The service scored 100% overall compliance with the 19 standards for intrathecal chemotherapy in the National Chemotherapy MDT Peer Review (2014).
- Data contributions to the National Care of the Dying audit showed that the service had performed better than others nationally in the ten key clinical performance indicators.

Good



Summary of findings

- The trust were leading and developing a living with and beyond cancer program. This program aimed to improve outcomes for patients living with a beyond cancer and one of its components was the development of a set of patient related outcomes (PROM's). These PROM's were designed to assess the outcomes of patients living with cancer and measured at specific issues such as fatigue and psychological support. At the time of the inspection these PROM's had not been implemented for a sufficient time to allow meaningful results.
- The trust were part of the development of the West Cheshire Care Record program where key information about patients was stored securely and could be accessed from multiple sites. This meant that staff could view the patients latest test results and emergency attendances from multiple locations.
- The most up to date techniques and technologies were used to provide individualised treatment and to improve the outcomes and reduce the side effects of radiotherapy for patients.
- The radiotherapy department held events to demonstrate advanced techniques in radiotherapy to representatives of other organisations.
- There was a low energy proton beam service for the treatment of eye cancers; it was the only one in the country. There was published data about its effectiveness.
- The Papillon service was providing an alternative treatment to surgery for the treatment of rectal cancers and there was a trial underway to prove the efficacy of the treatment.
- The radiotherapy department was using positron emission tomography scanning (PET) and magnetic resonance imaging (MRI) for the planning of radiotherapy treatment. This provides better imaging for planning purposes.
- There was a culture of continuous learning and development across the organisation.
- We found that patients nutritional and hydration needs were being assessed and recognised assessment tools were being used to assess these needs. There was a focus on discharge planning from the moment of admission and there was good multidisciplinary working to support this.
- The staff we spoke with were competent and passionate about their roles, The service had a comprehensive portfolio of competencies and standards for all staff. Competency assessments were in place for staff in the outpatients department and opportunities were available for continuing professional development Most staff said they were supported effectively and the majority of staff had received their annual

Summary of findings

appraisal which was above the trust target. There were on treatment review radiographers who following training and a competency assessment who were covering the routine work of the consultants and registrars.

- We found that staff members' understanding and awareness of assessing peoples' capacity to make decisions about their care and treatment was good and applications for deprivation of liberty safeguarding were completed correctly. There was good recording of both verbal and written consent.
- The CT radiographers regularly reviewed images for unexpected or significant findings. They stated pick up rate for pulmonary embolisms was high due to this early image review, patients were able to be treated much quicker, and any patient not due to be seen the same day elsewhere in the hospital, were able to receive treatment on the day if any significant pathology needed urgent treatment.
- There was a robust system in place involving the research radiographer, to identify new research trials involving ionising radiation and systems were in place to ensure that the timings of the research protocols of scans were followed.

However,

- The provision of seven day services needs to be expanded across services.
- Training records for CT radiographers need to be updated to reflect new techniques and equipment.
- The End of life service did not use advanced care planning and were not part of the gold standards framework.

Evidence based care and treatment

- There were protocols in place and treatment was planned and delivered using best practice and national guidelines. The most up to date techniques and technologies were used to provide individualised treatment and to improve the outcomes and reduce the side effects of radiotherapy for patients.
- Care and treatment within the outpatient department was delivered in line with evidence-based practice and staff provided examples of specific guidance and pathways used.
- The SPC team had responded to the Liverpool care pathway being withdrawn and had implemented an individual patient communication record that had been designed to meet the needs of patients at the end of life.
- Staff regularly contributed to peer reviewed journals and presented posters at national and international conferences.

Patient outcomes

Summary of findings

- The service participated in the National Chemotherapy Multi-Disciplinary Team (MDT) Peer Review (2014). Results from this peer review showed that the service was compliant with 35 out of 36 standards and scored 97.6% overall.
- The service scored 100% overall compliance with the 19 standards for intrathecal chemotherapy in the National Chemotherapy MDT Peer Review (2014).
- Analgesia could be prescribed for individual patients in the outpatients department and refreshments were available for patients who were waiting, including provision of packed lunches if required.
- The trust were leading and developing a living with and beyond cancer program. This program aimed to improve outcomes for patients living with a beyond cancer and one of its components was the development of a set of patient related outcomes (PROM's). These PROM's were designed to assess the outcomes of patients living with cancer and measured at specific issues such as fatigue and psychological support. At the time of the inspection these PROM's had not been implemented for a sufficient time to allow meaningful results.
- A one stop clinic was available for patients with brain cancer. This allowed patients to attend for scans, blood tests and consultation in one visit and prevented the need to return for several appointments.
- The CT radiographers regularly reviewed images for unexpected or significant findings. They stated pick up rate for pulmonary embolisms was high; however there was no data to support this as it has not been audited. Due to this early image review, patients were able to be treated much quicker, and any patient not due to be seen the same day elsewhere in the hospital, were able to receive treatment on the day if any significant pathology needed urgent treatment.
- The radiographers were trained to undertake an early warning score assessments on patients they deem unwell and require medical attention, with set pathways in place involving a medical registrar able to provide support and the admitting of outpatients when required.
- Data contributions were made to the National Care of the Dying audit and the latest results showed that the service had performed better than others nationally in the ten key clinical performance indicators.
- Referrals that had been made to the SPC team were followed up within 24 hours on most occasions.
- The chemotherapy service scored in the top 20% of all services who participated in the peer review across England in relation

Summary of findings

to the provision of information and assessment of patient's psychological needs. Patient assessment was holistic; pain was actively assessed and well managed. Patients spoke positively about the pain management they received.

- Chemotherapy services took part in research and routinely offered clinical trials to patients when they were assessed as being suitable.

Multidisciplinary working

- We saw positive examples of multi-disciplinary team working when both providing care and treatment and recognising patients who were at the end of life. Multi-disciplinary team working was promoted by several services being located in the same area of the hospital.
- There was a senior specialist oncology and chemotherapy nurse based on the unit every day who also facilitated practice development for staff on the unit. Staff within the service worked closely and effectively together to facilitate high quality patient care. They were encouraged to share case studies to promote learning by the whole team. The specialist nurse also worked with staff on a one to one basis if needed to help them develop and strengthen key skills.
- One case regarding undiagnosed diabetes in patients living with cancer and how steroid use could affect patients' blood sugars had resulted in staff working together to develop an initiative to identify diabetes on pre admission.
- The outpatients department was staffed by a range of professionals working together as a multi-disciplinary team to provide a comprehensive service to patients and Specialist Nurses were in post in a wide range of specialities.

Consent, Mental Capacity Act & Deprivation of Liberty safeguards

- In the trust wide 2015 audit on consent procedures they demonstrated that in 100% of cases reviewed the benefits, risks and options were discussed and documented on the consent form.
- We found that staff members' understanding and awareness of assessing peoples' capacity to make decisions about their care and treatment was good and applications for deprivation of liberty safeguarding were completed correctly. There was good recording of both verbal and written consent.

Are services at this trust caring?
We rated caring as outstanding because:

Outstanding



Summary of findings

- Relationships between staff and patients and their families were strong, caring and supportive. The staff throughout the hospital were highly motivated and committed to providing holistic, high quality, compassionate care to patients and those around them. A Holistic Needs Assessment was completed before and during patient treatment and surveillance to identify emotional and spiritual need. We saw staff communicating with patients and relatives in a compassionate and respectful manner and the privacy and dignity of patients and relatives were maintained consistently. These relationships were highly valued by the staff and promoted by leaders.
- Patients were given additional time during consultations particularly when receiving difficult news. The trust had clinical nurse specialists available for patients to talk to about their condition. There was access to medical psychology services to provide support to patients and relatives. Staff gave us examples of when this had happened and told us that this service was easy to access. Chaplaincy support was also available at any time.
- We found that patients and relatives were included as partners in their treatment and care planning. Patients and relatives that we spoke to confirmed this.
- Children attending for treatment were given excellent support to help them to through their course of radiotherapy.
- The SPC team had developed an after death communication record and a day after death service that had been implemented to assess the needs of relatives and those close to the patient. It considered a range of needs which included both emotional and practical support. Families were invited to meet with a designated member of staff following the death of a patient to discuss any additional needs that they might have. Patients' belongings were given to family in a handmade canvas bag which were made by volunteers so as to maintain their dignity after death.
- Volunteers at the Aintree site ran a self-management course for patients who had completed their treatment.
- Complementary therapies and pet therapy were available for patients. There were examples of staff making sure acutely ill patients were involved in major life moments despite their illness and treatment.
- Feedback from patients through comment cards during the inspection was 97% positive. We spoke with patients and families who told us they had experienced "nothing but kindness", that staff had been "lovely" and they had time to ask

Summary of findings

questions. Patients we spoke with said that they were treated as an individual and were extremely positive about the staff. Patients told us that staff helped them to feel safe and secure during treatment

- There were a number of occasions when hospital staff had gone the extra mile. For example, a number of weddings had been facilitated at short notice. This demonstrated a commitment in understanding and responding to the wishes of patients at the end of life. We were also told that staff had supported a patient, who was acutely unwell, to be present at the birth of their child and arranged for the family to be together at the hospital for the first few important days of family life.
- Between December 2015 and April 2016 results from the NHS Friends and Family Test showed the percentage of patients that would recommend the centre ranged from 97 to 100%, above the national average of around 95%.
- In the cancer patient experience survey for inpatient stay 2013/2014, the trust ranked within the top 20% of all trusts for seven of the 34 areas.
- The trust performed better than similar trusts in seven of the 12 areas of the 2014 CQC inpatient survey.

However,

- The reception and waiting area in outpatients did not allow privacy and confidentiality when booking in or when height and weight measurements were taken.

Compassionate care

- All staff were committed to providing high quality, compassionate care. Team members were proud of the type of service that they provided and were keen to maintain high standards of care at all times. We saw examples of positive interactions between staff and patients. Conversations were had in a sensitive and respectful manner. Patients and relatives that we spoke to were keen to tell us that their own experience had been similar.
- We found that the privacy and dignity of patients were respected at all times. Relatives and those close to the patient were afforded the same level of privacy and dignity.
- Patients and relatives that we spoke to told us that staff had responded in a timely manner if they had required pain relief. We saw when reviewing patient documentation that pain assessments had been completed for patients and if pain relief had been administered, pain scores were reassessed to measure the efficacy of the medication given.

Summary of findings

- Porters who were responsible for transferring the deceased from the inpatient wards to the mortuary were employed by another trust. Staff that we spoke to told us that they felt that this was done in a compassionate and dignified way.
- Patient belongings were placed into a handmade cloth bag which was then presented to those close to the patient. The service had developed this as they felt that it gave a personalised touch to the care of the bereaved.
- We witnessed reception and nursing staff being polite and helpful and introducing themselves by name. All staff were observed wearing name badges as part of the “Hello, my name is” initiative within the trust.
- Staff described how patients were given additional time during consultations particularly when receiving difficult news.
- The NHS Friends and Family Test, which assesses whether patients would recommend a service to their friends and family showed that between December 2015 and April 2016 the percentage of patients that would recommend the centre ranged between 97 and 100%.
- We spoke to patients throughout our inspection and families who told us they had experienced “nothing but kindness”, that staff were very helpful and how the department “had a nice atmosphere”. One patient who had an appointment for the planning of their radiotherapy said they had a choice of centre for treatment and had chosen Clatterbridge because of its reputation. They said that their care was excellent and that everyone was doing the best that they could. They told us that everyone introduced themselves by name and that staff knew her name, they said they were treated as an individual. They had been given a lot of information at the start of the treatment about facts and figures and relevant clinical trials which they appreciated. Another patient we spoke with said “you couldn’t have come to a better place and the staff make you feel secure and safe”. A patient who described themselves as very nervous and anxious, said that they had travelled two hours for treatment and that they had nothing negative to say about their treatment. They said that the staff helped them to be comfortable and less anxious for the procedure. They said that they didn’t mind travelling as it was an excellent centre.
- Administration staff had worked over a number of weekends when the trust moved to the new electronic record to ensure that all the radiotherapy patients had their first five radiotherapy appointments and that their treatment was not delayed.
- There were volunteers in the outpatient department who gave out free refreshments to patients and their relatives. There was

Summary of findings

somebody selling clothes in the café area of the department on one of the days during the inspection. We were told that patients liked them as they were loose and made of natural fibres and that this was a useful service when patients did not feel well and didn't want to go out. Part of the profits from sales was donated to the trust.

- We observed patients receiving complementary therapies on the wards; for example massages.
- An area of the waiting room which was curtained off to allow patients to have their height and weight recorded did not afford privacy or confidentiality as conversation could be overheard although patients were not visible.

Understanding and involvement of patients and those close to them

- Staff communicated with patients and relatives in a way in which they understood. Patients and relatives confirmed this to be the case. Patients all had a named nurse and consultant. Patients were aware of this, and on the wards we visited, the relevant names were displayed on a board above the bed. Patients said they had been involved in their care and were aware of the discharge plans in place. Most patients could explain their care plan. Records showed that patients and relatives were involved in their care and treatment. All treatment options that were available were discussed and patients were given the choice of how they wanted their care to proceed. Patients said they felt safe on the ward and had been orientated to the ward area on admission. Family members said they were kept well informed about how their relative was progressing. Patients we spoke with said they had received good information about their condition and treatment.
- At times when it was uncertain if patients would recover despite treatment being provided, conversations were had so that patients had a choice, for example, what their preferred place of care would be in the event of further deterioration. These discussions were supported by the use of the AMBER care bundle. The SPC team had implemented systems such as the rapid discharge plan to support patients in reaching their preferred place of care. However, since January 2016 there had only been one example of this being achieved.
- Staff were keen to give us examples of how they had responded to patient's wishes at the end of life. There were several examples of when staff had facilitated weddings in the hospital, which were often done with a limited amount of time available. On one occasion we saw evidence of a ceremony that had

Summary of findings

taken place in the Maggie's Centre and had been supported by a charity that was based on site. The chaplain had been involved in organising the service and other members of staff had been involved in arranging flowers, rings, music and suits.

- Most patients reported receiving their next appointment before leaving the outpatients department and were provided with a contact number to call in between consultations if required. Four out of five patients reported receiving copies of GP letters following their consultation however leaflets were available near the outpatient department advising patients how to request this.
- Patients attending the eye unit were encouraged to bring someone with them for support. If patients lived more than an hour away the trust covered the costs of a local hotel for patients and their relatives for the duration of their treatment, which was five days. They used the same hotel and staff at the hotel were aware of the needs of patients and helped to co-ordinate aspects of their care including transport to the hospital site if necessary.
- We spoke with the parents of a child who was having radiotherapy; they said that the treatment and care that their child had received was exemplary especially by the specialist radiographer. They felt fully informed and although they had initially felt frightened everyone had gone out of their way to help them feel more comfortable. The child was happy with their treatment and their parents and staff had made a game to get him into the through the treatment maze to the treatment room.
- There was a bell at both sites that patients could ring to signify the end of their treatment. We spoke to a patient at Aintree who had rung the bell. They were relieved to have finished their treatment but said that their treatment and support had been wonderful.
- Matron leadership rounds were conducted once a week where they spent time talking with patients to find out how they were feeling about their stay at the hospital. Following these rounds the matron feedback to staff on the ward their findings to address any immediate concerns.
- Family members were able to stay with patients on the teenage and young people unit and wards provided pull down beds in the patients' bedroom. This enabled family members to be together during treatment. Children were supported to visit parents on the wards and staff arranged picnics for families to help ensure children felt at ease when visiting.

Emotional support

Summary of findings

- Visiting times for the wards met the needs of the friends and relatives we spoke to. Open visiting times were available if patients needed support from their relatives.
- We were told that staff had supported a patient, who was acutely unwell, to be present at the birth of their child and arranged for the family to be together at the hospital for the first few important days of family life.
- Patients and those close to them told us that clinical staff were approachable and they were able to talk to them if they needed to. Patient anxieties and questions were openly discussed and patients spoke positively of the emotional support they received.
- A patient said that they had initially been very scared about coming to the hospital and could not get past the front door without crying. Staff from the ward came and spent time with them in reception and put them at ease. They are now much more confident about receiving the treatment they require.
- There were quiet rooms on the ward for patients and relatives to use.
- To provide patients with emotional therapy the wards regularly received visits from Pets at Therapy services. Patients spoke very highly of the dogs that visited the wards and how it offered them comfort and support
- Each ward also had a hand bell available which patients rang to signify that they were at the end of treatment as a way of celebration.
- The teenage and young adult team facilitated monthly peer group to come together and do activities to provide emotional support. For example, pizza evenings or afternoon tea for patients and families.
- There was a Papillon buddy scheme; this was ex-patients who were trained to give one to one support for patients who were considering having Papillon treatment.
- The children who had radiotherapy at Clatterbridge were allowed to choose a laminated poster of their favourite character or game which had numbers on it, these corresponded to the numbers of treatments that the child would receive and, following treatment, the child would place a sticker on the poster that corresponded with the number of treatments that they had received. One of the staff had made a loom band (63 feet long) so that children who were having radiotherapy who were a distance away from their patients

Summary of findings

could hold onto one end knowing that one of their parents was holding the other end. Children were also given a book that was printed by the centre that they could write, draw or put stickers in to describe their treatment journey.

- The children who needed a mask for their treatment received two masks so that they could take the other one home to get used to it. They could also paint it.
- At Aintree volunteers, some of whom had been patients, organised events and activities for patients to improve their well-being. They ran a six week self-management course for patients who had completed their treatment called help overcoming problems effectively (HOPE).
- The emotional requirements of patients were considered as part of the individual communication record that was used when it had been recognised that a patient was at the end of life.
- There was a chaplaincy service that was available to provide emotional support to patients and relatives when needed. The team of chaplains were employed by another trust but were able to respond quickly when required. A chaplain we spoke to was able to give us examples of how support was given and an emphasis was placed on emotional support still being given even if patients and relatives did not have a particular belief.
- The SPC team had developed an after death communication record and a day after death service that had been implemented to assess the needs of relatives and those close to the patient. It considered a range of needs which included both emotional and practical support. Families were invited to meet with a designated member of staff following the death of a patient to discuss any additional needs that they might have.
- There was access to medical psychology services who were able to provide support to patients and relatives. Staff gave us examples of when this had happened and told us that this service was easy to access.

Are services at this trust responsive?

We rated responsive as good because:

- Services were planned to meet the needs of the local people that were flexible, adequately resourced and provided choice. The services routinely sought patient feedback when planning or changing services. Growth in the number of satellite and outreach clinics within local communities was as a result of the service reviewing where the largest group of patients accessing their services lived.

Good



Summary of findings

- The trust consistently met the national standard for referral to treatment times between April 2015 and March 2016, an average of 91% of patients received their first treatment within 62 days of receipt of referral, and 96% of patients received their first treatment following a decision about treatment, within 31 days.
- The trust Did Not Attend rate was consistently lower than the England average and the annual trust target of 4%.
- The radiotherapy department were meeting most of their targets for referral to treatment but were not always meeting their 31 day target for radiotherapy treatment of 100% . This was mainly due to head and neck cancer patients who required dental treatment which delayed the commencement of treatment.
- The Trust target of two days for the clinical evaluation of imaging produced by the radiologists for all imaging had not always been met due to reporting capacity issues. To help mitigate this risk, the Trust used an external reporting consortium and an outsourcing company to help reach their reporting targets.
- The SPC team tried to identify patients and become involved in their care at the earliest possible opportunity. The SPC team had met the indicator that a patient's preferred place of care had been discussed on entering the dying phase in 80% of cases.
- The Trust had reported only one breach of the 6 week wait target for an imaging appointment in the period April 2015 to February 2016.
- Patients receiving chemotherapy at Clatterbridge who presented at local acute hospital were supported by acute specialist nurses employed by Clatterbridge who were able to offer specialist advice to the staff on the unit and also work with clinicians to facilitate the patients discharge or transfer.
- There was sufficient bed capacity to meet the needs of patients and systems in place for the management of patients so they had continuity of care. In addition, number of patients who experienced one or more ward moves during their admission did so only as part of their care pathway.
- The SPC team had developed a day after death service which had been developed to meet the needs of the bereaved after losing a loved one. This service was supported by the care at and after death communication record.

Summary of findings

- The service were currently piloting a rapid discharge plan which was used to consider individual needs of the patient and those taking care of them when being discharged to their preferred place of care. Nurses escorted all patients who were on a rapid discharge to promote continuity of care.
- Chemotherapy was provided in patients own homes and they were considering offering this service in workplaces and psychological support, counselling and complementary services were all provided free of charge for patients and their relatives.
- Administration staff gave patients a full schedule of radiotherapy appointments at their first appointment following discussions with them to accommodate their preferences. This helped patients to plan their lives during treatment. Patients received written information regarding their outpatients appointment and condition. Car parking, newspapers and refreshments were available free of charge to all patients attending the outpatient department.
- Patients' individual concerns were identified through completion of a Holistic Needs Assessment at varying times during treatment and surveillance and a care plan written to address any identified needs.
- Patient and relative experience was improved through a number of initiatives including car parking, newspapers and refreshments available free of charge to all patients attending the outpatient department, overnight accommodation for relatives who wanted to stay with patients at the end of life; pagers to allow service users to leave the outpatient waiting area and be recalled when it was time for their consultation; a range of complementary therapies available free to patients and peer support for patients who had completed their treatment. Patients could access advice and support 24 hours a day and a chaplaincy service available to patients, relatives and also members of staff if required.
- An initiative was being rolled out to enhance the patient experience by telephoning patients prior to their appointment to obtain specific information for the individual patient and identify any reasonable adjustments they may require to support their attendance.
- Consideration was given to patients living with a disability and their treatment could be tailored to meet their needs including where the treatment was delivered. Reasonable adjustments were also made for patients including hearing loops and translation. Specialist nurses provided support and advice to

Summary of findings

staff and the service was meeting individual needs for patients who were living with dementia or a learning disability. There was a proactive approach to understanding the needs of different groups of people including those with complex needs.

- People were supported to raise a concern or a complaint. Complaints were investigated and lessons learnt were communicated to staff and improvements made. Complaints were well managed, within agreed timescales and evidence of action taken as a result of them was evident.
- Radiographers could refer to services in the hospital including physiotherapy, tissue viability, dietetics, and occupational therapy and also services outside the hospital such as social care. There were also a range of services available from MacMillan to support patients on practical matters and their well-being

However,

- The dementia strategy was not fully embedded and there were limited resources and signage to support people living with a cognitive impairment.
- There was no tissue viability nurse to support staff in managing patients with conditions such as pressure ulcers.
- There was no defined outpatient therapy service and at the time of our inspection and the outpatient physiotherapy service was restricted due to the prioritisation of inpatient care.
- At times there were delays in patients receiving therapy from therapy staff due to staff availability.
- Patients were not always seen within the radiotherapy department 30 minute target, the department had regular meetings to try to resolve this.
- The trust consistently failed to meet its target for patients waiting following arrival in the department; however patients were added to clinics at short notice if their condition required an appointment be brought forward.
- Staff felt that the viewing room in the mortuary was in a poor state of repair. However, the service had developed a system where a patient was kept on the ward until loved ones were able to see them.

Service planning and delivery to meet the needs of local people

- Services were planned to meet the needs of the local people that were flexible, adequately resourced and provided choice.
- The needs of the local population were taken into account when planning the delivery of services and the service routinely sought patient feedback when planning or changing services.

Summary of findings

Growth in the number of satellite and outreach clinics within local communities was as a result of the service reviewing where the largest group of patients accessing their services lived.

- The service was meeting the standards relating to providing care in a timely way. Between April 2015 and March 2016, an average of 91% of patients received their first treatment within 62 days of receipt of referral. For the same period, 96% of patients received their first treatment following a decision about treatment, within 31 days. Staff had taken measures to address any areas where they were not meeting these standards and had set internal unit wait targets which were actively improving patients' waits for treatment.
- The Trust had reported only one breach of the 6 week wait target for an imaging appointment in the period April 2015 to February 2016.
- They also worked closely with local acute hospitals with a number of acute specialist nurses employed by Clatterbridge Cancer Centre NHS foundation trust worked in the acute hospital and reviewed and assessed any patients in receipt of chemotherapy at Clatterbridge who were attending the emergency department or admission units. They were able to offer specialist advice to the staff on the unit and also worked with clinicians to facilitate the patients discharge or transfer.
- End of life services had been developed to meet the individual needs of patients. The SPC team tried to identify patients and become involved in their care at the earliest possible opportunity.
- The SPC team had met the indicator that a patient's preferred place of care had been discussed on entering the dying phase in 80% of cases.

Meeting people's individual needs

- There was sufficient bed capacity to meet the needs of patients and systems in place for the management of patients so they had continuity of care. In addition, number of patients who experienced one or more ward moves during their admission did so only as part of their care pathway.
- Although there were specialist nurses there was not a designated tissue viability nurse to support staff in managing patients with conditions such as pressure ulcers.
- The service also provided chemotherapy in patients own homes and were considering offering this service in workplaces and psychological support, counselling and complementary services were all provided free of charge for patients and their relatives.

Summary of findings

- Consideration was given to patients living with a disability and their treatment could be tailored to meet their needs including where the treatment was delivered. Reasonable adjustments were also made for patients including hearing loops and translation.
- Patients could access advice and support 24 hours a day.
- Patients received written information regarding their appointment and condition. Car parking, newspapers and refreshments were available free of charge to all patients attending the outpatient department.
- Patients' individual concerns were identified through completion of a Holistic Needs Assessment at varying times during treatment and surveillance and a care plan written to address any identified needs.
- Pagers were available to allow service users to leave the waiting area and be recalled when it was time for their consultation.
- Staff described how people in vulnerable circumstances were accommodated in the department and provided examples of support provided using a multi-disciplinary approach.
- An initiative was being rolled out to enhance the patient experience by telephoning patients prior to their appointment to obtain specific information for the individual patient and identify any reasonable adjustments they may require to support their attendance.
- Patients were provided with additional time during their appointment if required and a 24 hour advice line was available for patients with concerns or who felt unwell.
- The reception and waiting areas at both sites were modern and light and airy, at Clatterbridge the main waiting area was set out café style with comfortable seating and coffee tables. The satellite site at Aintree was purpose built and there had been patient input into the design of the building. The department worked with a number of trusts to provide treatment for their patients including a nearby children's trust. They also liaised closely with the nearby cancer hospital on issues such as safety. Eye treatment was provided for patients both nationally and internationally. Radiographers could refer to services in the hospital including physiotherapy, tissue viability, dietetics, and occupational therapy and also services outside the hospital such as social care. There were also a range of services available from MacMillan to support patients on practical matters and their well-being
- Administration staff gave patients a full schedule of appointments at their first appointment following discussions with them to accommodate their preferences. This helped patients to plan their lives during treatment.

Summary of findings

- There was a range of complementary therapies available at the Aintree site and a treatment room, they were free to patients. There was peer support for patients who had completed their treatment.
- At times there were delays in patients receiving therapy from therapy staff due to the lack of staff available.
- The outpatient waiting area had a limited amount of space and was cramped when clinics were busy.
- There was no defined outpatient therapy service and at the time of our inspection and the outpatient physiotherapy service was restricted due to the prioritisation of inpatient care.
- The trust consistently failed to meet its target for patients waiting following arrival in the department; however patients were added to clinics at short notice if their condition required an appointment be brought forward.
- The SPC team had developed a day after death service which had been developed to meet the needs of the bereaved after losing a loved one. This service was supported by the care at and after death communication record.
- The service were currently piloting a rapid discharge plan which was used to consider individual needs of the patient and those taking care of them when being discharged to their preferred place of care. Nurses escorted all patients who were on a rapid discharge to promote continuity of care.
- There was a chaplaincy service available which provided emotional support to patients, relatives and also members of staff if required.
- There was overnight accommodation for relatives to use if they wanted to stay with patients at the end of life.
- Staff felt that the viewing room in the mortuary was in a poor state of repair. However, the service had developed a system where a patient was kept on the ward until loved ones were able to see them.
- The rapid discharge plan was currently being piloted, meaning that there had been no measurement of how effective this had been. There had only been one rapid discharge since January 2016.

Dementia

- The dementia strategy was not embedded in services and there were limited resources and signage to support people living with a cognitive impairment.

Summary of findings

- Specialist nurses provided support and advice to staff and the service was meeting individual needs for patients who were living with dementia or a learning disability. There was a proactive approach to understanding the needs of different groups of people including those with complex needs.
- There was a trust-wide dementia strategy in place, but this had not yet been adopted for use on the wards.

Access and flow

- The trust consistently met the national standard for referral to treatment times for incomplete pathways and for cancer patients to receive first definitive treatment within 31 days of diagnosis.
- The trust DNA rate was consistently lower than the England average and the annual trust target of 4%.
- The Trust had targets for the clinical evaluation of imaging produced by the radiologists for all imaging to be in two days. The Trust had experienced reporting capacity issues due to the way the radiologists were structured. To help mitigate this risk, the Trust used an external reporting consortium for all muscular-skeletal imaging and an outsourcing company when they struggled to reach their reporting targets.
- The department were meeting some of their targets for referral to treatment but were not always meeting their 31 day target for radiotherapy treatment of 100%; this was mainly due to head and neck cancer patients who required prior dental treatment.
- Patients were not always seen within the department 30 minute target, the department had regular meetings to try to resolve this.

Learning from complaints and concerns

- People were supported to raise a concern or a complaint. Complaints were investigated and lessons learnt were communicated to staff and improvements made.
- Complaints were well managed, within agreed timescales and evidence of action taken as a result of them was evident.

Are services at this trust well-led?

We rated well-led as outstanding because;

- There was a strategic plan for the trust and all services had service level plans. In oncology there was a specific service delivery plan which included the wards; business plans were in place in the radiotherapy department and there was an end of life work programme. These included clear indications of

Outstanding



Summary of findings

delegated responsibilities and time frames and measurable and realistic objectives and outcomes. They also had comprehensive plans for the future including the relocation of the hospital to the new site in Liverpool and these outlined how the service would be sustained in the future.

- Governance and performance management arrangements had been proactively reviewed and actions were being taken to address recommendations.
- Leaders shared a positive patient centred purpose and there was a strategy in place to develop the desired culture within the organisation.
- There were high levels of staff satisfaction across all groups and staff were proud to work at The Clatterbridge Cancer Centre.
- There was a unified desire to deliver the best care to patients and those close to them and there were many examples of how this was being addressed through a variety of initiatives to improve the patient experience.
- The organisation listened to people who used their services to improve their delivery.
- The leadership of the organisation actively drove improvement in the delivery of care.

However;

- Within the diagnostic imaging team, with the exception to the Transforming Cancer Care strategy, there was little vision and governance support needed to be strengthened.
- Learning from incidents could be strengthened across the oncology wards.
- Staff morale in outpatients had been affected by the recent changes.
- Equality and diversity information access needed to be improved.

Vision and strategy

- There was a clear trust strategy plan for 2014 to 2019 which had been refreshed in February 2016. This was supported by the establishment of a Transformation Programme Office to support the delivery of the transformation agenda. The plan was linked to other external plans including the Five Year Forward View (5YFV) [Published October 2014]; the 2016/17 planning guidance (particularly the opportunities provided by the requirement for the development of health economy

Summary of findings

sustainability and transformation plans (STPs) that cover the same planning period). Published December 2015 and the Report of the cancer taskforce (Achieving World Class Outcomes: a strategy for England 2015-2020)

- All services had local plans which linked to the trust strategy.
- The end of life service had a clear vision and strategy which was supported by an end of life work programme. These included clear indications of delegated responsibilities and time frames.
- There was a business plan for the radiotherapy department which included the relocation of the hospital to the new site in Liverpool.
- The chemotherapy service strategy contained measurable and realistic objectives and outcomes. They also had comprehensive plans for the future and these outlined how the service would be sustained in the future.
- There was a specific service delivery plan which included the wards.
- All staff were able to describe the trusts overall vision and values and were able to explain how the service strategy and their role fitted into that vision.
- However, with exception to the Transforming Cancer Care strategy, there was little vision within the diagnostic imaging team. This was due to a long standing vacancy in the professional lead of the department.

Governance, risk management and quality measurement

- The trust had commissioned an external governance report which had reported in March 2016. This had made 36 recommendations to strengthen the governance in the organisation and the trust had a robust action plan in place with actions to be completed by October 2016.
- The Board assurance Framework (BAF) had been revised in May 2016 in response to the governance report and there were good processes in place for the management of the BAF.
- There was a robust committee structure in place that supported challenge and review of performance, risk and quality. Mechanisms were in place to ensure that committees were led and represented appropriately, to ensure that performance was challenged and understood.
- We found all policies to be clear, accessible and up to date.
- There had been no major information governance (IG) breaches. The trust had been awarded significant assurance by Mersey Internal Audit for the last two years. The IG Toolkit was reported as 80% compliant for 2015/16.

Summary of findings

- Clinical governance managers were integrated in to directorates, attending and reporting to directorate meetings and providing leadership with root cause analyses.
- Local risk registers were seen to be relevant and up to date; however in oncology the process required strengthening.
- The use of monitoring including dashboards and audits was seen in all areas.
- There was limited evidence that EOL incidents and complaints were discussed in governance meetings. The management team told us that they had recognised this as an area for improvement.
- End of life services had a service level agreement with another trust for the management of on-site mortuary services. However, this was still under development and we were not assured that the agreement or standards of the mortuary were being monitored on a regular basis.
- Governance roles and responsibilities were clear and understood by staff however governance support for the diagnostic imaging department needed to be strengthened.

Leadership of the trust

- The hospital was led and managed by a visible executive team. This team were well known to staff, and staff spoke highly of the commitment by leaders to continually improve services putting patients and people close to them at the centre of decision making.
- There was effective teamwork and clearly visible leadership within the services and decision-making was patient centred and clinician led.
- Leaders understood the challenges to good quality care and identified actions to address them.
- Staff felt involved in decision making, and felt that they were able to influence the vision and strategy of the organisation.
- The NHS staff survey 2015 showed the trust performed better than the national average for 12 indicators and as expected in a further seven. The overall staff engagement score for the trust was 3.98, which was in line with the national average score of 3.94 for specialist acute trusts.
- Leaders worked closely with other directorates and departments, offering a truly joined up and integrated approach to the treatment of cancer. This achieved advances in the care and treatment, improved the patients journey and experience.

Culture within the trust

Summary of findings

- The trust had “the Clatterbridge Culture Programme” in place which was a five year strategy to create a culture in which positive behaviours are experiences consistently throughout the organisation. This contained a culture recipe and clear measurement of each of the culture dimensions.
- All the staff we spoke with were proud, highly motivated and spoke positively about the care they delivered. Staff told us there was a friendly and open culture. They told us they received regular feedback to aid future learning and that they were supported with their training needs by their managers.
- All leaders appeared to be competent, knowledgeable and experienced to lead their teams and understood the challenges to good quality care and what was needed to address those challenges. Leaders strived to deliver and motivate staff to succeed and to continue to improve. Managers sought to improve the workforce culture to engage with staff to achieve advances in care and quality.
- Managers acknowledged there had been significant changes and challenges including staffing, workload and the introduction of the Electronic Patient Record.
- All staff told us that they felt respected and valued in their day-to-day working lives and there was a strong patient centred culture throughout the service. Both staff and managers were continuously striving for excellence and looking for new innovative ways of working, particularly noted in Chemotherapy services.
- We saw that a very positive and supportive culture across all wards and departments. Staff were very proud of their hospital and the work they did. They were enthusiastic and passionate about the care they provided and the achievements they have accomplished. There was a tangible sense of willingness to go the extra mile and do the very best for their patients.
- There was an open and honest culture within the organisation and staff were candid about the challenges they faced.
- Staff morale was reported to be good although in outpatients the amount change the department had experienced in a short period of time had affected morale.

Equalities and Diversity – including Workforce Race Equality Standard

- As part of the new Workforce Race Equality Standard (WRES) programme, we have added a review of the trusts approach to equality and diversity to our well led methodology. The WRES has nine very specific indicators by which organisations are expected to publish and report as well as put action plans into place to improve the experiences of it Black and Minority Ethnic

Summary of findings

(BME) staff. As part of this inspection, we looked into what the trust was doing to embed the WRES and race equality into the organisation as well as its work to include other staff and patient groups with protected characteristics.

- The trust has an overall Equality and Diversity Strategy (EDS) in place and there were clear monitoring processes for the EDS2 plan.
- However the EDS2 plan was not readily visible to staff, the equality plan published on the intranet was dated 2012-16 and was not the same as the current EDS2 action plan.
- The public documents section of internet site under equality and diversity also provided only outdated information in relation to equality objectives. However, updating published information was included in the equality action plan.
- An equality impact summary page was included on the policy template and the board paper cover sheet for policies. This ensured that equality impact assessment takes place during policy formation and revision as part of the policy audit process.
- A governance process was in place to ensure that equality impact assessments were carried out for major service changes and policies, but this did not extend to organisational strategies.
- There was a strong communication relationship between corporate diversity lead and staff side chair.
- Equality and diversity training was included as mandatory training for all staff every three years. Overall trust rates of compliance are 84%.
- The trust's staff survey result in regard to "BME staff are no more likely to be bullied or harassed than white counterparts" was significantly better than the sector average. There were Relations at work advisors in place, who were able to signpost staff to sources of advice and support. There was also self-referral access to counselling for any reason, open to all staff.
- The trust's staff survey result in relation to discrimination at work was 7%, which was better the 9% sector average.
- However, data for non-mandatory training was not available through the current training recording process and although the published WRES report stated that the trust had no BME staff at band 8 and above and that the relative likelihood of White staff being appointed to vacancies compared to BME staff is 1.6 times greater.

Fit and Proper Persons

Summary of findings

- The trust had good, robust policies and processes in place to gain internal assurance regarding the fit and proper person regulation. This regulation ensures that directors of NHS providers are fit and proper to carry out this important role.
- There were clear annual declarations of interest.
- We reviewed all the executive team files and found that all had the correct checks made with supporting evidence and included checks on applicants/appointees criminal record, financial background, identity, employment history, professional registration and qualification checks.
- We reviewed two random non-executive director files and also found they were in order although one of the DBS checks needed to be updated.

Public engagement

- Patients and carers were encouraged and had access to a range of opportunities to give feedback about their care or experience including the NHS friends and family test, inpatient experience survey, Johns Campaign (An initiative derived from a complaint, aimed at putting patients and carers at the forefront of services)
- The Council of Governors told us they felt involved and engaged and that the Board members took their views seriously. There was a patient experience committee and a patient council which met every six months.
- There was evidence of regular engagement with members of the public. This information was used in developing the services provided.
- The chemotherapy service regularly engaged the public in how the trust planned their services. The service was innovative in its approach to the delivery chemotherapy services and other organisations had visited the service to benchmark their practice. The service was piloting a number of innovative projects at the time of the inspection.
- Medical oncology services captured views of people who used the services with learning highlighted to make changes to the care provided.
- People would recommend the hospital to friends or a relative.

Staff engagement

- There was good staff engagement with staff being involved in making improvements for services.
- The services worked effectively and engaged with other professionals to ensure patients received the required level of care and support.

Summary of findings

- There was evidence of regular engagement with staff, the information was used in developing the services provided.
- One staff engagement event had taken place in March 2016 around the Clatterbridge Culture Programme and more are planned in relation to the transformation of services.
- Plans were in place for the corporate diversity lead to establish a BME reference group for doctors, which is the largest BME group of staff.

Innovation, improvement and sustainability

- There were plans in place for a move of the trust to a new hospital in Liverpool in order to improve services by being located close to other accessible services which are not currently available and improve the sustainability of the organisation.
- The Specialist Palliative Care consultant was involved in a number of projects to develop the services not only at the Trust, but also nationally.
- The radiotherapy service delivered a number of services which are only available from this trust.

Overview of ratings

Our ratings for The Clatterbridge Cancer Centre

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Requires improvement	Good	Outstanding	Good	Good	Good
End of life care	Good	Good	Outstanding	Good	Good	Good
Outpatients and diagnostic imaging	Requires improvement	N/A	Outstanding	Good	Requires improvement	Requires improvement
Chemotherapy	Good	Good	Outstanding	Outstanding	Outstanding	Outstanding
Radiotherapy	Good	Outstanding	Outstanding	Good	Outstanding	Outstanding
Overall	Requires improvement	Good	Outstanding	Good	Outstanding	Outstanding

Our ratings for The Clatterbridge Cancer Centre NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Requires improvement	Good	Outstanding	Good	Outstanding	Outstanding

Outstanding practice and areas for improvement

Outstanding practice

End of Life Service

- The service had developed a simulation based training programme to develop the skills and knowledge of staff throughout the hospital. This involved simulating difficult situations so that staff developed their confidence when dealing with patients and relatives at the end of life.
- All staff were committed to facilitating the requests of patients at the end of life. For example, there had been a number of weddings organised within a short period of time at the request of patients. Several staff were involved in facilitating these.
- The service had responded to NICE guidance by developing a day after death service which met the needs of the bereaved in that a number of risk assessments were undertaken to ensure their welfare.
- The SPC consultant was involved in a number of projects. For example, the serious illness programme UK was being piloted alongside a number of organisations from the United States of America and had been designed in response to services recognising the challenging situations that clinicians faced when dealing with patients and relatives at the end of life.

Outpatients and Diagnostics service

- Individual needs of patients were identified through completion of a Holistic Needs Assessment at varying times during treatment and surveillance. Following completion a care plan was formulated to summarise any concerns and identify actions to address them.

Radiotherapy service

- The development of the advanced practice radiographer posts that enabled consultants and registrars to do the more complex work.
- The uses of skill mix across the department for staff at all levels including health care assistants
- The continuing development of the Papillon service as an alternative to radical surgery.
- The proton beam service for the treatment of eye cancers and its continuing development and training of staff from other centres.

- Radiographers able to prescribe medicines for head and neck cancer patients to alleviate their pain.
- The development and use of the vac bags to help to immobilise patients during treatment and the making of individual head rests to make patients more comfortable.

Chemotherapy service

- The innovative introduction of the rapid chair initiative in the Delamere unit had improved the experience and waiting times for patients receiving shorter treatments.
- The introduction of the Adjuvant Zoledronatec service was innovative and market leading the introduction of this service meant that patients with breast cancer were receiving the very latest evidence based treatment to reduce their risk of death and reoccurrence.
- The Chemotherapy at Home project was outstanding and provided patients with treatment in their own homes. This service embodied the overall trust and service vision of providing the best cancer care to their patients.
- The positivity and compassion shown by staff and reflected in the feedback from patients was outstanding. It was clear that all levels of staff continuously strived to provide outstanding care to their patients.
- The interaction and utilisation of the Maggie's Merseyside charity was excellent. It meant that patients could access all the advice, support and treatment in one place at one time.
- The support offered to patients throughout their treatment was outstanding. This included the implementation of the end of treatment bell, the pet therapy dog and handler, massages and relaxation techniques for patients and the program of activities provided in the Maggie's centre. All of which contributed to patients receiving an excellent level of emotional and practical support.

Outstanding practice and areas for improvement

Areas for improvement

Action the trust MUST take to improve

In outpatients and diagnostic imaging;

- The trust must improve the staffing establishment and the professional leadership of the radiology department including the modality lead posts as PET/CT and nuclear medicine were the only speciality with a filled position.
- The trust must ensure the radiation protection and safety aspects within the Trust are addressed and documentation kept up to date.

- The trust must improve the quality assurance processes in the diagnostic imaging department. Ensuring it is appropriate and timely.

- The trust must ensure review and update of all policies and procedures surrounding radiation protection in the imaging department to ensure they reflect current practise

Please refer to the location reports for details of areas where the trust SHOULD make improvements.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
Regulation 18 (1)
Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed.
Regulation 18(2)(a)
The provider should ensure that all staff have the appropriate support, and training necessary to enable them to carry out the duties they are employed to perform.

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance
Regulation 17 (b)
Systems and processes must be established and operated effectively to assess, monitor and mitigate risks relating to health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity



ADULT SOCIAL CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

28 JUNE 2017

REPORT TITLE	All Age Disability Strategy
REPORT OF	Lead Commissioner All Age Disability
PLEDGE LEAD	Graham Hodgkinson, Director for Care and Health

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 through a set of key strategies and a delivery plan.

The All Age Disability strategy is a 5-year, partnership strategy document, published in March 2016 which articulates the ambition of the Wirral Plan for people with disabilities to live independently.

The ambition of the plan is:

For people with any form of disability their families and carers to be able to sustain their own health build on their strengths and have their needs met in the best way, within local communities where possible. The focus is on breaking down barriers for people and between agencies and services and on making sure people's happiness, aspirations and achievements are never limited due to disability.

Since it was published, partners have worked together in new and innovative ways across Wirral to deliver the strategy.

This report provides an update to the Committee on the progress of the strategy to date.

RECOMMENDATION/S

The Committee is requested to note the report and provide feedback.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

The All Age Disability strategy has been developed to deliver the Wirral Plan pledges.

Feedback is requested to ensure that Member's views are taken into account throughout the life of the strategy and how feedback from surgeries and work in the Wards can feed back into the strategy.

2.0 OTHER OPTIONS CONSIDERED

No other options have been considered.

3.0 BACKGROUND INFORMATION

This section provides a summary of key updates and achievements against each of the priority areas outlined below. A more detailed report against each action within the strategy is available in the quarterly Wirral Plan Performance Reports published on the performance page of the Council's website.

3.1 Development of All Age Disability Strategy

3.1.1 Priority 1: All people with disabilities are well and live healthy lives.

The measure chosen for this priority was the proportion of people with long term conditions who feel supported to manage their condition has risen from 66.7% at the launch of the strategy to 68% now. There has been a small but significant increase in this proportion. The paragraphs below provide examples of what was achieved in the course of the year.

A bid for £2.66 million funding for 86 Extra Care units has been secured through the Homes and Communities Agency. Work is continuing with a private developer to deliver 45 units across 2 schemes. There are currently properties being built in Heswall (19 flats) and Birkenhead (15 flats) for people with learning disabilities.

One of the key actions from the original strategy was to look at the feasibility of appointing a single lead commissioner. Simon Garner has been appointed to the role of Lead Commissioner, All Age Independence and is now the lead for the All Age Disability Strategy.

The residential service at Girtrell Court has now transferred to Sanctuary, as of 6th February 2017. Other service provisions are being utilised by people; these include other residential establishments, specialist autism placements, services for older people, and homes local to where people live. People are also opting to take up activity style breaks,

like the ones provided at Barnstondale, and also taking direct payments to book supported or accompanied holidays.

3.1.2 Priority 02: Young People and Adults with disabilities have access to employment and are financially resilient

The measure chosen for this priority was the Employment rate aged 16-64 for people across Wirral with a disability has risen from 37.5% at the launch of the strategy to 45.4% in 2017. The paragraphs below provide examples of what was achieved in the course of the year.

A 'Pathways to Employment' and 'Disability Confident' events were successfully delivered towards the back end of last year. There are now 30 local employers signed up as 'Disability Confident'. By building a reputation as a Disability Confident employer that actively seeks out and hires skilled disabled people, employers will be helping to positively change attitudes, behaviours and cultures, not just in their immediate business but in their networks, supply chains, and their communities.

Wirral Metropolitan College's Supported Internship Programme has now successfully supported 25 people with a Learning Disability into work.

The 'Live Well Wirral' website provides a single point of information for people with disabilities on the range of services available to them. The site complements the Local Offer website which targets young people with disabilities and their carers. Together, these platforms ensure that all commissioned and non-commissioned services are promoted to users and that people requiring different services can review the options available to them to ensure they get the best outcomes.

3.1.3 Priority 03: All people with disabilities have choice and control over their lives

The measure chosen for this priority has been the take up of personalised budgets, (including Direct Payments and Personal Health Budgets). This has increased since the launch of the strategy. 671 people are now on direct payments and take up is being tracked for the first time this year. The paragraphs below provide further examples of what was achieved in the course of the year.

The new Wirral Advocacy Hub was launched in February 2017. This will empower people with disabilities through the provision of self-advocacy and peer advocacy support

Disabled Go have undertaken audits of various venues in Wirral including Council buildings, Leisure Centres, the Chamber of Commerce and key Transport facilities. 150 Detailed Access Guides and 550 Key Access Reviews have been undertaken and were launched through the Disabled Go website on 17th May. These guides and reviews will be available to people living and visiting Wirral. Details of how to access the website are provide under the reference section of this report.

Looking to the Future

The priorities for the coming year build on the initial success of the All Age Disability Strategy.

More developers will be identified to work with us to look at providing more high quality extra care housing.

Work continues to progress with the design of the new All Age Disability Service. The new service will improve the customer experience for service users with a single point of access and assessment to effectively meet needs. We will continue to produce the Independence Bulletin which provides updates on new policy, research and innovative projects for people with disabilities.

We will promote the take up of Disability Confident Accreditation with all partner organisations and encourage suppliers to adopt the standard.

The Annual review for young people with disabilities, from year 9 onwards will contain an increased emphasis on encouraging volunteering or employment opportunities. We will increase the opportunities for disabled people to have their voices heard when developing or making changes to services.

We will develop more efficient ways to establish insight and data on the prevalence and types of disability across Wirral.

3 FINANCIAL IMPLICATIONS

Not applicable

4 LEGAL IMPLICATIONS

Not applicable

5 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

The All Age Disability Strategy is coordinated through existing staffing and partnership resources. Any additional requirements will be identified as they arise.

6 RELEVANT RISKS

A risk assessment has been completed, and further work will be undertaken following a refresh of the action plan.

7 ENGAGEMENT/CONSULTATION

The all Age Disability Strategy has been developed through a partnership Board and has been subject to wider consultation with residents, partners and other stakeholders through the development of the strategy.

In 2015, a range of events with different groups of people took place and their views were recorded and shared. This ensured the voice of disabled people, their families and carers drove the priorities within this strategy.

8 EQUALITY IMPLICATIONS

An Equality Impact Assessment was prepared and published in December 2015.

The document can be found via the link below:

<https://www.wirral.gov.uk/sites/default/files/all/communities%20and%20neighbourhoods/Equality%20Impact%20Assessments/EIA%20since%202014/Families%20and%20wellbeing/EIA%20All%20Age%20Disability%20Strategy.pdf>

REPORT AUTHOR: **Simon Garner**
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APPENDICES

REFERENCE MATERIAL

Link to the Wirral Section of the Disabled Go website:

<http://www.disabledgo.com/organisations/wirral-metropolitan-borough-council/main>

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
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Adult Care and Health Overview and Scrutiny Committee Wednesday 28 June 2017

REPORT TITLE:	2016/17 Quarter 4 and Year End Wirral Plan Performance - People Theme
REPORT OF:	Executive Director for Strategy

REPORT SUMMARY

This report provides the 2016/17 Quarter 4 (January - March 2017) performance report for Wirral Plan pledges under the People theme and the closedown of 2016-17 at Year End. The Quarter 4 report is included as Appendix 1, and provides a description of the progress in Quarter 4 including providing available data in relation to a range of outcome indicators and supporting measures.

The Year End closedown report is included as Appendix 2 and provides a summary analysis of improvement of performance against measures and Wirral Plan delivery of Pledge strategy actions at year end.

The report also includes further performance information that has been requested by Members to enable effective scrutiny. The Adult Care and Health Performance Overview Quarter 4 2016-17 is included as Appendix 3 and includes a range of key indicators highlighting Wirral's performance against North West average values where available.

Quarter 4 Wirral Plan Performance Summary

The key performance at for Quarter 4 includes:

- A third Wirral Door Knock was held in Rock Ferry, demonstrating the effectiveness of people coming together to pool resources in a targeted way to tackle social isolation. This brings the total to 3 door knock events delivered in 2016/17. Overall, we have knocked on over 2000 doors in Eastham, Woodchurch and Rock Ferry, spoken to over 750 residents, referred 316 people for further advice or support, prevented at least 6 people from being alone on Christmas Day and set up a bereavement peer support group.
- Over 3,000 housing adaptations were completed by year end against at target of 2,000. These interventions are essential in helping older people to maintain their independence and continue to live in their own homes.
- The new advice and information service, 'Ask Us Wirral', was launched at the end of Quarter 4. The service is delivered by Citizens Advice Wirral, Age UK Wirral, Wirral Change and Wirral Mencap and brings together expertise in financial advice and support for older people. The service will ensure that older people can access the advice they need at different times of life through a single point of access leading to improved financial resilience and general wellbeing.

- All the key indicators and measures being monitored in the All Age Disability Strategy are showing progress including the employment rate for people with a disability. There are positive examples of people accessing work thanks to schemes such as the supported internship programme.
- The significant increase in the take up of the 2 year old offer reported last quarter (from 70.0% at the start of the Wirral Plan to 88.1%) has been maintained. The latest national benchmark is 68% (2016).
- There has been improved performance reported for the 6-8 week old development check; 12 month and 2-2½ year Health Visitor Reviews. Continued focus on improvement of the uptake is underway such as initiatives in individual localities offering alternative times and venues for reviews, integrated reviews underway with child-minders and follow up work with GPs
- Latest data shows that hospital admissions for due to self harm have increased in Wirral. In January 2017 the Child and Adolescent Mental Health Service (CAMHS) has established an Advice and Duty line staffed by experienced CAMHS practitioners and open to calls from parents, children, young people and other professionals to provide support and guidance. The aim is for young people to receive preventative effective support as early as possible and to reduce both presentation at A&E and hospital admissions.
- The Young Chamber delivered the Wirral Careers and Skills Show in March 2017. The event was attended by over 600 young people from across Wirral primary, secondary and post 16 education institutions. Young people attending were met by more than 40 local employers and training providers offering excellent careers advice and 'have a go' activities. Feedback from the young people and teaching professionals was excellent.
- The Community Pilots continue to provide initiatives that are having a real impact in their local area. In Bidston/St James (Gautby Road) an Anti-Social Behaviour (ASB) youth session project has been successfully delivered and as a result ASB rates have significantly dropped in the area. The Beechwood Centre has been refurbished and is being kitted out as a food hub and community cafe with soft play area and will provide a range of activities to improve life chances in the area.
- Following the commencement of 'Connect Us' in February 2017, 15 community connectors have been employed across 14 wards in the borough. They have started building links with the Community Pilot areas as part of their role is to build a bank of volunteers.
- Although set targets have been achieved in quarter 4 for three measures associated with Domestic Violence there has been no improvement in the measures since the start of the Wirral Plan. Significant work is underway through a range of initiatives such as Tomorrows Women Wirral community based support programme and help and intervention programmes to support victims and their families.

Year End Closedown Summary

The closedown report provides the committee with an overview of progress in 2016-17 to assist with scrutiny of the effectiveness of Wirral Plan delivery. It provides analysis in relation to progress measured through the suite of 36 performance indicators related to the People Pledges compared to the start of the Wirral Plan,

with focus on the areas that did not improve in 2016-17. It also provides a summary of progress against delivery for each of the activities identified in the Pledge strategy action plans. For the People pledges a programme of 112 actions were identified to deliver the Pledge outcomes and a summary of progress for each of these is shown with agreed actions put in place by the steering groups moving forward into 2017-18.

RECOMMENDATION

That the Adult Care and Health Overview and Scrutiny Committee note the content of the report and highlight any areas requiring further clarification or action.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION

- 1.1 To ensure Members of the Adult Care and Health Overview and Scrutiny Committee have the opportunity to scrutinise the performance of the Council and partners in relation to delivering the Wirral Plan.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 This report has been developed in line with the approved performance management framework for the Wirral Plan. As such, no other options were considered.

3.0 BACKGROUND INFORMATION

- 3.1 The Wirral Plan is an outcome-focussed, partnership plan which has 16 supporting strategies that set out how each of the 20 pledges will be delivered. For each pledge, a partnership group has been established to drive forward delivery of the action plans set out in each of the supporting strategies.
- 3.2 A Wirral Plan Performance Management Framework has been developed to ensure robust monitoring arrangements are in place. The Wirral Partnership has a robust approach to performance management to ensure all activity is regularly monitored and reviewed.
- 3.3 Data for the identified indicators is released at different times throughout the year as a result not all Pledges will have results each quarterly reporting period. Some indicators can be reported quarterly and some only on an annual basis with annual figures reported in the quarter they become available.
- 3.4 For the Quarter 4 report each of the indicators a RAGB (red, amber, green, blue) rating is provided against the target and tolerance levels set at the start of the reporting period, with blue indicating performance targets being exceeded. There is also a trend key which shows whether performance has improved, remained static or deteriorated since the start of the Wirral Plan.
- 3.5 There is no report included for the vulnerable children reach their full potential pledge. Following an Ofsted Inspection work in connection with improving outcomes in this area is being reviewed and refreshed. An Improvement Plan in response to the inspection is now being delivered and arrangements are being put in place to ensure robust scrutiny through the Children and Families Committee. Further information on this is provided in the work programme item also included on the agenda for this meeting.
- 3.6 All Wirral Plan performance reports are published on the performance page of the Council's website. This includes the high level Wirral Plan overview report

and the detailed pledge reports which include updates on progress on all activities set out in supporting strategy action plans.

<https://www.wirral.gov.uk/about-council/council-performance>

3.7 Each of the Wirral Plan Pledges has a Pledge Sponsor. The Pledge Sponsors under the People theme are as follows:

- Ageing Well in Wirral – Fiona Johnstone
- Children are Ready for School – Director of Children’s Services
- Children are Ready for Work and Adulthood – Director of Children’s Services
- Vulnerable Children Reach their Full Potential – Director of Children’s Services
- Reducing Child and Family Poverty (Improving Life Chances) – Fiona Johnstone
- People with Disabilities live Independent Lives – Graham Hodgkinson
- Zero Tolerance to Domestic Violence – Mark Smith

3.8 An additional report is included setting out a series of key indicators related to Adult Care and Health in response to Members requesting this performance data.

4.0 FINANCIAL IMPLICATIONS

4.1 There are no financial implications arising from this report.

5.0 LEGAL IMPLICATIONS

5.1 There are no legal implications arising from this report.

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

6.1 There are none arising from this report.

7.0 RELEVANT RISKS

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

8.0 ENGAGEMENT/CONSULTATION

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

9.0 EQUALITY IMPLICATIONS

9.1 The Wirral Plan equality impact assessment can be found at:
<https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments/equality-impact-assessments-2014-15/chief>

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APPENDICES

Appendix 1: Wirral Plan People Theme 2016-17 Quarter 4 Pledge Reports

Appendix 2: Wirral Plan People Theme 2016-17 Year End Closedown Report

Appendix 3: Adult Care and Health Performance Overview – Quarter 4 2016-17

REFERENCE MATERIAL

N/A

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
People Overview and Scrutiny Committee	8 September 2016
People Overview and Scrutiny Committee	28 November 2016
People Overview and Scrutiny Committee	23 March 2017

Appendix 1

Wirral Plan People Theme 2016-17 Quarter 4 Pledge Reports



Older people live well

Overview from the Pledge Sponsor

The Ageing Well in Wirral Strategy has continued to be delivered successfully in Quarter 4. This is due to the strong partnership and collaboration that has been established to drive forward the strategy towards delivering this Wirral Plan pledge.

During Quarter 4 a third Wirral Door Knock was held in Rock Ferry. The event was attended by Lord Filkin, Chair of the Government's Ageing Well Programme which demonstrates that this work is gaining recognition nationally. The approach demonstrates the effectiveness of partners coming together to pool resources in a targeted way to tackle social isolation. This brings the total to 3 door knock events delivered in 2016/17. Overall, we have knocked on over 2000 doors in Eastham, Woodchurch and Rock Ferry, spoken to over 750 residents, referred 316 people for further advice or support, prevented at least 6 people from being alone on Christmas Day and set up a bereavement peer support group. Building on this work, the Older People's Parliament, Wirral Council and Age UK Wirral are looking to deliver the first 'Great Wirral Conversation' event in April. This will involve students from Weatherhead High School talking to older residents around the theme of loneliness. The aim of these events is to promote dialogue between the younger and older generations.

A number of outcomes have been delivered under the priority: Older People Enjoy a Happy Home Life. Over 3,000 housing adaptations were completed by year end against a target of 2,000. There has been an increase in referrals for preventative adaptations in homes to reduce hospital admissions / readmissions and to assist hospital discharges. The budget for adaptations has now increased with support from the Better Care Fund which has created a need to appoint more staff to carry out adaptations. These interventions are essential in helping older people to maintain their independence and continue to live in their own homes. An extra care housing group has now been established to drive forward an increase in the availability of supported housing in response to increasing demand.

The new advice and information service, Ask Us Wirral, was launched at the end of Quarter 4. The service is delivered by Citizens Advice Wirral, Age UK Wirral, Wirral Change and Wirral Mencap and brings together expertise in financial advice and support for older people. The Ask Us Wirral service is an integrated team which also links in with two specialist Citizens Advice projects: The Money Advice Service (which provides advice on debt) and Pensionwise. The service will ensure that older people can access the advice they need at different times of life through a single point of access leading to improved financial resilience and general wellbeing.

Wirral Dementia Action Alliance has gained significant momentum during 2016/17 with an increasing membership and organisations from all sectors becoming more involved. The Council is actively encouraging staff to become dementia friends as part of a national initiative. Age UK Wirral and the Alzheimer's Society are currently developing an awareness campaign aimed at the general public to challenge some of the assumptions that people have about life living with dementia.

Wirral Plan Indicator	Indicator Type	Wirral Plan Start	End of Year Target	2016-17 Q1	2016-17 Q2	2016-17 Q3	2016-17 Q4	2016-17	Trend	Direction of Improvement	Comment
Proportion of residents aged 50+ volunteering on a regular basis	Annual	26% Nov 2015	26%						n/a	Higher is better	This data comes from the Wirral Residents' Survey which will be delivered again in 2017-18.
Proportion of residents aged 50+ who say that they are satisfied with the choice of housing in their local area	Annual	56% Nov 2015	56%						n/a	Higher is better	This data comes from the Wirral Residents' Survey which will be delivered again in 2017-18.
Healthy Life Expectancy at birth: Males	Annual	59.8 2011-13	59.8					60.4 Green	↑	Higher is better	This data comes from the public health outcome framework. Whilst data is released annually in May/June, there is a significant time lag. The data released in June 2016 relates to 2012 - 14 and shows a slight improvement on the baseline (Wirral Plan start).
Healthy Life Expectancy at birth: Females	Annual	61.8 2011-13	61.8					60.9 Amber	↓	Higher is better	This data comes from the public health outcome framework. Whilst data is released annually in May/June, there is a significant time lag. The data released in June 2016 relates to 2012 - 14 and shows a slight decrease from the baseline (Wirral Plan start). Work will need to take place to explore the reasons behind this decrease.

Supporting Measure	Indicator Type	Wirral Plan Start	End of Year Target	2016-17 Q1	2016-17 Q2	2016-17 Q3	2016-17 Q4	2016-17	Trend	Direction of Improvement	Comment
Percentage of older people (aged 50+) who feel safe when outside in the local area during the day	Annual	88% Nov 2015	88%						n/a	Higher is better	This data comes from the Wirral Residents' Survey which will be delivered again in 2017-18.
Percentage of older people (aged 50+) who feel safe when out in the local area after dark	Annual	55% Nov 2015	55%						n/a	Higher is better	This data comes from the Wirral Residents' Survey which will be delivered again in 2017-18.
Percentage of older people (aged 50+) who reported feeling healthy	Annual	65% Nov 2015	65%						n/a	Higher is better	This data comes from the Wirral Residents' Survey which will be delivered again in 2017-18.
Employment rate of people aged 50+	Quarterly	33.5% Jun 2015	33.6%	33.5% Green	33.2% Green	33.6% Green	33.9% Green	33.9% Green	↔	Higher is better	There is a time lag with this data which comes from the Office for National Statistics. The Quarter 3 figure relates to the period Jan - Dec 2016.

Children are ready for school

Overview from the Pledge Sponsor

The Early Childhood Reference Group has continued to work well together to share initiatives and good practice to deliver the outcomes of this pledge. Progress remains steady in all key priority areas and associated actions against plans.

The significant increase in the take up of the 2 year old offer reported last quarter (from 70.0% at the start of the Wirral Plan to 88.1%) has been maintained. Our local position now exceeds national expectation. We will continue to tackle persistent issue and barriers to the take up of the 2 year old offer through a whole partnership approach with a particular focus on children who are looked after. There has been improved performance reported in this quarter for the 6-8 week old development check; 12 month and 2-2 1/2 year Health Visitor Reviews. Individual localities have been tasked to improve the uptake further by offering alternative times and venues for reviews. All settings/nurseries have a named link from the 0-19 service and processes have been put in place to enable increased uptake.

To support the priority that Children in Wirral will start life well, smoking cessation training has been delivered across midwifery locality teams, seeing increased referrals into smoking cessation service. Local services supported an event led by Public Health England around the Change for Life campaign and using the sugar calculating app, fifty individuals/families made contact with services during the event.

The 'Cherish' training programme that has been written for Early Years Practitioners focusing on the attachment needs of young children in Early Years settings. Training will commence in July 2017. A mapping exercise of parenting services has been completed and findings presented to key stakeholders. Next steps will be to establish a Wirral wide parenting pathway covering all areas of needs and joint work with Local Authority and health commissioners.

To achieve our priority to increase the percentage of children achieving a good level of development at the end of the early years foundation stage, 6 settings are piloting the data tracking tool which will be launched to all providers from June 2017. Whilst 100% of early years providers in schools are rated good to outstanding, this figure reduces to 79.5% when reviewing all early years provider inspections. Feedback trends included engagement with parents and other professionals. The Foundation Years Trust is supporting specific settings, providing targeted support to raise standards.

Data tells us that there is an increasing number of babies and children under two, who are subject to a child protection plan because they have suffered from unexplained, unintentional or deliberate injuries. In 2017-18 we will respond to this critical issue through a newly developed priority area 'To improve multi-agency arrangements to safeguard and protect our youngest children'.

We will do this by:

- Undertaking a review of cases where children under one year old have suffered significant harm – in order to devise a set of vulnerability indicators.
- Use the vulnerability indicators to identify parents to be, babies and young children who may require additional help through coordinated packages of care and support.
- Increase the number of times contact is made with babies and young children by professionals in the first two years of life.
- Raise awareness by professionals and the public about the vulnerabilities babies and young children may be exposed to and explore our joint responsibility to safeguard and protect them from harm.

Wirral Plan Indicator	Indicator Type	Wirral Plan Start	End of Year Target	2016-17 Q1	2016-17 Q2	2016-17 Q3	2016-17 Q4	2016-17	Trend	Direction of Improvement	Comment
Foundation Stage - % achieving a good level of development	Annual	2013-14 Acad Year	85.0%					69.6% Red	↑	Higher is better	This is the final figure for 2015-16 academic year following data validation and replaces the provisional figure reported in quarter 2. The end of year target was ambitious. The results across the North West for the highest attaining Local Authorities, Wirral being one of them, have remained relatively static from the previous academic year. Wirral's performance is 2.9% higher than the North West average and 0.3% higher than performance nationally. It has also improved by 5.8% since the start of the Wirral Plan.

Supporting Measure	Indicator Type	Wirral Plan Start	End of Year Target	2016-17 Q1	2016-17 Q2	2016-17 Q3	2016-17 Q4	2016-17	Trend	Direction of Improvement	Comment
The percentage of women booked to access professional maternity services on or before 12+6 weeks gestation	Quarterly	80.8% Q3 2014-15	80.0%	86.3% Green	86.0% Green	80.4% Green	80.5% Green		↔	Higher is better	Performance remained static at Quarter 4 at 80.5%. The rate is reported as a quarterly average but monitored monthly via the maternity dashboard.
Take up of 2 year old offer by eligible families as identified by the Department of Work and Pensions (DWP)	Quarterly	70.0% Q1 2015-16	78.0%	72.2% Green	74.1% Green	88.1% Blue	88.1% Blue	88.1% Blue	↑	Higher is better	Performance at the start of the 2016-17 year was low at 72.2% and the impact of challenges set can be seen in continual improvement in performance across each quarter. The Early Childhood Service and partners have given high priority to this area and there has been a focus on analysing data for each constituency area to identify barriers to take up and look at ways to address these issues (eg working with health professionals to co-ordinate communication and visits). The take up of the 2 year old offer continues to be a priority. We have started to implement actions identified following the review, through a whole partnership approach and have given particular focus this term to children who are looked after.
The achievement gap between pupils eligible for free school meals and their peers achieving a Good Level of Development in the Early Years Foundation Stage Profile	Annual	19.0% 2014-15 Acad Year	15.0%					18.0% Red	↑	Lower is better	This is the final figure for 2015-16 academic year following data validation. The free school meal gap has showed an improvement of 1% from the previous academic year. Schools with either the lowest Good Level Development attainment and/or the widest gap are being supported and challenged by the School Improvement Team. 22 schools have been identified as requiring support to ensure children are reaching their potential.
Percentage of children aged 4-5 classified as overweight or obese	Annual	22.40% 2014-15	23.08%					22.90% Green	↓	Lower is better	This figure represents the latest annual data for 2015-16 that was released in December 2016.
Percentage of infants who received a 6-8 week Development Check by the time they were 8 weeks	Quarterly	84.6% Q1 2015-16	90.0%	83.0% Amber	84.3% Amber	86.6% Green			↑	Higher is better	Data is for Quarter 3 2016-17 Performance has increased from 84.3% to 86.6% this quarter. Each GP practice now has a Health Visitor (HV) link and they meet every 2 months and provide a list of safeguarding and active cases monthly. The HV is not directly involved in 6-8 week development review, however actively encourage the client to have the assessment. At follow up visits the HV will check whether the review has been completed with the GP. For universal partnership families we would phone the GP if this has not happened.
Percentage of children who received a 12 month Health Visitor review by the time they turned 12 months	Quarterly	66.4% Q1 2015-16	85.0%	70.0% Red	76.2% Red	77.7% Amber			↑	Higher is better	Data is for Quarter 3 2016-17. Performance has increased each Quarter and this is due to the universal and targeted approach used in the teams. This has been particularly successful in Birkenhead who have achieved 86.30% overall this quarter, whereas in Quarter 1 performance was 60%. Individual areas have now been tasked with increasing the uptake using methods specific to their areas, such as alternative times and venues of reviews.
Percentage of children who received a 2-2½ year Health Visitor review	Quarterly	73.0% Q1 2015-16	85.0%	77.0% Amber	74.4% Red	77.0% Amber			↑	Higher is better	Data is for Quarter 3 2016-17. Performance has risen from 74.4% to 77.0% in this quarter. All settings/nurseries have a named link from the 0-19 service and as these links are being established the processes have been put in place to enable increased uptake of the reviews. Integrated reviews have commenced with child minders and each area has a named link health professional for all child-minders.

Young people are ready for work and adulthood

Overview from the Pledge Sponsor

In 2016-17 the Young People are Ready for Work and Adulthood Steering Group has continued to work well together to achieve the aim set out in the children's strategy. 90% of Wirral schools are now rated by Ofsted as being good or better and 62.2% of children achieved 5 or more good GCSE's (including English and Maths). Performance in these areas compares favourably to the national picture of 89% and 53.5% respectively.

As partners, we have continued to make progress in all priority areas. The Child and Adolescent Mental Health Service (CAMHS) has visited most mainstream schools and a telephone consultation line is now available to all schools. The Future in Mind Steering Group will be considering comments and recommendations from young people raised at a number of events held during 2016-17 including:

- 2016 annual Youth Parliament held in November enabling young people to present issues important to them on the theme of mental health and debate these with local elected members.
- 2016 Youth Conference attended by 82 young people representing 10 schools and 2 youth groups
- Youth Parliament which was attended by 48 young people from 6 schools and 3 youth groups.

The Young Chamber delivered the Wirral Careers and Skills Show in March 2017. The event was attended by over 600 young people from across Wirral primary, secondary and post 16 education institutions. Young people attending were met by more than 40 local employers and training providers offering excellent careers advice and 'have a go' activities. Feedback from the young people and teaching professionals was excellent.

The new Electronic Personal Education Plan training has been delivered to designated teachers to allow closer monitoring of our most vulnerable children and review the impact of related interventions. We have delivered an Employability Skills Programme for Care Leavers that has supported 6 young people into Employment, Education and Training opportunities.

We will be focusing on key initiatives during 2017-18 including:

- Continue to work with the CAMHS service, review the effectiveness of the 'Future in Mind' transformation programme and evaluate the impact of the approach.
- Continue to work with schools that fall below the Department for Education floor standards.
- The School Improvement Locality Board will ensure that all pupils are able to access the revised curriculum specification with a view to diminishing the difference in attainment between pupils in receipt of free school meals and their peers.
- A key area of focus in the next years will be to increase the take up of the National Citizen Service programme for 15 to 17 years old in Wirral.
- The Virtual Head Teacher and Senior Manager for Children Looked After (CLA) will review the process and the quality of Personal Education Plans for CLA.

Wirral Plan Indicator	Indicator Type	Wirral Plan Start	End of Year Target	2016-17 Q1	2016-17 Q2	2016-17 Q3	2016-17 Q4	2016-17	Trend	Direction of Improvement	Comment
The % of children achieving 5 good GCSE's (or equivalent) at Key Stage 4 (including English and Maths)	Annual	60.0% 2013-14 Acad Year	68.0%					62.2% Amber	↑	Higher is better	Data has now been validated. There is an improvement in performance of 2% from the start of the Wirral Plan. Two secondary schools significantly underperformed - attaining 19% and 28%. There are three secondary schools below the floor target of 45%.
The % of young people aged 16-18 who are not in Employment, Education or Training. (NEET) - Annual Measure	Annual	4.30% 2014-15	4.20%					0.00% Blue	n/a	Lower is better	In September 2016 the Department for Education introduced changes to the method used to calculate NEET figures. The changes incorporated the actual proportion of young people who have a destination of 'Not Known' rather than an adjustment being made to the NEET rate to account for this cohort. The actual not known cohort will from April 2017 be added to the actual not in education, employment and training to give the new overall performance measure. Due to these changes monthly data could not be comparable with previous performance and the annual NEET figure has not been made available. In 2017-18 the new NEET measure which will include 'Not Known' data will be reported.
Percentage of schools rated 'good' or 'outstanding' by Ofsted	Annual	84.0% Aug 2015	93.4%					90.0% Green	↑	Higher is better	The latest data available from Ofsted DataView is as at 31 December 2016. This shows a 6% improvement since the start of the Wirral Plan and compares favourably to national performance of 89%. Further analysis shows 100% of special schools, 90% of primary schools and 84% of secondary schools are rated good or outstanding.

Supporting Measure	Indicator Type	Wirral Plan Start	End of Year Target	2016-17 Q1	2016-17 Q2	2016-17 Q3	2016-17 Q4	2016-17	Trend	Direction of Improvement	Comment
Progress 8 Score for Wirral	Annual	n/a	0.00					-0.04 Red	n/a	Higher is better	Progress 8 is a new Department for Education headline measure that aims to capture the progress a pupil makes from the end of primary school to the end of secondary school. Performance was slightly below the national average of -0.03 but compares favourably to North West neighbours which had an average score of -0.15. Wirral is ranked 6 out of 23 North West Local Authorities.
The achievement gap between pupils eligible for free school meals and their peers achieving the 'expected standard' in English, reading, English writing and mathematics at the end of key stage 2.	Annual	n/a	0.0%					27.0% Red	n/a	Lower is better	Performance was reported in Quarter 2 and has now been validated and finalised with no change to previously reported figures. The Locality Board, focusing on school support has this as a top priority.
The achievement gap between pupils eligible for free school meals and their peers achieving at Key Stage 4 (5 or more good GCSE's including English and maths)	Annual	35.7% 2013-14 Acad Year	23.0%					35.9% Red	↔	Lower is better	Provisional figures were reported in Quarter 2. Data has now been validated and finalised and show a small (0.2%) increase in the achievement gap. Two secondary schools attainment in all measures was significantly lower than expected. This has had a detrimental effect on the overall attainment gap. One of these schools is converting to a sponsored academy. The other school is already a sponsored academy receiving significant support and challenge from the Multi Academy Trust.
The percentage of children in good or better schools as rated by Ofsted	Annual	81.0% Aug 2015	90.0%					90.0% Green	↑	Higher is better	The latest data available from Ofsted DataView is as at 31 December 2016. This shows a 9% improvement since the start of the Wirral Plan and compares favourably to national performance of 87%. Further analysis shows 100% of special schools, 91% of primary schools and 88% of secondary schools are rated good or outstanding.
Reduction in use of medication for Attention Deficit Hyperactivity Disorder (ADHD) - Number of items prescribed, rate per 10,000	Quarterly	1.55 Q4 2014-15	1.54	1.75 Green	1.71 Green	1.80 Amber			↓	Lower is better	Data for quarter 4 will be available in quarter 1 (2017-18)
Hospital admissions due to self harm - PH Local Authority Child Health Profiles	Annual	526.0 2014-15	525.0					691.9 Red	↓	Lower is better	Latest data relates to 2015-16 hospital admissions. Following a year on year increase in children and young people who need support during a crisis, in January 2017 Wirral Children's and Mental Health Service (CAMHS) established an Advice and Duty Line which is staffed by experienced CAMHS Practitioners and is available Mon-Fri 9am-5pm. The advice and duty line is open to take calls from other professionals, parents and children and young people who have an issue that they require support and guidance with. One of the impacts of this has been a reduction in referrals but in addition has had a significant impact on the number of children and young people presenting to A&E. Whilst this is very early data to support this, the reduction in Risk Presentations is almost 50%.

Reduce child and family poverty

Overview from the Pledge Sponsor

The Improving Life Chances Steering (ILC) group has continued to work well to tackle child poverty collectively in Wirral and build on the positive impact of initiatives in established in the community pilot areas.

An Improving Life Chances event was held in October 2016 to provide a networking opportunity for local organisations, to share good practice and report progress on the key priority areas within the pledge. Following the event a directory of local services has been produced and distributed in the community pilot areas and to key frontline staff to raise awareness of support that is available.

An e-learning training package for child poverty awareness has been developed and accessed by local organisations. We will target key organisations who provide support within local communities to increase the uptake of the training during 2017-18.

The Community Pilots continue to provide initiatives that are having a real impact in their local area. In Bidston/St James (Gautby Road) an Anti Social Behaviour (ASB) youth session project employing Intermediate Labour Market placements as youth workers and using Fareshare food to provide food three nights a week has been successfully delivered. Work has been undertaken by the Wirral Anti-Social Behaviour team and police and as a result ASB rates have significantly dropped in the area. The Birkenhead Constituency Committee funded £28K of holiday food provision across Birkenhead with many projects focusing on Beechwood and Birkenhead North. The discounted supermarkets are being continued to be delivered through each of the food hubs and also deliver food to the community. 'His Church' delivered a 40,000 tonnes lorry to Birkenhead full of cereal for groups and schools to provide breakfast clubs. The Beechwood Centre has been refurbished and is being kitted out as a food hub and community cafe with soft play area and will provide a range of activities to improve life chances in the area. The sports development team are looking to offer food and fitness across the three ILC areas in Beechwood, St James and Seacombe.

Following the commencement of 'Connect Us' in February 2017, 15 community connectors have been employed across 14 wards in the borough. They have started building links with the Community Pilot areas as part of their role is to build a bank of volunteers. They have attended recent community pilot group meetings, looking to support and encourage volunteering within the community.

There has been a slight improvement in the employment rate in Wirral in this quarter. Data relates to performance to December 2016 and does not take into account new activity such as the Ways to Work Programme which has engaged with 1,426 clients and will positively affect employment rates. In April, the Department for Work and Pensions (DWP) held a 'Get Smart' event at the NEO Community Café in Rock Ferry. 26 parents were given advice a range of financial advice and encouraged to take up training or employment opportunities.

A Partnership Framework has been agreed between Wirral Job Centre Plus and Early Childhood Services to promote effective working and help deliver shared aims and objectives, such as information sharing, identifying gaps in childcare provision and employment growth sectors in Wirral to ensure those families who most need the services gain access to them. In 2017-18 we will review the recent DWP paper 'Improving Lives: Helping Workless Families' to look at the implications for Wirral. We will also work with the new service 'Ask Us Wirral' to ensure that it is easier and quicker for families to get the debt and financial inclusion information and advice that they need.

In 2017-18 we will look to further strengthen work in the Community Pilots, including the implementation of volunteering groups. The Community Pilots are being monitored to enable us to understand what their impact is in these areas. We will work with the health service providers in the area such as ABL Health to reduce smoking and work with the Health Visiting Service to maximise the impact of the Healthy Child Programme.

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Wirral Plan Indicator	Indicator Type	Wirral Plan Start	End of Year Target	2016-17 Q1	2016-17 Q2	2016-17 Q3	2016-17 Q4	2016-17	Trend	Direction of Improvement	Comment
The Proportion of children in low income families	Annual	21.5% Aug 2013	21.4%					23.3% Amber	↓	Lower is better	The latest update to this measure is a snapshot as at 31st August 2014
Increase the employment rate in Wirral	Quarterly	66.7 2014- 15	70.9	69.7 Green	69.7 Green	69.0 Red	69.7 Red	69.7 Red	↑	Higher is better	Performance has improved by 0.7% this quarter, however the value of 69.7 is just slightly outside of the tolerances set for this indicator and therefore the indicator is rated as red. These figures relate to performance to December 16. This indicator can fluctuate due to the nature of the dataset and the latest published data does not take into account any new activity which has come into force since then, such as the Ways to Work Programme which will positively affect the performance of this indicator in the long term to match the aims of the Wirral Growth Plan.
The achievement gap between pupils eligible for free school meals and their peers achieving at Key Stage 4 (5 or more good GCSE's including English and maths)	Annual	35.7% 2013-14 Acad Year	23.0%					35.9% Red	↔	Lower is better	Provisional figures were reported in Quarter 2. Data has now been validated and finalised and show a small (0.2%) increase in the achievement gap. Two secondary schools attainment in all measures was significantly lower than expected. This has had a detrimental effect on the overall attainment gap. One of these schools is converting to a sponsored academy. The other school is already a sponsored academy receiving significant support and challenge from the Multi Academy Trust.

Supporting Measure	Indicator Type	Wirral Plan Start	End of Year Target	2016-17 Q1	2016-17 Q2	2016-17 Q3	2016-17 Q4	2016-17	Trend	Direction of Improvement	Comment
Foundation Stage - % achieving a good level of development	Annual	62.8% 2013-14 Acad Year	85.0%					69.6% Red	↑	Higher is better	This is the final figure for 2015-16 academic year following data validation and replaces the provisional figure reported in quarter 2. The end of year target was ambitious. The results across the North West for the highest attaining Local Authorities, Wirral being one of them, have remained relatively static from the previous academic year. Wirral's performance is 2.9% higher than the North West average and 0.3% higher than performance nationally. It has also improved by 5.8% since the start of the Wirral Plan.
Take up of 2 year old offer by eligible families as identified by the Department of Work and Pensions (DWP)	Quarterly	70.0% Q1 2015-16	78.0%	72.2% Green	74.1% Green	88.1% Blue	88.1% Blue	88.1% Blue	↑	Higher is better	Performance at the start of the 2016-17 year was low at 72.2% and the impact of challenges set can be seen in continual improvement in performance across each quarter. The Early Childhood Service and partners have given high priority to this area and there has been a focus on analysing data for each constituency area to identify barriers to take up and look at ways to address these issues (eg working with health professionals to co-ordinate communication and visits). The take up of the 2 year old offer continues to be a priority. We have started to implement actions identified following the review, through a whole partnership approach and have given particular focus this term to children who are looked after.
Family Intervention service positive outcomes with families (Phase 2 of programme)	Quarterly	n/a	300		6 Red	117 Red	139 Red	139 Red	n/a	Higher is better	Performance at quarter 4 represents the total claims made between 01 April 2016 to 31 March 2017. In quarter 2 issues were identified which affected programme performance and corrective actions put in place. Following these actions we have seen an increase in outcomes achieved but not as rapidly or widely effective as required to meet the end of year target. The issue relating to school attendance has not been resolved at a national level but continues to be affecting performance of programmes across England. Wirral is one of 56 Local Authorities having not met their end of year target, including 4 Merseyside Authorities. Corrective action for 2017-18 includes: we have liaised with a neighbouring Local Authority which is achieving outcomes in line with the performance schedule to replicate aspects of their approach; engagement of families will be on a more targeted approach so that the service is working with specific areas of need which can be measured robustly; and undertaking more interventions with families meeting 2-3 criteria rather than focussing solely on those meeting 4-6.
Family Intervention service engagement with families (Phase 2 of programme)	Quarterly	n/a	848	212 Green	517 Blue	599 Amber	1,447 Blue	Blue	n/a	Higher is better	Performance at Quarter 4 represents the total claims made between 01 April 2016 to 31 March 2017. As previously reported we have revised the entry criteria to include those meeting 2 or 3 of the national criteria. This has produced a significant increase in the number of families identified and supported through the programme and local authority services. In 2017-18 this continued approach will enable attachment targets to be achieved and should enable more outcome claims to be made.

People with disabilities live independent lives

Overview from the Pledge Sponsor

There has continued to be good progress during Quarter 4. Work to deliver an All Age Disability Service is gathering momentum as the specification for the service is being worked up. A new Advocacy Hub was launched in February to deliver the statutory services the Council is responsible for, including advocacy related to Independent Mental Capacity and Health, the Care Act and the promotion of self and peer advocacy. These services will ensure that people with disabilities are effectively represented and supported in relation to decisions made about them and their care provision.

Overall, the All Age Disability Strategy is leading to improved partnership working to ensure the priorities in the strategy are being delivered. All the key indicators and measures being monitored are showing progress. There have been positive examples of people accessing work thanks to schemes such as the supported internship programme. There has been a significant increase in the employment rate for people with a disability or long term condition, and targets were met in relation to the quality of life for people with long term conditions and the proportion of people who feel supported to manage their condition.

A new Lead Commissioner for All Age Independence has been appointed to drive forward the All Age Disability strategy and partnership. A new Independence Bulletin has been launched as a means to share the latest information on policy, research and innovative projects for people with disabilities. There has been good progress in developing the marketplace of service providers through the launch of the Live Well Wirral website which went live in October 2016. Work to develop the offer for respite provision has begun and this will continue in the year ahead.

A number of events have been successfully delivered targeting employers to find out more about the support available to successfully employ or retain staff with disabilities or long term conditions. Further work will be delivered in 2017/18 by the Department of Work and Pensions through an enhanced support offer for smaller employers. Whilst dedicated funding for travel training for adults has come to an end, the provision of travel training will be incorporated into a wider review for the Adult and Children Specialist Transport Services during 2017/18.

During the year, Disabled Go audits were completed at numerous locations across Wirral including Council buildings, Leisure Centres, the Chamber of Commerce and key Transport facilities. 150 Detailed Access Guides and 550 Key Access Reviews have been undertaken and these will be available via the Disabled Go website following a launch in May 2017. These guides and reviews will be available to people living and visiting Wirral and support will be provided to organisations to address any recommendations for improvements identified, to ensure the accessibility of their facilities.

Work towards increasing the availability of supported housing has progressed in-year. A number of housing schemes are progressing and at different stages of design and build.

Wirral Plan Indicator	Indicator Type	Wirral Plan Start	End of Year Target	2016-17 Q1	2016-17 Q2	2016-17 Q3	2016-17 Q4	2016-17	Trend	Direction of Improvement	Comment
Health related quality of life for people with long term conditions	Annual	0.698 2014-15	0.698					0.695 Green	↔	Higher is better	Despite this reducing slightly, performance is in line with target tolerances set. It is hoped that this will begin to improve as the actions within the strategy are delivered.
Employment rate aged 16-64 - Equality Act core or Work Limiting Disabled	Quarterly	37.5% Jun 2015	43.6%	46.6% Green	48.3% Blue	45.4% Green	44.0% Green	44.0% Green	↑	Higher is better	There is a time lag with this data which comes from the Office for National Statistics. The Quarter 4 figure relates to data from the period Jan - Dec 2016
Supporting Measure	Indicator Type	Wirral Plan Start	End of Year Target	2016-17 Q1	2016-17 Q2	2016-17 Q3	2016-17 Q4	2016-17	Trend	Direction of Improvement	Comment
Proportion of people with long term conditions who feel supported to manage their condition	Annual	66.7% 2014-15	66.7%					68.0% Green	↑	Higher is better	
Children with a statement of special educational need (SEN) or education health and care plan (EHCP) achieving 5 or more good GCSEs (or equivalent) at Key Stage 4 (including English and maths).	Annual	6.3% 2014-15 Acad Year	8.3%					9.3% Blue	↑	Higher is better	Provisional data - final data is due to be released in early 2017

Zero tolerance to domestic violence

Overview from the Pledge Sponsor											
Information under development.											
Wirral Plan Indicator	Indicator Type	Wirral Plan Start	End of Year Target	2016-17 Q1	2016-17 Q2	2016-17 Q3	2016-17 Q4	2016-17	Trend	Direction of Improvement	Comment
Number of domestic abuse Wirral MARAC cases per 10,000 adult females	Quarterly	54 2014-15	52	13 Green	27 Green	36 Green	52 Green	52 Green	↓	Higher is better	
Children and young people experience domestic abuse (Wirral MARAC cases)	Quarterly	1,289 2014-15	1,524	302 Green	579 Red	807 Red	1,211 Green	1,211 Green	↓	Higher is better	
Percentage of incidents of repeat domestic abuse (Wirral MARAC cases)	Quarterly	16% Apr 2014-Mar 15	25%	30% Amber	21% Green	25% Green	28% Green	28% Green	↓	Lower is better	

Key

Trend

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

Based on Wirral Plan start date with exception of: Take up of 2 year old offer by eligible families as identified by the Department of Work and Pensions (DWP) - compared to same period in previous year.

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

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

Appendix 2

Wirral Plan People Theme 2016-17 Year End Closedown Report

Wirral Plan 2020



1. Introduction

This report sets out the 2016-17 year end position and close down for the People Theme Pledges of the Wirral Plan in 2016-17.

During 2016-17 reports outlining progress against delivery of Pledges were produced on a quarterly basis to ensure all stakeholders continuously monitor the progress being made. On a quarterly basis Pledge steering groups review progress and put in place key actions to ensure delivery is kept in track.

This report sets out a close down of activity in 2016-17 in two key areas:

- It provides analysis in relation to progress measured through the suite of 36 performance indicators related to the People Pledges compared to the start of the Wirral Plan. Full detail of each of the measures is shown in the Wirral Plan People Theme Quarter 4 report and underpinning individual Pledge reports and this year end close down report sits alongside that detail.
- It also provides a summary of progress against delivery for each of the activities identified in the Pledge strategy action plans. For the People Pledges a programme of 112 activities were identified to deliver the Pledge outcomes and a summary of progress for each of these is shown with agreed actions put in place by the steering groups moving forward into 2017-18.

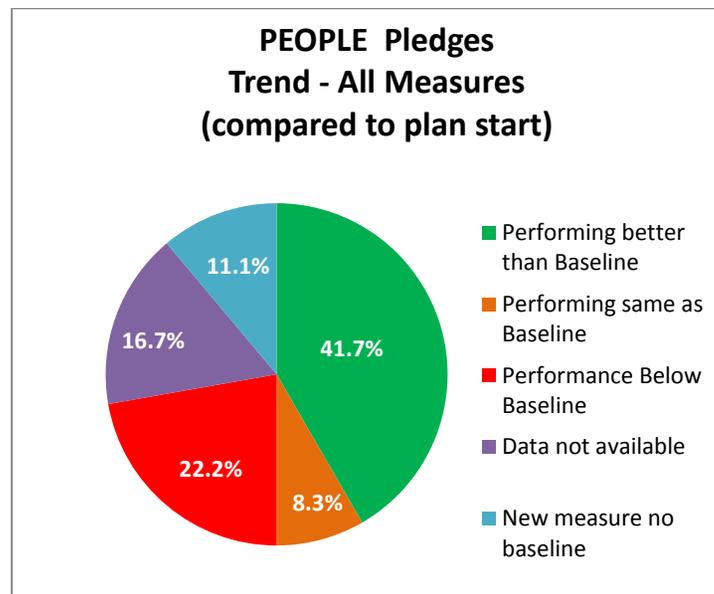
At the end of the reporting cycle for each year of the Wirral Plan each of the strategy action plans that support the delivery of the 20 Pledges are refreshed to ensure they remain focused on delivery of outcomes for Wirral residents. The outcome measures set out in the Wirral Plan performance framework we use to measure the impact of the change made are also refreshed. These changes are in place for 2017-18 monitoring of Wirral Plan delivery.

In 2016-17 the Pledge Vulnerable children reach their full potential was not reported on through the Wirral Plan Framework due to the work put in place and overseen by the Improvement Board as a result of the 2016 Ofsted Inspection. In 2017-18 this Pledge will be reported on through Wirral Plan reporting arrangements.

2. Performance Analysis

Delivery of the plan is monitored by the Wirral Plan Outcome Framework. A key part of the framework is a set of measures which are identified by all stakeholders as the key way to monitor delivery progress. The framework consists of both outcome indicators which are performance indicators linked to population change; these are often long term measures which can take considerable time to impact on. There are also a set of supporting measures which provide additional context to delivery and the improvements being made.

Detailed information regarding the performance against measures is shown in the Pledge reports. The Wirral Plan set out a five year vision to make improvement in the 20 Pledges. The chart below summarises performance of the outcome framework measures since the start of the Wirral Plan.



PEOPLE Direction of Travel - All Measures		
Performing better than Baseline	15	41.7%
Performing same as Baseline	3	8.3%
Performance Below Baseline	8	22.2%
Data not available	6	16.7%
New measure no baseline	4	11.1%
Total	36	100.0%

In 2016-17 there has been good progress in a range of key areas across the People Pledges with performance improved or sustained in 18 or 50% of all measures.

For 6 measures data is not yet available and for 4 measures which were new for the Wirral Plan there was no Wirral Plan start baseline; for those measures in subsequent years improvement will be based on the first year they are measured.

In the People Pledges there are 8 measures where performance has decreased since the start of the Wirral Plan. These include:

- Healthy Life expectancy at birth: Females, which has decreased by 0.9 from 61.8 to 60.9 years. There is a significant time lag with this data with the data released in June 2016 related to 2012-14.
- Percentage of children aged 4-5 classified as overweight or obese has increased from 22.40% to 22.90%. This data represents the latest annual data for 2015-16 released in December 2016.
- The rate of items prescribed per 10,000 for medication for Attention Deficit Hyperactivity Disorder (ADHD) which has increased from 1.55 at the start of the Wirral Plan to 1.80 at the end of Quarter 3 2016-17.
- Hospital admissions due to self harm which has increased from 526 in 2014-15 to 691.9 in 2015-16 (there is a time lag with this data).
- The proportion of children in low income families has increased from 21.5% in August 2013 to 23.3% in August 2014 (there is a time lag with this data).

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A range of these measures are complex health related measures, or measures where the national trend has also not improved such as children in low income families and childhood obesity. In areas where there is a specific Wirral underperformance including self harm and ADHD medication, significant targeted activity is in place to actively impact on these areas, including new initiatives such as the child mental health Advice and Duty line to provide targeted support for self harm concerns.

In the area of Domestic Violence the Pledge steering group identified that under reporting was an issue in Wirral. As a result two key indicators focused on increasing the numbers reported for the first year of the plan, 2016-17, to help change the culture of reporting and to support people to report domestic violence in Wirral. Despite this the measures did not improve:

- The number of domestic abuse Wirral MARAC cases per 10,000 adult females has decreased from 54 in 2014-15 to 52 in 2016-17.
- Children and young people experiencing domestic abuse has decreased from 1,289 in 2014-15 to 1,211 in 2016-17.

A further domestic violence measure has not improved - the percentage of incidents of repeat domestic abuse increased from 16% to 28%. Significant action is underway through partnership work led by the domestic violence Pledge group to impact on this complex area in future years.

Turning the curve on some of these indicators is challenging and can take significant time to achieve. The 5 year scope of the Wirral Plan will ensure continued focus on these complex areas over a longer time span allowing the required time to ensure a lasting impact can be made.

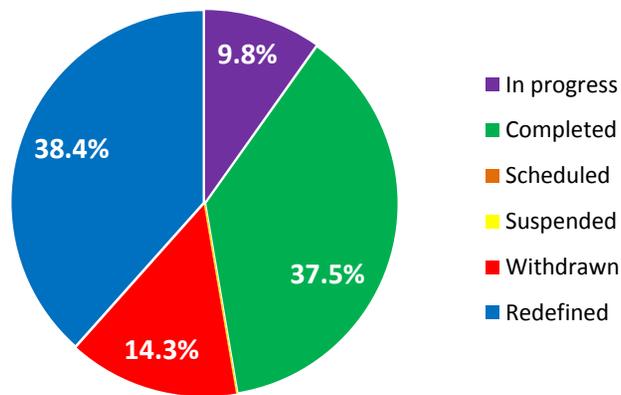
3 Pledge Activity Summary

All actions identified in 2016-17 Pledge strategy action plans were reviewed at the end of 2016-17. The assessment carried out indicates the status of the actions at the year end with the purpose to allow oversight of the effectiveness of Pledge Steering Groups to plan and deliver key actions in order to deliver the Pledges and improved outcomes for Wirral residents.

The assessment was based on the use of six classifications. As the Wirral Plan is a five year plan and a number of longer term complex activities have been identified, the expectation is that not all activities would be delivered in 2016-17 and some will be carried over into future years. In addition due to changes in year some of the activities identified at the start of the year required review, and there was also an opportunity through the refresh to link associated actions across the strategies into one stronger action in 2017-18 and remove duplication. Full detail of each of the activities by Pledge is shown below with the rationale for change provided for individual planned actions.

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People Pledges - Year End Action Status



Category	Explanation
Scheduled	An action that is scheduled to commence later in the plan
Completed	An action that has been signed off as completed by the Pledge Sponsor
In progress	An action that has commenced and is scheduled beyond 2016/17
Suspended	An action that has started but has been paused for a specified reason
Re-defined	An action that has been refined and updated to better reflect the action
Withdrawn	An action that has been removed from the strategy for a specified reason

Pledge : Older people live well

Priority 01: Being an active part in strong, thriving local communities

2016-17 Action	Timescale	Year End Status	Rationale for Amendment
Complete targeted research and engagement to identify residents who are socially isolated in Wirral	Apr 2016 - Aug 2016	Completed	
Implement Liquid Logic Marketplace to capture local activities	Jan 2016 - Apr 2016	Completed	
Identify opportunities to encourage intergenerational activities across Wirral through working with local communities, organisations and schools	Apr 2016 - Mar 2017	Redefined	The wording of this action has been updated and refreshed from a previous action on intergenerational activity.
Encourage businesses to be age friendly community spaces	Apr 2016 - Mar 2017	Redefined	The wording of this action has been made more specific to ensure clarity of delivery.
Explore opportunities through the Transport Plan for Growth for improving access to transport and maximise the benefits of the scheme	Apr 2016 - Mar 2017	Withdrawn	Will be delivered through the Transport Strategy in 2017-18.
Encourage older residents to access volunteering opportunities	Apr 2016 - Dec 2016	Redefined	Volunteering will be given more focus in 2017-18 and has been reworded to make it more specific.
Development of a social isolation measure	Apr 2016 - Dec 2016	Completed	

Priority 02: Enjoy a happy home life

2016-17 Action	Timescale	Year End Status	Rationale for Amendment
Complete a strategic review of sheltered housing services for older people and agree scheme proposals	Jan 2016 - Mar 2017	Completed	
Work with registered providers and private companies to deliver 300 extra care homes by 2020	Apr 2016 - Mar 2020	Redefined	The wording of this action has been amended to ensure clarity of delivery.
Work with care home providers to ensure that older people who reside in care homes all receive care packages with dignity and respect	Apr 2016 - Mar 2017	Redefined	Agree a set of actions with the Combined Authority Safeguarding Board to ensure that all older people who reside in care homes or receive packages of care at home are treated with dignity and respect.
Increase the availability of accessible homes by accessing 2000 disabled facilities grants (DFGs) per annum	Apr 2016 - Mar 2020	Withdrawn	Now reporting as a measure.
Identify ways of creating neighbourhoods where people feel safe and are safe	Apr 2016 - Mar 2017	Completed	

Priority 03: Being emotionally and physically healthy

2016-17 Action	Timescale	Year End Status	Rationale for Amendment
Integrating health and social care services through the creation of a single organisation (Healthy Wirral Programme) - creating a single delivery hub for social care and community services and creating a single commissioning approach for health and social services in Wirral	Jan 2016 - Apr 2017	Withdrawn	This is an overarching transformational programme, withdrawn from this strategy.
Promote schemes and initiatives to encourage older residents to be physically and mentally healthy	Apr 2016 - Aug 2016	Completed	
Encourage organisations to become more dementia aware - especially across frontline services	Apr 2016 - Mar 2017	Completed	
Implement the Wirral Strategy for Carers through supporting the Carers Partnership Board	Apr 2016 - Mar 2020	Redefined	The wording of this will be redefined to ensure more effective working together with the Carers group.

Priority 04: Being financially secure

2016-17 Action	Timescale	Year End Status	Rationale for Amendment
Work with local businesses to tackle barriers for older people to access employment and volunteering opportunities	Apr 2016 - Mar 2017	Redefined	The wording of this action has been made more specific. "Showcase employment opportunities for those aged 50+ in Wirral". Volunteering now has a separate action in priority 1.
Review provision of pre-retirement courses for all local residents to plan for their retirement years	Apr 2016 - Mar 2017	Redefined	This action has not been resolved and therefore has been amended to 'Explore the feasibility of offering a pre-retirement course for all local residents to plan for their retirement years'
Review available financial advice and support for older residents	Apr 2016 - Mar 2017	Completed	

Priority 05: Having better access to the right information and support

2016-17 Action	Timescale	Year End Status	Rationale for Amendment
Identify ways for older residents to access information and support.	Apr 2016 - Mar 2017	Completed	

Pledge : Children are ready for school

Priority 01: Children in Wirral will start life well			
2016-17 Action	Timescale	Year End Status	Rationale for Amendment
Increase the uptake of maternity services delivered by integrated teams in locality-based settings.	Jun 2016 - Mar 2018	In progress	
Improve young children's health outcomes in line with the Healthy Child Programme	Apr 2015 - Mar 2017	Redefined	The action is integrated into the Healthy Child Priority under Priority 2.
Collate performance data and develop new performance measure around 2 1/2 year old Integrated Child Health Review	Jun 2016 - Mar 2018	Redefined	The action is integrated into the Healthy Child Priority under Priority 2.

Priority 02: Children receive sensitive and responsive care from their main caregivers in the first years of life			
2016-17 Action	Timescale	Year End Status	Rationale for Amendment
Provide training and mentoring for childminders, nurseries and childcare settings which focuses on the attachment needs of babies and infants.	Jun 2016 - Jul 2018	Redefined	The action is integrated into the Healthy Child Priority under Priority 2.
Review both evidence-based parenting programmes and peer-led and community based activities to ensure all parents can access support for effective parenting	May 2016 - Jan 2017	Redefined	The action has been re-worded to include commissioning.

Priority 03: Increase the % of children achieving a good level of development at the end of the early years foundation stage

2016-17 Action	Timescale	Year End Status	Rationale for Amendment
Close the gap in readiness for school for disadvantaged children	Sep 2015 - Jul 2017	Redefined	This issue will be covered in the improved data tracking action in priority 4.
Percentage of schools and childcare settings rated good or outstanding increases	Jan 2016 - Dec 2017	Redefined	Action re-worded to include focus on working with Early Years Childcare providers.
Improve the take up of 2, 3 and 4 year old nursery places for vulnerable children by sharing responsibility as a partnership.	Apr 2016 - Dec 2018	Redefined	This issue will be covered in the improved data tracking action in priority 4.

Pledge : Young people are ready for work and adulthood

Priority 01: Young people have access to high quality learning experiences which support them into employment			
2016-17 Action	Timescale	Year End Status	Rationale for Amendment
Work with Headteachers and governors to develop a schools' strategy for Wirral	May 2016 - Sep 2017	Redefined	There is now a separate Schools Strategy and high level actions from the action plan are included.
To ensure that schools below the DfE floor standards and schools causing concern make good or better progress	Sep 2015 - Jul 2017	Redefined	Re worded to include new DfE attainment standard of 'making expected progress'.
To close the inequalities gap in attainment between those young people in receipt of free school meals and their peers	Sep 2015 - Jul 2017	In progress	
To reduce persistent absence and strive to improve attendance for all pupils with a specific focus on the most vulnerable	Sep 2016 - Jul 2017	In progress	
Progress for children with special educational needs and disabilities is the same as for all children and young people - that they will achieve well in their early years, at school and in college, and lead happy and fulfilled lives	Jul 2016 - Apr 2018	In progress	
To make sure that the local special educational needs and disability provision is responsive to local needs and promotes children's achievement	Feb 2016 - Sep 2018	Withdrawn	Activity will form part of a national initiative where each Local Authority has commissioned an evaluation of needs and provision.
To provide challenge to schools/education establishments so that all Children Looked After make at least expected progress across each key stage	Apr 2016 - Sep 2017	In progress	
To deliver the Employability Skills Programme for Care Leavers (14-19 model)	Jun 2016 - Jan 2017	Redefined	Reported against the high level action 'All Children supported to achieve their full potential'.

Priority 02: Children and young people enjoy good health and well-being into adulthood			
2016-17 Action	Timescale	Year End Status	Rationale for Amendment
Work with schools and other stakeholders to roll out the 'Future in Mind Strategy' designed to provide support so that schools and colleges are more equipped to work with young people with lower levels of mental health.	Apr 2016 - Feb 2017	In progress	
To support agencies to promote resilience, early intervention and prevention for young people.	Mar 2016 - Feb 2017	In progress	
To provide targeted drug and alcohol interventions so reducing misuse	Apr 2015 - Sep 2016	Redefined	Included in the reducing risk behaviour action.
To reduce the number of teenage conceptions by work with young people on healthy relationships and good sexual health	Apr 2015 - Sep 2017	Redefined	Included in the reducing risk behaviour action.

Priority 03: Children and young people effectively participate in their communities			
2016-17 Action	Timescale	Year End Status	Rationale for Amendment
To raise aspirations, engage local employers and improve vocational awareness develop opportunities for young people through the Young Chamber and Wirral Met College	Apr 2016 - Sep 2017	In progress	
To promote citizenship and volunteering opportunities, with a specific focus on community involvement	Mar 2015 - Jul 2017	Redefined	Reworded to remove reference to volunteering.
To provide initiatives which look at reducing anti-social behaviour	Mar 2015 - Jul 2017	Redefined	Action will be reported in Neighbourhoods are Safe pledge report.
To complete a review of youth provision in Wirral	Mar 2016 - Apr 2017	Withdrawn	This activity is Business as Usual.

Pledge : Reduce child and family poverty

Priority 01: Overarching actions:

2016-17 Action	Timescale	Year End Status	Rationale for Amendment
To organise and deliver an annual improving life chances/child poverty conference to raise awareness of issues affecting local families, highlight local services and provide a networking opportunity to further develop opportunities and share good practice	Jun 2016 - Mar 2020	Redefined	The action has been re worded to reflect the fact that the first conference has taken place and will now become an annual event.
To provide comprehensive child poverty awareness training programme, both face to face and e-learning.	Apr 2016 - May 2016	Redefined	Action reworded to show the training is now in place and will be monitored to monitor the uptake and efficiency.
Develop intelligence and performance to understand local needs and what works	Jan 2016 - Mar 2020	Withdrawn	Information will be coordinated and refreshed through the JSNA.
Establish project steering group to develop and implement Community Pilots	Apr 2016 - Apr 2016	Completed	
Co-design 2 Community Pilots with local residents and partners	Apr 2016 - Sep 2016	Completed	
Implementation & delivery plan for 2 Community Pilots	Apr 2016 - Jan 2017	Completed	

Priority 02: Supporting parents into sustainable employment			
2016-17 Action	Timescale	Year End Status	Rationale for Amendment
Increase local volunteering opportunities within communities to build skills and experience through linking up with the asset based community development (ABCD) initiative	Apr 2015 - Mar 2020	Redefined	This action has been redefined to concentrate on Community Pilot areas. Timescale has been amended to align with Community Pilot dates.
Embed employability programmes and financial advice within primary health services and early years' intervention activities e.g. through Community Hubs	Apr 2016 - Jun 2017	Redefined	This action has been redefined to be more specific about providing employment and financial information in two children's centres in the Community Pilot Areas.
Co-ordinate and raise awareness of accessible, flexible and affordable childcare to enable parents to return to and/or sustain employment.	Apr 2015 - Mar 2020	Redefined	The activity is now more specifically linked to the Community Pilot Areas.
Provide advice and information on affordable transport schemes to enable parents to access training & employment	Apr 2015 - Mar 2017	Completed	
Ensure that Growth Plan priorities deliver skills; job sustainability and quality in order to provide a long term solution to child and family poverty	Apr 2015 - Mar 2020	Withdrawn	The action is withdrawn as borough level strategic activity will be picked up and monitored in the growth plan.

Priority 03: Improve life chances for children and young people			
2016-17 Action	Timescale	Year End Status	Rationale for Amendment
Develop a co-ordinated and strategic programme for 0-19 year olds, including the antenatal period to deliver the Healthy Child Programme	Apr 2015 - Oct 2016	Redefined	The action has been re-worded to align to Community Pilot areas and timescales aligned to Community Pilot dates.
Close the inequalities gap in attainment between young people in receipt of free school meals and their peers	Apr 2015 - Jul 2017	Withdrawn	This activity will be included in the Children's Young People and Families Strategy.
To raise aspirations, engage local employers and develop opportunities for young people through the Young Chamber	Apr 2015 - Sep 2017	Withdrawn	This activity will be included in the Children's Young People and Families Strategy.
Priority 04: Supporting families to become financially resilient			
2016-17 Action	Timescale	Year End Status	Rationale for Amendment
Embed local delivery of targeted information, advice and support on debt & financial inclusion	Jul 2016 - Mar 2017	Redefined	This action has been re worded and outcome included in the action 'To target frontline staff to raise awareness of debt and financial advice in Community Pilot areas'.
Develop a plan to increase access to (and take up of) affordable savings and loans e.g. Credit Union	Jul 2016 - Mar 2017	In progress	
Development of a Supporting families out of poverty measure	Sep 2016 - Mar 2017	Withdrawn	A chapter is in place in the JSNA that will be refreshed/renewed as data becomes available.

Priority 05: Tackling the immediate effects of poverty			
2016-17 Action	Timescale	Year End Status	Rationale for Amendment
Develop a neighbourhood approach to tackle food poverty	Apr 2015 - Apr 2018	Redefined	The action was re-worded to include reference to fuel poverty.
Through targeted work, increase take-up of entitlements such as free nursery places, free school meals and energy efficiency schemes	Apr 2015 - Apr 2018	Redefined	The take up of entitlements will be reported through the action 'Monitor Impact of Community Pilots'.
Embed a strategic and co-ordinated approach to housing/advice/information and support to low-income families	Apr 2015 - Sep 2017	Completed	
Implement a local plan with Healthy Wirral to embed their prevention and early intervention work	Apr 2015 - Sep 2017	Redefined	This action has been redefined to focus on reducing smoking rates in the Community Pilot Areas.

Pledge : People with disabilities live independent lives

Priority 01: All People with disabilities are well and live healthy lives			
2016-17 Action	Timescale	Year End Status	Rationale for Amendment
Work as a partnership to develop and agree a robust method of capturing data around the prevalence of disability in Wirral	Apr 2016 - Mar 2017	Redefined	This work is under way but will be re-defined in 2017/18 to: Establish insight into the prevalence and types of disability in Wirral. This will inform better service provision in response to need.
Implement an All Age Integrated Disability Service in Wirral	Apr 2016 - Apr 2017	In progress	
Explore opportunities for better sharing of information between all agencies in the partnership to provide more seamless and holistic support to disabled people and their families	Apr 2016 - Sep 2016	Completed	
Explore the feasibility of appointing a lead commissioner for disabled people	Apr 2016 - Dec 2016	Completed	
Explore innovative ways to maintain provision of short breaks and respite placements for children and adults with disabilities	Apr 2016 - Sep 2016	Completed	
Survey to be developed to capture measure around the quality of support provided to children with disabilities / long term conditions	Apr 2016 - Dec 2016	Redefined	Action re-worded to: Implement a programme of engagement for people with disabilities to ensure their voices are heard.
Deliver 300 additional Extra Care Homes in Wirral by 2020	Jul 2016 - Mar 2020	In Progress	
Explore an approach to reducing the disparity in the cost of commissioned services between children and adults	Apr 2016 - Jun 2017	Withdrawn	This action is to be withdrawn as this will be within scope of the All Age Disability Service Project which is captured as a separate action.

Priority 02: Young People and Adults with disabilities have access to employment and are financially resilient			
2016-17 Action	Timescale	Year End Status	Rationale for Amendment
Work with local employers to consider innovative collaborative approaches to increase the local provision for training and work opportunities for people with disabilities and to enable more people to access employment. To include mapping out and promoting the support that is available to support organisations when employing people with disabilities	Apr 2016 - Mar 2020	Completed	
Ensure that as part of the procurement of future services across the partner organisations in Wirral it is a priority requirement in the service specification to identify opportunities for disabled people to access mainstream employment	Apr 2016 - Apr 2020	Redefined	Ensure that all Partner Organisations are level three Disability Confident employers and all suppliers become at least level One Disability Confident employers.
Ensure that there is a focus on employment and volunteering within the Annual Review for young people with disabilities in schools from year 9 onwards (Education, Health and Care Plan)	Apr 2016 - Mar 2017	Completed	
Assessment and Care Planning process for disabled people to consider participation in employment and / or volunteering as a key outcome, where appropriate	Oct 2016 - Mar 2017	Completed	
Develop volunteering performance data	Oct 2016 - Dec 2016	Withdrawn	This action is withdrawn as there is no mechanism for this to be achieved systematically and the emphasis should be supporting disabled people into volunteering opportunities rather than tracking the data.
Work with partners to ensure all commissioned and non-commissioned services and activities are provided in the advice and support offer	Apr 2016 - Dec 2016	Completed	

Priority 03: All people with disabilities have choice and control over their lives			
2016-17 Action	Timescale	Year End Status	Rationale for Amendment
Work in partnership with disabled people, their families and carers to ensure that they play an active part in influencing the planning, commissioning and delivery of services	Apr 2016 - Mar 2020	Redefined	Action has been reworded to: Develop a framework of participation and engagement for service users and carers in the re-design of services they receive.
Explore opportunities for disabled people in receipt of personal budgets to pool their funds to enable them to take part in a wider range of activities, hobbies and leisure together and increase social interaction	Oct 2016 - Sep 2017	Withdrawn	This is viewed as business as usual activity as it is already in place.
Strengthen self-advocacy to ensure that disabled people have a strong voice in how services are developed and delivered locally	Apr 2016 - Sep 2017	Completed	
Work as a partnership to explore innovative ways to remove barriers to people getting out and about in Wirral - Design of Street Furniture	Aug 2016 - Mar 2020	Redefined	This action has been superseded by the new action: Review options available for how best to support people to access and use existing transport services.
Work as a partnership to explore innovative ways to remove barriers to people getting out and about in Wirral - Accessibility of shops, restaurants and public buildings such as community centres and hospitals	Apr 2016 - Mar 2020	Completed	
Develop a measure to capture perceptions of choice and control for children and adults with disabilities	Jul 2016 - Sep 2017	Redefined	This action has been incorporated into the new action: Implement a programme of engagement for people with disabilities to ensure their voices are heard.
Develop measure around use of personalised budgets	Apr 2016 - Mar 2017	Completed	

Pledge : Zero tolerance to domestic violence

Priority 01: Prevention and Early Intervention			
2016-17 Action	Timescale	Year End Status	Rationale for Amendment
Commission a co-ordinated agency, community and voluntary sector response based on prevention and early intervention. (Link with Early Help & Prevention Strategy, Local Safeguarding Boards, Create a Domestic Abuse Champion Network)	Jun 2016 - Sep 2016	Redefined	Redefined to reflect the next phase of the project.
Design a service delivery model which is responsive to the level of risk (Identify sustainable alternative solutions to gap in service provision re: Zero Centre closure, collaborate with LCR colleagues to identify any shared service potential)	Jun 2016 - Mar 2017	Completed	
Encourage businesses to adopt a domestic abuse pledge and become Domestic Abuse Champions	Jun 2016 - Mar 2017	Completed	
Deliver co-ordinated training, education and public awareness strategy to ensure that everyone is aware of Wirral's Zero tolerance to all forms of Domestic Abuse	Feb 2016 - Apr 2016	Completed	
Develop supporting measure for reporting "Improved understanding of domestic abuse through training sessions"	Apr 2016 - Mar 2017	Completed	
Develop supporting measure for reporting "Number of children and YP experiencing domestic abuse being supported through early intervention"	Apr 2016 - Mar 2017	Completed	

Priority 02: Provision - Children and Young People at the Heart of our Domestic Abuse Response			
2016-17 Action	Timescale	Year End Status	Rationale for Amendment
Prioritise the marketing of a clear referral pathway for all victims, professionals, agencies, friends and families	Jun 2016 - Mar 2017	Completed	
Identify initiatives to strengthen work already being undertaken to deliver interventions which mitigate the risks of children becoming future victims/perpetrators.	Jun 2016 - Mar 2020	Redefined	Redefined to reflect the next phase of the project.
Investigate the deployment of Domestic Abuse advisors to engage domestic abuse victims presenting at accident and emergency	Jun 2016 - Jun 2016	Completed	
Undertake a review of Supported Accommodation for victims of Domestic Abuse to ensure that it is able to respond to individual needs.	Jun 2016 - Mar 2020	Redefined	Redefined to reflect the next phase of the project.
Develop supporting measure for reporting "Increase the number of people reporting DA across the DA Alliance spectrum"	Apr 2016 - Mar 2017	Completed	

Priority 03: Partnership - A Strong Community Co-ordinated Response			
2016-17 Action	Timescale	Year End Status	Rationale for Amendment
Develop the Domestic abuse and Harmful Practices Steering Group to deliver effective leadership and a clear strategic vision to tackle domestic abuse locally	Feb 2016 - Apr 2016	Completed	
Work with all partners to develop proposals for fully integrating resources to tackle domestic abuse through a single team – co-located at the Multi-Agency Safeguarding Hub	Jun 2016 - Sep 2017	Redefined	Redefined to reflect the next phase of the project
Establish a clear joint commissioning approach for delivering comprehensive interventions across the spectrum of domestic abuse services.	Jun 2016 - Mar 2017	Completed	
Identify ways of creating neighbourhoods where people feel safe and are safe	Jun 2016 - Mar 2017	Withdrawn	This will continue to be managed as operational business as usual.
Complete a programme of research to map the domestic abuse provision in Wirral (link to needs assessment, capture hard to reach groups, link to Wirral joint strategic needs analysis)	Jun 2016 - Sep 2016	Completed	
Develop supporting measure for reporting "Evaluating the services we provide to ensure that they are as effective as possible and provide the best possible value for money"	Apr 2016 - Mar 2017	Completed	
Develop supporting measure for reporting "The number of children affected by domestic abuse who have accessed a support programme"	Jun 2016 - Mar 2017	Completed	

Priority 04: Perpetrators - Make Victims Safer and Reduce Re-offending			
2016-17 Action	Timescale	Year End Status	Rationale for Amendment
Work with colleagues across the Liverpool City Region to evaluate the effectiveness of perpetrator programmes currently on offer.	Jun 2016 - Mar 2017	Completed	
Build on the Integrated Offender Management Model to manage a cohort of Domestic Abuse perpetrators and evaluate the effectiveness of this intervention	Jun 2016 - Mar 2020	Redefined	Redefined to reflect the next phase of the project.
Lobby central government to bring about a specific 'Domestic Abuse' clause to the Common Assault crime category.	Jun 2016 - Mar 2020	Withdrawn	This will be taken forward as business as usual by the Corporate Public Affairs Manager.
Work with the MJCB and the Courts to ensure that high risk perpetrators are dealt with swiftly and appropriately	Jun 2016 - Mar 2020	Withdrawn	This will be managed as operational business as usual.
Develop supporting measure for reporting "Number of perpetrators identified and referred into behaviour change programmes (both via agencies and self-referrals)"	Apr 2016 - Mar 2017	Completed	
Develop supporting measure for reporting "Effective completion of behaviour change programmes"	Apr 2016 - Mar 2017	Completed	
Develop supporting measure for reporting "Feedback on the effectiveness of perpetrator intervention and support programmes"	Apr 2016 - Mar 2017	Completed	
Develop supporting measure for reporting "Numbers of successful prosecutions" and / or "Proportion of successful prosecutions"	Apr 2016 - Mar 2017	Completed	

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Appendix 3

Adult Social Care & Health Performance Overview - Quarter 4 2016/17



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No.	Description	Performance 2015/16	North West Average 2015/16	Performance as at 31/03/2017	Forecast Outturn (Year End)	Overall Status	Annual Trend	Reporting Period	Comments
1	Increase the number of people with learning disabilities who have access to employment and training opportunities	3.4%	4.4%	2.3%	2.3%	R		Mar-17	<p>A total of 24 people (of 1,029) with a learning disability are currently in paid employment.</p> <p>Work is on-going in conjunction with Wirral Evolutions to review the people in supported employment to check for eligibility to be included in the numerator for this measure and to explore further opportunities to support individuals into employment.</p>
2	Adults with a Learning Disability living at home or with their family	84.4%	87.9%	86.3%	86.3%	G		Mar-17	
3	Permanent admissions of younger adults (18-64) to residential and nursing care homes, per 100,000 population	14.4	13.1	19.7	19.7	R		Mar-17	<p>A total of 37 adults aged 18-64 have been admitted to permanent residential care during the period to date, of which the biggest proportion are adults with a learning disability (19).</p> <p>The number of adults with a learning disability placed in long term care has increased by over 50% since 2015-16 of which half can be attributed to an increase in the number of complex transitions cases from Children & Young People.</p>
4	Permanent admissions of older people (65+) to residential and nursing care homes per 100,000 population	762.4	723.8	750.5	750.5	G		Mar-17	<p>The number of permanent admissions of older people being admitted to care homes has reduced by 3% when compared with 2015-16. Transformational change is underway to improve the 7 day community offer and move to avoid deconditioning of O/P to further reduce long stay placements for next year.</p> <p>Almost half of all permanent admissions are as a result of a hospital discharge.</p> <p>The proportion of people being placed in EMI care has increased from 36% in 2015-16 to 44% in 2016-17 which is indicative of the increasing acuity of people needing accommodation based care.</p>
5	Average monthly bed days lost due to delayed transfers of care per 100,000 population	93.7	N/A	326.3	326.3	R		Mar-17	<p>Our acute provider (WUTH) changed its reporting arrangements mid-year which has resulted in a significant increase in reported activity which isn't necessarily representative of worsening performance.</p> <p>The CCG and DASS were not consulted on these changes prior to implementation and did not had the opportunity to understand the rationale for the change nor to seek assurance on the new process.</p> <p>Of all reported delays in 2016-17 44% are attributable solely to the NHS, 45% to both the NHS and Social Care and 6% solely to Social Care. A quarter of all delays have been attributed to patients waiting for packages of home care with a further quarter attributed to delays in the completion of assessments. Delays with home care are being addressed and there is a much healthier position for those awaiting packages. Metrics on stranded patients and discharging medically optimised people will be included for 17/18. Further joint work is underway to understand the detailed reasons for discharge delay and the relatively high joint reason for delay.</p> <p>The domiciliary care market saw considerable pressures during 2016/17 which have inevitably impacted on delayed transfers of care, the market has now stabilised and providers are more responsive to requests.</p>
6	Proportion of new requests for support resolved by advice and information	59.0%	Local Measure	58.3%	58.3%	G		Mar-17	The department has received a total 14,440 requests for support during the reporting period

Appendix 3

Adult Social Care & Health Performance Overview - Quarter 4 2016/17



No.	Description	Performance 2015/16	North West Average 2015/16	Performance as at 31/03/2017	Forecast Outturn (Year End)	Overall Status	Annual Trend	Reporting Period	Comments
7	Proportion of new requests for support resulting in long term services	5.0%	Local Measure	6.4%	6.4%	G		Mar-17	A total of 739 new requests for support have resulted in the provision of long term services. 29% of all new requests for support result in reablement / intermediate care.
8	Proportion of people who have received short term services to maximise independence requiring no on-going support	81.2%	73.8%	82.4%	82.4%	G		Mar-17	
9	Percentage of people discharged from hospital into reablement / rehabilitation still at home after 91 days	84.5%	83.0%	83.6%	83.6%	G		Mar-17	
10	Number of episodes of reablement / intermediate care intervention for clients aged 65+ per 10,000 population	529.6	324.4	474.1	474.1	G		Mar-17	<p>Despite a reduction in activity reported levels are significantly higher than the North West average.</p> <p>Throughput and capacity of home based reablement during 2016/17 has been affected by the pressures experienced within the domiciliary care market.</p> <p>Capacity and throughput is no longer an area of concern and the continuing positive outcomes of individuals who receive reablement should be noted.</p>

Wirral

ADULT SOCIAL CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

28 JUNE 2017

REPORT TITLE	FINANCIAL MONITORING 2016/17
REPORT OF	ASSISTANT DIRECTOR : FINANCE (SECTION 151 OFFICER)

REPORT SUMMARY

This report and appendices sets out the Council's revenue and capital monitoring position for 2016/17 year end (31 March 2017).

The 2016/17 out-turn position was an overall underspend of £2.9 million (£0.4 million underspend was forecast at quarter 3). People (former Families and Wellbeing areas) has a significant forecast overspend which has been offset by largely one-off savings within Business Services Treasury Management.

The year-end capital report updated the capital programme and reflected significant re-profiling of schemes between years to reduce the 2016/17 capital programme to £30.7 million. The actual capital out-turn at year end was £25.3 million.

Recommendations

1. That members note the report and appendices.

SUPPORTING INFORMATION

1.0 REASONS FOR RECOMMENDATIONS

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

2.0 OTHER OPTIONS CONSIDERED

- 2.1 The appendices contain the full authority wide out-turn Cabinet report including revenue capital and collection summary information. This provides a full picture of the Council's position. An alternative option would be to restrict reporting to abstracts of just those areas covered by this committee.

3.0 BACKGROUND INFORMATION

- 3.1 During the year a New Operating Model was introduced replacing the previous directorate structure. The new structure was based around a Strategic Hub, Business Support function and a number of Delivery Units. Overview and Scrutiny Committees have already been reconstituted away from a directorate basis to align with Wirral's 20/20 Vision themes of Business, People and Environment. From 2017/18 People has been further divided into two Overview and Scrutiny Committees: Childrens and Families and Adult Care and Health.
- 3.2 A budget realignment process took place to align budgets from November 1 to the New Operating Model. In very broad terms the People theme covers areas previously within Adult Social Care and Children and Young People, Environment covers areas within Regeneration and Environment, whilst Business covers Transformation and Resources plus some aspects of the Regeneration and Environment budget.
- 3.3 Quarterly reports containing revenue and capital monitoring information and forecasts were presented to Overview and scrutiny Committees during 2016/17.

4.0 FINANCIAL IMPLICATIONS

- 4.1 The Financial implications are contained within the appendices. These detail the revenue budget and capital programme outturn positions and provide information in respect of income collection performance.

5.0 LEGAL IMPLICATIONS

- 5.1 There are none arising directly from this report.

6.0 RESOURCE IMPLICATIONS; ICT, STAFFING AND ASSETS

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

7.0 RELEVANT RISKS

- 7.1 There are none directly relating to this report. The monitoring of financial

performance is important to ensure robust financial control procedures are in place.

8.0 ENGAGEMENT/CONSULTATION

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

9.0 EQUALITIES IMPLICATIONS

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

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ANNEXES

Annex 1 – Out-turn 2016/17
Containing:
Appendix 1 – Revenue Out-turn 2016/17
Appendix 2 - Capital Out-turn 2016/17
Appendix 3 – Collection Summary 2016/17 Outturn

SUBJECT HISTORY

Council Meeting	Date
Cabinet	26 June 2017
People Overview and Scrutiny Committee	23 March 2017

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**CLLR JANETTE WILLIAMSON****CABINET****26 JUNE 2017****FINANCIAL MONITORING****OUT-TURN 2016/17**

Councillor Janette Williamson (cabinet Member for Finance and income Generation) said:

The continuing effective management of the Council's financial position throughout the year has helped the Council deliver an overall under-spend of £2.9 million in 2016/17 – a huge achievement considering our financial position.

'Our pro-active approach to treasury management has allowed us to provide additional funding to meet the rising demand for social care, in both Adults and Children's Services, and we have continued to improve our income collection performance.

'Our intentions in the Wirral Plan are clear and this is supported through investment from the Capital Programme. This year over £25 million has been used to support improvements to schools, improving roads and bridges, improving our popular leisure facilities and investing in our technology.'

REPORT SUMMARY

This report details the Out-turn for 2016/17 and concludes the reporting to Cabinet for the 2016/17 financial year. There are separate Appendices for Revenue (including details of the reserves), Capital (including resources used to fund the Programme) and the Collection Summary (including Council Tax, Business Rates and Sundry Debts).

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

RECOMMENDATIONS

1 Revenue

- a) The Revenue Out-turn for 2016/17 which showed an underspend of £2.9 million be noted.
- b) The transfer of the underspend to General Fund Balances be confirmed.
- c) The General Fund Balances at 31 March 2017 of £25.7 million, with £15.7 million agreed to be used in the Budget 2017/18, be noted.
- d) The Earmarked Reserves totalling £55.1 million as detailed in the Annex be confirmed.

2 Capital

- a) The additional re-profiling of £6.3 million from 2016/17 to 2017/18 be noted.
- b) The financing of the Programme for 2016/17 be noted.
- c) The Programme for 2017/18 and beyond be kept under review to ensure it is realistic and deliverable.

3 Collection Summary

- a) The increase in Council Tax in-year collection rate from 95.3% in 2015/16 to 95.4% in 2016/17 be noted.
- b) The increase in Business Rates collection rate from 97.2% in 2015/16 to 97.6% in 2016/17 be noted.
- c) The increase in Sundry Debts from £23.6 million at 31 March 2016 to £26 million at 31 March 2017 be noted.
- d) That the sundry debts for Adults Social Services and Other Directorates detailed in the report be written-off against the Provision for Bad Debts.

SUPPORTING INFORMATION

1.0 REASONS FOR RECOMMENDATIONS

- 1.1 Local authorities have to produce an Annual Statement of Accounts which demonstrates the financial performance of the Council for the year and the financial position at the end of the period. The full Statement is approved by Audit & Risk Management Committee on behalf of the Council. This report informs Cabinet of the key elements.
- 1.2 The Collection Summary provides details on income collection performance and any sums which are deemed irrecoverable need to be written off in accord with the authorisation processes set out in the Council Constitution.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 No other options were considered. There is a legal requirement to publish the Statement of Accounts and agree the capital spend and financing at the end of the financial year.

3.0 BACKGROUND INFORMATION

- 3.1 Throughout the financial year Cabinet received Monitoring Reports in respect of Revenue (including income and debt collection) and Capital. This report is a summary of the actual out-turn for 2016/17.
- 3.2 The last monitoring reports were for Quarter 3 and were considered by Cabinet on 20 February 2017. Since the end of March work has been on-going in order to conclude the accounts for the financial year.
- 3.3 The detail contained within the Appendices informs part of the Annual Statement of Accounts for 2016/17. The Statement has to be issued before 30 June 2017. It is then subject to review by the appointed External Auditor (Grant Thornton UK LLP) and will be considered by Audit & Risk Management Committee on 25 September 2017. The Statement has to be published by 30 September 2017.

REVENUE OUT-TURN

- 3.4 Appendix 1 provides the detail of which the headlines are:-
 - 3.4.1 Throughout the financial year Cabinet received Revenue Monitoring reports for each quarter. In setting the Budget for 2016/17 it was recognised that there were on-going financial pressures mainly within Adults and Children's social care and it was acknowledged that the savings programme was ambitious. These risks were recognised and mitigated through the Revenue Budget Contingency of £12 million.

- 3.4.2 The use of this Contingency was monitored through the regular Financial Monitoring reports to Cabinet. This was allocated to People comprising Adult Social Services (£3.9 million) and Children’s Services (£5.25 million) and to Business comprising Assets (£0.5 million) and Remodelling (£1.7 million). At the end of the year the balance remaining of £0.65 million was reflected as an underspend.
- 3.4.3 The Monitoring report for Quarter 3 (Cabinet 20 February 2017) projected a General Fund underspend of £0.4 million and the final position for the year was an underspend of £2.9 million. Whilst overspending was principally due to demand pressures within People for Adult and Children Care Services this was more than mitigated by underspending within Environment and Business Services. The latter largely attributable to the changes in Treasury Management and the adoption of the annuity method for calculating Minimum Revenue Provision (MRP) in respect of capital financing which resulted in a significant one-off saving in 2016/17.
- 3.4.4 The Outturn shows the final figure to be £25.7 million for General Fund Balances. This includes the release of Earmarked Reserves which was agreed as part of agreeing the Council Budget for 2017/18. However, of this sum £15.7 million has been agreed to be applied to fund the 2017/18 Revenue Budget so the net result is £10 million which is in line with the required level of Balances.
- 3.4.5 It should also be noted that the Balances will be supplemented in 2017/18 by the receipt of the Collection Fund surplus of £4.6 million. This will see the Balances available being £14.6 million which is above the target figure for General Fund Balances of £10 million for 2017/18.
- 3.4.6 During the year Earmarked Reserves decreased by £18.8 million (from £73.9 million at 31 March 2016 to £55.1 million at 31 March 2017). Over the last two years reserves have reduced by over £32 million which reflects their use to not only support specific projects but also, to support the annual Budget.

Category and Purpose	£ million
INSURANCE AND TAXATION	20.9
TRANSFORMATION	3.5
SCHOOLS RELATED	12.8
SUPPORT SERVICE ACTIVITIES AND PROJECTS	17.9

CAPITAL OUT-TURN

- 3.5 Appendix 2 provides the detail of which the headlines are:-
- 3.5.1 Capital spend includes a range of projects to enhance the Council assets with spend during the year of £25.3 million used to support the delivery of the Wirral Plan.

People

Investment to support younger people through improvements at schools which includes Mersey Park Primary School and Liscard Primary School.

Investment in the specialist school provision which has included works at the Observatory School and Stanley Special School.

Support for pre-school activities through the re-modelling and modernisation of Children's Centres.

Support for youth through the funding of the Wirral Youth Zone (The Hive) which opened in early April 2017.

Business

Modernise and upgrade the Council's IT facilities with this work continuing into future years through the implementation of the Digital Strategy.

Maximise the use of assets through the refurbishment of Council buildings leading to more effective use and the release of surplus buildings.

Maintain and enhance the road network including schemes on unclassified and residential roads.

Improvements to the bridge network with major investment into the Dock Bridges, which will continue over the coming years.

Environment

Encouraging healthy lifestyles and promoting the leisure and culture offer through improving facilities at the Marine Lake and in the parks.

Encourage healthy lifestyles through the schemes at the Tennis Centre and the Oval Sports Centre which have resulted in increased use of the centres.

Provide grant assistance towards essential aids and adaptations giving disabled people better freedom.

Support the provision of new and improved housing through the Home improvement project and new house-building programme.

3.5.2 The capital spend was funded from borrowing of £7.2 million, government grants of £11.8 million, useable capital receipts of £6 million and revenue/reserves £0.3 million.

3.5.3 Capital Receipts received in 2016/17 were £3.5 million with further progress made on the disposal of the major sites being Acre Lane, Manor Drive and the former Rock Ferry High School. At 31 March 2017 £5.5 million was available to support the Capital Programme (£2.5 million) and to support the Transformation Programme (£3 million).

COLLECTION (INCOME)

3.6 Appendix 3 provides the detail of which the headlines are:-

3.6.1 The Council Tax Collection Rate was 95.4% in 2016/17. Work backlogs reduced throughout the year and various steps were taken to improve processing time. As a consequence the in-year collection rate increased from 95.3% in 2015/16. A review of Single Person Discount awards was undertaken in January 2017, and at April 2017 resulted in the removal/cessation of 1,431 discounts, which has generated additional revenue of £0.4 million. Due to the timing of the review exercise, with ceases/amendments being made up to the end of March, this inevitably impacted on collection.

3.6.2 The Business Rates collection rate was 97.6% in 2016/17. This was an increase from 97.2% in 2015/16. This improvement was also against an increase in the sum collectable which increased from £76 million to £86 million. As reported last year the Valuation Office Agency finalised a number of outstanding assessments which included two major sites.

3.6.3 The level of Sundry Debt arrears was £26 million at 31 March 2017 which included £7.6 million of invoices raised in the final week of the financial year. At 31 March 2016 the arrears stood at £22.6 million which included £7 million of invoices raised in the final days of March. During 2016/17 invoices totalling £97.5 million were raised and income of £93.2 million collected including the Birkenhead Improvement District and Selective Licensing scheme processed through Debtors with the changes in Social Care funding resulting in deferred debtors increasing.

3.6.4 The Appendix also includes details of further write-offs comprising mainly Adult Social Services debtors. Whilst all attempts to recover debts are undertaken cases where the client has died with no, or limited, assets mean there is no prospect of recovery. The Provision for Bad Debts reflects the potential need to write-off debt.

4.0 FINANCIAL IMPLICATIONS

4.1 The financial implications are summarised as headlines in Section 3 and detailed within the Appendices.

5.0 LEGAL IMPLICATIONS

5.1 Local authorities have to produce an Annual Statement of Accounts which demonstrates the financial performance of the Council for the year and the financial position at the end of the period. The Accounts must comply with the Code Of Practice on Local Authority Accounting. There is a legal requirement to publish the Statement of Accounts each year.

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

6.1 There are no staffing, IT or asset implications arising directly from this report.

7.0 RELEVANT RISKS

7.1 There are none associated with the summary of the financial position for 2016/17. The position has been monitored throughout the year and has been the subject of monthly reports to Cabinet.

7.2 In respect of the collection of income this has been the subject of reports to Cabinet and the inclusion of items which are irrecoverable overstates the potential income which could be collected by the Council.

8.0 ENGAGEMENT/CONSULTATION

8.1 This is an end of year report. Consultation takes place as part of the planning and implementation of specific schemes or projects within the Council Budget and Capital Programme.

9.0 EQUALITIES IMPLICATIONS

9.1 There are no implications arising directly from this report being a report on the overall financial affairs for the financial year just completed.

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APPENDICES

Appendix 1 Revenue Out-turn 2016/17.
Appendix 2 Capital Out-turn 2016/17.
Appendix 3 Collection Summary 2016/17.

REFERENCE MATERIAL

CIPFA Code Of Practice On Local Authority Accounting In The UK 2016/17.
Local Government Act 2003 and subsequent amendments.
Local Government (Capital Finance and Accounting) Regulations 2008.
Accounts and Audit (England) Regulations 2015.

SUBJECT HISTORY

Council Meeting	Date
Cabinet - Out-turn 2015/16	18 July 2016
Cabinet – Budget 2014/17	12 February 2014
Council – Budget 2014/17	25 February 2014
Cabinet – Budget 2015/18	10 February 2015
Council – Budget 2015/18	24 February 2015
Cabinet – Budget 2016/17	22 February 2016
Council - Budget 2016/17	3 March 2016
Cabinet – Revenue Monitoring 2016/17	Quarterly reports
Cabinet – Capital Monitoring 2016/17	Quarterly reports

REVENUE OUT-TURN 2016/17

REPORT SUMMARY

This Appendix informs Cabinet of the Revenue Out-turn for 2016/17 including details of the level of General Fund Balances and Reserves at 31 March 2017.

RECOMMENDATIONS

- a) The Revenue Out-turn for 2016/17 which showed an underspend of £2.9 million be noted.
- b) The transfer of the underspend to General Fund Balances be confirmed.
- c) The General Fund Balances at 31 March 2017 of £25.7 million, with £15.7 million agreed to be used in the Budget 2017/18, be noted.
- d) The Earmarked Reserves totalling £55.1 million as detailed in the Annex be confirmed.

SUPPORTING INFORMATION

1.0 REASONS FOR RECOMMENDATIONS

- 1.1 Local authorities have to produce an Annual Statement of Accounts which demonstrates the financial performance of the Council for the year and the financial position at the end of the period. The full Statement is approved by Audit & Risk Management Committee on behalf of the Council. This Appendix highlights the key elements.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 No other options were considered. There is a legal requirement to publish the Statement of Accounts by 30 September 2017.

3.0 BACKGROUND INFORMATION

MONITORING 2016/17

- 3.1 The 2016/17 Budget was agreed by Council on 3 March 2016. Changes since the approval of the Budget are detailed in the table and comprise variations approved by Cabinet / Council including virements; budget realignments reflecting changes to the Councils organisational structure and responsibilities; the allocation of savings and the contingency and technical adjustments.

Table 1: 2016/17 Original & Revised Net Budget by Plan Themes

Theme	Original Net Budget	Approved Changes	Revised Net Budget
	£000	£000	£000
People	152,155	4,137	156,292
Environment	58,578	4,766	63,344
Business	53,862	(7,303)	46,559
Net Cost of Services	264,595	1,600	266,195

- 3.2 Throughout the financial year Cabinet received Revenue Monitoring reports for each quarter. In setting the Budget for 2016/17 it was recognised that there were on-going financial pressures mainly within Adults and Children's social care and it was acknowledged that the savings programme was ambitious. These risks were recognised and mitigated through the Revenue Budget Contingency of £12 million.
- 3.3 The use of this Contingency was monitored through the regular Financial Monitoring reports to Cabinet. At the end of Quarter 1 £11.1 million was allocated to People comprising Adult Social Services (£3.9 million) and Children's Services (£5 million) and to Business comprising Assets (£0.5 million) and Remodelling (£1.7 million). A further £0.25 million was allocated to People for Children's Services Residential fees in October 2016. At the end of the year the balance remaining of £0.65 million was reflected as an underspend.
- 3.4 During the year the budget was increased by £1.6 million, funded from General Fund Balances, to meet the 2016/17 Adult Social Care Fees which were in excess of the amount set aside for this purpose and the reversal of the Passport for Life concession savings proposal.
- 3.5 A new organisational structure for the Council was agreed and implemented in 2016/17. Operational from November 2016 budgets were recast to reflect the change in the operational structure for internal management purposes.
- 3.6 The Monitoring report, for Quarter 3 (Cabinet 20 February 2017) projected a General Fund underspend of £0.4 million. Whilst overspending was principally due to demand pressures within People for Adult and Children Care Services this was more than mitigated by underspending within Environment Services and Business Services. The latter largely attributable to the changes in Treasury Management and the adoption of the annuity method for calculating Minimum Revenue Provision (MRP) in respect of capital financing which resulted in a significant one-off saving in 2016/17.

- 3.7 Changes from quarter 3 to the year-end saw the projected underspend of £0.4 million become an underspend of £2.9 million at the end of the year. The improvement on the last quarter being due to the further underspends within Business primarily due to the unallocated element of the Contingency (£0.65 million) and further contractual savings (£0.8 million).

Table 2: 2016/17 Projections at Quarter 3 compared to Actual Out-turn by Plan Themes

Theme	Quarter 3 Projections	Actual Out-turn	Variation Q3 to out-turn
	£m	£m	£m
People	+8.8	+9.4	+0.6
Environment	-0.7	-1.3	-0.6
Business	-8.5	-11.0	-2.5
Under / Overspend	-0.4	-2.9	-2.5

- 3.8 The Actual Out-turn compared to the Revised Net Budget and the main variations are shown in the following tables.

Table 3: 2016/17 Revised Net Budget and Out-turn by Plan Themes

Theme	Revised Net Budget	Actual Out-turn	Underspend (-) Overspend (+)
	£000	£000	£000
People	156,292	165,718	+9,426
Environment	63,344	62,034	-1,310
Business	46,559	35,504	-11,055
Net Cost of Services	266,195	263,256	-2,939

Table 4: 2016/17 Major Variations by Plan Theme

Major Variations Budget to Out-turn 2016/17	£m	£m
People:		
Children's Services - Looked After Children placements	+2.3	
Children's Services - Agency spend on social workers	+3.3	
Adult Social Care- Increased Community Care costs net of reductions in staffing and non-commissioned spend	+3.9	
Environment		
Contract efficiencies – Supporting People		-0.7
Income – Waste and Litter Charges		-0.6
Business:		
Treasury Management - one off MRP adjustment		-6.9
Treasury management – one-off interest savings		-2.5
Revenue Budget Contingency – unallocated		-0.7
Contract and various corporate savings		-1.0

- 3.9 The net underspend of £2.9 million at the year-end has been transferred to General Fund Balances.

LEVEL OF GENERAL FUND BALANCES

- 3.10 The level of balances is locally determined using a risk-based assessment which takes into account the strategic, operational and financial risks facing the Council. The approach was adopted during 2016/17 and Cabinet 22 February 2016 agreed to the level of Balances being set at, or above, the locally determined figure.
- 3.11 When setting the Budget 2016/17 the projected Balances were £11.5 million. The main change in the calculation of the level of Balances for 2016/17 was the exclusion of an element for the risk associated with the deliverability of savings due to the introduction of a detailed risk assessment of savings and the establishment of the Revenue Budget Contingency. In previous years this had been included within the Balances.
- 3.12 The Outturn shows the final figure to be £25.7 million for General Fund Balances. This includes the release of Earmarked Reserves which was agreed as part of agreeing the Council Budget for 2017/18. However, of this sum £15.7 million has been agreed to be applied to fund the 2017/18 Revenue Budget so the net result is £10 million in line with the required level of Balances.

Table 5: Summary of the General Fund Balances

Details	£m
Balance at 31 March 2016	22.2
Less: Contribution to 2016/17 Budget	-13.4
Add : Outturn 2016/17 Underspend	+2.9
Add: Additional grants and income	+1.4
Add :Transfer from Earmarked Reserves	+12.6
Actual Balance 31 March 2017	25.7
Less: Allocated to support 2017/18 Budget	-15.7
Available Balance 31 March 2017	10.0

- 3.13 It should also be noted that the Balances will be supplemented in 2017/18 by the receipt of the Collection Fund surplus of £4.6 million. This will see the Balances available being £14.6 million which is above the target figure for General Fund balances of £10 million for 2017/18.

COLLECTION FUND

- 3.14 As seen in 2015/16 there are a number of significant changes that impact upon the Collection Fund including the changes to Local Council Tax Support and the various changes to the Business Rates scheme introduced by the Government to support small businesses. There is also the move towards 100% local Business Rates Retention which replaces the pooling arrangement with a system which involves increased risk to local authorities and is partially mitigated with a Government 'top up' payment for authorities such as Wirral with a low Business Rates tax base.
- 3.15 The Collection Fund comprises Council Tax and Business Rates balances which are apportioned separately in accordance with the relevant legislation for each income source. Both elements of the Fund were in surplus at the end of the year. The shares that related to Wirral are set out below.

Table 6: Collection Fund Balance As At 31 March 2017

	£000
Council Tax	3,484
Business Rates (NNDR)	712
Net Surplus	4,196

- 3.16 In accord with accounting requirements, the Wirral share of the surplus is shown in the Council accounts. As agreed by Executive Member Decision on 17 January 2017, Wirral will receive £4.6 million from the Fund in 2017/18 based on the projected position. The actual position was lower than predicted due to a reduction of Business Rates payable during the final quarter. It is anticipated the difference can be accommodated in 2017/18 and any difference will impact on the 2018/19 financial year.

PROVISIONS FOR BAD DEBTS

- 3.17 The Collection Summary 2016/17 (Appendix 3) details the collection performance, level of debts at year-end and debts written-off in the year.

Table 7: Provision for Potential Bad Debts

	At 31 Mar 2016	At 31 Mar 2017
	£000	£000
General Fund		
Sundry Debtors	8,519	9,330
Summons Costs	636	669
Housing Benefit	10,144	9,571
Collection Fund		
Business Rates	1,624	1,584
Council Tax	11,720	12,171

RESERVES

- 3.18 The current level of reserves and movements during 2016/17 are shown in the Annex. During the year Earmarked Reserves decreased by £18.8 million (from £73.9 million at 31 March 2016 to £55.1 million at 31 March 2017). Over the last two years reserves have reduced by over £32 million which reflects their use not only to support specific projects but also to support the annual Budget. The categories of reserves are as follows:-

Category and Purpose
INSURANCE AND TAXATION Assessed liabilities including potential cost of meeting outstanding Insurance Fund claims, Business Rates appeals, etc.
TRANSFORMATION Support the Transformation programme, which includes support to projects to deliver future savings and the reconfiguration of services.
SCHOOLS RELATED Balances and sums for school-related services which can only be used by schools and not available to pay for Council services.
SUPPORT SERVICE ACTIVITIES AND PROJECTS Includes Government Grant funded schemes when the grant is received and spend incurred in the following year and sums held that are earmarked for the completion of programmes such as Community Asset Transfer, planned maintenance and parks improvements.

- 3.19 As in previous years all Reserves, which are sums set-aside for specific purposes, were reviewed and those no longer required returned to General Fund Balances. This released £12.6 million. Other significant movements included: the use of £2.2 million of the Transformation Fund to support the implementation of Ofsted recommendations and the deployment of £3.9 million of the Transformation Fund to support the implementation and development of the Transformation Programme.
- 3.20 Under the Education Reform Act 1988 all primary, secondary, special and nursery schools manage delegated budgets. At 31 March 2017 the balances held by schools totalled £10.5 million (£11.7 million at 31 March 2016) and these can only be used for schools' purposes. A number of other reserves also relate to Schools.
- 3.21 The Insurance Fund reserve was £9.9 million at 31 March 2017((£10.9 million at 31 March 2016). The Fund decrease is linked to a favourable assessment of future claims and liabilities that has led to a reduction in the amount held in the reserves. This formed part of the £ 2.5 million release by the Fund to General Fund Balances (see Audit & Risk Management Committee 12 June 2017 Insurance Fund Annual Report 2016/17).

4.0 FINANCIAL IMPLICATIONS

4.1 The Revenue Out-turn for 2016/17 showed an underspend of £2.9 million. The General Fund Balances at 31 March 2017 were £25.7 million (of which £15.7 million was allocated in the Budget 2017/18). The Earmarked Reserves at 31 March 2017 totalled £55.1 million.

5.0 LEGAL IMPLICATIONS

5.1 Local authorities have to produce an Annual Statement of Accounts which demonstrates the financial performance of the Council for the year and the financial position at the end of the period. The Accounts must comply with the Code of Practice on Local Authority Accounting. There is a legal requirement to publish the Statement of Accounts each year.

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

6.1 There are no staffing, IT or asset implications arising directly from this report.

7.0 RELEVANT RISKS

7.1 There are none associated with this report which provides a summary of the Council's financial affairs for 2016/17 and the balances at 31 March 2017.

8.0 ENGAGEMENT/CONSULTATION

8.1 This is an end of year report. Consultation takes place as part of the planning and implementation of specific schemes within the Council Budget.

9.0 EQUALITIES IMPLICATIONS

9.1 There are no implications arising directly from this report being a report on the overall financial affairs for the financial year just completed.

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APPENDICES

Annex Earmarked Reserves

REFERENCE MATERIAL

CIPFA Code of Practice on Local Authority Accounting In the UK 2016/17.
CIPFA Update to Code of Practice on Local Authority Accounting In The UK 2016/17
Local Government Act 2003 and subsequent amendments.
Local Government (Capital Finance and Accounting) Regulations 2008.
Accounts and Audit Regulations 2015.

SUBJECT HISTORY

Council Meeting	Date
Cabinet - Out-turn 2014/15	13 July 2015
Cabinet - Out-turn 2015/16	18 July 2016
Cabinet – Budget 2016/17	22 February 2016
Council – Budget 2016/17	3 March 2016
Cabinet – Budget 2017/18	20 February 2017
Council – Budget 2017/18	6 March 2017
Cabinet – Revenue Monitoring 2016/17	Quarterly reports

EARMARKED RESERVES STATEMENT 2016/17

Earmarked Reserves	Balance	Movement	Balance
	31 Mar 16	2016/17	31 Mar 17
	£000	£000	£000
Schools Balances	11,738	(1,238)	10,500
Insurance Fund	10,867	(998)	9,869
Business Rates Equalisation	10,304	(4,012)	6,292
Housing Benefit	5,204	(487)	4,717
Waste Development Fund	6,018	(1,444)	4,574
Transformation Fund	10,973	(8,095)	2,878
Public Health Outcomes	247	1,480	1,727
One Stop Shop/Libraries IT Networks	1,483	(251)	1,232
Dedicated Schools Grant	1,272	(199)	1,073
Support & Assistance to Public in Need	770	-	770
Wirral Ways to Work	-	740	740
IT Development	681	(8)	673
School Harmonisation	656	-	656
Stay, Work, Learn Wise	676	(21)	655
Community Assets Transfer	836	(183)	653
Flood Prevention	555	(5)	550
Selective Licensing	537	-	537
Champs Innovation Fund	380	133	513
Human Resources Reserve	410	77	487
Major Infrastructure Project Development	652	(205)	447
Discretionary Housing Payments	297	127	424
Section 106 Bloor Homes	-	389	389
Intensive Family Intervention Project	549	(174)	375
Schools Capital Projects	603	(44)	559
Community Safety Initiatives	231	52	283
Home Improvements	309	(85)	224
Home Adaptations	295	(145)	150
Early Years - 2 Year Olds Funding	461	(331)	130
Children's Workforce Development Council	222	(148)	74
Property Development Framework	700	(700)	-
Future School Redundancy Costs	367	(367)	-
Public Health Allocations	348	(348)	-
Parks & Countryside	311	(311)	-
Public Health - Information & Performance	184	(184)	-
Other Reserves	4,779	(1,866)	2,913
Total Earmarked Reserves	73,915	(18,851)	55,064

SUMMARY OF EARMARKED RESERVES

Generic Purpose of Earmarked Reserves	Balance 31 Mar 2016 £ million	Balance 31 Mar 2017 £ million
Mitigation of Future Risks: Insurance and Taxation	26.4	20.9
To Support the Transformation Programme	11.6	3.5
Schools Related	15.1	12.8
To Support Service Activities and Projects	20.8	17.9
Total Earmarked Reserves	73.9	55.1

CAPITAL OUT-TURN 2016/17

REPORT SUMMARY

This Appendix whilst detailing the Capital Out-turn for 2016/17 and the resources which were used to fund the Programme also provides a review of the progress of the delivery of the agreed Capital Programme.

RECOMMENDATIONS

- a) The additional re-profiling of £6.3 million from 2016/17 to 2017/18 be noted.
- b) The financing of the Programme for 2016/17 be noted.
- c) The Programme for 2017/18 and beyond be kept under review to ensure it is realistic and deliverable.

SUPPORTING INFORMATION

1.0 REASONS FOR RECOMMENDATIONS

- 1.1 The Council is required to make a number of formal Determinations in respect of its capital expenditure and financing and this report includes those for the 2016/17 financial year.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 No other options were considered. There is a legal requirement to publish the capital expenditure and financing at the end of the financial year.

3.0 BACKGROUND INFORMATION

MONITORING 2016/17

- 3.1 The Capital Programme 2016/17 was considered by Cabinet on 22 February 2016 and approved by Council on 3 March 2016. The Programme is based on the Wirral Plan priorities, Government Grant announcements and scheme affordability. It was highlighted that the Council's Revenue Budget position limited the scope for unsupported capital expenditure.
- 3.2 Cabinet received regular updates in respect of capital monitoring throughout the year. The last monitoring report, for Quarter 3, was considered by Cabinet on 20 February 2017. Since then work has been on-going in order to conclude the accounts for the financial year.
- 3.3 During the year the Programme was regularly reviewed in order to re-profile the Programme which resulted in schemes being deferred to 2017/18 along with the supporting funding. This continues to deliver one-off Treasury Management savings through a reduced need to borrow in 2016/17.

CAPITAL OUT-TURN

- 3.4 The capital spend for the year was £25.3 million compared to the Revised Programme of £30.7 million which was reported in February 2017 (Quarter 3). This is summarised in Table 1.
- 3.5 The out-turn includes the Formula Capital schemes delegated to schools, the expenditure for which is only realised at the end of the financial year.

Table 1 : Capital Programme 2016/17

Spend	Original Approval	Revised December	Actual Out-turn
Themes	£000	£000	£000
Business	19,424	12,531	10,999
Environment	15,547	7,281	6,311
People	24,648	10,922	7,942
Total Programme	59,619	30,734	25,252

The “Original Approval” is a combination of the Capital Strategy, amendments following the 2015/16 final accounts and Government Grant announcement / amendments notified by June 2016.

- 3.6 Cabinet approved amendments totalling £28.8 million to the originally approved programme, as reflected in the position for Quarter 3. Since then a further £6.3 million has been identified to be deferred until 2017/18. A number of schemes are proceeding ahead of schedule and have been brought forward from 2017/18. These are indicated by negative values.

Table 2 : Significant variations identified since Quarter 3

Scheme	£000
Business	
Building refurbishment to increase occupancy	-122
Demolish former Rock Ferry High School	-143
Bridges	288
Transport for Growth/Integrated Transport	878
Dock Bridges replacement	443
Growth Fund	300
Business Investment Grants	151
Other variations	142
Total	1,937

Scheme	£000
Environment	
Cemetery Extensions and Improvements	260
Flaybrick Cemetery	-100
West Kirby Marine Lake - integrated accommodation	-164
CCTV cameras and other equipment	100
Aids/adaptations and Disabled Facilities Grant	351
Restore empty homes	278
Other variations	185
Total	910
People	
Pensby Wood remodelling	165
Citizen and Provider Portal/Integrated IT	944
Assistive Technology	615
Community Intermediate Care	100
Extra Care Housing	600
School condition allocation	784
Stanley Special School	-128
School remodelling (Primary Places)	325
Other variations	85
Total	3,490
Overall total	6,337

3.7 In reviewing the final spend for the year it is clear that whilst a number of schemes have progressed, there have been further schemes which have been re-profiled to 2017/18. The most significant are referred to in Section 3.6. This change in timing delivers in-year revenue savings in respect of Treasury Management costs for schemes that were reliant upon borrowing as the need to borrow is also deferred.

3.8 A summary of progress in the year within the Programme is as follows:-

3.8.1 **Business**

IT expenditure of £1.9 million was mainly focused on the Targeted Operating Environment with expenditure on new servers, equipment and migrating from Windows 2003 to Windows 2008/2012. In addition to this there was a small amount of expenditure on computers and equipment relating to the final phase of the IT roll out.

In order to release sites for disposal, work at Acre Lane and Manor Drive was progressed. The latter included the commitment to provide a new facility for the pony club. Both sites have now been sold with the first instalment of the proceeds for Manor Drive (£2.34 million) received in the year.

£1.2 million was spent on works to increase building occupancy have taken place at Wallasey Town Hall and Bebington Civic Centre. The refurbishment of the Treasury Building to provide modern fit for purpose accommodation is progressing well and is approaching 70% completion. The refurbished accommodation will bring together all the Authority's IT staff.

The demolition of the former Rock Ferry High School proceeded ahead of schedule. Once complete this will enable the site to be disposed of and / or redeveloped.

Investment into highways was in excess of £4.2 million. The Department for Transport (DfT) highway maintenance allocation was supplemented from with a further £0.5 million for maintenance improvement schemes on unclassified and residential roads. The programme for the year resulted in the completion of 39 resurfacing schemes, 16 footway reconstruction schemes and 25 other schemes relating to the Principal and Non-Principal Classified road network.

The significant scheme as part of the Sustainable Transport Enhancement Programme (STEP) was the East Float access improvement work.

With the technical approval procedures completed work started on site to replace the Dock Bridges. The large value equipment orders (i.e. hydraulic cylinders for moving the bridges) have been being placed. Over £2 million being spent and primarily funded from Government Grants.

3.8.2 Environment

Over £0.7 million was spent on improving facilities at parks. New fit for purpose accommodation and facilities have been completed at Ashton Park whilst at Warren Farm full refurbishment of the main building is nearing completion. Further works at Cleveland Street and Ivy Farm are on hold pending the outcome of the Leisure and Culture Services review.

The re-roofing work at Bidston Tennis and Sports Centre has been completed along with works at West Kirby Marine Lake. In respect of the Oval Sports Centre the development works, including the fitness suite and the catering facilities continue to progress. With over £2 million invested the various improvements have seen a sustained increase in membership of the Council invigor8 scheme as numbers using the facilities continue to increase.

The site at Flaybrick Cemetery is on the national Heritage at Risk Register. Works to consolidate and stabilise the surviving fabric of the Flaybrick chapels have been completed at a cost of £0.3 million with grant assistance from Historic England.

The main coast protection scheme is the construction of new flood defences at West Kirby to significantly reduce flood risk to 140 properties. However, the business case had to be resubmitted to the Environment Agency in March 2017 which has delayed the scheme until 2017/18.

£1.7 million of grant aid has been provided for the provision of essential aids and adaptations giving disabled people better freedom of movement in and around their homes.

The Home Improvement project, on which £0.6 million has been spent, provides a continuation of both financial assistance and intervention to remedy poor housing conditions in the private sector, including serious disrepair/hazards, poor or no heating provision, low market demand and bringing long term empty properties back into productive use.

10 schemes, at a cost of £0.6 million, have been committed under the New House Building programme. Two have been completed and two are near completion. 125 units will be delivered, exceeding the original target of 100. The remaining schemes are subject to final agreements being compiled by Legal.

3.8.3 People

The Wirral Youth Zone (The Hive), supported by £1.9 million from the Council, officially opened on 8 April and is a purpose built facility for young people aged 8-19, and up to 25 for those with disabilities. After just 2 months opening it has over 4,000 registered members.

Government Grants essentially fund investment in schools and is subject to annual announcements. All works are undertaken with schools and mindful of the impact upon the service are largely arranged for completion outside of term-times. These factors impact upon the timing of the actual spend with frequent revisions to be accommodated. With over £5.5 million invested during 2016/17 the key projects are detailed in the following paragraphs.

At Mersey Park Primary School funding was provided to extend 2 undersized classrooms and provide a resource/group room. The design was more creative moving away from the traditional build to complement the existing Victorian features. The design has received positive comments from parent, staff, public and professional people. It has also enabled pupils to be taught in a modern and well-spaced out class-base.

Liscard Primary School has a new roof to overcome many awkward shapes and valleys. Although the design features are not in the original slate material because of high costs the materials used complements its surroundings and is a proven material that has sustainability and blends in with the age of the building.

3 Children Centre Hubs have been re-modelled to modernise each facility and to create improved access, reception area's and various meeting/group rooms to create a uniformed 'brand identity' for Children Services. They are now fully operational and to capacity and are a great success.

The Observatory School receives pupils who have social, emotional and mental health problems. Existing classrooms were re-modelled to improve usage. One mobile classroom was removed, the other refurbished and the playground extended. Internal re-modelling took place to provide a further internal teaching space and resource/group room including new changing facilities for activities. New acoustic panelling was installed in the main hall which has dramatically improved noise reduction in the hall.

At Stanley Special School additional classrooms and medical facilities have been provided.

As part of the commitment to transform the provision of day services, £0.3 million has been invested in the provision of enhanced facilities.

The provision of extra care / specialised housing remains the subject of ongoing consultation and negotiation and therefore the funding has been further re-profiled.

CAPITAL FINANCING

3.9 Table 3 details the resources used to finance the Capital Programme.

Table 3 : Capital Financing 2016/17

Resources	Original Approval	Revised December	Actual Out-turn
	£000	£000	£000
Unsupported Borrowing	20,970	7,239	7,175
Grants	22,703	16,814	11,795
Capital Receipts	14,762	6,564	5,951
Revenue and Reserves	1,184	117	331
Total Resources	59,619	30,734	25,252

3.10 The re-profiling referred to earlier has seen the schemes and associated funding deferred until 2017/18.

CAPITAL RECEIPTS

3.11 Table 4 shows the movements in the Capital Receipts Reserve during 2016/17. Receipts for the year totalled £3.5 million with £5.5 million held at 31 March 2017.

- 3.12 In accord with the Capital Receipts flexibilities introduced by the Government capital receipts generated between 1 April 2016 and 31 March 2019 can be used to support Transformation. This has been reflected in the Capital Programme for 2017/18 onwards. Receipts prior to the 1 April 2016 are not eligible to be used to fund Transformation.
- 3.13 The option of financing from borrowing has been curtailed as the revenue budget includes savings on loan financing. Instead the maximisation of capital receipts will be used, thereby reducing capital financing charges.

Table 4: Capital Receipts Reserve

	£000
Balance as at 1 April 2016	8,047
Add : Receipts during the year	3,462
Less : Used to part fund the Capital Programme	-5,951
Balance as at 31 March 2017	5,558

- 3.14 Of this balance £3.0 million is available to fund the Transformation Programme and £2.5 million to fund the ongoing Capital Programme

4.0 FINANCIAL IMPLICATIONS

- 4.1 The capital spend for the year amounted to £25.2 million. This was funded from borrowing of £7.2 million, Government Grants of £11.8 million, capital receipts of £5.9 million and revenue/reserves £0.3 million.
- 4.2 The re-profiling of schemes from 2016/17 to 2017/18 has seen the funding similarly re-profiled. This includes the planned borrowing which has been deferred and has contributed towards the in-year savings on Treasury Management activities within the revenue budget.

5.0 LEGAL IMPLICATIONS

- 5.1 There is a legal requirement to publish a report on the capital spend and financing at the end of each financial year

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

- 6.1 There are no staffing, IT or asset implications arising directly from this report.

7.0 RELEVANT RISKS

- 7.1 There are none associated with this report which provides a summary of the spend and financing of the Capital Programme in 2016/17. The Programme has been monitored throughout the year and by reports to Cabinet.

8.0 ENGAGEMENT/CONSULTATION

8.1 This is an end of year report. Consultation takes places as part of considering the capital programme and over the planning and implementation of the specific schemes within the Programme.

9.0 EQUALITIES IMPLICATIONS

9.1 There are no implications arising directly from this report which covers the overall programme and its funding for the financial year.

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REFERENCE MATERIAL

CIPFA Code of Practice on Local Authority Accounting In the UK 2016/17.
Local Government Act 2003 and subsequent amendments.
Local Government (Capital Finance and Accounting) Regulations 2008.
Accounts and Audit (England) Regulations 2015.

SUBJECT HISTORY

Council Meeting	Date
Cabinet – Out-turn 2014/15	13 July 20125
Cabinet – Out-turn 2015/16	18 July 2016
Cabinet – Budget 2016/17	22 February 2016
Council – Budget 2016/17	3 March 2016
Cabinet – Capital Monitoring 2016/17	Quarterly reports

COLLECTION SUMMARY 2016/17**REPORT SUMMARY**

This Appendix details the collection of Council Tax, Business Rates, Sundry Debtors, Housing Benefit Overpayments and Housing Act Advances. It also highlights key collection indicators and for irrecoverable sums, the sums that were written off under delegation and details of those debts for which Cabinet approval is sought to write off.

RECOMMENDATIONS

- a) The increase in Council Tax in-year collection rate from 95.3% in 2015/16 to 95.4% in 2016/17 be noted.
- b) The increase in Business Rates collection rate from 97.2% in 2015/16 to 97.6% in 2016/17 be noted.
- c) The increase in Sundry Debts from £23.6 million at 31 March 2016 to £26 million at 31 March 2017 be noted.
- d) That the sundry debts for Adults Social Services and Other Directorates detailed in the report be written-off against the Provision for Bad Debts.

SUPPORTING INFORMATION**1.0 REASONS FOR RECOMMENDATIONS**

- 1.1 To inform Members of the collection activity undertaken in these areas.
- 1.2 Sums written off are approved either under delegation or by Cabinet.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 The report presents a summary of the collection performance for 2016/17 and no other options were considered.

3.0 BACKGROUND INFORMATION**COUNCIL TAX**

- 3.1 Work backlogs reduced throughout the year and various steps were taken to improve processing time. As a consequence the in-year collection rate increased from 95.3% in 2015/16 to 95.4% in 2016/17. A review of Single Person Discount awards was undertaken in January 2017, and at April 2017 resulted in the removal/cessation of 1,431 discounts, which has generated additional revenue of £0.4 million. Due to the timing of the review exercise, with ceases/amendments being made up to the end of March, this inevitably impacted on collection.

3.2 Collection Summary 2016/17

	£	£
Arrears Brought Forward at 1 April 2016		18,243,444
Total Charge 2016/17		<u>193,205,088</u>
		211,448,532
Less Credits Brought Forward at 1 April 2016		<u>1,110,470</u>
		210,338,062
Less Allowances:		
Exemptions	2,777,771	
Disabled Persons Relief	146,584	
Discounts and Band alterations	17,642,300	
Council Tax Support	26,561,404	
Write-offs	<u>1,876,208</u>	<u>49,004,267</u>
		161,333,795
Add Refunds Made		1,224,968
Add Costs		<u>488,827</u>
		163,047,590
Less Cash Received		<u>145,813,503</u>
Arrears Carried Forward at 31 March 2017		<u>17,234,087</u>

3.3 Debt Recovery Actions

	2015/16	2016/17
Reminder Notices	71,715	65,672
Summonses Issued	17,426	15,673
Leading to		
Liability Orders	12,911	14,307
Attachment of Earnings Orders	1,807	3,189
Deductions from Job Seekers Allowance, Income Support, Universal Credit, etc	5,953	6,191
Referred to Bailiffs	9,516	11,058

3.4 Whilst there has been a reduction in recovery action at Reminder and Summons stages there has been an increase at the later enforcement stages. The reduction in those eligible under the Local Council Tax Support Scheme continues to impact upon collection. In addition, the number of people claiming Council Tax Support has also reduced, especially for Universal Claimants who are required to apply separately for this support separately, despite actions to actively encourage take up.

Irrecoverables

3.5 There is no specific power to write-off Council Tax debts, which are covered by the general power of administering the financial affairs of the Authority. Examples of suitable cases for write-off are: deceased persons with no estate, persons not traced, Insolvency, sums remitted by the court during proceedings for imprisonment and minimal sums. All other debts are actively pursued.

3.6 The Bad Debt provision for 2016/17 was £13.8 million and whilst trace and recovery work is ongoing in pursuance of arrears £1,876,207 has been written off in 2016/17 which includes debt over 10 years old which is deemed to be uncollectible. The write off categories are as follows; -

Category	2015/16 £	2016/17 £
Deceased	5,122	71,292
Insolvency	258,433	325,961
Court Remission	5,248	848
Prison sentence served (by order of the magistrates)	205	0
Non-traceable	794,989	580,549
Uncollectable (old debt)	0	897,557
Total	<u>1,063,797</u>	<u>1,876,207</u>

3.7 Statistics

	31 Mar 2016	31 Mar 2017
Number of properties	147,426	147,760
Number of Council Tax Scheme Recipients	34,789	33,419
Council Tax Collection	95.3%	95.4%

Year on Year Volume Comparisons

3.8 There continues to be an increasing number paying by Direct Debit. The removal of the Conway One Stop Shop cashier facility in April 2015 led to increased payments through the Post Office and Paypoint in 2015/16.

	31.03.15	31.03.16	31.03.17
Direct Debit Payers	93,428	94,813	96,919
Discount Recipients	71,957	61,546	60,492
Pensioners Discounts	11,482	0	0
Exempt Persons	2,203	2,303	2,290
No. of Amended/Copy Accounts	128,006	128,010	130,091
No. of Returned Direct Debit Payments	12,045	11,760	12,531
Payments: Direct Debits	966,861	987,594	1,014,341
Cash/Cheque	73,151	51,405	51,736
Salaries/Wages	10,393	9,299	8,669
Debit/Credit Card	84,325	80,728	83,924
Paypoint	42,947	45,913	43,759
Post Office	74,488	83,110	79,240
Dept. for Work & Pensions	57,662	57,577	52,802
Bailliff	14,972	23,102	23,315

BUSINESS RATES (NATIONAL NON DOMESTIC RATES)

3.9 The collection rate of 97.6% in 2016/17 was an increase from 97.2% in 2015/16. This improvement was also against an increase in the sum collectable which increased from £76 million to £86 million. As reported last year the Valuation Office Agency finalised a number of outstanding assessments which included two major sites.

3.10 Collection Summary 2016/17

	£	£
Opening Debit		89,685,120
Plus Balance Brought Forward		5,562,000
Less Credit Brought Forward		<u>527,000</u>
		94,720,120
<u>Allowances</u>		
Assessment changes in year	7,578,521	
Transitional Relief	12,844	
Empty relief	-154	
Empty relief exemptions	-3,663,348	
Part Occupation relief	-149,947	
Void Property Relief	-3,878	
Charitable Organisations	-5,922,553	
Hardship	-5,000	
Small Business Rate Relief (SBRR)	-6,816,436	
Multi Occupation SBRR	-24,438	
Local Disc/Flood/Retail	12,690	
Enterprise Zone Discount	-134,162	
Re-Occupation Relief	-33,942	
Write-Offs	<u>-1,789,004</u>	<u>-10,938,807</u>
		83,781,313
Add Refunds made		2,638,673
Add costs		<u>48,276</u>
		86,468,262
Less Cash Received		<u>-81,377,962</u>
Balance Carried Forward		<u>5,090,300</u>

3.11 Debt Recovery Action

	2015/16	2016/17
Summonses	555	639
Liability Orders	458	515
Charge payers on Direct Debit	1,985	2,227

Irrecoverables

- 3.12 The Bad Debt provision for Business Rates is £3.3 million in 2016/17 and those written-off by category in 2016/17 were:-.

Category	2015/16	2016/17
	£	£
Absconded/Irrecoverable	945,360	990,176
Insolvency	641,643	831,780
Miscellaneous (including deceased)	<u>-112,666</u>	<u>-32,952</u>
Total	<u>1,474,337</u>	<u>1,789,004</u>

3.13 Statistics

	2015/16	2016/17
Number of Properties on Valuation List	8,294	8,420
Rateable Value	£185,662,275	£185,697,584
New and Altered Property Notifications	1,005	345
Collection Rate	97.2%	97.6%

- 3.14 The Council has an Enterprise Zone, Wirral Waters, which came into force on 1 April 2012. The Zone has been the subject of reports to Cabinet and two buildings (a College and a Call Centre), were completed and occupied in 2015/16.
- 3.15 The Birkenhead Business Improvement District (BID) invoices were sent to 650 businesses in the Birkenhead BID Zone by the Council acting on behalf of the Wirral Chamber of Commerce in 2016/17. The levy is 1.5% of a property's Rateable Value and will cover a period of 5 years. In 2016/17 the BID levy raised £470,000, and the funds raised will go to improve the area covered by the BID Company, Birkenhead First. The collection rate was 94.4%.
- 3.16 Under Government proposals local authorities will retain 100% of Business Rates from 2020 and the Government has established areas to pilot this change. Wirral is part of the Liverpool City Region pilot whereby it will retain 100% of all Business Rates collected from 2017/18. Wirral previously retained 49% with 50% going to Central Government and 1% to the Fire Authority.
- 3.17 The outcome of the Government review into Business Rates means that from April 2017 Businesses with a Rateable Value of 12,000 or under do not pay Business Rates and they anticipate 1/3rd of all businesses will not pay Rates. Businesses with a Rateable Value of 12,000 to 15,000 receive tapered relief and properties with a Rateable Value of up to 51,000 pay the lower poundage, removing 250,000 businesses from the higher rate. Nationally the changes affect 900,000 properties nearly half of Business Rate payers. The Government are also looking at reducing the time between valuations (from 5 years to possibly 3 years) and alternative valuation methodologies including a form of self-assessment.

- 3.18 As a result of the 2017 revaluation of non-domestic properties, some ratepayers are subject to substantial increases in the amounts payable, and others substantial reductions. The Government Transitional Relief has introduced arrangements to phase the effects of these changes setting limits on increases and reductions in bills. The limits continue to apply to yearly increases and decrease until the full amount is due over a 5 year period.
- 3.19 The Chancellor of the Exchequer announced measures to help businesses in his budget statement on 8 March 2017 which are to help those affected by the revaluation of properties effective from 1 April 2017. This includes:-
- a Businesses which lose some or all of their small business rate relief will have increases in their bills limited to £50 per month in 2017/18. There will also be limits to increases in later years.
 - b There is a national fund of £300 million to support businesses that face the steepest increases in their rates bill as a result of the revaluation. The Government has recently issued the allocations and the operational details are being developed.

ACCOUNTS RECEIVABLE (SUNDRY DEBTS)

- 3.20 During 2016/17 invoices totalling £97.5 million were raised and income of £93.2 million collected. The arrears figure as at 31 March 2017 increased by £2.4 million to £26 million and, as with previous years, the end of year position is affected by invoices raised in the final days of March. For 2016/17 this involved invoices totalling £7.6 million (in 2015/16 it was £7 million). 2016/17 also saw the Birkenhead Improvement District and Selective Licensing scheme processed through Debtors with the changes in Social Care funding resulting in deferred debtors increasing.

3.21 Collection Statement

	2015/16	2016/17
	£	£
Balance Brought Forward at 1 April	30,890,704	22,624,737
Net Amount of Invoices	<u>91,304,924</u>	<u>97,450,018</u>
	122,195,628	120,074,755
Less Write-Offs	<u>1,777,833</u>	<u>848,260</u>
	120,417,795	119,226,495
Payments Received	<u>97,793,058</u>	<u>93,212,650</u>
Balance Carried Forward at 31 March	<u>22,624,737</u>	<u>26,013,845</u>

3.22 The number of invoices and their value raised over recent years and the outstanding debt at the year-end is as follows:-

Financial Year	Invoices Number	Invoices Value	Debt 31 March
2013/14	51,139	£99.6m	£23.5m
2014/15	48,879	£105.5m	£30.9m
2015/16	66,061	£91.3m	£22.6m
2016/17	81,889	£97.5m	£26.0m

3.23 The table below shows the Directorates and amount of debt at each stage:

Directorate Description	Less than 10 days	1st reminder	2nd reminder	3rd reminder	Total at 31.03.2017
	£	£	£	£	£
Chief Executive	152,845	10,118	74,236	1,049,198	1,286,397
Neighbourhood	18,013	0.00	0.00	11,373	29,386
Families & Wellbeing	6,259,561	1,659,577	552,401	9,989,246	18,460,787
Trans & Resources	492,171	378,130	1,853,132	2,569,237	5,292,672
Reg & Environment	704,267	57,326	159,260	323,544	1,244,398
Policy & Perform'ce	300	0	22,448	68,979	91,727
Totals	7,627,158	2,105,153	2,661,478	14,011,579	26,405,369

3.24 The above figures are for invoices up to the end of March 2017. Payments as well as amendments such as write-offs and cancellations continue to be made after this date on these accounts plus a further adjustment of £391,524 to be made for unallocated payments at year-end leaving a balance of £26,013,845.

3.25 Debts which have been registered as a charge against a property and should be recovered when that property is subsequently sold are classed as Land Charges. There is currently £851,975 covered by Land Charges.

Irrecoverables

3.26 Sums over the limit of delegation £1,000 and below £5,000 require Cabinet approval. For each case over £5,000 the approval is in respect of individual cases for which explanations are provided to Cabinet. The Bad Debt provision for 2016/17 is £9.3 million.

3.27 Sums totalling £848,259.89 are proposed for write off comprising £736,912.81 of Adult Social Services debtors and a further £111,347.08 of other Departmental debts. The cases above £5,000 are detailed in the Annex.

Debt – Value	Adult Social Services		Other Directorates	
	Number	£	Number	£
<£1,000	361	76,144	344	62,474
£1,000-£5,000	27	57,583	14	24,119
£5,000	32	603,186	3	24,754
Total	420	736,912	361	111,347

Reason for write off	Adult Social Services		Other Directorates	
	Number	£	Number	£
Deceased	112	123,004		
Irrecoverable	36	264,159	36	36,545
Statute Barred	14	189,687	277	69,905
Uneconomical	258	160,092	48	4,897
Total	420	736,912	361	111,347

Note : Whilst some items are classed as Statute Barred this primarily relates to invoices where the client died several years ago so could equally be classified under deceased.

HOUSING BENEFIT OVERPAYMENT DEBTS

3.28 The following Housing Benefit overpayment debts were written off in 2016/17.

Reason	No	£
Elderly	10	11,520
Bankrupt	88	62,049
Deceased	74	35,548
Statute Barred	60	19,279
Small Balance	56	772
Uneconomic to pursue	128	21,669
Total	416	150,837

IRRECOVERABLE DEBTS

3.29 Under delegated powers and previous Cabinet approval written off as irrecoverable against the provision for bad debts are the following:-

	£
Council Tax	1,876,208
Business Rates	1,789,004
Sundry Debtors	848,259
Housing Benefits Overpayments	150,837
Total	<u>4,664,308</u>

4.0 FINANCIAL IMPLICATIONS

4.1 Debts written off as irrecoverable are charged against the Council provisions for bad debts which are reviewed annually in accordance with the requirements of accounting practice. At 31 March 2017 the provision for Council Tax stood at £14.3 million, Business Rates £3.2 million and Sundry Debts £9.3 million.

5.0 LEGAL IMPLICATIONS

5.1 Those debts recommended for write-off have been agreed by the Head of Legal and Member Services.

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

6.1 There are no staffing, IT or asset implications arising directly from this report.

7.0 RELEVANT RISKS

7.1 If debts are not written off they have the potential to inflate what might be thought collectable. Debts are only written off after a number of stringent checks and following advice from the Head of Legal and Member Services.

8.0 ENGAGEMENT/CONSULTATION

8.1 Relevant officers of the Council have been consulted in preparing this report.

9.0 EQUALITIES IMPLICATIONS

9.1 There are no implications arising directly from this report being a report on the overall financial affairs for the financial year just completed.

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ANNEX

Sundry Debtor Accounts – Write-Offs over £5,000

SUBJECT HISTORY

Council Meeting	Date
Cabinet - Collection Summary 2013/14	7 July 2014
Cabinet - Outturn Collection Summary 2014/15	13 July 2015
Cabinet – Outturn Collection Summary 2015/16	18 July 2016

SUNDRY DEBTOR ACCOUNTS

WRITE-OFFS OVER £5,000 FROM 1 APRIL 2016 -31 MARCH 2017

DEBTORS – ADULT SOCIAL SERVICES

Case	Details
1	Invoice dated 22/01/2015 amounting to £17,865.76, in respect of the final balance outstanding for Residential/ Nursing Care charges and Support at Home charges. The client was deceased and a complaint was addressed with the resultant agreement to write off the debt. Write off reason – Irrecoverable
2	Invoice dated 18/05/2015, amounting to £15,442.93 in respect of the final balance outstanding for support at home charges. The client is deceased leaving no funds in the Estate. Unable to pursue as no probate or executor and no charges could be brought. Write off reason – Deceased
3	Invoice dated 24/11/2015, amounting to £9,632.35 in respect of final balance outstanding for accommodation charges. The Client's husband / appointee and the Client died with no Estate and no grant of probate issued in respect of either the client or her husband. Write off reason – Irrecoverable
4	Invoice dated 22/10/2015, amounting to £5,058.85 in respect of a final balance outstanding Residential / Nursing charges. The Client is deceased and evidence was provided that there were no funds remaining on the Estate. Remaining funds had already been spent on the funeral. Write off reason – Deceased
5	Invoice dated 12/12/2013, amounting to £49,080.72, in respect of the final amount for support at home charges. Client is deceased and there is no record of probate being issued and no-one to pursue for the debt. As this was based on full cost assessment because the family would not engage the assessment may have been reduced. Write off reason – Irrecoverable / No trace
6	Invoice dated 14/08/2014 amounting to £38,459.33, relating to accommodation charges. This debt has been deemed irrecoverable as the Client died in 2014 and there was no probate or executor with nobody to pursue. Write off reason – Irrecoverable
7	Invoice dated 13/11/2015, amounting to £14,088.56, relating to the final account for non-residential charges. This debt was referred to external solicitors who recommended a flexible instalment arrangement, but was never implemented. The client is no longer funded by DASS and unlikely to have funds to pay. Write off reason – Irrecoverable
8	Invoice dated 01/06/2016, amounting to £5,989.03, relating to the final amount outstanding for residential charges. The client died and there are no funds remaining in the Estate to pay the debt. Write off reason – Deceased

9	Invoice dated 10/02/2016, amounting to £5,220.61, relating to the final amount outstanding for residential charges. Evidence was provided to show insufficient funds in the Estate, following payment of funeral. Write off reason – Deceased
10	Invoice dated 18/09/2013 amounting to £77,901.27 in respect of the final balance outstanding for support at home charges and Residential Nursing care. .With the client's son is living in Indonesia and funds spent prior to DASS becoming appointee following the client's death there was no probate and unable to pursue the debt. Write off reason – Irrecoverable / No trace
11	Invoice dated 04/08/2015 amounting to £38,746.63 in respect of accommodation charges. A letter received August 2013 from the client's daughter, states her mum had approximately £8,000 prior to funeral expenses, so no funds left. Daughter was not official Power of Attorney so unable to pursue debt Write off reason – Uneconomical
12	Invoice dated 21/7/14 amounting to £23,337.61 in respect of accommodation charges, respite charges and Home care charges. The client died and whilst the niece was the only carer she did not handle finances. Despite extensive searching the Executors have not been traced. Write off reason – Irrecoverable / No trace
13	Invoice dated 13/11/2015 amounting to £18,518.84 in respect of the final account for non-residential care charges. The services ended in 2015 and a letter received from CWP advised the client no longer has 'capacity to understand, retain or assimilate information regarding the financial issues'. The consultant psychiatrist has asked for the amount to be written off for the good of client's health. Write off reason - Irrecoverable.
14	Invoice dated 20/07/2016 amounting to £16,870.12 in respect of accommodation charges. Client is deceased and evidence provided showing no funds in Estate to pay balance. Write off reason – Deceased
15	Invoice dated 13/11/2015 amounting to £16,156.50 in respect of the final account for non- residential care charges. Whilst the debt has been pursued there is evidence that changes in service provision may mean the amount is overstated but confirmation depends upon the client's financial position. It has been identified that the client does not have the capital, or the income, to settle the debt. Write off reason – Uneconomical
16	Invoice dated 13/11/2015 amounting to £16,021.27 in respect of the final account for non-residential care charges. up to 31/03/2013. Whilst the debt was pursued the client's financial position remained unclear with limited means of confirming. It has been identified that the client does not have the capital, or income, to pay off the debt. Write off reason – Uneconomical
17	Invoice dated 26/07/2016 amounting to £10,384.74 in respect of outstanding support at home charges. Client died with probate not required. Evidence received confirms no funds in the Estate. Write off reason – Deceased
18	Invoice dated 25/03/2014 amounting to £8,786.57 in respect of residential

	charges and short term care. The client died with no funds in the Estate. Write off reason – Deceased
19	Invoice dated 21/06/2016 amounting to £5,993.15 in respect of charges for Nursing Care. Client is now in long term care with no available income so pursuit would not result in the debt being paid. Write off reason – Uneconomical
20	Invoice dated 30/06/2016 amounting to £5,112.09 in respect of residential care. The client is deceased and the likelihood of payment balanced with cost of proceedings renders this uneconomic to pursue. Write off reason – Uneconomical
21	Invoice dated 26/07/2016 amounting to £5,002.71 in respect of support at home charges. Evidence provided that there is no capital available to pay the debt and no income available to pay instalments. It would not be cost effective to pursue this debt due to the likelihood of payment balanced with cost of proceedings Write off reason – Uneconomical
22	Invoice dated 06/10/2009 amounting to £30,477.17 in respect of the final amount outstanding for accommodation charges. Recovery action has proven unsuccessful so write off is recommended due to timescale. Write off reason – Statute Barred
23	Invoice dated 16/07/2015 amounting to £8,930.45 in respect of the final account for homecare charges. No probate as the Estate is likely to have been passed to the client's widow. Client was assessed at full cost through limited engagement by client so potentially over-stated. Limited likelihood of payment balanced with cost of proceedings Write off reason – Uneconomical
24	Invoice dated 17/02/2016 amounting to £7,857.02 in respect of the final account for accommodation charges. Client died leaving limited funds in the Estate used to meet debts and funeral costs. Write off reason – Deceased
25	Invoice dated 06/12/2016 amounting to £6,161.45 in respect of support at home charges. Client died having been in receipt of low Income Guarantee Credit and in rented accommodation. Probate has not been awarded and it not cost effective to pursue due to the likelihood of payment versus cost of proceedings. Write off reason – Uneconomical
26	Invoice dated 16/12/2012, amounting to £9,230.68, relating to Direct Payments. All attempts to recover this account have been unsuccessful and is now statute barred under Section 56 of the National Assistance Act 1948. Write off reason – Statute Barred
27	Invoice dated 13/07/2009 amounting to £57,463.71, in respect of the final amount outstanding for overpayments. All attempts to recover this debt were unsuccessful and the debt is now statute barred. Write off reason – Statute Barred
28	Invoice dated 11/06/2010 amounting to £31,847.93 in respect of an overpayment as a Primary Care Trust also paid for Community Health Care. All attempts to recover this debt were unsuccessful and the debt is now statute barred and cannot be pursued through the Courts. Write off reason – Statute Barred

29	Invoice dated 02/02/2011 amounting to £19,457.14, in respect of an overpayment. All attempts to recover this debt were unsuccessful and the debt is now statute barred. Write off reason – Statute Barred
30	Invoice dated 19/05/2010 amounting to £8,028.60 in respect of an overpayment of additional residential nursing care charges. All attempts to recover this debt were unsuccessful and the debt is now statute barred and cannot be pursued through the Courts. Write off reason – Statute Barred
31	Invoice dated 19/10/2009 amounting to £7,856.57 in respect of an overpayment of additional residential nursing care charges. Client died and attempts to recover this debt were unsuccessful. The debt is now statute barred. Write off reason – Statute Barred
32	Invoice dated 02/02/2011 amounting to £7,205.59 in respect of an overpayment for services. Attempts to recover this debt were unsuccessful. The debt is now statute barred. Write off reason – Statute Barred

DEBTORS – OTHER DIRECTORATES

Case	Details
1	Invoice dated 21/10/2010, amount £14,200 for delivery of assessment and final report raised by Children and Young People Department. Company went into liquidation/ bankruptcy and details of our claim has been lodged with the liquidators as an unsecured creditor Write off reason – Liquidation
2	Invoice dated 12/03/2009, amount £5,055.50, relating to Wirral Group Repair Scheme and a contribution for work completed on 18 Mallaby Street. Legal Services unable to trace the debtor despite an exhaustive search, leaving no alternative but to recommend the debt for write off. Write off reason – No trace
3	Invoice dated 13/11/2001 amount £5,499 for urgent works carried out on the Congregational Church in Oxtan Road, Birkenhead. Whilst this had been registered as a Land charge against the property it is now statute barred and can no longer be pursued. Write off reason – Statute Barred

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**Adult Care and Health Overview and Scrutiny Committee
Wednesday, 28 June 2017**

REPORT TITLE:	Adult Care and Health Overview & Scrutiny Committee - Work Programme update report
REPORT OF:	Report of the Chair

REPORT SUMMARY

This report explains the process of developing and managing the scrutiny work programme for the municipal year. The Adult Care and Health Overview & Scrutiny Committee, in cooperation with the other three Overview & Scrutiny Committees, is responsible for proposing and delivering an annual scrutiny 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.

It is envisaged that the work programme will be formed from a combination of scrutiny reviews, standing items and requested officer reports. This report provides the committee with an opportunity to plan and regularly review its work across the municipal year. Some initial ideas for a work programme, based on issues which were of interest to members of the former People Overview & Scrutiny Committee, are attached as an appendix to this report.

RECOMMENDATION/S

Members are requested to:

1. Approve the proposed Adult Care and Health Overview & Scrutiny Committee work programme for 2017/18, making any required amendments.
2. Provide delegated authority to the Chair, Vice Chair and Spokespersons to give further detailed consideration to the Committee's work programme prior to the next scheduled Committee meeting in September.
3. Give delegated authority to the Chair, Vice Chair and Spokespersons of both the Adult Care & Health OSC and the Children and Families OSC to:
 - make arrangements to hold an appropriate workshop to scrutinise proposals for the all-age disability and mental health service; and
 - if necessary, to approve and refer any report arising from the workshop directly to Cabinet.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

To ensure members of the Adult Care and Health 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 THE WIRRAL PLAN

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

The specific Wirral Plan pledges and associated strategies of particular relevance to the Adult Care and Health Overview & Scrutiny Committee are:

Pledge	Strategies
Older People Live Well	Ageing Well in Wirral https://www.wirral.gov.uk/sites/default/files/all/About%20the%20council/Wirral%20Plan/Ageing%20Well%20Strategy.pdf
People with disabilities live independently	All age disability strategy: People with disabilities live independently https://www.wirral.gov.uk/sites/default/files/all/About%20the%20council/Wirral%20Plan/All%20Age%20Disability%20Strategy.pdf
Zero tolerance to domestic violence	Zero tolerance to domestic abuse https://www.wirral.gov.uk/sites/default/files/all/About%20the%20council/Wirral%20Plan/Domestic%20Abuse%20%20Strategy.pdf

In addition, members of the Adult Care and Health Overview & Scrutiny Committee will also want to consider how best to undertake their health scrutiny role.

3.2 PRINCIPLES FOR PRIORITISATION

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.

3.3 DELIVERING THE WORK PROGRAMME

It is anticipated that the work programme will be delivered through a combination of:

- Scrutiny reviews undertaken by task & finish groups
- Evidence days and workshops
- Committee reports provided by officers
- Standing committee agenda items, for example, performance monitoring and financial monitoring
- Spotlight sessions
- Standing panels (where deemed necessary)

As some of the selected topics may well cut across the Wirral Plan themes, it is anticipated that some of the scrutiny topics may be of interest to members of more than one committee. In these circumstances, opportunities for members of more than one committee to work jointly on an item of scrutiny work will be explored.

Regular work programme update reports will provide the committee with an opportunity to plan and regularly review its work across the municipal year.

3.4 TRANSFER OF SCRUTINY WORK PROGRAMME ITEMS

Members will be aware that, at Annual Council held on 16th May 2017, it was agreed that the remit of the former People Overview & Scrutiny Committee should be split between two successor committees, namely; the Children and Families Overview & Scrutiny Committee and the Adult Care and Health Overview & Scrutiny Committee. A number of work programme items of the former People Overview & Scrutiny Committee (and the former Health & Care Performance Panel) are likely to be of interest to members of the Adult Care and Health Overview & Scrutiny Committee. In addition to the items proposed for this agenda and the meeting scheduled for 13th September, the following may be of particular interest to members:

Respite Services Scrutiny Review

This task & finish review was initiated during the previous municipal year in order to assess users' experiences of alternative respite provision following the decision to close Girtrell Court. Members of the task & finish group who commenced the review were Councillors Moira McLaughlin (Chair), Angela Davies, Treena Johnson, Bruce Berry, David Burgess-Joyce and Alan Brighthouse. However, as Councillor Davies is now a member of the Cabinet, she will be withdrawing from the task & finish group. The scope of the review has been agreed and meetings with commissioning officers, service providers and site visits to Girtrell Court and Barnstondale have taken place. Further site visits are planned. It is also intended that focus groups and a questionnaire for carers and service users will be utilised. There will be some delay in the review in order to give service users and families / carers an opportunity to make use of the new service provision at Tollemache Road before they will be approached for feedback. It is now planned to report the findings of the review to the meeting of the Adult Care & Health Overview & Scrutiny Committee scheduled for November 2017.

Continuing Healthcare funding (CHC) scrutiny review

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". Members of the former People Overview & Scrutiny Committee have previously approved the establishment of a task & finish group to consider the accessibility and operation of the scheme for residents in Wirral. Members of the task & finish group are Councillors Alan Brighthouse (Chair), Wendy Clements and Moira McLaughlin plus Karen Prior (Healthwatch Wirral). The scope for the review has been agreed although further meetings have been delayed due to the election period. A task & finish group meeting is scheduled for 21st June when members will meet with officers responsible for administering the scheme on behalf of Wirral CCG. Current plans are to report the findings of the review to the meeting of the Adult Care & Health Overview & Scrutiny Committee scheduled for November 2017.

3.5 ALL-AGE DISABILITY AND MENTAL HEALTH TRANSFORMATION PROJECT

Members may be aware that an approach to pre-decision scrutiny of Transformation Programme projects was reported to the former People Overview & Scrutiny Committee on 14th July 2016. There is a proposal to consider alternative delivery models for the All-age Disability and Mental Health services. In line with the general approach for the scrutiny of Transformation programme projects, it is proposed that a workshop be arranged in order to give members the opportunity to review the outline proposals. As these will impact on service delivery for both children and adults, it is suggested that a joint workshop be held with members of both the Children and Families OSC and the Adult Care & Health OSC invited to attend.

Current proposals are for a joint workshop to be held in July. In order to meet the project reporting timescales, it is proposed that the Chairs, Vice Chair and Spokespersons of both the Children and Families OSC and the Adult Care & Health OSC be given delegated authority to agree the plans for the workshop and, if necessary, to approve and refer any report arising from the workshop directly to Cabinet.

3.6 FURTHER DEVELOPMENT OF THE SCRUTINY WORK PROGRAMME

In line with the new remit of the Committee and the principles for prioritisation, as described above, Members are requested to suggest possible topics for inclusion in the work programme. Committee Members should also consider how best to further develop the work programme in advance of the next scheduled Committee meeting in September. This could be achieved by Committee providing delegated authority to the Chair, Vice Chair and Spokespersons to provide further detailed input to the work programme's development.

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:

Appendix 1: Adult Care and Health Overview & Scrutiny Committee – Work programme

REFERENCE MATERIAL

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

PROPOSED AGENDA ITEMS – Wed 28th June 2017

Item	Format	Officer
Briefing Pack – Adult Health & Care OSC	Report	Scrutiny team
Committee remit and key issues for the municipal year	Presentation	Jason Oxley
Repeat prescription pilot scheme – (as requested in the community pharmacies scrutiny review)	Report	Wirral CCG
Review of services provided by Change, Grow, Live (CGL) – Update	Presentation	Fiona Johnstone
Outcomes of the CQC inspection for CGL, December 2016	Presentation (+ CQC report in advance)	CGL
Clatterbridge Cancer Centre – Outcomes from the CQC inspection held in June 2016	Presentation (+ CQC report in advance)	Helen Porter, Clatterbridge Cancer Centre
All Age Disability – update on the delivery of the strategy	Report	Simon Garner
Performance monitoring – 2016/17 Q4	Report	Mike Callon to provide report
Financial Monitoring – 2016/17 Q4	Report	Peter Molyneux 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 12th June 2017		

PROPOSED AGENDA ITEMS – Wed 13th September 2017

Item	Format	Officer
Minutes from Adult Care & Health OSC (28 th June)	Minutes	
Accountable Care arrangements for Wirral	Report	Graham Hodkinson / Simon Banks
Better Care Fund – Plan and priorities for 2017/18	Report	Graham Hodkinson
GP 7 day working – progress report (Follow-up to committee report of 28 th November 2016 from Martyn Kent)	Report	Wirral CCG
Cumulative Impact on Public Health Scrutiny review: Follow-up report	Report	Julie Webster
Annual Social care complaints report 2016/17	Report	David Jones
Performance monitoring – 2017/18 Q1	Report	Mike Callon to provide report
Financial Monitoring – 2017/18 Q1	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: Tuesday 29th August 2017		

ADDITIONAL AGENDA ITEMS – WAITING TO BE SCHEDULED

Item	Format	Approximate timescale	Lead Departmental Officer
Access to mental health services	Report	Nov 2017	To be agreed
Standards in care homes and domiciliary care	Report	Nov 2017	Graham Hodgkinson
Sustainability & Transformation Plan (STP) – progress	Report	Nov 2017	Simon Banks, Wirral CCG
Specialist Transport – progress report	Report	To be agreed	Mark Smith
Advocacy Hub – Progress report on the new service commissioned in Oct 2016 (as proposed at People OSC on 23/03/17)	Report	To be agreed	Graham Hodgkinson
Adults Safeguarding Annual Report	Report	To be agreed	Simon Garner
Public Health Annual Report	Report	To be agreed	Fiona Johnstone
Re-provision of respite services – report from task & finish group	Report	To be agreed	Report from the task & finish group (Alan Veitch to provide report)
Continuing HealthCare – report from task & finish group	Report	To be agreed	Report from the task & finish group (Alan Veitch to provide report)
Review of draft Quality Accounts	To be agreed	May 2018	

WORK PROGRAMME ACTIVITIES OUTSIDE COMMITTEE

Item	Format	Timescale	Lead Departmental Officer	Progress / Comments
Re-provision of respite services – a check on service users' experiences	Task & finish group	To commence Feb 2017 (Ongoing)	Graham Hodgkinson/ Jayne Marshall	Aim to complete by end 2017
Continuing Healthcare Funding	Task & finish group	To commence June 2017 (Ongoing)	Jason Oxley	This work will be in partnership with Healthwatch Wirral. Aim to complete by end 2017
All-age Disabilities and Mental Health transformation project	Workshop	July 2017	Graham Hodgkinson	Potential joint workshop with members of Children & Families OSC
Transformation Programme – business cases	Workshop	As and when required		
Budget scrutiny 2018 / 19	Workshop	Dec 2017 / Jan 2018		Report to Adult Care and Health OSC – 30 th Jan 2018

**FORMER HEALTH & CARE PERFORMANCE PANEL
OUTSTANDING WORK PROGRAMME ITEMS (For information only)**

Item	Format	Timescale	Lead Departmental Officer
Quality framework and performance measures for the health sector in Wirral	Report	Standing Item	Lorna Quigley
Suicide – Follow-up report	Report	April 2017 - Deferred	Lorna Quigley
Care Home strategy	Report	To be agreed	Jacqui Evans
Care-related levels of bad debt and barriers to recovery	Report	To be agreed	Viv O’Leary
CQC ratings across care homes in Wirral, including regional and national comparators being provided.	Report	To be agreed	Jacqui Evans / Amanda Kelly
Workforce issues in the care home sector	Report	To be agreed	Jacqui Evans
Safeguarding arrangements in care homes (as proposed at People OSC on 23/03/17)	Report	To be agreed	Jacqui Evans / Amanda Kelly
Domiciliary care - update	Report	To be agreed	Jacqui Evans / Amanda Kelly
Review of draft Quality Accounts	To be agreed	May 2018	

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