



Adult Care and Health Overview and Scrutiny Committee

Date:	Wednesday, 13 September 2017
Time:	6.00 pm
Venue:	Committee Room 1 - Wallasey Town Hall

Contact Officer: Patrick Sebastian
Tel: 0151 691 8424
e-mail: patricksebastian@wirral.gov.uk
Website: www.wirral.gov.uk

AGENDA

1. **APOLOGIES FOR ABSENCE**
2. **MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST / PARTY WHIP**

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

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

3. **MINUTES** **(Pages 1 - 12)**

To approve the accuracy of the minutes of the meeting held on 28 June 2017.

4. **DYNAMIC PURCHASING SCHEME FOR CHC (NHS CONTINUING HEALTHCARE) BEDS** **(REPORT TO FOLLOW)**
5. **NATIONAL SERVICE MODEL - SHORT BREAK (RESPITE) SERVICES** **(Pages 13 - 18)**

Cheshire and Wirral Partnership's short break (respite) service and potential changes in light of the Transforming Care programme.

6. **CUMULATIVE IMPACT ON PUBLIC HEALTH SCRUTINY REVIEW: FOLLOW-UP** (Pages 19 - 50)
7. **ANNUAL SOCIAL CARE COMPLAINTS REPORT 2016/17** (Pages 51 - 62)
8. **BETTER CARE FUND - PLAN AND PRIORITIES FOR 2017/18**
(REPORT TO FOLLOW)
9. **FINANCIAL MONITORING REPORT QUARTER 1 2017/18** (Pages 63 - 68)
10. **2017/18 QUARTER 1 WIRRAL PLAN PERFORMANCE** (Pages 69 - 84)
11. **FEEDBACK FROM MEMBER WORKSHOP ON ALL-AGE DISABILITIES AND MENTAL HEALTH TRANSFORMATION PROJECT** (Pages 85 - 94)
12. **POLICY INFORM** (Pages 95 - 114)
13. **ADULT CARE AND HEALTH OVERVIEW & SCRUTINY COMMITTEE - WORK PROGRAMME UPDATE REPORT** (Pages 115 - 122)
14. **ANY OTHER URGENT BUSINESS APPROVED BY THE CHAIR (PART 1)**
15. **EXEMPT INFORMATION - EXCLUSION OF THE PRESS AND 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.

RECOMMENDED - That, in accordance with section 100A (4) of the Local Government Act 1972, the public are 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.

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

ADULT CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Wednesday, 28 June 2017

Present: Councillor J McManus (Chair)

Councillors	M McLaughlin	AER Jones
	B Berry	C Muspratt
	W Clements	T Norbury
	P Doughty	T Pilgrim
	G Ellis	L Rennie
	P Gilchrist	P Stuart
	T Johnson	I Williams

Apologies Mr G Hodkinson

1 DECLARATIONS OF INTEREST

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

Councillor Phil Gilchrist declared a non-pecuniary interest by virtue of his being the Appointed Governor: Cheshire and Wirral NHS Partnership Trust.

Councillor Christina Muspratt declared a personal interest in the items on the agenda by virtue of her daughter's employment with the NHS at Clatterbridge.

2 ORDER OF BUSINESS

The Chair proposed, and it was agreed that item 5 on the agenda (Repeat Prescription Pilot Scheme) be considered after item 7 on the agenda (Outcome of CQC Inspection for CGL) given that Dr Sian Stokes G.P. - attending solely for this item – had forwarded apologies in advance of her late arrival, due to her surgery's closing time.

3 BRIEFING PACK - ADULT HEALTH & CARE OSC

The Chair welcomed all to the first meeting of the Municipal Year and indicated that being the first meeting of the new Committee, Agenda Item 3 - Briefing Pack Adult Care and Health OSC (for noting), set out the Committee's remit and key issues for the forthcoming Municipal Year.

Resolved – that the report be noted.

4 **KEY ISSUES FOR HEALTH AND CARE**

Jason Oxley, Assistant Director: Health and Care Outcomes introduced the report of the Director for Health and Care that informed that health and care services were provided to vulnerable people with support needs, and that good care and support can transform lives, helping people to live as independently and as healthily - as they can, in a variety of circumstances. The report further informed that health and care services enhanced health and wellbeing, increasing independence, choice and control and that an independent YouGov poll indicated that 1 in 3 people either received or were in touch with social care services.

The Assistant Director: Health and Care Outcomes provided a verbal update on a number of areas mentioned within the report, namely:

- The National background to the service, demographic pressures and funding gap amounting to £4.3 billion.
- Policy perspective and the emerging consensus supported by the Care Act regarding the key features of a future health and social care system.
- Integration – the national move to design and deliver services in a more coordinated way.
- The need for integration arising from three pressing issues – spending cuts, demographic changes (ageing population), and the acceptance that people had not received the services they needed or received them in an appropriate setting.

The Assistant Director: Health and Care Outcomes further updated Members on a range of policy matters applicable to the Committee terms of reference that included:

- The Health and Social Care Act (2013) and Care Act (2014).
- The NHS England's *Five Year Forward View* published in 2014.
- The Better Care Fund – that brought together health and social care budgets in support of a more person-centred approach to coordinated care.
- The demand for Adult Social Care in Wirral – changes in delivery and key issues.
- The quality of care services in Wirral – with mixed levels of care providers, and how the Council worked with the service providers and Care Quality Commission to ensure quality standards were met.
- The Economic Value of Care – the investment / cost was currently £880 million (a significant part of the Wirral's economy and a primary employer of Wirral people).

Members questioned the Assistant Director: Health and Care Outcomes on the number and turnover of service providers, and the assumption that provision would or had improved as a result of the service merger. Another Member stated that until recently the Health and Care Performance Panel (now expired) had a role in focusing on the service standards in care homes and requested that a mechanism be developed to ensure this function continued. A number of Members echoed the statement and asked that the matter be taken under consideration. Members also commented on the value placed upon carers and informal support networks, recognising the roles, and congratulating them for the work undertaken.

Resolved – that the report be noted.

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

The Committee considered a presentation introduced by Julie Webster, Head of Public Health. The report update had been requested by Members further to a previous report to the People Overview and Scrutiny Committee meeting in November 2016. The original report had focussed upon a response to concerns regarding the number of deaths in service in the drug and alcohol treatment service managed by Change, Grow, Live (CGL).

The Head of Public Health informed that the recovery focused service in Wirral now had, due to work undertaken many years ago to bring drug and alcohol misusers into treatment, a high number of ageing patients with complex medical and social problems. In Wirral 62% of opiate users had a drug using career of over 21 years, compared to a national average of 40%. In contrast Wirral also had the lowest percentage of service users (17%) with 4 or more treatment journeys, against a national average of 27%, reflecting long term engagement with the treatment service.

The Head of Public Health explained that recommendations from the November 2016 report into the service included:

- Greater focus on general health and wellbeing of service users;
- Improved access to physical healthcare and psychiatric care; and
- Balance approach in the treatment service to ensure those that need treatment receive it and those who wish to embrace the recovery model get the help and support that they need.

The Committee was apprised that since publication of the report a number of actions had taken place, namely:

- Enhanced health assessment for all service users;
- Seasonal flu and pneumococcal vaccination campaigns
- Engaged with the respiratory service; COPD pathway developed;
- Joint work with ABL (smoking cessation service);

- Work with Professor Wilson and the Alcohol Acquired Brain Injury team at Cheshire and Wirral Partnership Trust
- Close engagement with the Integrated Community Care Teams;
- Dual diagnosis pathway and follow up; and
- Naloxone pathway - a medication used to reverse the effects of opioids overdose.

Members questioned the Head of Public Health on the procedure for discharging people from the system and help with access to mental health services. The Committee were informed that the priority was to ensure people were best equipped to cope, and a good peer review system with easy access existed. Patients would not be discharged until conditions were absolutely right. The Committee was also informed that, given the long term use of drugs and alcohol and age of those in treatment, the statistical evidence showed the complexity of medical problems experienced i.e. Wirral Ways to Recovery reported 72 deaths of drug and alcohol users in contact with specialist drug and alcohol treatment service from 1 February 2015 to 31 August 2016, of those:

- 44 in treatment for drug misuse, 21 for alcohol misuse and 7 registered for drug and alcohol misuse;
- (15) aged 44 or under; (37) aged 45-54; (19) aged 55-64; and
- Wide range of causes of death reported with the most common known causes being respiratory disease (14 deaths) digestive disease (13), cancer (12), and external (12) [where external includes suicide, injury and poisoning, 5 of these were thought to be drug overdoses].

Members noted Wirral's cautious approach to the treatment of individuals and that Wirral had achieved national recognition as a result. Members also noted that the chaotic lifestyle and complex medical conditions of some service users meant that cause of death was unknown to the G.P. or the service. A Member commented that such lifestyles often resulted in death from fire, and offered to raise the matter at the next meeting of the Mersey Fire and Rescue Service – to identify service users as possible targets for safety checks.

Resolved – that the report be noted.

6 **OUTCOME OF CQC INSPECTION FOR CGL**

The Committee considered a presentation introduced by Andrew Cass, Services Manager Wirral – Change, Grow, Live (CGL) and Prun Bijral, Medical Director, CGL. The presentation informed on the outcome of a Care Quality Commission (CQC) inspection of CGL in October 2016. The supporting report issued in December 2016 was included in Members' Agenda Pack.

The Service Manager CGL provided background information on the role of the CQC - the independent regulator of health and social care in England. He explained that CQC's aim was to ensure health and social care services provided people with safe, effective, compassionate, high-quality care and encouraged care services to improve. Members noted that CQC monitor, inspected and regulated services to make sure they met fundamental standards of quality and safety, and that the CQC had registered CGL in relation to 2 core activities:

- Treatment of disease, disorder or injury
- Diagnostic and screening procedures

The Service Manager CGL explained that the CQC inspection covered a number of specific areas, namely:

- Premises: Quality, Health & Safety & respectful;
- People: Clients, Staff, Managers and Commissioners;
- Processes: Policies, Protocols, Procedures and Pathways;
- Partnerships and integration with the wider Public Health priorities; and
- Practice: client interventions and contact, case-file notes, communication.

In turn CGL had aligned its service with the CQC requirements and had focused on 5 key areas to ensure the service was Safe, Effective, Caring, Responsive and Well-Led. The Service Manager CGL informed that points highlighted in the inspection had resulted in the following actions:

- Improved pathways with Primary Care: especially the CGL gold standard chronic obstructive pulmonary disease (COPD) / respiratory pathway;
- Improved pathways with Mental Health Services;
- Enhanced pathways and partnership working with ABL Smoking Cessation service; and
- Enhanced Alcohol model and pathways.

The Medical Director, CGL informed that Wirral was a national leader in its approach to smoking cessation services, and that screening for COPD had increased from 20% of service users to 90% currently.

A Member questioned the level of staff turnover and impact on training and expectations of higher levels of mandatory training to ensure staff progression and protect service users.

The Committee were informed that staff training, engagement with G.P.s and the probation service, online referral systems and face time (Skype, etc) had all contributed to improved access and management of the service

subsequent to the CQC November inspection and as reported in the CQC report published on 23 December 2016.

Resolved – that the report be noted.

7 REPEAT PRESCRIPTION PILOT SCHEME

The Committee considered a presentation introduced by Susan Maire, Medicines Management Team, Wirral CCG, and Dr Sian Stokes GP. The report update had been requested by Members as a result of the Community Pharmacy Scrutiny Review that had been the subject of report to the People Overview and Scrutiny Committee meeting in February 2017.

Ms Maire introduced her report that informed that NHS Wirral CCG spent approximately £60 million on prescribing each year, of which in the region of £44 million was spent on repeat prescriptions. The Committee were informed that wasted or unused medicine was a serious and growing problem within the NHS and that in the Wirral, approximately £2.2 million was wasted every year on unused or partially used medication.

Members were apprised that currently patient's repeat prescriptions were ordered through two routes a) via a request direct to their GP or b) via a request to a pharmacy. In each case the 'script' was reviewed by the GP prior to its electronic transmission to the dispensing pharmacy or collection by the patient, their carer, or pharmacy.

Ms Maire informed that the project scheme had been piloted in nine GP practices across the Wirral and that the lessons learnt would aid a smooth and safe roll out to other practices. Areas of particular focus in this regard had been the safeguarding of patients i.e. high risk medicines and the management of the emergency supply of medicines; and vulnerable patients – that could include care home patients, blister pack patients, end of life patients and dementia patients. In such cases it was proposed that GP practices and pharmacies would liaise to produce a list, and that these types of patients would continue to order medicines via their pharmacy. All other patients would be encouraged to order direct from their GPs utilising on-line systems where practicable.

Members noted that the pilot project had received positive feedback from patients, GPs and pharmacies, with a range of benefits having arisen as a result:

- Improved Patient and GP practice ownership of medicines;
- Better communications between GP practices, patients and Community Pharmacy;
- Allowed GPs to focus time on reviewing medications
 - Process was more streamlined with more online requests

- Safer system;
- Supported time for Community Pharmacy for Medication Usage Reviews;
- Potentially reduced workload as the volume of repeat requests decreased; and
- Reduced waste - unused medications no longer stored and 'stock piled' in patients' homes.

The presentation concluded with a collection of positive testimonials from patients, GP Practice staff and Pharmacies.

Members noted that GPs and Practice staff commented that the new procedure was really good helping to ensure that patients took control of their medicines, and that the Surgery Practice got to know which patients were not taking their medicines when they should be.

Resolved – That

- 1) the report be noted; and
- 2) Wirral CCG be requested to provide a further report to the Committee in 6 months' time, including patient feedback.

8 CLATTERBRIDGE CANCER CENTRE - OUTCOMES FROM THE CQC INSPECTION HELD IN JUNE 2016

The Committee considered a presentation introduced by Helen Porter, Director of Nursing and Quality, Clatterbridge Cancer Centre. The presentation informed on the outcome of a Care Quality Commission (CQC) inspection of Clatterbridge Cancer Centre in June 2016. The supporting CQC report issued in February 2017 was included in Members' Agenda Pack.

The Director of Nursing and Quality was pleased to inform the Committee that the CQC inspection that had taken place on 7-9 June 2017 had resulted in an overall assessment of Outstanding for the Clatterbridge Cancer Trust:

Overall rating - Outstanding

- Are services at this trust safe? Required 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

The Director of Nursing and Quality provided a summary of areas where the CQC had identified outstanding practice, that included:

- Rapid Chemotherapy Chair and Zoledronatec service – a specially trained nurse delivers these treatments, most commonly for breast, prostate or colorectal cancers, to up to 15 patients per day. The nurse also handles booking in their next appointment, freeing up bays for patients whose treatment is more complex and takes longer;
- Chemotherapy at Home;
- Positivity of staff;
- Advanced practice radiographers;
- Papillon service - contact radiotherapy (low energy x-ray treatment) recommended for patients who are not fit enough for general anaesthesia, or who do not want major surgery and the formation of a stoma;
- End of life care;
- Weddings;
- Day after death service; and
- Patient support e.g. end of treatment bell, PAT dog, massages.

Ms Porter informed that areas ‘requiring improvement’ did not necessarily mean that the service was not ‘doing’ but was not ‘evidenced’ in terms of documentation being out of date or leadership practices had not been systemic – given that, although the person in post had written the strategy, it was still in the early days of implementation at the time of the inspection visit.

The Committee noted that immediate actions included to address the points raised in the CQC inspection report included:

- Improve staffing and professional leadership in radiology;
- Radiation safety including documentation in radiology; and
- Quality assurance processes in radiology.

The Chair and Members of the Committee thanked Ms Porter for her presentation.

Resolved – that the report be noted.

9 **ALL AGE DISABILITY - UPDATE ON STRATEGY DELIVERY**

Simon Garner, Lead Commissioner for All Age Independence introduced the report of the Lead Commissioner All Age Disability that informed on the Wirral Plan 2020 Vision that set out the shared partnership vision to improve outcomes for Wirral residents. The report further informed on the All Age Disability Strategy that set out the partnership approach, published in March 2016, that articulated the Wirral Plan ambitions for people with disabilities to enable independent living.

The Lead Commissioner for All Age Independence provided a summary of key updates and achievements against each of the priority areas within the

Strategy. The Committee was informed that a bid for £2.66 million funding for 86 Extra Care units had been secured through the Homes and Communities Agency. Work was continuing with a private developer to deliver 45 units across 2 schemes. Properties were currently being built in Heswall (19 flats) and Birkenhead (15 flats) for people with learning disabilities.

The Committee was further informed that 'Pathways to Employment' and 'Disability Confident' events had been delivered in the latter part of 2016, and there were now 30 local employers signed up as 'Disability Confident' – actively seeking out and hiring skilled disabled people and promoting change in attitudes, behaviours and cultures towards disability.

The Lead Commissioner for All Age Independence also reported that 'Disabled Go' had undertaken audits on a number of venues in Wirral including Council buildings, Leisure Centres, the Chamber of Commerce and key Transport facilities – to provide detailed access guides and reviews launched through via Disabled Go website, and available to people living and visiting Wirral.

Members thanked Mr Garner for his report, commenting on a number of points arising, namely the issue of affordable rents arising from the housing benefits cap. A Member also commented on the excellent Disabled Go scheme in Greasby.

Another Member asked about the current status of Girtrell Court. The Assistant Director: Health and Care Outcomes informed that Sanctuary Supported Independent Living had taken over the respite service at Girtrell Court on 6 February 2017 and until it transfers to the new facility at Tollemache Road, and that Sanctuary had been fully registered by CQC.

Resolved – that the report be noted.

10 **2016/17 QUARTER 4 AND YEAR END WIRRAL PLAN PERFORMANCE - PEOPLE THEME**

Jason Oxley, Assistant Director: Health and Care Outcomes introduced the report of the Executive Director for Strategy that provided the 2016/17 Quarter 4 (January – March 2017) performance report for Wirral Plan pledges under the People theme. The Quarter 4 report was included as Appendix 1 to the report, and provided a description of the progress in Quarter 4 that included available data in relation to a range of outcome indicators and supporting measures.

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

The Assistant Director: Health and Care Outcomes informed that following restructure of the Council's Scrutiny function, future reports would be broken down to align with the Adult Care and Health Overview and Scrutiny Committee Terms of Reference.

Resolved – That the report be noted.

11 **2016/17 QUARTER 4 FINANCIAL MONITORING REPORT**

Andrew Roberts, Senior Manager, Financial Management introduced the report of the Assistant Director: Finance (Section 151 Officer) that set out the Council's revenue and capital monitoring position for 2016/17 year-end (31 March 2017).

The Senior Manager, Financial Management informed that the 2016/17 out-turn position was an overall underspend of £2.9 million (£0.4 million underspend was forecast at quarter 3) and that People (former Families and Wellbeing areas) had a significant forecast overspend that had 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.

Members attention was directed to Table 4 within the report (reproduced below) that identified the main pressures to the budget out-turn (£3.9 million for Adult Care and Health):

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

Members noted that overall a net underspend of £2.9 million at the year-end has been transferred to General Fund Balances.

Members questioned Mr Roberts on outstanding debts regarding residential care, and the matter of budget expenditure slippage for assistive technology and whether this meant people's lives had been affected as a result. The Senior Manager, Financial Management confirmed that a detailed note would be prepared for circulation to Members on the budget position relating to assistive technology.

The Senior Manager, Financial Management provided a further update on the Council's overall position regarding collection of sundry debts and provisions for bad debt.

Resolved – That the report be noted.

12 **ADULT CARE AND HEALTH OVERVIEW & SCRUTINY COMMITTEE - WORK PROGRAMME UPDATE REPORT**

The Chair introduced her report that set out the process of developing and managing the scrutiny work programme for the Municipal Year. The report informed Adult Care and Health Overview and Scrutiny Committee, in cooperation with the other three Overview and Scrutiny Committees, was responsible for proposing and delivering an annual scrutiny work programme.

The Chair highlighted a number of key points pertinent to her report, namely:

- Further work was required to define a full work programme for the year. The Chair and Spokespersons would consider how best to do that prior to the next Committee meeting in September;
- Work would continue on two Task and Finish Groups as described in the report (Respite Services Task and Finish Group; and Continuing HealthCare Task and Finish Group); and
- A joint workshop with members of the Children and Families Overview and Scrutiny was proposed to scrutinise emerging proposals for the All-age disability and mental health services. It was proposed to hold a workshop during the summer.

A Member requested that a report on the implications of the 'Dynamic Purchasing Scheme' be considered for inclusion on the Adult Care and Health Overview and Scrutiny Work Programme for presentation to a future meeting of the Committee.

Recommended – That

- (1) the proposed Adult Care and Health Scrutiny Committee Work Programme for 2017/18 be approved;**

- (2) delegated authority be given 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; and**
- (3) delegated authority be given to the Chair, Vice Chair and Spokespersons of both the Adult Care and Health Overview and Scrutiny Committee and the Children and Families Overview and Scrutiny Committee to:**
 - (i) make arrangements to hold an appropriate workshop to scrutinise proposals for the all-age disability and mental health service; and**
 - (ii) if necessary, to approve and refer any report arising from the workshop directly to Cabinet.**
- (4) the implications of the 'Dynamic Purchasing Scheme' be included on the Adult Care and Health Overview and Scrutiny Work Programme.**

Report to Scrutiny Committees with specific information on CWP’s short break (respite) service and potential changes in light of the Transforming Care programme.

About CWP’s ‘health respite’ service

Cheshire and Wirral Partnership NHS Foundation Trust (CWP) is commissioned by Wirral, Vale Royal, South Cheshire and Eastern Cheshire Clinical Commissioning Groups (CCG) to provide a health respite service for adults with a learning disability to support families/carers in undertaking their caring responsibilities.

The service commissioned by Wirral CCG is provided from Thorn Heys, six-bedded bungalow built in 1990 on the Ashton House site in Oxtan. The unit has six bedrooms, a bathroom and shower room, a lounge/dining area and an external garden. One bedroom can be designated as an additional lounge/quiet room. An office and kitchen are staff-only areas.

The service commissioned by Vale Royal, South Cheshire and Eastern Cheshire CCGs is provided from Crook Lane, a six-bedded bungalow in Wharton, Winsford. The unit has six bedrooms, a bathroom, shower room and WC, a lounge-dining area, two additional lounges/quiet rooms and external gardens. An office, WC and kitchen are staff-only areas.

Both services are registered with the Care Quality Commission (CQC) under community services – “learning disabilities, for the treatment of disease, disorder or injury”. As specialist health units, they are staffed by health professionals and like an inpatient unit, must maintain a registered nursing presence at all times.

The staffing complements comprise:

	Thorn Heys (Whole Time Equivalent)	Crook Lane WTE
Unit Manager	1	1
Deputy Unit Manager	0	1
Senior Nurse	0	1
Staff Nurse	5.92	4.22
Clinical Support Worker	6.80	7.88
TOTAL	13.72	15.10

About the service users accessing the short break service

Clients are only offered respite if they have a primary diagnosis of “Learning Disability”. Clients may have additional needs including:

- Complex needs and challenging behaviour.
- Autism/Aspergers.
- Physical Health issues; such issues as Tuberos Sclerosis; Dysphagia; Visual Impairment.
- Mental Health issues; service users can be offered respite when showing a specific diagnosis of mental health issues and depressive episodes.

Currently 44 clients access the service, of which, based on review by CWP's Consultant Nurse, fall into the following categories:

	Thorn Heys	Crook Lane
General needs (People who need hydration, nutrition, medication via PEG, uncontrolled epilepsy, positional management, predictable behaviours effectively managed)	16	11
Complex physical needs (People with LD whose physical health care needs are more intensive and support / input is needed from district nursing services e.g. unstable epilepsy, life limiting conditions, oxygen/suction, wound care, re-siting PEG tube)	4	5
Complex behavioural needs (Individuals with LD and Autism where environment is essential in maintaining wellbeing or whose mental health and/or challenging behaviour is difficult to manage, unpredictable in nature and requiring more specialist input).	3	2
Specialist health needs (complex, unstable or multiple conditions requiring ongoing assessment, monitoring and review from a multi-professional health team and whose health needs are outside of the scope and expertise of learning disability nurses and district nurses).	3	0
TOTAL	26	18

How the service operates

The staff team provides input to all service users which is in line with all their individual needs and wishes. Such input includes:

- Clinical interventions for individuals whose behaviour challenges services, requiring specialist clinical oversight from the Registered Nurse for Learning Disabilities, and those individuals whose physical health needs also require nursing oversight. However, some physical health needs may be met through the district nursing team.
- Clients are supported with activities of daily living.
- Input from the team is designed to provide a welcoming, safe and enjoyable break for those people accessing the service.
- Most clients who access CWP short breaks continue to attend their usual daytime activities (college, day services) for most or all of the week Monday to Friday and therefore are not on the unit during the day time.
- Most clients remain at the units at the week-ends due to the lack of day time opportunities.
- Staff particularly encourage evening and weekend activities, both on the units and in the community, where possible.

Transforming Care

Transforming Care is led by NHS England, the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) supported by the Care Quality Commission and Health Education England.

Building the Right Support, published in October 2015 set out the national plan to “develop community services and close inpatient facilities for people with a learning disability, autism or both, who may display behaviour that challenges, including those with a mental health condition”.

Children, young people and adults with a learning disability and/or autism have the right to the “same opportunities as anyone else to live satisfying and valued lives, and to be treated with dignity and respect. They should have a home within their community, be able to develop and maintain relationships, and get the support they need to live healthy, safe and rewarding lives”.

Over the summer of 2015, NHS England, LGA and ADASS supported six ‘fast track areas’ (collaborations of CCGs, local authorities and NHS England specialised commissioners) to draw up plans for service transformation.

This culminated in a national plan which envisages that with the right set of services in place in the community, the need for inpatient care will significantly reduce, and commissioners will need to have in place far less hospital capacity.

The planning assumptions are that by March 2019, no area should need more inpatient capacity than is necessary at any one time to cater to:

- 10-15 inpatients in CCG-commissioned beds (such as those in assessment and treatment, rehabilitation or neuro-psychiatry units in the NHS or the independent sector) per million population
- 20-25 inpatients in NHS England-commissioned beds (such as those in low-, medium- or high-secure units, or inpatient services for children and young people) per million population.

Across England, 48 Transforming Care Partnerships (TCPs) were established to bring together commissioners of health and social care services, providers, experts by experience and others to develop plans for local implementation.

Published alongside *Building the Right Support*, was the *Service model for commissioners of health and social care service*.

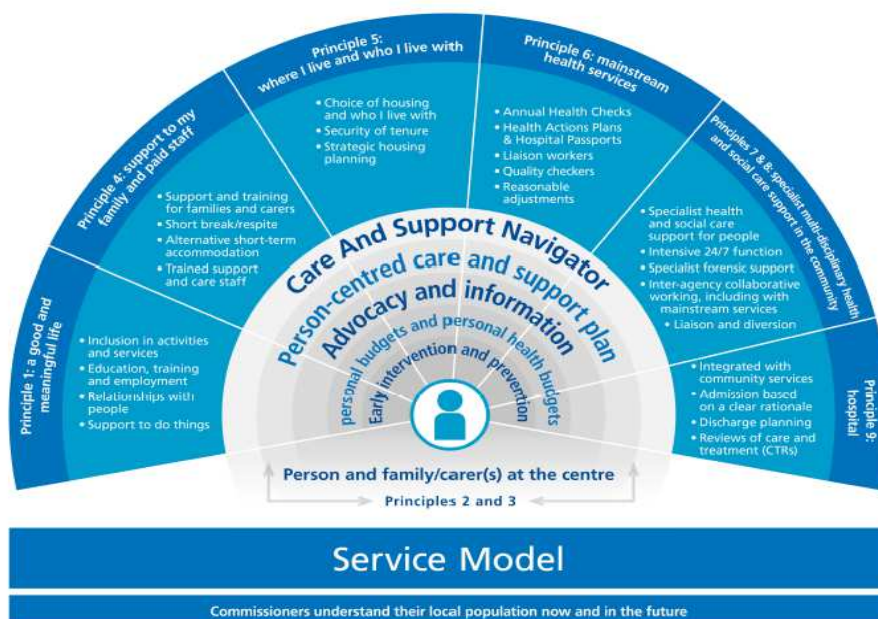
The document notes: “...services will not look the same all over the country. Each local area is different: local populations have different needs, and their range of providers have different strengths and weaknesses. Each local area will therefore need to draw up its own model for how services should look in future, based on an agreed service model.

“However, there will be some national consistency in what services should look like across local areas, based on established best practice. This document seeks to describe that national consistency, while giving commissioners the flexibility to design services that best fit the needs of their local population. It sets out to provide clarity on ‘what good looks like’ for health, social care and housing services for people with a learning disability, autism or both.”

The service model articulates nine principles set out in the graphic below as well as five ‘golden threads’ which run through those nine principles. They are:

- Quality of Life – people should be treated with dignity and respect. Care and support should be personalised.
- Keeping people safe – people should be supported to take positive risks whilst ensuring that they are protected from harm.
- Choice and control – people should have choice and control over their own health and social care services.
- Support and interventions should always be provided in the least restrictive manner
- Equitable outcomes – comparable with the general population, by addressing the determinants of health inequalities.

National Service Model



Working as the Cheshire-Wirral Delivery Hub of the Cheshire and Mersey Transforming Care Partnership, CCGs and local authorities, alongside CWP as main provider, have developed a stepped service model to meet the local needs and aspirations for local implementation, following consultation. This is set out below:

Universal Support (including health promotion, annual health checks)
Support that is available to people with a diagnosis of a learning disability and/or autism but not to the general population, for example, annual health checks at the GP practice for anyone aged 14 or over.
Low intensity Support (including health facilitation)
For those who have a specific health, social care or educational need, for example health facilitation to help someone access an appointment at a local hospital.
High Intensity Support (including special school nursing, Education, Health and Care Plans, Community Learning Disability Teams, short breaks)
For those with more complex health or social care or educational needs that requires more targeted response for example input from the Community Learning Disability Team.
Specialised Support (including intensive support, community-based step-up/step-down, LD CAMHS)
For individuals who have a higher level of need and require specialised advice or support to live independently and have a good quality of life for example people leaving inpatient services and returning to live in the community.
Highly Specialised Support (including inpatient assessment and treatment)
Used by the smallest number of individuals, these services offer help at specific times e.g. during a period of mental ill health and include inpatient services in Assessment and Treatment Units.

Proposed changes to current services to achieve new service model

Commissioners have been clear that there is no new recurrent funding to support the implementation of the new service model. Therefore, improved community services can only be delivered by reallocating existing funding from inpatient/bed-based services. This principle of reallocation is clearly set out in *Building the Right Support*.

However, as the model for an integrated short break and intensive support service has already been adopted by the Cheshire and Mersey Transforming Care Partnership, NHS England have allocated transformation funding to support double-running costs.

Specialist Inpatient Services

CWP currently provides inpatient assessment and treatment beds through block contracts with CCGs. CCGs have no limit on the number of assessment and treatment beds they can access. Services are currently provided from Eastway (9 beds) on the Chester Health Park and from Greenways (12 beds) at Rosemount in Macclesfield. CWP's inpatient services for people with learning disabilities and autism are rated Outstanding by CQC.

In the proposed new service model, CWP would provide 12 assessment and treatment inpatient beds for its population as per the national planning assumptions (see page 3). Reducing bed numbers to the required level could mean only requiring one unit for the Cheshire and Wirral footprint. However, CWP is working to maintain two inpatient units by supporting other commissioners in delivering their Transforming Care plans. This would mean no change for patients requiring hospital admissions for assessment and treatment as people from Wirral and West Cheshire could principally continue to access Eastway and those from South and East Cheshire access Greenways.

The funding released by reducing the inpatient bed base would be used to support the costs of a new intensive support service.

Access into mental health beds for people learning disabilities experiencing a breakdown in their mental health is unaffected as these are generic beds open to those with and without learning disabilities.

Community Services

CWP currently provides three community learning disability teams (CLDT) which operate 9am – 5pm Monday to Friday on the local authority footprint. Services are currently based at:

- Ashton House, Oxton (Wirral CLDT);
- Eastway, Chester and Wyvern House, Winsford (Cheshire West and Chester CLDT) and;
- Stalbridge Road, Crewe and Rosemount, Macclesfield (Cheshire East CLDT).

In the proposed new service model the core service would operate 8am – 8pm with round the clock support available for urgent unexpected referrals. In addition to the existing team resource, each team would have additional staff as part of an intensive support function – designed to support those adults who require more support to stay at home or in the community, including through ‘wrap-around support’. Intensive support will help prevent these people being admitted to hospital at times of crisis or potential crisis if they do not need hospital treatment. Intensive support will assist in bringing people closer to home from out of area placements across health and social care, and support other care and support providers through training and skill share.

Short break services

As discussed above, CWP is currently commissioned to provide health respite services on the Wirral and in Central and Eastern Cheshire. CWP does not provide this service in Chester or Ellesmere Port areas of West Cheshire, where an integrated service operates, provided by Vivo Care Choices. This became an integrated service about 20 years ago. It is led by social care, with specialist health input based on people’s needs around their learning disability, physical or mental health.

The Cheshire and Mersey Plan, which forms part of the national Transforming Care programme, published in July 2016 makes the commitment to a new model for short breaks, subject to further consultation.

The proposal for the new model, in line with the national service model, suggests four types of support:

1. **Planned regular or one-off short breaks** to support families and carers with their caring responsibilities and offer a positive break for their loved ones who may have general or more complex needs.
2. **Emergency support** for when a family member or carer falls ill and cannot support their loved one or other situation where the person cannot be supported at home.
3. **‘Step-up’** support for when somebody becomes unwell and cannot be supported at home, but can remain in the community rather than going into hospital.
4. **‘Step-down’** support would provide a short-term ‘step-down’ from hospital following a period of assessment and treatment if required as part of the transition back into the community

The proposed plans would also give opportunities for people to exercise greater choice and control over their support, including through the use of personal budgets to access different types of support such as purchasing a holiday with support or taking a break at home.

The proposal is for an integrated model (rather than a ‘health’ model) in line with that operating in Chester and Ellesmere Port. Moving to an integrated model for short breaks, which extends and enhances the current provision to include emergency, step-up and step-down support whilst maintaining regular and one-off breaks can be delivered within the existing resource to release approximately 50%-60% of funding. This would be reallocated into funding the intensive support service which would work very closely with the short break offer, especially step-up/step-down provision.

Families who access and rely on short breaks to enable them to continue caring for their loved ones, will still be able to access short breaks in the new provision, based on their assessed need. In future assessments will be jointly carried out by health and social care, in a more person-centred and holistic approach to ensure that needs of the whole family are met. It is proposed that joint assessments are carried out for new referrals coming into existing services.

KEY POINTS

What will stay the same if the proposed changes are implemented?

- There will be three community learning disability teams
- High quality specialist inpatient services and generic mental health services will be available
- People will be able to access a local specialist unit
- Families with an assessed need for short breaks can access them

What will change if the proposals are implemented?

- There will be fewer specialist inpatient beds, a proportion of the resource that is currently dedicated to this area will be released to support the intensive support service and integrated short break offer.
- There will be more support through community learning disability teams with an intensive support function.
- Purely 'Health'-based respite will no longer be provided in Wirral, Central and Eastern Cheshire.
- An integrated short break service will be provided across Cheshire and Wirral offering regular/one-off breaks, emergency, step-up and step-down support. How this is delivered is subject to consultation.
- As stated in the Cheshire and Merseyside Transforming Care for People with Learning Disabilities Plan 2016-2019 we will ensure '*in-patient admissions are not seen as an alternative to social care provision, for example respite care*' section 3.18.2
- Person-centred, joint health and social care assessments for short breaks.
- More people will be supported to return to their home area, with the right support, if they want to.
- A greater proportion of local funding will be spent on community services, with less spent on inpatient services.



ADULT CARE AND HEALTH OVERVIEW & SCRUTINY COMMITTEE 13th SEPTEMBER 2017

REPORT TITLE:	Cumulative Impact on Public Health Scrutiny Review - Update Report
REPORT OF:	Director for Health and Wellbeing

REPORT SUMMARY

This report provides an update on the implementation of recommendations resulting from a scrutiny review set up to examine the issues arising from the Cumulative Impact of licenced premises and fast food takeaways on public health.

The review was commissioned by the former Policy and Performance Coordinating Committee and referred to Cabinet by the People Overview and Scrutiny Committee at its meeting on 8 September 2016. The findings and recommendations were approved by Cabinet on 3 October 2016.

The review Panel produced the following recommendations;

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

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

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

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

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

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

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

RECOMMENDATION/S

1. Members of the Adult Care & Health Committee note progress made regarding the implementation of the recommendations arising from this review, adding any other comments as necessary.
2. A future update is provided to this Committee by the Public Health team setting out further progress made in responding to this review and taking forward this work.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 To update Members of the Adult Care & Health Overview & Scrutiny Committee on progress made implementing the recommendations of the Cumulative Impact on Public Health Scrutiny Review.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 No other options have been considered.

3.0 BACKGROUND INFORMATION

- 3.1 A Scrutiny Review on 'Cumulative Impact on Public Health' was completed in July 2016, The Review was commissioned by the former Policy and Performance Coordinating Committee. It was set up to explore the issue of cumulative impact in relation to the prevalence of off licences and fast food takeaways and their impact on public health.
- 3.2 The aim of the review was for Members to gain a better understanding of the context around these issues in Wirral. The Review Panel was also keen to understand what powers the Council had at its disposal to address the negative

impacts associated with over-concentration of these premises and to what extent these are being realised.

3.3 The final report of the scrutiny panel is attached as **Appendix 1**. A report providing an update on the progress made implementing the recommendations from this review is also attached as **Appendix 2**.

4.0 FINANCIAL IMPLICATIONS

4.1 There are none arising from this report.

5.0 LEGAL

5.1 There are none arising from this report.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 There are none arising from this report.

7.0 RELEVANT RISKS

7.1 There are none arising from this report.

8.0 ENGAGEMENT / CONSULTATION

8.1 Not applicable.

9.0 EQUALITY IMPLICATIONS

9.1 There are none arising from this report.

REPORT AUTHOR: Gary Rickwood
Senior Public Health Manager, Public Health
Tel: 0151-666-5182
E mail: garyrickwood@wirral.gov.uk

APPENDICES

Appendix 1 – Cumulative Impact on Public Health Scrutiny Review Final Report

Appendix 2 – Progress Update Report.

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Cabinet	3 October 2016
People Overview and Scrutiny Committee	8 September 2016

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**Cumulative Impact on Public Health
Scrutiny Review**

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

July 2016

WIRRAL BOROUGH COUNCIL

CUMULATIVE IMPACT ON PUBLIC HEALTH SCRUTINY REVIEW

FINAL REPORT

CONTENTS

1	INTRODUCTION.....	3
2	CHAIR’S STATEMENT & REVIEW PANEL.....	4
3	EXECUTIVE SUMMARY & RECOMMENDATIONS.....	5
4	METHODOLOGY.....	7
5	FINDINGS.....	8
6	APPENDICES.....	19

1.0 INTRODUCTION

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

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

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

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

2.0 CHAIR'S STATEMENT & REVIEW PANEL

Councillor Moira McLaughlin (Chair)



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

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

Councillor Janette Williamson



Councillor Paul Hayes



Councillor Phil Gilchrist



3.0 EXECUTIVE SUMMARY & RECOMMENDATIONS

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

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

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

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

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

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

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

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

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

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

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

4.0 METHODOLOGY

Written Evidence

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

Evidence Gathering Sessions

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

Evidence Gathering Session 1

Licensing and Community Safety, Wednesday 14th October 2015

Evidence Gathering Session 2

Public Health, Thursday 26th November 2015

Evidence Gathering Session 3

Environmental Health & Trading Standards, Wednesday 13th January 2016

Evidence Gathering Session 4

Merseyside Police & Licensing, Thursday 11th February 2016

Evidence Gathering Session 5

Planning, Thursday 7th April 2016

5.0 FINDINGS

Wirral's Health Profile

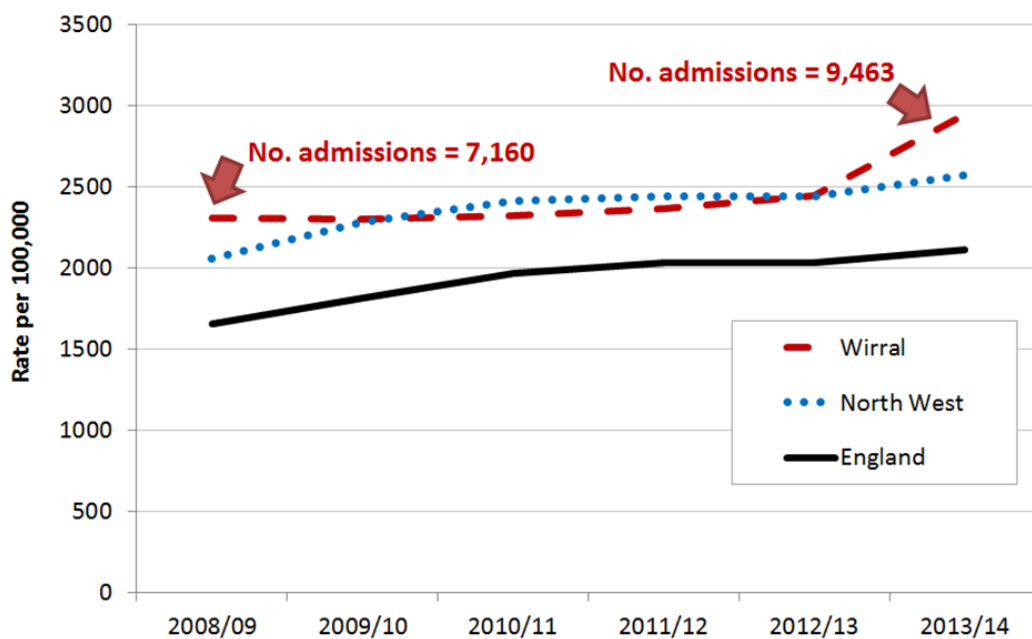
Alcohol

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

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

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

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



44% increase in admissions in the last 5 years

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

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

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

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

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

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

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

Wirral’s Poor Diet Profile

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

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

The Regulatory Environment in Wirral

Licensing Powers

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

The Licensing Act sets out four licensing objectives:

- The prevention of crime and disorder

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Planning Powers

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

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

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

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

Current Development Plan for Wirral

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

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

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

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

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

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

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

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

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

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

Public Health and Planning Policy

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Reduce the Strength (RtS) Campaign

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

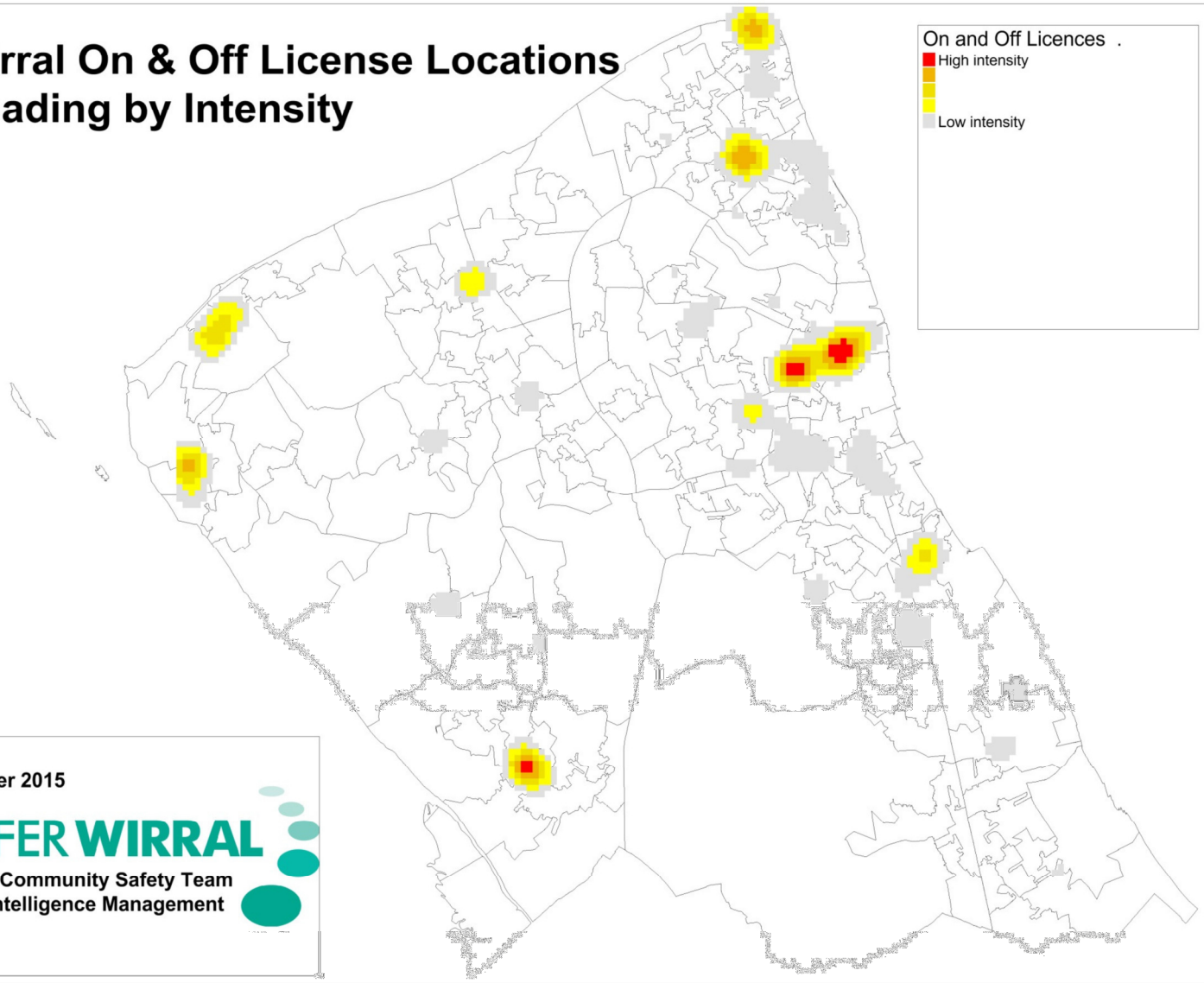
The Public Health Team works alongside Environmental Health and Trading Standards to promote EWW. This is an example of the benefit of more integrated working across Council teams.

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

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

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

Wirral On & Off License Locations Shading by Intensity



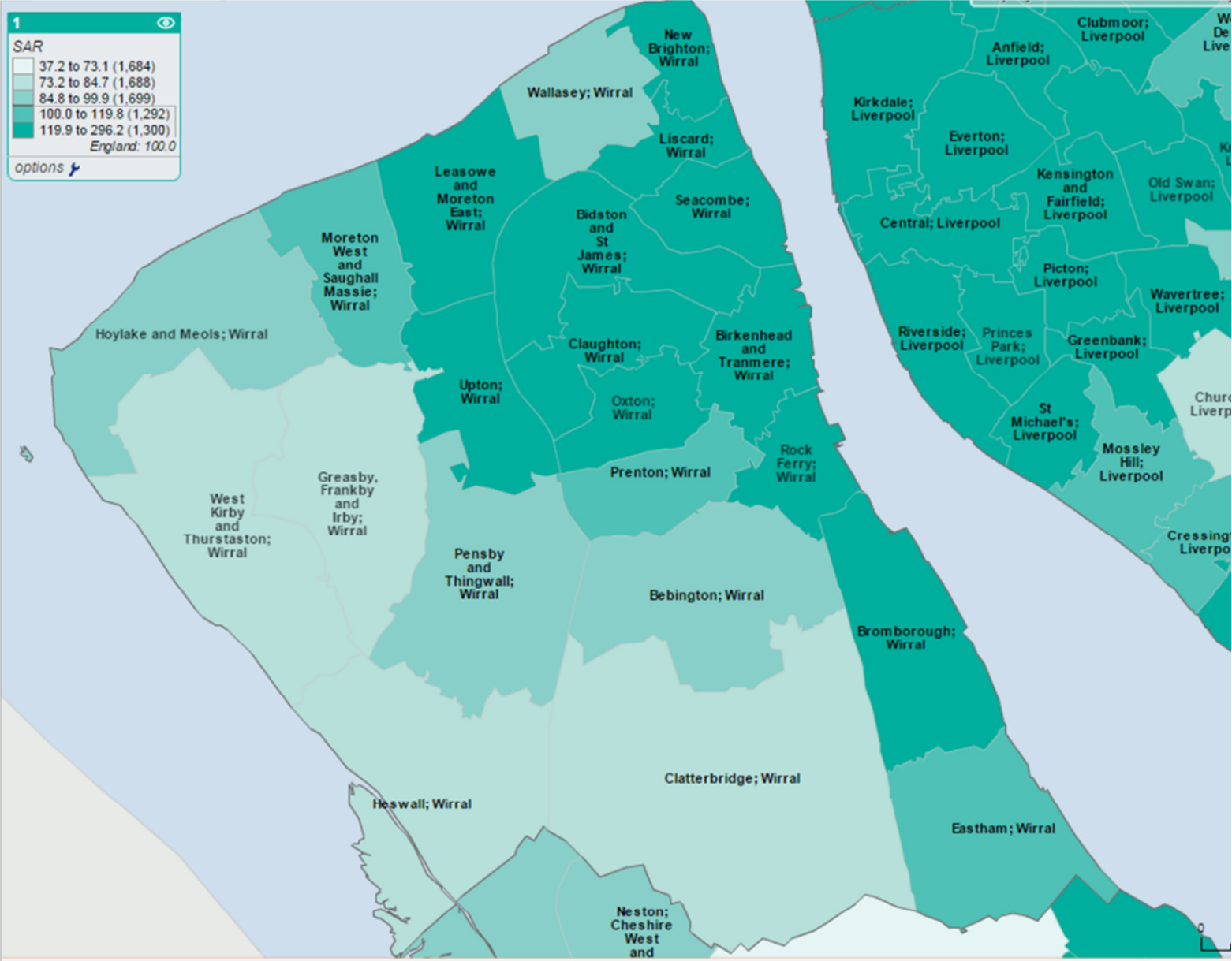
October 2015

SAFER WIRRAL

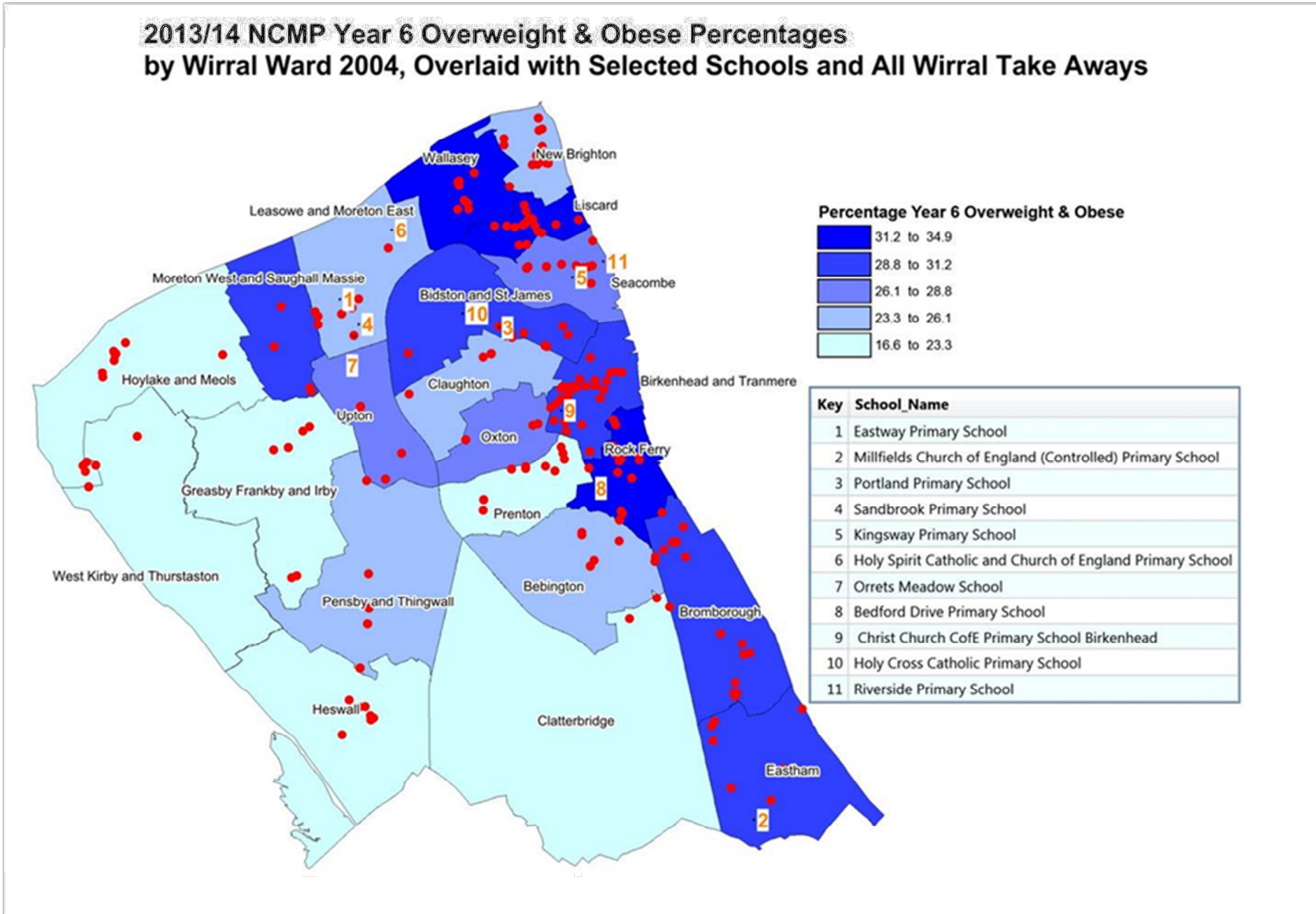
Wirral Community Safety Team
Data Intelligence Management



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



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



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Recommendation	Implementation Status - Complete - Partially complete - Not Started	Actions Taken / Progress	Impact of Recommendation
<p>Recommendation 1: The Council's Leadership is encouraged to lobby for a Public Health licencing objective in the Liverpool City Region and where possible at national level to ensure public health outcomes are given greater priority in licencing decisions.</p>	<p>Partially complete</p>	<p>This recommendation is being lobbied for nationally, however a recently published Lords Licensing Act Select Committee report on the 2003 Licensing Act did not recommend this as an action.</p> <p>The report does however recommend “a radical comprehensive overhaul” of the 2003 Licensing Act, a response from Government is awaited.</p> <p>The full report can be accessed at: https://publications.parliament.uk/pa/ld201617/ldselect/ldlicact/146/146.pdf</p>	<p>The recommendation empowers Public Health officers, and other Council officers to continue to work with city region and Cheshire and Merseyside regional colleagues to make the case for a Public Health licencing objective.</p>
<p>Recommendation 2: The Council's Statement of Licensing Policy is refreshed to accommodate the renewed priorities as set out in the Wirral Plan. It is</p>	<p>Partially complete</p>	<p>The Liverpool City Region group progressing joint work on licencing are developing a reference guide for anyone writing a Statement of Licensing Policy. The agreed document is in final draft stage and will be shared with local areas by September 2017.</p> <p>The Council's Statement of Licensing Policy has been updated to include a Cumulative Impact Policy for a defined area in Birkenhead town centre. Further work is required to update the policy to include the Wirral Plan</p>	<p>The CIP is now in place and available to be used as tool to manage licence applications. The implementation of the CIP has also given out a strong message to existing licence holders, and to any potential licence applicants that there is a clear agenda to manage the licencing landscape robustly to</p>

<p>also recommended that consideration be given to introducing a Cumulative Impact Policy in areas where there is strong evidence to suggest such a policy would address the negative impact of over-saturation of licenced or off-licenced premises.</p>		<p>priorities.</p> <p>The Cumulative Impact Policy is now in place, its impact on anti-social behaviour and alcohol related injuries will be evaluated.</p>	<p>support the achievement of a healthier local relationship with alcohol.</p>
<p>Recommendation 3: The Panel recommends that a statutory Supplementary Planning Document is urgently developed and consulted upon (thus becoming a material consideration), in line with the approach taken in St Helens, as part of the preparation of the Council's Core Strategy Local Plan.</p>	<p>Partially complete</p>	<p>Discussions have begun with the planning team. Evidence will be gathered from a Public Health perspective over the coming months and officers from the Planning team will be working on the revised Supplementary Planning Document. Discussions are taking place as to how Public health can input into this process.</p>	<p>The recommendation has given energy and imperative to progress this work.</p>

<p>Recommendation 4: The panel encourages the planning and public health teams to work closely together to address the borough's public health issues in relation to poor diet and obesity, as outlined in the 2020 pledge to support Wirral Residents to Live Healthier Lives.</p>	Partially complete	<p>In July 2017, public health and planning officers met with a colleague from Sefton Council public health's team to discuss how health and wellbeing issues can be incorporated into the Wirral Core Plan, currently in draft form; this action links to recommendation 3.</p>	<p>This recommendation has highlighted the importance of these close working relationships and supported their continued growth and improvement. Joint work has progressed in a number of areas.</p>
<p>Recommendation 5: The panel acknowledges the wide ranging benefits of the voluntary participation of businesses in the Reduce the Strength campaign in promoting responsible selling of alcohol. It is recommended that priority be given to encouraging the take up of this initiative so the number of outlets taking part is</p>	Partially complete	<p>Due to excellent partnership working, the Reducing the Strength campaign has now signed up all off sales retailers in the vicinity of Birkenhead town centre. B&M Stores have also asked to include their Liscard/Wallasey store into the scheme.</p> <p>The focus for this work has been extended beyond this initial central area and at last report there are 65 businesses signed up to the scheme from across Wirral, representing 24% of a total of 265 licenced off-sales outlets, against a target for 2020 of 30%. However it is also worth noting that the figure of 265 includes a number of businesses, including outlets for the national supermarket chains, which do not stock or sell super strength products, so have not been a focus of attention for the RTS scheme.</p>	<p>This recommendation has supported the continued drive to engage new businesses with this project. The ongoing success of the project has reduced the potential for harm for the most problematic drinkers and young drinkers, reduced the likelihood of anti-social behaviour in town centre locations, and fostered the creation of a growing network of responsible businesses, supported by contact and training from the alcohol service, who are offering alcohol audit and brief advice to any customers about whom they have alcohol related concerns.</p> <p>The scheme has been shortlisted for 2 Chartered Institute for Environmental Health awards.</p>

<p>increased. The Council should also explore the possibility of approaching national supermarket chains to adopt this as a policy.</p>			
<p>Recommendation 6: It is recommended the effective delivery and marketing of the 'Eat Well Wirral' and 'Takeaway for a Change' initiatives is prioritised and the schemes are properly evaluated to demonstrate their long term impact. The development of EWW takeaways and their locations should be a matter drawn to the attention of the planning committee at regular intervals.</p>	Partially Complete	Work is currently underway within the Council to produce an interactive on-line map so that residents can locate their nearest Eat Well Wirral take-a-way.	The Eat Well Wirral' and 'Takeaway For A Change' projects won the Environmental and Health Award at the Echo Awards ceremony in May 2017.
<p>Recommendation 7: The Panel supports the creation of a cross-departmental working group and</p>	Partially Complete	A group brought together by the licensing team is currently meeting as required. The links with the Health and Wellbeing board and the Healthier Lives Pledge Delivery group need to be clarified.	

action plan for selling alcohol responsibly. The Health and Wellbeing Board should oversee the activities of this group and ensure they are joined up with the Wirral Resident's Live Healthier Lives pledge delivery group so that further partnership opportunities and targeted initiatives are explored.

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ADULT CARE AND HEALTH OVERVIEW & SCRUTINY COMMITTEE

13TH SEPTEMBER 2017

REPORT TITLE	<i>Adult Social Care Complaints Report</i>
REPORT OF	<i>Complaints Manager</i>

REPORT SUMMARY

Under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 it is a statutory requirement on the Council to produce and publish an Annual Report which provides information on the quantity of the complaints received and the performance of the Complaints process.

This Report covers complaints made in respect of Adult Social Care in the year 2016-17. Following approval this Report will be publish on the Council Website

RECOMMENDATION/S

That Scrutiny Committee note the contents of this Report

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

There is an expectation by the Department of Health that the Annual Complaints Report is considered by local members.

2.0 OTHER OPTIONS CONSIDERED

No other options have been considered

3.0 BACKGROUND INFORMATION

Not Applicable

4.0 FINANCIAL IMPLICATIONS

There may be recommendations made as a consequence of complaints investigations that can have a financial implication.

5.0 LEGAL IMPLICATIONS

There are no legal implications arising from this report.

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

There are no resource implications arising from this report.

7.0 RELEVANT RISKS

Complaints may be referred to the Local Government Ombudsman

8.0 ENGAGEMENT/CONSULTATION

There are no issues arising from this report

9.0 EQUALITY IMPLICATIONS

There are no specific implications arising from this report

REPORT AUTHOR: *David Jones*
Complaints Manager
telephone: 0151 666 3899
email: davidnjones@wirral.gov.uk

APPENDICES

Adult Social Care Complaints Annual Report

REFERENCE MATERIAL

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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Adult Social Care

Annual Complaints & Customer Feedback Report

2016-17

1. Introduction

- 1.1 This report provides information about complaints, compliments and other feedback received by Adult Social Care for the period 1 April 2016 until 31 March 2017.
- 1.2 Under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 it is a statutory requirement to produce an Annual Report which provides information on the quantity of the complaints received and the performance of the Complaints process.
- 1.3 This Report will be published on the Council Website.

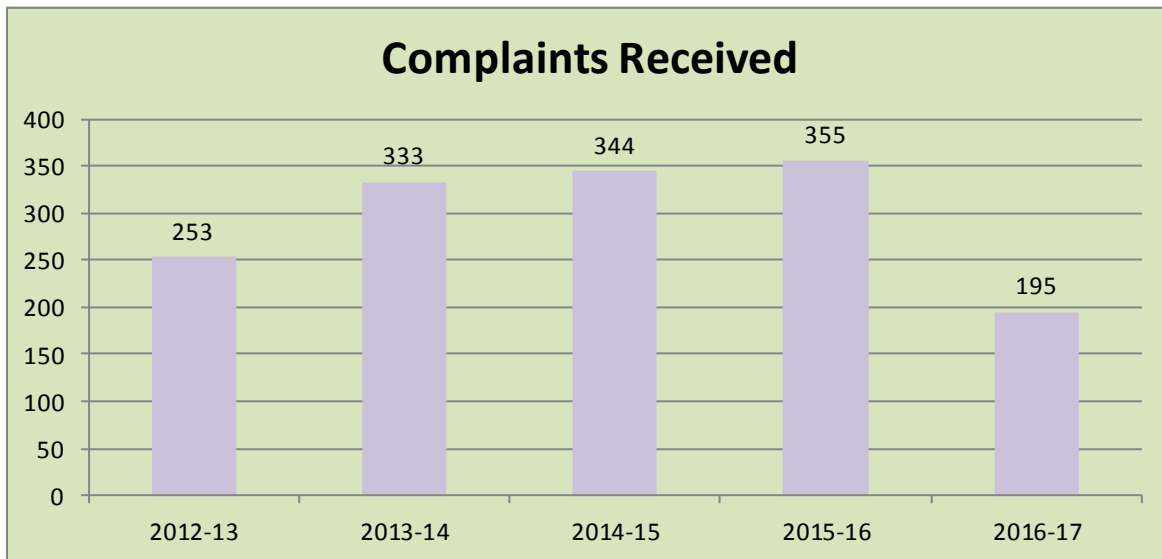
2 Definitions

- 2.1 A complaint is defined as “any expression of dissatisfaction about the exercise of Social Services functions which requires a response”. Complaints that are made orally and can be resolved on the same working day may be excluded from the procedures; all other complaints are dealt with through the complaints procedure.
- 2.2 To be considered, a complaint must be made by an eligible person. An eligible person is either (i) a person who receives services or may be eligible to receive services, (ii) a person who is affected, or likely to be affected by the action, omission or decision of the Department, or (iii) a person with sufficient interest or consent acting on behalf of a person described in (i) & (ii).
- 2.3 A complaint must be made within 12 months of the event complained about. This may be extended at the discretion of the Complaints Manager.
- 2.4 A compliment is defined as “an expression of thanks for providing excellent service above and beyond normal standards”. These will normally be unsolicited and written, and may be from members of the public, other professionals, or from within the Service
- 2.5 Commissioned services are provided by an external company or voluntary agency on behalf of the Council. Complaints about commissioned services can be made direct to the Council or to the Provider. Complaints made to the Provider can subsequently be referred to the Council for consideration if the complainant is not satisfied.

3 Complaints

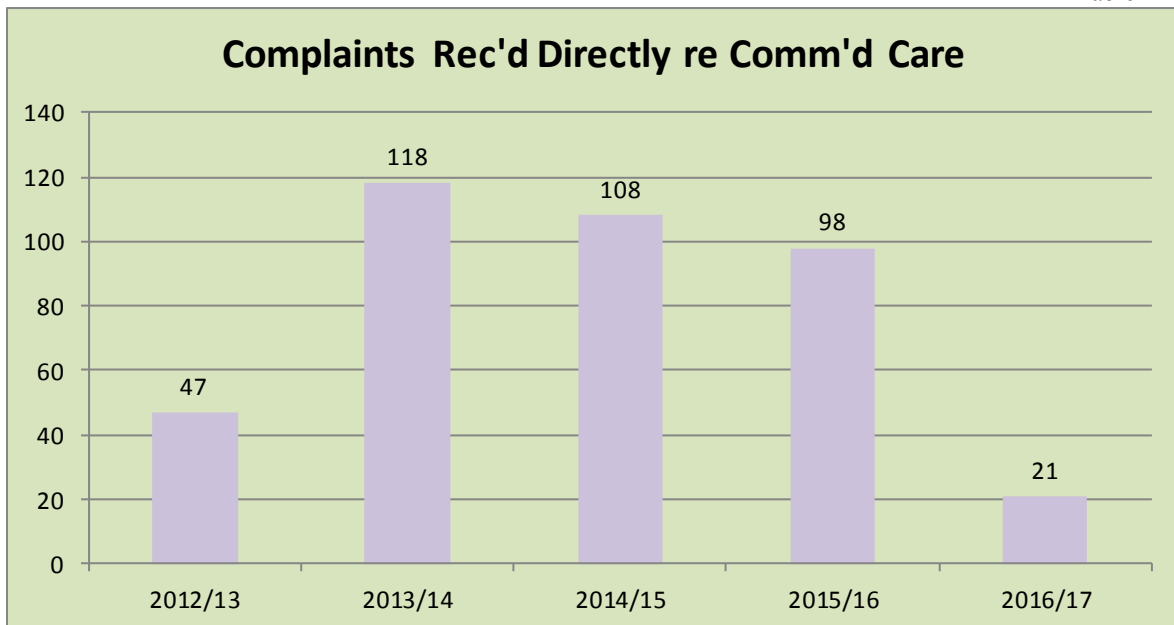
Complaints Received

- 3.1 The total number of complaints registered in 2016-17 was 195. This is lower than in previous years. There may be a number of reasons for this change, including improvements in the service and more complaints being dealt with by providers.



3.2 There has also been a reduction in complaints received directly about external providers; this may reflect factors as described above but additionally may be a consequence of changes in the domiciliary care providers used.

Table 2



3.3 Adult Social Care receives a wide range of issues across all teams, including the delivery and assessment sides of the process. A significant number of complaints have related to commissioned services. Encouragingly, despite the pressures upon teams, there have been relatively few (12) complaints about delay in the assessment process.

3.4 A more detailed analysis of the issues complained about, show that there are some common themes as shown below. This is not a complete list of the issues but illustrates issues that arise regularly

3.5

Table 3

Issues	2014-15	2015-16	2016-17
Late/Missed Visits (Domiciliary Care)	35	21	10
Quality of Care (Domiciliary Care)	20	11	5
Quality of Care (Residential)	16	14	3
Outcome of Assessment/Review	15	23	5
Problems with Discharge	6	13	6
Delayed/Incorrect Invoices	15	9	9
Lack of Information about Charges	13	15	7
Direct Payments	3	6	12

3.6 Given the budget constraints placed upon the Council at times difficult or sensitive decisions need to be made. We therefore see a number of complaints about financial matters including disputed invoices and a perceived lack of information about charges. We also saw an increase in complaints about Direct Payments linked to the provider, with action now having been taken to address the situation.

Complaints concerning External Providers

3.6 A number of services are commissioned by Adult Social Care. Users of these services can complain directly to the Council; however they may also make their complaint direct to the Provider. We now require the Commissioned Providers to submit a return detailing the complaints received and details of their response. 50% of Providers have met this requirement, an equivalent number to last year. However the Quality Assurance team will be visiting Providers this year that have not submitted returns to gather the required data and emphasise the importance of this expectation.

3.7 Of the 85 returns 35 Providers reported no complaints in the year. The remaining 50 reported a total of 183 complaints (compared to 21 made direct to the Council). The issue of Providers reporting no complaints requires further enquiry.

3.8 The issues complained about reflect those received directly by the Council. The number of complaints which were made in five key areas are shown below. The most common issues were 'Staff Conduct', or the 'Care Plan Not Being Followed'; there is a notable fall in complaints about 'Late or Missed Visits'.

Issue	2015-16	2016-17
Late / Missed Visits	49	10
Staff Conduct	48	38
Care Plan Not followed	49	30
Medication	10	9
Continuity /Staff Levels	17	4

Responding to Complaints

3.9 Timescales for responding to complaints are not statutorily prescribed, however they must be as short as reasonably possible to allow for effective consideration. Guidelines are in place to determine what a reasonable timeframe is in most circumstances. The target is to respond to 70% of complaints within 15 working days and an expectation that all complaints are fully responded to within 6 months.

3.10 The average time to respond to complaints has risen with only 22% responded to in the standard timescale. 41% of complaints were responded to within a 6 week period. There are a number of issues that may have affected performance, including the complaints team taking more responsibility in investigating complaints to assist operational managers during a year of significant transition. Staff have taken longer over working to address complaints, to take account of the 'one response' approach.

Table 4

Response	Performance					Target
	2012-13	2013-14	2014-15	2015-16	2016-17	
Average Days to Respond	37	36	37	47	65	30
Percent of complaints to be responded to within 15 days	47%	49%	55%	47%	22%	70%
Percentage complaints fully responded to within 6 months	95%	99%	98%	95%	91%	100%

Learning from Complaints

3.11 Complaints are valuable to the Service. As well as providing an efficient and effective way for users of public services to get their issues addressed, they also offer a chance to gain an accurate picture of the level and quality of service offered from the perspective of the user. They provide feedback on service delivery and provide a means for the user to have an input into the continuous improvement of Adult Social Care.

3.12 There were a number of key changes that were brought about as a result of the outcome of complaints:

- A Caseload Management tool was introduced to track the implementation of actions from safeguarding investigations
- Staff have been provided with guidance on the importance of concise and accurate contemporaneous record keeping with examples of best practice conveyed in an anonymous form.
- Training sessions were provided for all Minute takers in the department to ensure consistency in recording. There was good attendance at these sessions.

4. Local Government Ombudsman Complaints

4.1 We have received 16 enquiries from the Local Government Ombudsman in the past year. We have had no Public Reports issued against the Adult Social Care in the past year and only six complaints were upheld. The outcomes are shown below:

Table 5

Outcome	2014-15	2015-16	2016-7
Upheld, Maladministration, Injustice	9	3	5
Upheld, Maladministration, No Injustice	1	1	1
Upheld, No Further Action	0	1	0
Closed, No Further Action	1	1	6
Premature	3	4	1
Not Upheld, No Maladministration	4	1	1
Still Open	1	2	2
Total	19	13	16

- 4.2 Adult Social Care now operates a 'one response' approach to complaints in line with national guidance. This has led to a significant number of complaints subsequently being referred to the Ombudsman. The outcomes from the Ombudsman demonstrate that we have an effective complaints process. As referenced earlier in the report, this has contributed to the length of time taken to respond to complaints received by the Adult Social Care service.
- 4.3 Of those complaints that were found to be "Upheld, Maladministration and Injustice" a number had already been addressed through the complaints procedures, and steps taken to correct any mistakes. Consequently no further action was required by the Ombudsman as they were satisfied with this.
- 4.4 In accordance with good practice, each complainant is informed of the right to complain to the Local Government Ombudsman. The complaints team also seek to have a positive relationship with the Ombudsman and agree early resolution where possible.

5. Compliments

- 5.1 The Department regularly receives compliments from people who use our services and their families which demonstrate the professionalism and caring attitude of our staff, even in difficult circumstances. A sample of the comments we have received are included below:

I just wanted to write to praise [your Officer]. I have worked with many professionals over the years, but I cannot remember working with anyone who is as consistently responsive.

In the climate of austerity, devalued workforces and an unhelpful "them and us" culture existing between disabled people and professionals, [your Officer] is a breath of fresh air to the system. She is an asset to social work practice and will certainly be an ally to the local council as well as to those marginalised and oppressed within the Wirral. Hold onto her, we will need more like her in the years to come...

'Many thanks for all your support and time given to myself and family when we had to unfortunately place my mother into care

You conducted the fact finding interview with respect, dignity, and consideration for her health issues, which should help her regain her confidence and independence.

6 Looking Forward

- 6.1 In June 2017 a section of the operational Social Work service were transferred to the Wirral Community Health Foundation Trust. This will have an impact upon Complaints Management with a significant number of complaints now dealt with in the Community Trust rather than by the Council
- 6.2 We will look to enhance our mechanism for capturing dissatisfaction and recording complaints concerning adult social care services, whether they are directly provided or commissioned, so that we can act to put things right quickly
- 6.3 Further work will be undertaken to capture the action that has been taken to improve services as a consequence of complaints.

David Jones
Complaints Manager
July 2017

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**Adult Care and Health Overview and Scrutiny Committee
Wednesday, 13 September 2017**

REPORT TITLE:	Financial Monitoring Report Quarter 1 2017/18
REPORT OF:	Assistant Director: Finance

REPORT SUMMARY

This report sets out the financial monitoring information for Adult Care and Health in a format consistent across the Overview & Scrutiny Committees. The report provides Members with detail to scrutinise budget performance for this area of activity which forms part of the People Theme. The financial information is at close of quarter 1 2017/18.

Information has been drawn from the relevant sections of the most recent Cabinet revenue and capital monitoring reports and combined with additional relevant service information to produce a bespoke report for this Overview & Scrutiny Committee. The report includes the following:

- Performance against the revenue budget (including savings, income and debt)
- Performance against the capital budget

RECOMMENDATION/S

- 1 The quarter 1 revenue forecast underspend of £0.2 million be noted.
- 2 The performance of the capital projects within this area be noted.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 To provide members with details of the financial performance of the Overview and Scrutiny Committee area.

2.0 OTHER OPTIONS CONSIDERED

2.1 Not applicable

3.0 BACKGROUND INFORMATION

3.1 PERFORMANCE AGAINST REVENUE BUDGETS QUARTER 1 (APRIL 2017- JUNE 2017)

3.1.0 CHANGES TO THE AGREED BUDGET

3.1.1 The 2017/18 Budget was agreed by Council on 6 March 2017. Any increase to the overall Council Budget (but not use of the existing budget contingency) requires agreement by full Council. Changes to the Budget since it was set are summarised in Table 1.

Table 1: 2017/18 Original & Revised Net Budget by Wirral Plan Themes

	Original Net Budget	Proposed Budget Change Quarter 1 Use of Contingency	Proposed Budget Change Quarter 1 Use of Balances	Approved Budget Changes Qtr 1	Revised Net Budget
	£000	£000	£000	£000	£000
People - Adult Social Care and Health	75,509	2,000	-	-	77,509
Net Cost of Services	75,509	2,000	-	-	77,509

3.2.0 PROJECTIONS AND KEY ISSUES

3.2.1 The projected outturn position as at the end of June 2017 and Wirral Plan: 2020 Vision Themes updates are detailed in the following sections.

Table 2: 2017/18 Projected Budget variations by Wirral Plan Themes

Directorates	Revised Budget	Forecast Outturn	(Under) Overspend Quarter 1	RAGBY Class	Change from prev
	£000	£000	£000		
People - Adult Social Care and Health	77,509	77,309	-200	B	n/a
TOTAL	77,509	77,309	-200		0

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

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

3.2.2 People - Adult Social Care and Health

- At this early point in the year the application of £2 million of the originally identified sum of £5.4 million from the Revenue Budget Contingency is anticipated to be sufficient to meet the projected level of spending.
- There are a number of in-year cost pressures forecast for 2017/18. They will be contained through a combination of effective demand management, income generation and improved processes as a result of the new Integrated Service with the Wirral Community Foundation Trust which commenced on 1 June 2017.
- Within Public Health the regular review of commissioning intentions and management of agreed contracts forecast to be underspent by £0.2 million.

3.3.0 IMPLEMENTATION OF SAVINGS

3.3.1 A summary of the position of 2017/18 Adult Care and Health savings at 30 June 2017 is below.

Table 3: Savings Implementation 2017/18 (£000's)

BRAG	Number of Options	Approved Budget Reduction	Amount Delivered at Q1	To be Delivered
B - delivered	8	0	0	0
G – on track	2	3,200	0	3,200
Total at Quarter 1 2017-18	10	3,200	0	3,200

3.3.2 The savings tracker contains an assessment of the 2017/18 savings by the ratings below.

- **Blue:** Represents savings which have already been realised.
- **Green:** Savings on track to deliver.
- **Amber:** Some concerns regarding delivery and will require closer scrutiny and monitoring.
- **Red:** High risk of not being achieved.

3.3.3 There are eight blue options which net to a zero budget reduction. These equate to £5.8m of growth which was identified as part of the 2017/18 budget setting process. This growth is being contained from savings from existing financial resource and the application of additional funding from the Better Care Fund and Social Care Precept. These saving are included to highlight the activity being taken in the service area to contain these cost pressures.

3.4.0 INCOME AND DEBT

3.4.1 The table below shows the outstanding debt by Wirral Plan Theme category and then by invoice raised date. This is a different way of showing the debtor information for 2017/18 to make the monitoring report more accessible and informative. At the end of June 2017 total Council arrears stood at £24.7 million with £15.2 million of this relating to Adult Social Care and Health.

Table 4: Accounts Receivable Outstanding Arrears Analysis

Theme	Less than	More than	2016/2017	Pre	Total at
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	30 days	30 days		2015/16	2015/16	30.06.17
	£	£	£	£	£	£
People - Adult Social Care and Health	1,887,936	1,810,748	5,976,560	2,490,979	3,046,469	15,212,692

3.4.2 The above debt reflects the Council's significant responsibilities in respect of social care activity. Elements of the debt will only be recoverable once clients are no longer in need of care.

3.4.3 In accordance with proper accounting practice, income is credited to the relevant financial year's accounts of the service area at the point invoices are raised. A provision for bad debt is maintained and is assessed each year. Should non-payment occur after proceeding through all necessary recovery procedures, any properly authorised write off will be charged against the bad debt provision.

3.5.0 PERFORMANCE AGAINST CAPITAL BUDGETS QUARTER 1 (April-June 2017)

3.5.1 Capital Programme 2017/18 at end of Quarter 1 (30 June)

	Revised Program me	Spend to Date June 2017	Funded by: Council Resources	Funded by: Grants
	£000	£000	£000	£000
Community Intermediate Care	500	-	500	-
Citizen and Provider Portal/integrated IT for Social care.	944	15	461	483
Assistive Technology	615	-	230	385
Extra Care Housing	2,000	-	1000	1000
Total expenditure	4,059	15	2,191	1,868

3.5.2 At the end of quarter 1 a minimal amount of expenditure had been incurred against the Adult Care and Health Capital Programme Budget. Details of the planned schemes are provided below.

3.5.3 Community Intermediate Care - To ensure admission avoidance and timely discharge from an acute hospital setting. A plan is being devised to spend the capital allocation to support providers of residential care to meet the needs of service users who require specialised facilities.

3.5.4 Citizen and Provider Portal - This relates to Phase 3 of Social Care Systems Implementation Programme (SCSIP) to support the transformation of Social Care and consists of a number of strands at various stages of development.

3.5.5 Assistive Technology - Will help to reduce commissioned support costs

through the roll out of alternative technologies which provide tangible alternatives to traditional support models (e.g. Domiciliary Care, Residential Care).

- 3.5.6 Extra Care Housing - To develop extra care housing units in Wirral with Strategic Housing Delivery partners to support people to live more independently. Currently there are 7 schemes at various stages of development.

4.0 FINANCIAL IMPLICATIONS

- 4.1 The financial implications of this report are discussed throughout the report. This is essentially a financial monitoring performance update report.

5.0 LEGAL IMPLICATIONS

- 5.1 The entire report concerns the duty of the Council to avoid a budget shortfall. The Chief Finance Officer has a personal duty under the Local Government Finance Act 1988 Section 114A to make a report to the executive if it appears to them that the expenditure of the authority incurred (including expenditure it proposes to incur) in a financial year is likely to exceed the resources available to it to meet that expenditure.

6.0 RESOURCE IMPLICATIONS; ICT, STAFFING AND ASSETS

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

7.0 RELEVANT RISKS

- 7.1 The possible failure to deliver the Revenue Budget is being mitigated by:
- Senior Leadership Team / Management Teams reviewing the financial position.
 - Tracking system of savings options to monitor progress.
 - Use of temporary additional support to assist with revenues collection.
 - Use of earmarked reserves and General Fund Balance savings risk contingency.

8.0 ENGAGEMENT/CONSULTATION

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

9.0 EQUALITIES IMPLICATIONS

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

REPORT AUTHOR: Christopher Kelly
Principal Accountant
Telephone (0151) 666 3417
Email chriskelly@wirral.gov.uk

SUBJECT HISTORY

Council Meeting	Date
Budget Council	6 March 2017
Cabinet – Revenue Monitoring 2017/18 Quarter 1	17 July 2017
Cabinet – Capital Monitoring 2017/18 Quarter 1	17 July 2017



**Adult Care and Health Overview and Scrutiny Committee
Wednesday, 13 September 2017**

REPORT TITLE:	2017/18 Quarter 1 Wirral Plan Performance
REPORT OF:	Director for Health & Care (DASS)

REPORT SUMMARY

This report provides the 2017/18 Quarter 1 (April – June 2017) performance report for the Wirral Plan pledges under the remit of the Adult Care and Health Overview and Scrutiny Committee. The report, which is included as Appendix 1, provides a description of the progress in Quarter 1 as well as providing available data in relation to a range of outcome indicators and supporting measures.

The report also includes further performance information that has been requested by Members to enable effective scrutiny. The Adult Social Service Performance Overview is included as Appendix 2 and includes a range of key indicators highlighting Wirral’s performance against North West average values where available.

Quarter One Wirral Plan Performance Summary

- It is very encouraging to see that healthy life expectancy continues to increase in Wirral for males and females, even though the overall trend throughout the North West and the rest of the country remains fairly static.
- The Employment Rate of people aged 50 plus has continued to improve from 33.9% in quarter 4 2016/17 to 34.4% in quarter 1.
- Work is on track towards the creation of an All Age Disability and Mental Health Service in Wirral. This project is part of the Council’s Transformation Programme and will seek to develop better integration across the disability and mental health pathways. This will lead to improved quality and consistency of service provision and reduce service barriers related to age and eligibility.
- An extra care housing steering group has now been established and a housing strategy for extra care will be in place by the autumn. This work includes a more detailed needs analysis of peoples housing needs where they have a learning disability.
- Quarter 1 has seen a significant increase in the number of disabled people in receipt of personal budgets. This meets the All Age Disability Strategy priority to ensure people with disabilities have choice and control over their lives.

- The Safer Wirral Hub has now been established and this is leading to developing improved ways of working across the partnership. This new, integrated service delivery model is creating opportunities for all agencies to work more closely and share insight to better problem solve, plan and target services more effectively.
- A new Peer Mentor Coordinator has been appointed to support and develop the work of the Domestic Abuse Community Champions. This will focus on the hotspot areas of Birkenhead, Seacombe and Wallasey. A new focus for this work will be on targeting Children's Centres to identify young parents and families that may be at risk of abuse.

RECOMMENDATION/S

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

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 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 and performance of Adult Social Services.

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 18 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 during the year. As a result of this, not all Pledges will have results each quarterly reporting period. Some indicators can be reported quarterly and some only on an annual basis. Annual figures are reported in the quarter they become available against the 2017/18 year end column.
- 3.4 For each of the indicators, a trend is shown (better, same or worse). In most cases, this is determined by comparing the latest data with the previous reporting period i.e. 2016/17 year end. In some cases, i.e. where data accumulates during the year or is subject to seasonal fluctuations, the trend is shown against the same time the previous year. This is indicated in the key at the end of the report.
- 3.5 For some indicators, targets have been set. Where this is the case, 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.
- 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 the supporting strategy action plans. The link to this web page is set out below:

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

3.7 Each of the Wirral Plan Pledges has a Lead Commissioner responsible for overseeing effective delivery. The Lead Commissioners for the Pledges in the report at Appendix 1 are as follows:

- Ageing Well in Wirral – Fiona Johnstone
- People with Disabilities live Independent Lives – Graham Hodkinson
- Zero Tolerance to Domestic Violence – Mark Smith

3.8 An additional report is included at Appendix 2 setting out a series of key indicators for the Adult Social Services Department. This is in response to Members requesting that Adult Social Services' performance data is provided to the Committee.

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>

REPORT AUTHOR: *Nancy Clarkson*
Head of Intelligence
telephone: (0151) 691 8258
email: nancyclarkson@wirral.gov.uk

APPENDICES

Appendix 1: Wirral Plan – 2017/18 Quarter 1 Pledge Reports

Appendix 2: Adult Social Services Performance Overview – Quarter 1 2017/18

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
Adult Care and Health Overview and Scrutiny Committee	28 June 2017

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Appendix 1

Wirral Plan Adult Care and Health Committee 2017-18 Quarter 1 Reports

Older people live well

Overview from Lead Cabinet Member

It is very encouraging to see that healthy life expectancy continues to increase in Wirral, even though the overall trend throughout the North West and the rest of the country remains fairly static.

Work around the Age Friendly Pilot for local retailers is beginning to gather momentum. So far, all of the big retailers (M&S, Asda, Tescos, Sainsburys, Morrisons and Co-op) have agreed in principle to participate in the pilot. This applies to all of their stores throughout the borough. Some of them have been so keen that they have enquired about rolling this out over a larger geographical area. Interest in collaboration is being sought from other LA colleagues in Sefton, Liverpool and Knowsley but Wirral will launch first and lead the way. Arrangements will now be made to have official sign-ups and window displays completed for these retailers, ahead of a proposed official launch date on 1st October 2017, to coincide with World Older People's Day. Alongside this, Wirral Chamber will continue to promote this initiative to businesses throughout Wirral, beginning in Birkenhead and Liscard before moving to other high streets across the borough.

Work is also underway to tie up partnership activities in relation to dementia, including a response to the Prime Minister's 2020 Challenge around the same. Within the last quarter, a total of 7 Lunch Corners have been launched in local businesses, which replace the old Lunch Clubs. This is seen as more sustainable model of delivery for a project intended to reduce social isolation among older people and they continue to be well-attended.

Feedback from older people in the Rock Ferry Door Knock reported a specific issue with anti-social behaviour in that area. A working group has been set up to look into this issue, which will link with Community Safety colleagues and draw on learning from activities to reduce anti-social behaviour in the North End.

In other areas, plans continue to be worked up around pre-retirement planning, a Volunteering and Employment Fair for older people and ways in which the local partnership can promote a programme of intergenerational activities. Greater focus will be given to these latter three objectives in the coming months, once the Age Friendly Pilot has been launched.

Wirral Plan Indicator	Indicator	Wirral Plan Start	Benchmark Data	Year End 2016-17	2017-18 Q1	Year End 2017-18	Trend (See Key)	Comment
Proportion of residents aged 50+ volunteering on a regular basis	Annual Higher is better	26% Nov 2015				0%	n/a	This data will be reported later in 2017/18.
Proportion of residents aged 50+ who say that they are satisfied with the choice of housing in their local area	Annual Higher is better	56% Nov 2015				0%	n/a	This data will be reported later in 2017/18.
Healthy Life Expectancy at birth: Males	Annual Higher is better	59.8 2011-13	England: 63.4 (2013-15) North West: 61.1 (2013-15)	60.4		61.1	Better	It's encouraging that the healthy life expectancy at birth for males continues to improve on the baseline (Wirral Plan start). This data comes from the public health outcome framework. Whilst data is released annually in November, there is a significant time lag. The latest data relates to 2013-15.
Healthy Life Expectancy at birth: Females	Annual Higher is better	61.8 2011-13	England: 64.1 (2013-15) North West: 62.0 (2013-15)	60.9		61.7	Better	It's encouraging that healthy life expectancy at birth for females improved on the previous year. This data comes from the public health outcome framework. Whilst data is released annually in November, there is a significant time lag. The latest data relates to 2013-15.

Supporting Measure	Indicator	Wirral Plan Start	Benchmark Data	Year End 2016-17	2017-18 Q1	Year End 2017-18	Trend	Comment
Percentage of older people (aged 50+) who feel safe when outside in the local area during the day	Annual Higher is better	88% Nov 2015				0%	n/a	This data will be reported later in 2017/18.
Percentage of older people (aged 50+) who feel safe when out in the local area after dark	Annual Higher is better	55% Nov 2015				0%	n/a	This data will be reported later in 2017/18.
Percentage of older people (aged 50+) who reported feeling healthy	Annual Higher is better	65% Nov 2015				0%	n/a	This data will be reported later in 2017/18.
Employment rate of people aged 50+	Quarterly Higher is better	33.5% Jun 2015	England: 41.5% (Apr 16-Mar 17) North West: 38.5% (Apr 16-Mar 17)	33.9%	34.4%		Better	The percentage of people over 50 in employment continuing to increase from the baseline figure (Wirral Plan start) is positive news. The Quarter 1 figure from the Office for National Statistics relates to the period Apr 16 - Mar 17.

People with disabilities live independent lives

Overview from Lead Cabinet Member

Work is on track towards the creation of an All Age Disability and Mental Health Service in Wirral. This project is part of the Council's Transformation Programme and will seek to develop better integration across the disability and mental health pathways. This will lead to improved quality and consistency of service provision and reduce service barriers related to age and eligibility. The service will also improve the experience for young people transitioning into adult care which is an area which is known to cause challenges for services users. The All Age Disability and Mental Health Service Transformation Project has now been developed to Outline Business Case which is due to be reviewed through Overview and Scrutiny in Quarter 2 before being worked up to Full Business Case later in the year.

Work is underway to establish insight into the prevalence of disability in Wirral to assess the future demand for services and housing provision. In terms of housing, visits have been undertaken to review Knowsley's extra care housing offer to look at their approach and new developments. An extra care steering group has now been established and a housing strategy for extra care will be in place by the autumn. This work includes a more detailed needs analysis of peoples housing needs where they have a learning disability. Meetings have been held with Wirral Mencap and supported housing providers to deliver a project called "Building Vision". The aim of this is to reach a wider community of service users and organisations in order to support them collectively build a vision of supported housing for the future. This will feature a number of planned engagement events to deliver this outcome.

In terms of priority two of the strategy to improve access to employment and greater financial resilience, links have been established with Wirral Chamber of Commerce and a meeting set in Quarter 2 to engage their support for this work. In addition to this, a programme of internships within the Council is being proposed in partnership with Wirral Met college and the Department for Work and Pensions who have advisors in place dedicated to identifying work opportunities for disabled people.

A key element of this is signing up more business to be Disability Confident employers. There are currently 32 businesses holding Disability Confident accreditation: one at level 3, six at level 2 and twenty five at level 1. Work will progress in quarter 2 with the Council's commissioners and procurement team to promote the take up of accreditation with contracted service providers and suppliers. The Council is currently working to achieve level 3 accreditation.

The Council continues to develop its Wirral Independence Service Assistive Technology offer. A number of innovative Health and Care Assistive Technology projects are under way and being implemented including:

- The roll out of the Falls Prevention Screening Tool App
- Care Home Teletriage & Community Telehealth
- Care Home and Community Digital Care & Medication Management / Administration
- Supported Living – Just Checking Service.

These new approaches to managing down risk and assessing people more speedily will help with early intervention and prevention meaning that resources can be more focussed on those with greatest need.

Wirral Plan Indicator	Indicator	Wirral Plan Start	Benchmark Data	Year End 2016-17	2017-18 Q1	Year End 2017-18	Trend (See Key)	Comment
Health related quality of life for people with long term conditions	Annual Higher is better	0.698 2014-15	England: 0.741 (Jul 15-Mar 16)	0.695			n/a	This indicator is calculated nationally by NHS England and reported in the Health and Social Care Information Centre (HSCIC). The latest value for this indicator is 0.695 for the period Jul 15-Mar 16. New data is due to be released in September 2017.
Employment rate aged 16-64 Equality Act core or Work Limiting Disabled	Quarterly Higher is better	37.5% Jun 2015	England: 52.4% (Apr 16-Mar 17) North West: 46.8% (Apr 16-Mar 17)	44.0%	43.1%		Worse	There is a time lag with this data which comes from the Office for National Statistics. The Quarter 1 figure relates to the period April 2016 - March 2017.

Supporting Measure	Indicator	Wirral Plan Start	Benchmark Data	Year End 2016-17	2017-18 Q1	Year End 2017-18	Trend	Comment
The gap in progress between pupils with a SEN statement/EHCP and their peers at Key Stage 4	Annual Lower is better	n/a	England: 1.09 (2015-16 Acad Year) North West: 1.00 (2015-16 Acad Year)	0.86			n/a	This measure monitors the gap in progress of children with a statement of SEN or EHCP and their peers from Primary School to the end of Key Stage 4. Latest published performance is for 2015-16 academic year and shows the progress gap in Wirral at 0.86 compares favourably to national picture (1.09) and North West neighbours (1.00). The aim is to reduce the gap further.
Proportion of people with long term conditions who feel supported to manage their condition	Annual Higher is better	66.7% 2014-15	England: 64.3% (Jul 15-Mar 16)	68.0%			n/a	This indicator is calculated nationally by NHS England and reported in the Health and Social Care Information Centre (HSCIC). The latest value for this indicator is 68% for the period July 2015 - March 2016. New data is due to be released in September 2017.
The number of disabled people in receipt of personal budgets (including Direct Payments and Personal Health Budgets)	Quarterly Higher is better			669	863		n/a	The figure includes 669 reported by the Department of Adult Social Services and 194 by Children and Young People which includes 184 young people in receipt of Direct Payments, 3 with an Education Health and Care Plan and 7 with Personal Budgets.
Adults with a learning disability who live in stable and appropriate accommodation	Quarterly Higher is better		England: 75.4% (2015-16) North West: 86.8% (2016-17)	84.0%	83.7%		Worse	Ensuring people with disabilities have stable and appropriate accommodation improves their safety, increases their independence and reduces their risk of social exclusion. There were 817 of the 1000 known to Department of Adult Social Services in settled accommodation. Allowing for those incomplete/incorrect records this is 83.71% of the total, with 159 (16.29% making the same allowances) in unsettled accommodation.

Zero tolerance to domestic violence

Overview from Lead Cabinet Member

Progress with work to deliver this pledge remains strong. This is due to improved ways of working across the partnership as a result of the creation of the Safer Wirral Hub. This new, integrated service delivery model is creating opportunities for all agencies to work more closely and share insight to better problem solve, plan and target services more effectively.

There is a continued focus to increase the awareness and reporting of domestic abuse. This will increase the number of referrals to the Multi Agency Risk Assessment Conference (MARAC. This is the reason a direction of improvement of 'higher is better' is being used for a number of the indicators being tracked. It is anticipated that once reporting levels have increased and stabilised to more accurately reflect the number of incidents occurring, the direction of improvement will change to 'lower is better'. The increase in levels of reporting and referral will increase the possibility of early intervention which should lead to a reduction in the number of high risk cases coming through the system.

During Quarter One, a new Peer Mentor Coordinator has been appointed to support and develop the work of the Domestic Abuse Community Champions. This will focus on the hotspot areas of Birkenhead, Seacombe and Wallasey. A new focus for this work will be on targeting Children's Centres to identify young parents and families that may be at risk of abuse. Work is also progressing in partnership with Wirral Change to improve the engagement with and support for the Black and Minority Ethnic communities in Wirral.

Wirral Plan Indicator	Indicator	Wirral Plan Start	Benchmark Data	Year End 2016-17	2017-18 Q1	Year End 2017-18	Trend (See Key)	Comment
Number of domestic abuse Wirral MARAC cases per 10,000 adult females	Quarterly Higher is better	54 2014-15	Most Similar Force Group: 44 (2016-17) National: 35 (2016-17)	52	Green Actual: 13 Target: 13		Same	
Children and young people experience domestic abuse (Wirral MARAC cases)	Quarterly Higher is better	1,289 2014-15		1,211	355		Better	The number of children and young people experiencing domestic abuse at Quarter 1 2017-2018 was 18% higher than the rate for Quarter 1 2016-17.
Percentage of incidents of repeat domestic abuse (Wirral MARAC cases)	Quarterly Lower is better	16% Apr 2014-Mar 15	Most Similar Force Group: 31% (2016-17) National: 26% (2016-17)	28%	Green Actual: 31% Target: 25%		Worse	The percentage of repeat incidents being reported is higher than the 28% for the previous quarter, but is still within the SafeLives recommended target rate of 28% - 40%. The rate has increased due to: - Clients being able to access more agencies, enabling the reporting of further incidents - An increase in the number of cases with identified complex needs of clients and perpetrators - Improved recording systems and information sharing across agencies

Supporting Measure	Indicator	Wirral Plan Start	Benchmark Data	Year End 2016-17	2017-18 Q1	Year End 2017-18	Trend	Comment
Number of Domestic Abuse cases referred to the Family Safety Unit (FSU)	Quarterly Higher is better	949 Apr 2014-Mar 15		1,092	221		Worse	The Family Safety Unit is a service for cases assessed as high risk; however they do not receive a full Independent Domestic Violence Advisory (IDVA) service and are not referred to MARAC; they are signposted to more appropriate services. This does not deter referrals through our front door that are not high risk as there are limited early intervention services for domestic abuse. However on going work under this pledge, such as the commencement of the Safer Wirral Hub, is increasing the early intervention offer for domestic abuse. It is expected that referrals will continue to rise for at least 12 -18 months, followed by a decrease in high risk cases.
% of children and Young People single assessments authorised with Domestic Violence (DV) related factors	Quarterly Lower is better	n/a		36.7%	35.5%		Better	
Rate of referrals to social care presenting Domestic Violence issues (adults aged 18+ years) per 100,000	Quarterly Higher is better	n/a		12.62	3.15		Better	A total of 8 new referrals have been commenced during Q1 2017-18, this is an increase of 1 (14%) when compared to Q1 of 2016-17. The target is to increase the reporting of domestic violence in the first years, as under-reporting is addressed.

Report Key

Trend - Performance is shown as Better, Same or Worse compared with the last reporting period except for: Number of domestic abuse Wirral MARAC cases per 10,000 adult females, Children and young people experience domestic abuse (Wirral MARAC Cases), Number of domestic abuse cases referred to the FSU, % of children and Young People single assessments authorised with Domestic Violence (DV) related factors, Rate of referrals to social care presenting Domestic Violence issues (adults aged 18+ years) per 100,000 which are compared with same period the previous year.

Target - Where targets apply, these are shown as either Blue, Green, Amber, Red based on the agreed tolerance range for individual measures.

Action - These are shown as either:

- Green (on track to deliver on time)
- Amber (off track but action being taken to deliver on time)
- Red (off track and won't deliver on time)

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Appendix 2

Adult Social Care & Health Performance Overview - Quarter 1 2017/18



No.	Description	Performance 2016/17	North West Average 2016/17	YTD Performance	Forecast Outturn	Overall Status	Annual Trend	Reporting Period	Comments
1	Increase the number of people with learning disabilities who have access to employment and training opportunities	2.3%	4.2%	2.5%	2.7%	R		Jun-17	<p>A total of 25 people (of 1,009) with a learning disability are currently in paid employment.</p> <p>Work is on-going with Wirral Evolutions to review the people in supported employment to check for eligibility for inclusion in this measure and to explore further opportunities to support individuals into employment.</p> <p>The Council has recently been awarded Disability Confident Employer status and is working towards becoming a Disability Confident Leader in conjunction with the Wirral Chamber of Commerce. A programme of internships is to be proposed with Wirral Met College and the DWP have an employment advisor working with disabled people and small businesses.</p>
2	Adults with a Learning Disability living at home or with their family	86.3%	87.8%	84.0%	85.0%	G		Jun-17	<p>Overall performance across the North West fell by 2% when comparing 2016/17 to 2015/16, Wirral performance has fallen by a comparable rate.</p> <p>The reduction in performance can be linked to the increasing number of permanent admissions of younger adults to care homes which is representative of an ageing population of people with a learning disability.</p> <p>In line with the aim to develop a further 300 extra care units by 2020 a supported housing strategy for people with disabilities will be in place by the autumn and a steering group will be established.</p>
3	Permanent admissions of younger adults (18-64) to residential and nursing care homes, per 100,000 population	19.7	16.1	19.4	19.4	R		Jun-17	<p>There have been a total of 9 permanent admissions during Q1 with an equal proportion of people admitted with a learning disability, physical disability or mental health issue.</p> <p>The increase is representative of demographic pressures which are forecast to continue over the next 5 years. Population estimates indicate a year on year growth of 1.5% of individuals with moderate or severe disabilities. Availability of appropriate accommodation will be a key issue and is being addressed through the development of extra care housing options for people with learning disabilities.</p> <p>A number of extra care schemes remain in the early stages of development along with a number of other development options under consideration.</p>
4	Permanent admissions of older people (65+) to residential and nursing care homes per 100,000 population	750.5	716.1	682.8	690.6	G		Jun-17	<p>To date there have been a total of 116 older people admitted to a permanent care home placement which is 9% lower than Q1 2016/17.</p> <p>Hospital discharges continue to account for over half of all placements, the introduction of the new Transfer to Assess model in August 17 should have a further positive impact on the number of people being placed.</p>

Appendix 2

Adult Social Care & Health Performance Overview - Quarter 1 2017/18



No.	Description	Performance 2016/17	North West Average 2016/17	YTD Performance	Forecast Outturn	Overall Status	Annual Trend	Reporting Period	Comments
5	Average monthly bed days lost due to delayed transfers of care per 100,000 population	326.3	Data not yet available	411.9	305.8	R		Jun-17	<p>Following acute recording changes mid-year (2016/17) the system is now reporting in line with national requirements.</p> <p>NHS England through the Better Care Fund (BCF) have agreed targets for delayed discharges with a national ambition of no more than 3.5% of acute bed capacity being occupied by delayed transfers. This is also a key performance indicator in the BCF for 2017/19.</p> <p>There is now a whole system focus and transformational change will improve the position which will be driven by a number of key initiatives:</p> <ul style="list-style-type: none"> • Clinical Streaming at the hospital front door will go-live 4th September; • Transfer to Assess (T2A) model will go live 22nd August; • CHC Assessment targets to be agreed
6	Proportion of new requests for support resolved by advice and information	58.3%	Local Measure	59.8%	60.0%	G		Jun-17	
7	Proportion of new requests for support resulting in long term services	6.4%	Local Measure	5.3%	6.0%	G		Jun-17	
8	Proportion of people who have received short term services to maximise independence requiring no on-going support	82.4%	Data not yet available	83.2%	83.0%	G		Jun-17	
9	Percentage of people discharged from hospital into reablement / rehabilitation still at home after 91 days	83.6%	81.9%	82.0%	83.0%	G		Jun-17	<p>Performance has reduced slightly from 2016/17 but remains in line with the North West average.</p> <p>Of those people who did not remain in their own home, 60% had passed away and 30% had been re-admitted to hospital.</p> <p>Non-elective re-admission rates remain higher than the North West average, on-going redesign of Urgent Care pathways along with the implementation of the Transfer to Assess model in August will seek to improve re-admission rates. Primary care streaming will also support this by redirecting people from acute settings to community services.</p>
10	Number of episodes of reablement / intermediate care intervention for clients aged 65+ per 10,000 population	474.11	250.8	429.1	450.0	G		Jun-17	<p>Despite a reduction in activity reported levels are significantly higher than the North West average.</p> <p>Capacity of home based reablement has been affected by pressures within the domiciliary care market. Providers are experiencing capacity issues and have cited particular issues with regards rostering staff associated with 15 minute calls and keeping packages open if an individual has been placed in hospital. In order to support an outcomes focussed approach the Council has agreed to pay all calls as a minimum of 30 minutes and to increase the retainer paid linked to hospital admissions from 48 hrs to 7 days.</p> <p>Whilst capacity and throughput are an area of concern the continuing positive outcomes of individuals who receive reablement should be noted.</p>



**Adult Care and Health Overview and Scrutiny Committee
Wednesday, 13 September 2017**

**Children and Families Overview and Scrutiny Committee
Tuesday, 26 September 2017**

REPORT TITLE:	Feedback from member workshop on All Age Disability and Mental Health Transformation Project
REPORT OF:	The Chairs of the Adult Care and Health OSC (Cllr Julie McManus) and the Children and Families OSC (Cllr Tom Usher)

REPORT SUMMARY

As part of their work programme, members have previously agreed to scrutinise proposals arising from the Council's Transformation Programme. This form of pre-decision scrutiny gives non-Cabinet members the opportunity to influence developing proposals. It was, therefore, agreed to hold a workshop to give members the opportunity to review the proposals being developed by the All Age Disability and Mental Health Service Transformation Project. As the project has implications for both children and adult services, it was agreed that members of both the Adult Care and Health Overview & Scrutiny Committee and the Children and Families Overview and Scrutiny Committee should be invited to attend. This report summarises the findings of the workshop, which was held on Wednesday 2nd August 2017, and will be reported to both committees at their meetings in September 2017.

RECOMMENDATION/S

It is recommended that:

- 1) Committee notes the report;
- 2) Committee refers the report to a future meeting of Cabinet.
- 3) The Full Business Case is developed to ensure that the key points made by Elected Members, detailed in the report, are addressed.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

To ensure that the views of scrutiny members relating to the outline business case for the All Age Disability and Mental Health Service Transformation Project are reflected to Cabinet, prior to further relevant decisions being taken.

2.0 OTHER OPTIONS CONSIDERED

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

3.0 BACKGROUND INFORMATION

3.1 Scrutiny workshop – 2nd August 2017

A workshop was held on 2nd August 2017 to review an outline business case which forms part of Wirral Council's Strategic Transformation Programme. The business case relates to the All Age Disability and Mental Health Service Transformation Project. As the scope of the project has potential implications for recipients of both children and adult services, all members of the Adult Care and Health Overview & Scrutiny Committee and the Children and Families Overview and Scrutiny Committee were invited to attend. Eleven committee members attended the session. The Director of Health and Care and the Assistant Director of Health and Care Outcomes led a presentation to explain the details of the outline business case. This was followed by a question and answer session to give members the opportunity to comment on the proposals.

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

3.2 Proposal for change

Full details of the proposals for change are available in the outline business case for the All Age Disability and Mental Health Service Transformation Project. The Outline Business Case sets out a proposal to transform the Council's Mental Health Service and the Disability Teams across Children's and Adult Services by developing integrated pathways to work more closely with key partners to drive forward integration and service efficiencies. National policy for 'All Age Disability Integration' and 'Health and Social Care Integration' provides the national direction for change and is a key driver for local transformation across services.

The All Age Disability and Mental Health Service Transformation Project covers a number of areas of provision as detailed in the table below. It will impact upon approximately 145 staff members, across three service areas within the Delivery Division of the Council across Children and Adults Social Care:

	Team	Office Location	Approx. Staff Numbers	Provision/Function
1	Community Mental Health Service (Adults)	St Catherine's Health Centre, Birkenhead.	85 Staff	<ul style="list-style-type: none"> Assessment, Care Co-ordination, Care Planning, Support Service, Discharge of Statutory duty under Mental Health Act and Mental Capacity Act Legislation.
2	Integrated Disability Service (Adults)	Old Market House, Birkenhead Moving to Millennium Centre	27 Staff	<ul style="list-style-type: none"> Assessment, Care Management, Care Planning, Care Coordination, Back Office/Team Support, Continuing Health Care Reviews.
3	Children with Disability Services	Social Work Team based at Wallasey Locality Office, Wallasey - Moving to Millennium Centre	33 Staff	<ul style="list-style-type: none"> Assessment, Care Management, Care Planning, Care Co-ordination, Support Service, Direct Payments, Back Office/Team Support.

The service provision included within the scope of the project is:

- The All age disability social work service providing services to children, young people and adults with a disability, children in need, complex need or health problem;
- The mental health social work service providing services to adults with a range of mental health conditions.

It should be noted that the Child and Adolescent Mental Health Service (CAMHS) and the Special Educational Needs Disability (SEND) Services are not within the scope of the project.

During the course of the project, the number of options was refined to produce four potential Alternative Delivery Models (ADMs):

Ranked	Shortlist of 4 ADM Options
1 st	Formal partnership/contract with a local community public sector health trust/provider – full staff transfer to integrate health and social care colleagues within the All Age Disability and Mental Health Setting.
2 nd	Joint working with other Public Sector health provider/s – Exploring Joint Management arrangements, Joint Committees, Joint Ventures (less formal arrangements than option 1)
3 rd	Remain In-House and Restructure/Re-engineer Services.
4 th	Set up a community interest company/trust as a joint venture with a local health trust.

Following further analysis, the preferred option for the project is for the Council to agree a formal partnership / contract with a local community public sector health trust to integrate health and social care colleagues within the All Age Disability and Mental Health setting. It is the Council's intention to enter into an agreement with Cheshire and Wirral Partnership Trust, delegating the delivery function of assessments and care planning for children, young people and adults with a learning disability, mental health or complex need. This is likely to be via a Section 75 agreement.

Significant stakeholder engagement, including staff and service users is taking place regarding the proposal, with the intention of a Full Business Case being developed for presentation to Cabinet (and the CWP Board) later this year.

3.3 Elected member comments

During the session the following comments were raised by members:

Overview:

Members were supportive of the principles of integration between health and social care and the drive towards more integrated services which span the life of service users across childhood and adulthood.

Service quality

Member Comment: A member asked how service provision could be improved from the perspective of the public.

Response: A number of consultation events, particularly during the development of the All Age Disability Strategy, informed officers that service users want joined up services and "want to tell their story once". This transformation project is aiming to build those comments into future service delivery.

Access to mental health services

Member Comment: A member expressed concern regarding the ease of access to mental health services, with a significant number of mental health patients being identified by the police, rather than being referred to appropriate services by GPs.

Response: Most referrals to the current mental health service are made by GPs. The proposal for the new service includes consideration of a single point of contact for any part of the integrated service. There will then be different pathways for different client requirements within an integrated service. The service would align to four Integrated Care Coordination Hubs (ICCHs), based in each of the four constituencies and will be responsible for providing a coordinated response to the client. The ICCHs are developing strong links with the GP surgeries within their locality. Officers agreed to ensure that

greater emphasis is placed upon GPs having the confidence to make referrals knowing that patients will be dealt with effectively.

Service standards

Member Comment: Will partner organisations be in a position to deliver services to the same standard as the Council has achieved in the past?

Response: Members were reassured that CWP is a very good organisation, which works with a person-centred approach and focussing on people's wellbeing. However, there is also an opportunity to build robust accountability into the service specification. It was also noted that services must also match the requirements of the Care Act and relevant Children's legislation.

Financial efficiencies

Member Comment: Members raised concerns about the ability to achieve long-term financial efficiencies and how the Council can influence that when the service is under NHS management.

Response: The proposal is for all related staff to be transferred to the new service provider, that is, there are no proposals for staffing reductions. Efficiencies will be achieved over a period of time from care provision. Savings will be achieved by working together more effectively, for example, by having more outcome focussed client assessments. In the case of a previous service transfer to Wirral NHS Community Trust, the Council retains the budget for commissioning with call-off against the budget. If at any point the budget is under pressure there will be very close liaison between the two organisations. A similar model is envisaged for the All Age Disability and Mental Health Service. There will be demanding performance management arrangements in place. Joint commissioning of services with Wirral CCG will result in some shared risk with the CCG. However, significant financial pressures remain on the NHS, particularly in the acute care sector.

Staff conditions including pensions

Member Comment: Previous transfers of staff to alternative providers have led to concerns relating to potential erosion of working conditions, including pension entitlements.

Response: During the recent project to transfer social workers to Wirral NHS Community Trust, there were complex issues to resolve regarding staff conditions and, in particular, pensions. As that work has already been done, it is hoped to approach those issues in a similar way. Members were reassured that with the transfer of staff to Wirral NHS Community Trust those staff were supported to remain part of the Local Government Pension Scheme (LGPS). That approach has now been set as a way of working. Such issues should, therefore, be quicker and easier to work through.

Adaptations to properties

Member Comment: Is the Adaptations Team involved as part of the project? Member concerns were expressed regarding the delivery of the adaptations scheme both currently and in the future. In particular, the ability of social landlords to effectively deliver adaptations on a consistent basis was raised.

Response: Many clients of the all age disability service need specialist equipment, hoists and adaptations. Social workers will assess the needs of the client; the relevant housing provider will arrange for any work to be carried out. Members were informed that the Disabled Facilities Grant (DFG) is not within the scope of the project. (Note: The DFG is a means-tested financial grant to help meet the cost of adapting a property where a person with disabilities lives). The DFG is passported from the Better Care Fund to the Council, which is responsible for delivering the service.

Staff concerns

Member Comment: During staff consultation, what concerns have been raised to date?

Response: The issues raised by staff have been similar to those raised during the previous staff transfer (to Wirral NHS Community Trust). These are:

- A desire to maintain a social work ethos;
- The need to maintain a culture of social care within a health organisation;
- The danger of the service being diluted within a large organisation;
- Concerns relating to how the NHS manages change;
- Terms and conditions / pensions.

In the case of the Wirral NHS Community Trust transfer, that organisation has responded positively by introducing new positions to focus on the importance of professional standards for social care.

Mental health services for children

Member Comment: It is noted that the commissioning of CAMHS services is not within the scope of the project. However, a recent Ofsted monitoring letter was critical of the CAMHS waiting times.

Response: The lead commissioner for the CAMHS service is Wirral CCG (rather than Wirral Council) and, as it is a commissioned service, this is why it is outside the scope of the project. At present, the CCG and Wirral Council are drafting for the first time an integrated specification where resource will be combined and outcomes and outputs are focused around Future in Mind priorities such as improving waiting times, access to effective support and a focus to support vulnerable groups.

Child protection

Member Comment: Concerns were raised regarding the most appropriate place for child protection (of children with disabilities) within the reorganised structure.

Response: The most appropriate place for the important function of child protection within the new service is part of the detailed service modelling which needs to be agreed. Further discussion needs to take place internally and also with health partners. It is possible that the proposal may be that child protection cases should be referred back to a child protection team which is retained within the Council.

Agile working and computer systems

Member Comment: How will the computer systems of the two organisations be joined up?

Response: It is proposed that Liquid Logic will continue to be used as it is already used by children and adult social workers. This was the model used for the Wirral NHS Community Trust transfer. In terms of agile working, Members were informed that many social workers prefer to enter data into software following meetings with clients (rather than during the meeting).

Community assets

Member Comment: To what extent will community assets be used to support the project?

Response: It is intended that these services will be part of a broader community offer, which enables people to better engage with their communities.

Performance monitoring

Member Comment: How will success be measured?

Response: A range of Key Performance Indicators (KPIs) will be used to measure service provision based on both national and local reporting requirements. The performance measures will include such indicators as response times and experience of the client. Some data is easily collectable from systems; other data is more qualitative.

Summary

Members drew particular attention to the issues relating to:

- the implementation of adaptations to properties for people with disabilities (including the relationship between occupational therapists and the social landlords)
- The process for the referral by GPs of patients with mental health issues to the relevant service.

4.0 FINANCIAL IMPLICATIONS

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

5.0 LEGAL IMPLICATIONS

There are no legal implications arising from this report

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

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

7.0 RELEVANT RISKS

Not Applicable

8.0 ENGAGEMENT/CONSULTATION

This scrutiny process is part of the consultation process for the transformation project.

9.0 EQUALITY IMPLICATIONS

There are no direct equality implications of this report.

REPORT AUTHOR: Alan Veitch
Scrutiny Support
telephone: 0151 691 8564
email: alanveitch@wirral.gov.uk

APPENDICES

Appendix 1: Workshop attendees

REFERENCE MATERIAL

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

Appendix 1: Workshop Attendees

Members:

Tom Usher
Julie McManus
Moiria McLaughlin
Brian Kenny
Alan Brighthouse
Paul Stuart
Phil Gilchrist
Chris Meaden
Christina Muspratt
Adrian Jones
Irene Williams

Officers:

Graham Hodkinson
Jason Oxley
Michael Murphy
Elaina Quesada
Ursula Bell
Mike Callon
Alan Veitch

Apologies:

Leslie Rennie
Tony Jones
Tom Anderson
Wendy Clements
Jean Stapleton
Gerry Ellis
Cherry Povall
Bruce Berry
Tracey Pilgrim
Gillian Wood
Treena Johnson

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POLICY INFORM:

Adult Care and Health



Policy Inform- September 2017

The Policy Inform briefings will provide an overview of ongoing and recent national legislation, bills presented to Parliament and emerging policies.

The Policy Inform briefings have been produced specifically to inform Portfolio Holders and Elected Members and will be taken to the relevant Overview and Scrutiny Committees for discussion.

CONTENTS

Contents	Page Number
Introduction	3
Queen's Speech 2017	5
EU Exit Bills	7
Older People Live Well	9
Vulnerable Children Reach Their Full Potential	12
People with Disabilities Live Independently	16
Sources	20

INTRODUCTION

The Wirral Plan:

A 2020 Vision which sets out a shared partnership vision to improve outcomes for Wirral residents.

The Plan focuses on three key theme areas:



The Wirral Plan People theme states:

“Wirral is a place where the vulnerable are safe and protected, every child gets a good start in life and older residents are respected and valued.”

This policy briefing focuses specifically on policies and legislation relating to the People Priority and is intended to provide Members of the Adult Care and Health Overview and Scrutiny Committee with the latest position on emerging policy and legislative developments to support the committees work programme and future scrutiny work.

The following table outlines the timetable for the preparation and reporting of policy briefing papers:

Overview & Scrutiny Briefings	
September 2017	This policy briefing will provide an overview of emerging policy and legislation outlined within the Queen’s Speech, with a particular focus on legislation emerging as a result of the UK’s exit from the European Union. This policy briefing will also provide an initial analysis of any opportunities and implications for Wirral as a result of emerging policy and legislation.
November 2017	This policy briefing will provide an update on policy and legislation and will consider relevant opportunities and implications for Wirral.
January 2018	This policy briefing will provide an update on emerging on policy and legislation and will further consider any relevant opportunities or implications for Wirral.

The September policy briefing focuses on the key announcements from the Queen’s Speech and provides an overview of emerging policy and legislative developments that have been aligned to the Wirral Plan pledges for consideration.

The Committee may wish to identify specific policy areas to focus upon which are in line with the Committee’s work programme. Detailed briefing papers can be prepared for these subject matters at the request of the Committee which would be in addition to the regular policy briefing papers outlined above.

QUEEN'S SPEECH 2017

On Wednesday 21st June 2017, the Queens Speech was delivered, outlining the Government's programme of legislation and policies for the coming year.

Below is a list of each individual Bill that will have implications for local government that was announced during the speech, including those Bills carried over from the 2016-17 session. The list identifies the Overview and Scrutiny Committee remit that the legislation most closely aligns:

Legislative Plans	Overview and Scrutiny Committee
Repeal Bill	EU Exit - All Committees
Customs Bill	EU Exit - All Committees
Trade Bill	EU Exit - All Committees
Immigration Bill	EU Exit - All Committees
Fisheries Bill	EU Exit - All Committees
Agriculture Bill	EU Exit - All Committees
Nuclear Safeguards Bill	EU Exit - All Committees
International Sanctions Bill	EU Exit - All Committees
Automated and Electric Vehicles Bill	Business
High Speed 2 Phase 2A Bill	Business
Good Mortgages Bill	Environment
Smart Meter Bill	Environment
Draft Domestic Violence and Abuse Bill	Children and Families
Courts Bill	Environment
Data Protection Bill	Business
Draft Patient Protection Bill	Adult Care and Health

Draft Tenants' Fees Bill	Environment
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Additional Bills that have been announced are outlined below. These will be monitored in relation to any emerging implications for Local Government and reported to the relevant Overview and Scrutiny Committee as appropriate.

Additional Legislative Plans
Space Industry Bill
National Insurance Contributions Bill
Travel Protection Bill
Civil Liability Bill
Financial Guidance and Claims Bill
Armed Forces Bill

The Bills relevant to Adult Care and Health are discussed in further detail in this paper.

EU EXIT BILLS

This year's Queen's speech came in the wake of a General Election that left the Conservative Government without a majority. Below are the bills within the 2017 Queen's Speech which directly relate to the EU Exit.

REPEAL BILL

The Repeal Bill will be introduced to repeal the European Communities Act and provide certainty for businesses and individuals; this affects a wide range of laws from workers' rights to the environment. It will allow for a smooth and orderly transition as the UK leaves the EU. This will convert EU law into UK law, this will enable some continuity after what the bill calls "exit day". The UK Parliament will be free to make any future changes to its laws, and where appropriate the devolved legislatures.

It will create temporary powers for Parliament to make secondary legislation, allowing corrections to be made to the laws that do not operate appropriately after exiting the EU. It will also maintain the scope of devolved decision making power immediately after exit and replicate the common UK framework created by EU law.

The Bill includes a clause, "The charter of fundamental rights is not part of domestic law on or after exit day", it is thought this will be opposed by opposition parties. Both Scottish and Welsh governments have said they will try to block the bill, they do not have the power to block Brexit but refusing legislative consent would be difficult for the government.

The Repeal Bill could be an opportunity for local government, if shares of repatriated powers are devolved to local government there is an opportunity to shape legislation.

The Government recognises that the following fields will be particularly affected by Brexit and therefore more extensive legislative intervention will be required at the domestic level.

CUSTOMS BILL

The Customs Bill will ensure that the UK has a standalone UK customs regime on exit. It will establish a degree of flexibility to accommodate future trade agreements with the EU and others. The changes can be made to UK's VAT and excise regimes on exit from the EU, whatever the outcome of negotiations.

It will ensure the government can collect payments of customs duties, tackle duty evasion and administer the customs regime. It will also bring control over the UK's import and export of goods.

TRADE BILL

This Bill will put in place to allow Britain to strike free trade deals with countries around the world while ensuring domestic businesses are protected from unfair trading practices. It will establish an independent trade policy on exit from the EU. It will cement the UK as a leading trading nation, "driving positive global change through trade".

IMMIGRATION BILL

The Immigration Bill will end the free movement of people of EU nationals into the UK and allow the government to control the number of incomers from Europe. However the Bill would still allow the country to attract “the brightest and the best”.

It will allow for the repeal of EU law on immigration (primarily free movement), that will otherwise be saved and converted into UK law by the Repeal Bill. It will also ensure that the migration of EU nationals and their families are subject to relevant UK law upon exiting the EU.

FISHERIES BILL

The Bill will ensure the UK controls access to its waters and sets UK fishing quotas once it has left the EU. It will bring control of its waters back to the UK and allows the government to set its own fishing quotas after Brexit. It is claimed that this will “help ensure prosperity for a new generation of fishermen as well as preserve and increase fish stocks”.

AGRICULTURE BILL

The Agriculture Bill will ensure there is an “effective system” in place to support UK farmers and protect the natural environment after the UK leaves the EU, i.e. leaving the Common Agricultural Policy. It wants to bring about “stability” for farmers.

NUCLEAR SAFEGUARDS BILL

This Bill will ensure a nuclear safeguards regime is established as the UK leaves the EU and Euratom (Brexit may require the UK to leave the auspices of Euratom). The UK continues to meet its international obligations for nuclear safeguards, as applies to civil nuclear material through the International Atomic Energy Agency.

This Bill will give the Office for Nuclear Regulation the powers to take on the responsibilities to meet international nuclear rules.

INTERNATIONAL SANCTIONS BILL

This Bill will ensure that as a permanent member of the UN Security Council, the UK continue to play a central role in negotiating global sanctions to counter threats of terrorism, conflict and the proliferation of nuclear weapons, as well as bringing about changes in behaviour.

This Bill will establish a new UK framework to implement international sanctions on both a multilateral and unilateral basis. It will also return decision making powers on non-UN sanctions back to the UK.

OLDER PEOPLE LIVE WELL

We will support older people to live independently in their homes and help prevent social isolation. We will seek ways to show we value the experience and knowledge of older people and encourage more volunteering and mentoring opportunities within our communities

Our Pledge Ambition:

To achieve this, we must talk more regularly to older residents in Wirral. Over the five years of this plan, we will ensure more older people tell us they have a good quality of life and feel valued and respected in their communities. We will identify a benchmark in our 2015 Survey and show continuous improvement over the life of this plan.

Outcome Strategy: 1) Being an active part in strong, thriving local communities. 2) Enjoy a happy home life. 3) Being emotionally and physically healthy. 4) Being financially secure. 5) Having better access to the right information and support.



Associated Legislation:

Draft Patient Protection Bill

Reporting stage:

The purpose of the Bill is to:

1. Improve how the NHS investigates and learns from mistakes by establishing an Independent Health Service Safety Investigation Body.
2. Create a prohibition on the disclosure of information held in connection with an investigation conducted by the Health Service Safety Investigation Body, enabling participants to be as candid as possible. This prohibition will not apply where there is an ongoing risk to the safety of patients or evidence of criminal activity, in which case the Investigation Body can inform the relevant regulator or the police

Concerns and progress so far:

This Bill ensures that serious incidents can be investigated without the need for lawyer-led inquiries, which can be expensive.

Associated Legislation:

Right to Die at Home Bill

Reporting stage: The first reading of this Bill was in the House of Lords on 10th July 2017. The date of the second reading is yet to be announced.

The purpose of the Bill is to:

1. Create a right to die at home.

Concerns and progress so far:

This is to make provision for any eligible person resident in the UK to have an effective right to die at home or at the place that the person regards as home.

This decision must clearly be recorded by GPs in the person's medical records and health and social care staff shall be required to implement and facilitate the wish of a person to die at home.

This will extend to England and Wales only.

Associated Legislation:

Access to Palliative Care Bill

Reporting stage: The Bill's first reading was on 5th July 2017 in the House of Lords. The date for the second reading is yet to be confirmed, this will include a general debate on all aspects of the Bill.

The purpose of the Bill is to:

1. Make provision for clinical commissioning groups to ensure that persons in their area have access to specialist and generalist palliative care and appropriate support services.

Concerns and progress so far:

This Bill gives CCG's responsibility to ensure that persons in their area with palliative care needs have access to appropriate health services, including access to pain and symptom management, psychological support for the person and their relatives and information regarding the person's condition and palliative care. Clinical Commissioning Groups must publish a strategy on providing for palliative care needs as required, this must be published 9 months after the commencement of the Act and must be reviewed and revised every 3 months.

Associated Emerging Research:

Adult Social Care Update

[LocalGov, 24/07/2017](#)

Summary-

Care Quality Commission issued a report claiming that 1 in 4 care homes are unsafe and a third are failing to provide safe levels of care. Research has shown that people already in the care system that the majority are satisfied (68%) with the care services they currently receive, clearly a need for improvement when it comes to certain aspects of care and support services on offer with only 44% satisfied with their care provider, 41% with their residential care and 33% with respite care they offered.

There is an issue around personalisation of social care with only 41% of people believing their care services are tailored to their needs. Many people are worried about the care they will receive in the future, including quality and standard of care, cost of care and impact of care on quality of life.

Use of technology as an aid to care is a new approach, with three-quarters of respondents said they would be happy to trial it.

Brief Analysis-

This research points in the way adult social care is accessed, managed and delivered in the UK. It's important that as people approach retirement they have confidence that their care needs will be met, in order to meet this better visibility of social care and community based care and support is needed.

The research did highlight that local authorities have a rating of "no trust" or "low trust" by 71% by those cared for. Councils need to overcome lack of trust through enabling the public to understand social care better.

Potential implications for the Wirral Plan as a result of emerging legislation and policy:

There are currently no potential implications as the emerging legislation is in the early stages of development.

The legislation will continue to be monitored and implications will be captured in the next Policy Inform paper which will be published in November 2017.

VULNERABLE CHILDREN REACH THEIR FULL POTENTIAL

We want to see Wirral's children thrive and be safe in their own families and communities. Today, nearly 700 young people are living in care on Wirral. Over the term of this plan we aim to reduce that by a third.

Our Pledge Ambition:

By focusing on prevention, more children and young people will avoid the need to enter care, and for those who are looked after, we will provide quality care and services to enable them to reach their full potential.

Outcome Strategy:

Wirral's Strategy for Children, Young People and Families- Priorities: 1.

Children are ready for school 2. Young people are ready for work and adulthood 3. Vulnerable children reach their full potential



Associated Legislation

Currently there is no emerging legislation aligned to this Wirral Plan Pledge. The Pledge will continue to be monitored for any developments

Associated Emerging Research:

£30 million boost for vulnerable pupils

[LGA, 10/07/2017](#)

Summary-

Children's minister Robert Goodwill has announced funding for 24 projects, as part of the Children's Social Care Innovation Programme. In his first address to the children's social care sector since being appointed as Minister, he confirmed that a further 24 projects will receive a share of £30 million to take their important work forward.

Brief Analysis-

This programme has supported 95 projects to date, providing evidence of best practice that is helping to improve children's services across the country.

For example, the Credo Care's project, working with Hertfordshire and Staffordshire, aims to find specialist foster placements close to home for young disabled people currently living in out-of-area residential care. This new type of foster caring will focus on young people with the most complex needs.

All of the projects which receive funding through the Innovation Programme are committed to sharing their learning with the sector, and today we are also publishing evaluation reports of some of the remaining projects from round one.

Associated Emerging Research:

Queen’s Speech: Councils response to lack of measures to address children’s social care funding pressures

LGA, 21/06/2017

Summary-

In response to the Queen’s Speech and the lack of measures to address the impending crisis in children’s social care, Cllr Richard Watts, Chair of the LGA’s Children and Young People Board, said:

“Councils were hoping for measures to be announced to address the funding gap facing children’s social care. Pressures facing children’s services are rapidly becoming unsustainable, with a £2 billion funding gap expected to open by 2020.”

Brief Analysis-

He went on to add:

“Councils are committed to providing the best possible support to vulnerable children and their families, but the fact is that local authority budgets continue to shrink whilst demand for children’s social care services has more than doubled. In the last ten years, we’ve witnessed a 140 per cent increase in child protection enquiries, and this shows little sign of abating.

“Local government leaders are calling on the Government to commit to the life chances of children and young people by acting urgently to address the £2 billion funding gap. This gap will continue to grow unless action is taken now to reduce the number of families relying on the children’s social care system for support.”

Associated Emerging Research:

Multi-million fund reaches record number of adoptive families

DfE, 2/08/2017

Summary-

A fund used to help struggling families who adopt vulnerable children has reached almost 18,000 homes, providing vital emotional support. The £52 million fund released through the Adoption Support Fund has already helped 22,000 children.

Associated Emerging Research continued:

Multi-million fund reaches record number of adoptive families

DfE, 2/08/2017

Brief Analysis-

Announcing the success of the Adoption Support Fund, Minister for Children and Families Robert Goodwill also confirmed that a further £5 million will be invested in a number of innovative projects across the country, designed to improve families' experiences of adoption. It is part of a government drive to deliver the best possible services for vulnerable children.

Robert Goodwill, Minister for Children and Families, said:

"Every parent wants their child to grow up feeling loved and understood, and anyone with the commitment and compassion to adopt a child should have the backing of a strong support network. We know that caring for these young people, particularly those with more complex needs, can be a struggle at times.

With the right therapeutic support, children and families will be able to embrace the new life ahead of them, and I'm delighted that the Adoption Support Fund has supported so many thousands of people already, as part of our plan for a fairer society".

Associated Emerging Research:

Closing the Gap? Trends in Educational Attainment and Disadvantage

Education Policy Institute, 01/08/2017

Summary-

A new review by The Education Policy Institute (EPI) has examined the progress made in closing the gap in attainment between disadvantaged pupils and their peers. Overall, the most disadvantaged pupils in the country have fallen further behind their peers, and are now on average over 2 full years of learning behind non-disadvantaged pupils by the end of secondary school.

Brief Analysis-

For pupils who are persistently disadvantaged (i.e. those that have been eligible for free school meals for 80 per cent or longer of their school lives), the gap at the end of secondary school has widened slightly since 2007, by 0.3 months. In 2016, it stood at 24.3 months, equivalent to over two years of learning.

There is also significant variation across the country. The disadvantage gap is generally smaller in London, the South and the East while in the East Midlands and the Humber, the North and the South West, the gap is significantly larger, at 22 months by the end of Key Stage 4.

EPI summarise that the current system is delivering change far too slowly. On the current trend, it will take a staggering 50 years before the gap is closed and disadvantaged pupils finally achieve parity with their more affluent peers.

Potential implications for the Wirral Plan as a result of emerging legislation and policy:

There are currently no potential implications as the emerging legislation is in the early stages of development.

The legislation will continue to be monitored and implications will be captured in the next Policy Inform paper which will be published in November 2017.

PEOPLE WITH DISABILITIES LIVE INDEPENDENTLY

It is our aim to support more people with disabilities to increase their independence and access to work, education and volunteering.

Our Pledge Ambition:

To do this we must listen to people with disabilities to fully understand their needs, how to best support them to be ready for work and enable more people to access employment opportunities over the next five years.

Outcome Strategy:

All Age Disability Strategy Priorities: 1. Working with partners to increase independence, choice and control for individuals. 2. Offer and create more employment and volunteering opportunities. 3. Ensure transport and public areas are accessible. 4. Implement an All Age Disability Service in Wirral.



People with Disabilities Live Independently



Associated Legislation:

Abortion (Disability Equality) Bill

Reporting stage: The Bill's first reading was 11th July 2017 in the House of Lords. The Date of second reading yet to be announced, this will include a general debate on all aspects of the Bill.

The purpose of the Bill is to:

1. Make provision for disability equality and for the provision of balanced information in respect of abortions.

Concerns and progress so far:

This is a Private Member's Bill, therefore more detailed will be released closer to the date of the second reading.

The Bill is looking to amend the Abortion Act in section 1(1)(d), before the first 'that' insert "that the pregnancy has not exceeded its twenty-fourth week". The Bill will also amend Section (2) adding:

"Before a termination is proceeded with –

- a) The parents of that child must be given full and accurate information regarding all options following a prenatal diagnosis of disability, including the keeping of that child, and
- b) This information must include information from disability family support groups and organisations led and controlled by disabled persons."

Associated Legislation:

Equality Act (2010) (Amendment) (Disabled Access) Bill

Reporting stage: The first reading took place on 27th June 2017 in the House of Lords. The date for the second reading is yet to be announced.

The purpose of the Bill is to:

1. Amend the Equality Act 2010 to improve access to public buildings by introducing six-inch and 12-inch rules for step-free access.

Concerns and progress so far:

The Bill is looking to insert “Reasonable steps taken under subsection 4 shall require buildings to introduce a ramp, suitable for wheelchair access in substitution for a single access step if the single access step is less than six inches”.

The Act extends to England, Wales and Scotland.

Associated Legislation:

Learning Disabilities (Review of Services) Bill

Reporting stage: The first reading of this Bill took place on 10th July 2017 in the House of Lords. The date of the second reading is yet to be announced.

The purpose of the Bill is to:

1. Make provision for the Secretary of State to undertake a public consultation on reviewing the provision of comprehensive and integrated services for adults with learning disabilities.

Concerns and progress so far:

The Secretary of State must undertake a public consultation to review the provision of services in England for adults with learning disabilities.

The public consultation must review the quality and extent of provision, including education and training services, employment services, housing and supported housing services, recreational services and public transformation services.

The consultation must also consider if the United Nations Convention on the Rights of Persons with Disabilities has been implemented and whether local authorities are meeting their general responsibilities.

Associated Legislation:

Mental Health Units (Use of Force) Bill

Reporting stage: The first reading took place on 19th July 2017 in the House of Commons. The second reading is due to take place on 3rd November 2017.

The purpose of the Bill is to:

1. Make provision about the oversight and management of the appropriate use of force in relation to people in mental health units and similar situations,
2. To make provision about the use of body cameras by police officers in the course of duties in relation of people in mental health units.

Concerns and progress so far:

The Bill was presented to Parliament through the ballot procedure. This is a Private Member's Bill the details of this Bill are not printed until close to the second reading debate.

Associated Emerging Policy:

Dementia Friendly Transport

[Gov.uk](http://gov.uk), 6/07/2017

Summary-

Transport is improving for people with dementia. The Bus Service Act was approved by Parliament, this gives them powers to ensure that buses make both audible and visual announcements about the route and the next stop. This brings reassurance of where the bus is heading and next stop could make all the difference to someone with dementia. The government is working with the bus industry, passengers and disability groups to develop the policy.

Rails companies are already improving their service to better serve people with dementia. East Anglia Trains has worked with the Alzheimer's society to deliver a dementia awareness pilot for staff at four stations.

In November, the Civil Aviation Authority published guidance on assisting passengers with hidden disabilities. Heathrow has pledged to train all of its 76,000 staff in dementia awareness and last year Gatwick won the Alzheimer's Society Dementia Friendly innovation award.

Brief Analysis-

The goal of the Department for Transport is to place the same importance on serving passengers with dementia as we do for physical disabilities. Later in 2017, the government will be publishing an accessibility action plan, this is looking to address barriers faced by disabled people using transport.

Associated Emerging Research:

Financial Insecurity, Food Insecurity and Disability: The Profile of People Receiving Emergency Food Assistance from the Trussell Trust Foodbank Network in Britain
[The Trussell Trust, 01/06/2017](#)

Summary-

A recent analysis have analysed the individual characteristics of those most likely to rely on food banks. It suggests those referred to food banks are an extremely vulnerable population. The findings highlight the depth of poverty, insecurity of incomes, and experiences of food insecurity and material deprivation amongst this group. It also shows the characteristics of those most likely to use food banks.

Brief Analysis-

The main findings of the analysis include:

- Households using food banks face extreme financial vulnerability. All food bank users had, in the last month, an income well below the threshold for low income
- Almost half of households reported their incomes were unsteady from week to week or month to month
- Half of households including someone with a disability
- Lone parents and their children constitute the largest number of people receiving help from food banks, though single male households are the most common household type
- Over 78% of households were severely food insecure
- Food bank users experience multiple forms of destitution- 50% had gone without heating for more than four days in the past 12 months, and 1 in 5 had slept rough in the last 12 months.

Potential implications for the Wirral Plan as a result of emerging legislation and policy:

There are currently no potential implications as the emerging legislation is in the early stages of development.

The legislation will continue to be monitored and implications will be captured in the next Policy Inform paper which will be published in November 2017.

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UK Parliament, Mental Health Units (Use of Force) Bill [HL] 2017-19. Available here: <http://services.parliament.uk/bills/2017-19/mentalhealthunitsuseofforce.html>



Adult Care and Health Overview and Scrutiny Committee Wednesday, 13 September 2017

REPORT TITLE:	Adult Care and Health Overview & Scrutiny Committee - Work Programme update report
REPORT OF:	Report of the Chair

REPORT SUMMARY

This report supports members in 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.

The report provides an update regarding progress made since the last Committee meeting held on 28th June. The current work programme is made up of a combination of scrutiny reviews, workshops, standing items and requested officer reports. This update report provides the committee with an opportunity to plan and regularly review its work across the municipal year. The current work programme for the Committee is attached as an appendix to this report.

RECOMMENDATION/S

Members are requested to:

1. Approve the proposed Adult Care and Health Overview & Scrutiny Committee work programme for 2017/18, making any required amendments.

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 UPDATE ON CURRENT SCRUTINY ACTIVITY

Since the Committee meeting on 28th June 2017, activity has taken place relating to the following:

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. There has been 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. Further sessions are now being planned for this review, including a visit to Tollemache Road. It is also intended that focus groups and a questionnaire for carers and service users will be utilised.

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 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). During June, members met with officers responsible for administering the scheme on behalf of Wirral CCG. Further meetings are also being scheduled with Wirral Council managers plus focus groups with practitioners and clients / families who have recent experience of the system.

All Age Disability and Mental Health Transformation Project

A workshop was held on Wednesday 2nd August to provide members with an opportunity to review proposals for the transformation of the All Age Disability and Mental Health services. As the proposals will impact on service delivery for both children and adults, a joint workshop was held with members of both the Children and Families OSC and the Adult Care & Health OSC invited to attend. A report summarising the findings of the workshop is included as a separate item on this evening's meeting agenda. The same report will also be included on the agenda of the Children and Families Overview & Scrutiny Committee meeting on 26th September.

3.2 FORTHCOMING ACTIVITIES

Spotlight session – Structure of the NHS

A Spotlight session will be held in October at which the Chief Officer of Wirral Clinical Commissioning Group (CCG), Simon Banks, will lead a discussion on the structure of the NHS, the interface with national policy, current challenges and future priorities.

Spotlight session - Specialist Transport

During scrutiny of the 2017 / 18 budget proposals, former members of the People Overview & Scrutiny Committee requested further updates regarding future proposals to re-model the Specialist Transport service. As any proposals will impact on service delivery for both children and adults, it is suggested that a joint workshop will be held with members of both the Children and Families OSC and the Adult Care & Health OSC invited to attend. It is currently envisaged that the session will be held before the end of 2017.

4.0 FINANCIAL IMPLICATIONS

Not Applicable

5.0 LEGAL IMPLICATIONS

Not Applicable

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

The delivery of the scrutiny work programme will be met from within existing resources.

7.0 RELEVANT RISKS

Not Applicable

8.0 ENGAGEMENT/CONSULTATION

Not Applicable

9.0 EQUALITY IMPLICATIONS

This report is for information to Members and there are no direct equality implications.

REPORT AUTHOR: Alan Veitch
Scrutiny Support
0151 691 8564
email: alanveitch@wirral.gov.uk

APPENDICES:

Appendix 1: Adult Care and Health Overview & Scrutiny Committee – Work programme

REFERENCE MATERIAL - SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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PROPOSED AGENDA ITEMS – Wed 13th September 2017

Item	Format	Officer
Minutes from Adult Care & Health OSC (28 th June)	Minutes	
Dynamic Purchasing Scheme for CHC (NHS Continuing HealthCare) beds (as agreed by Adult Care & Health OSC, 28/06/17)	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
Better Care Fund – Plan and priorities for 2017/18	Report	Graham Hodkinson
Financial Monitoring – 2017/18 Q1	Report	Peter Molyneux / Andrew Roberts to provide report
Performance monitoring – 2017/18 Q1	Report	Mike Callon to provide report
Feedback from joint workshop on All-age Disabilities and Mental Health transformation project	Report	Report of the Chair (Alan Veitch 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 Friday 25th August		

PROPOSED AGENDA ITEMS – Tues 28th November 2017

Item	Format	Officer
Minutes from Adult Care & Health OSC (13 th Sept)	Minutes	
Sustainability & Transformation Plan (STP) – progress	Report	Simon Banks, Wirral CCG
Accountable Care arrangements for Wirral	Report	Graham Hodkinson / Simon Banks
Access to mental health services, including talking therapies	Report	Wirral CCG
Standards in care homes and domiciliary care	Report	Graham Hodkinson
Performance monitoring – 2017/18 Q2	Report	Mike Callon to provide report
Financial Monitoring – 2017/18 Q2	Report	Peter Molyneux / Andrew Roberts to provide report
Policy Inform	Report	Rachel Howey to provide report
Work programme update	Report	Report of the Chair (Alan Veitch to provide report)
Deadline for reports to be with Committee Services: Monday 13th November		

ADDITIONAL AGENDA ITEMS – WAITING TO BE SCHEDULED

Item	Format	Approximate timescale	Lead Departmental Officer
GP 7 day working – progress report (Follow-up to committee report of 28 th November 2016 from Martyn Kent)	Report	To be agreed	Wirral CCG
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)
Draft Pharmaceutical Needs Assessment (PNA)	Report	To be agreed	John Highton
Drug use in Wirral (as agreed by Adult Care & Health OSC, 28/06/17)	Report	To be agreed	Julie Webster
Repeat prescription pilot scheme – progress with rollout including patient feedback (as agreed by Adult Care & Health OSC, 28/06/17)	Report	To be agreed	Susan Maire (Wirral CCG)
Avoiding Admissions scrutiny review – follow-up report (last reported to Committee in March 2017)	Report	To be agreed (Possibly March 2018)	Jacqui Evans
Impact of social care / health integration for older people (from both the perspective of WBC commissioning performance framework and of the service provider - Wirral Community Trust)	Report	To be agreed (Possibly January 2018)	Jason Oxley / Val McGee
Single Commissioning arrangements	Report	To be agreed	Graham Hodgkinson
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 Hodkinson/ 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	2 nd August 2017	Graham Hodkinson / Jason Oxley	Joint workshop with members of Children & Families OSC
Structure of the NHS, the interface with national policy, current challenges and future priorities	Spotlight / development session	October 2017	Simon Banks, Wirral CCG	
Specialist Transport	Workshop	Possibly Oct 2017	Julie Barnes	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	