



Adult Care and Health Overview and Scrutiny Committee

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

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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 - 14)**

To approve the accuracy of the minutes of the meeting held on 13 September 2017.

4. **EASTHAM WALK-IN CENTRE - UPDATE ON IMPACT** **(Pages 15 - 20)**

5. **URGENT CARE TRANSFORMATION** **(Pages 21 - 30)**

6. **PLACE BASED CARE ARRANGEMENTS FOR WIRRAL** **(Pages 31 - 38)**

7. **IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES (IAPT) SERVICE** (Pages 39 - 42)
8. **RESPONSE TO CQC PUBLICATION ON QUALITY** (Pages 43 - 52)
9. **FINANCIAL MONITORING REPORT QUARTER 2 2017/18** (Pages 53 - 60)
10. **2017/18 QUARTER 2 WIRRAL PLAN PERFORMANCE** (Pages 61 - 74)
11. **POLICY INFORM** (Pages 75 - 94)
12. **ADULT CARE AND HEALTH OVERVIEW & SCRUTINY COMMITTEE - WORK PROGRAMME UPDATE REPORT** (Pages 95 - 102)

ADULT CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Wednesday, 13 September 2017

Present: Councillors M McLaughlin L Rennie
W Clements P Stuart
P Doughty I Williams
G Ellis D Burgess-Joyce (In place of T Pilgrim)
P Gilchrist G Watt (In place of B Berry)
AER Jones C Meaden (In place of T Johnson)
C Muspratt M Sullivan (In place of J McManus)
T Norbury

13 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors B Berry, T Johnson, J McManus (Chair) and T Pilgrim; and Dr Sue Wells, Wirral Clinical Commissioning Group.

Councillor Moira McLaughlin in the Chair.

14 **ORDER OF BUSINESS**

The Chair proposed, and it was unanimously agreed that item 15 on the agenda (Any Other Urgent Business) be considered immediately after item 3 on the agenda (Minutes) given the importance of recent unannounced changes to the services provided at Eastham Walk-In Centre.

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

Councillor P Gilchrist declared a personal interest in proceedings by virtue of his position as a nominated governor representative on the Cheshire and Wirral NHS Partnership Trust.

16 **MINUTES**

With reference to Minute No. 5, Councillor T Norbury advised that he had not yet received the information he requested regarding the number of people who had been fully discharged from the CGL service. Subject to the information being provided, it was:

Resolved – That the minutes of the meeting of the committee held on 28 June 2017, be confirmed as a correct record.

URGENT BUSINESS APPROVED BY THE CHAIR - EASTHAM WALK-IN CENTRE

The Chair introduced an item of urgent business, and explained that the matter appeared at her request and that of Councillor Julie McManus. The Chair informed that after many years as a councillor (most of that time involved with health and social care) this was the first time she had known this happen, and how the action by the Clinical Commissioning Group (CCG) had resulted in very significant public concern, with a petition signed by around 5000 people, all 4 Wirral M.P.s were asking questions and expressing concern, as were the local councillors and colleagues on the Scrutiny Committee for Cheshire West and Chester Council.

The Chair further informed that it was very important that decision makers were held to account for the decisions they make and that health providers had a statutory responsibility to submit plans that may significantly change the delivery of service to this committee for scrutiny in advance of the proposed change, and that not to do this should only happen in exceptional circumstances.

The Committee noted that this plan had not been submitted in advance, and that no request by Wirral CCG had been made to include it on a future agenda. Members also noted that the Chair and Cllr McManus were not convinced by the explanation given to them on Friday 1 September when they had been called to a meeting with the CCG and Wirral Community Trust to be told that the planned closure was to take place on Monday 4 September. The explanation having been given being that the urgency was the need to protect the safety of patients and staff. Councillors McLaughlin and McManus were also unconvinced that sufficient consideration had been given to the negative impact the closure would have on people living in Eastham, particularly as the same day the closure took place, the only direct bus route from Eastham to Arrowe Park had been withdrawn.

The Chair expressed the concerns of the Overview and Scrutiny Committee that the recognised deficiencies in performance for the A&E service at Arrowe Park Hospital did not provide substantive grounds for the withdrawal of the Eastham Walk-In service, and begged the question as to why information had not been provided to Members on this matter and why earlier actions had not taken place by NHS management to address the issues at Arrowe Park.

The Chair called upon Mr Simon Banks, Chief Officer Wirral CCG to address the Committee on the reasoning behind the recent change to the services provided at Eastham Walk-In Centre.

Mr Banks informed the Committee that the urgency of this matter had arisen from the necessity of speed under the Trust's duty of care under the Health and Social Care Act 2012, and that the decision had been taken in consultation with the Chief Executives of both the Wirral Community Trust and Arrowe Park Hospital. The decision had not been taken lightly and was

scheduled for review at both Eastham and Arrowe Park on a week by week basis. He informed that there were no plans to close the Eastham Walk-In Centre and that all changes (permanent or temporary) required equality impact assessments to be undertaken. He further informed that the CCG and the Trust would also be held to account by NHS England.

Mr Banks explained that a number of factors had come into play, namely the higher than average referrals from Eastham to Arrowe Park, and how other Walk-In Centres on the Wirral were of a higher specification.

He explained that Eastham Walk-In Centre provided extended Primary Care facilities and was nurse-led, and that the transfer of the suitably qualified (A&E experienced) nurses served the public good more effectively by helping to reduce the number of elderly patients held on trolleys or in ambulances prior to A&E treatment at Arrowe Park. He added that the current situation there was 'not a great place to be'. He added that NHS England and Social Services were all responding in the best practical ways to urgent need and demands on their services. He further added that the NHS was committed to long term solutions and the options appraisal undertaken had identified that the 3 people with the appropriate skills were best utilised at the Arrowe Park facility.

The Chair then invited Ms Karen Howell, Chief Executive Wirral Community Trust (Eastham Walk-In Centre) to address the Committee. Ms Howell informed Members that the change to services at Eastham had not come about without proper assessment, and explained that the Trust had looked at the activities at Eastham including comparison to other Walk-In Centres across Wirral. She explained that Eastham had no 'back office' facilities and was not commissioned for diagnostics, the main functions of the Centre related to advice to young mothers / young adults and the management of dressings for the elderly.

Ms Howell apprised Members of the Committee that the transfer of 3 staff was based on their qualifications and experience of A&E Triage, and had been deployed quickly on the grounds of safety. It had not been an easy 'hit'. This had been the best decision in terms of urgency and safety.

Members provided Mr Banks and Ms Howell with a variety of statistical evidence on the number of service users and relayed the concerns of Cheshire West and Chester Councillors whose Wards abutted the Wirral boundary and whose electorate also used the Eastham Walk-In Centre. Members informed that they too were appalled that there had been no consultation on the service revision.

A variety of views were expressed by Members on the subject of A&E Triage, lobbying of Government and Access to Services utilising Public Transport. It was acknowledged that an ageing population and co-morbidity associated with this had placed additional pressures on the Health Service, but this was not a new phenomenon.

In summing up, the Chair welcomed the comment from Mr Banks that this was to be a temporary measure and that there were plans to reinstate the service at Eastham Walk-In Centre at the earliest opportunity. She added that the Committee was keen to hear the response from MerseyTravel on the subject of the route cancellation, and was surprised that there had been no mention of better access to G.P. Services which also had an impact on the demand for Walk-In Services in Eastham.

It was proposed by Councillor Moira McLaughlin, duly seconded, that:

“Committee thanks Simon Banks and Karen Howells from Wirral CCG for their attendance, at short notice, to explain the reason for the decision to close Eastham Walk-In Centre with one week’s notice and without referring it to this committee for scrutiny in advance of closure.

Committee notes the explanation that the statutory responsibility of health providers to report significant changes in service delivery was overridden, on this occasion because of their belief that the situation was so urgent that not to take this action would represent a serious risk to the staff and patients.

Committee also notes the information given of the directive from the Secretary of State for Health to introduce streaming in A&E Departments by mid-September.

However, we remain concerned that the pressures on A&E at Arrowe Park Hospital have been present, understood and reported for a considerable period of time, and that the reasons for this are complex.

We therefore believe that planning this change could and should have taken place at an earlier stage, so allowing for proper consultation to be carried out and also for the statutory duty to report the change to the committee to be fulfilled.

We also believe that, in taking this decision, insufficient consideration has been given to the difficulties this closure will present to those living in that part of the Borough, the reduced accessibility of Arrowe Park Hospital brought about by the recent withdrawal of the only direct bus service from Eastham to Arrowe Park Hospital, and the information given to members of this committee that the streaming system recommended by the People Overview and Scrutiny Committee report in its ‘Reducing Avoidable Admissions’ report which was implemented and then withdrawn in less than a year, was withdrawn, we were told, as it did not reduce the pressure on A&E as anticipated.

We therefore request that a further report which details the impact of the closure on Wirral residents, particularly those living in that part of the Borough, any change in the performance in A&E at Arrowe Park Hospital, and

any savings which are realised as a result of this action be presented to the next meeting for further scrutiny.

We also request that Wirral Clinical Commissioning Group (CCG) re-consider this decision and calls upon the CCG to recognise that future plans to improve performance in A&E are developed in such a way that other vital parts of the health service are protected for residents in all parts of Wirral.”

An amendment was proposed by Councillor Phil Gilchrist, seconded by Councillor Chris Meaden, to include the addition of the following final paragraph:

“This Scrutiny Committee calls upon the CCG to recognise this as a formal request for early reinstatement of the service and respond quickly to the concerns raised.”

Resolved (unanimously) – That

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Committee notes the explanation that the statutory responsibility of health providers to report significant changes in service delivery was overridden, on this occasion because of their belief that the situation was so urgent that not to take this action would represent a serious risk to the staff and patients.

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its 'Reducing Avoidable Admissions' report which was implemented and then withdrawn in less than a year, was withdrawn, we were told, as it did not reduce the pressure on A&E as anticipated.

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This Scrutiny Committee calls upon the CCG to recognise this as a formal request for early reinstatement of the service and respond quickly to the concerns raised.

18 DYNAMIC PURCHASING SCHEME FOR CHC (NHS CONTINUING HEALTHCARE) BEDS

The Chair introduced Ms Gillian Fryer (Business Improvement Consultant at Midlands and Lancashire CSU) and Ms Debbie Thwaites (Director of Improvement Consultant at Midlands and Lancashire CSU) who informed that the 5 Clinical Commissioning Groups (CCGs) in Cheshire and Wirral have entered into an agreement with Midlands and Lancashire Commissioning Support Unit (MLCSU) to use a Dynamic Purchasing System (DPS) provided by a company called Adam HTT Limited.

The Chair asked why the information about Dynamic Purchasing had not been provided to the Committee in advance of its introduction. The Committee was informed that the Adam DPS was an automated procurement system to modernise the way in which Nursing Care placements for both Nursing Home and Care at Home - for patients who have continuing healthcare (CHC) needs and have qualified for CHC funding – and a renewal of the NW framework, utilising the procurement process.

The joint report of the Wirral CCG and Midlands and Lancashire CSU report further informed that NHS England had established a programme to look at how Continuing Healthcare services can be improved and that one of the goals of the programme was to make best use of resources. One of the recommendations was for more innovative procurement, one method being Dynamic Purchasing Systems like the one offered by Adam.

The Chair asked about the number of placements administered under the scheme on the Wirral, noting that currently 20 providers were involved and 44 Care Home Packages were being administered (19 on which were in Wirral).

Member asked a number of questions relating to the Issues of vulnerable adults and how valid the 3 choice 'options' were in practice and whether if the options were either not available or turned down, would funding be withdrawn and the recipient would essentially become self-funding.

Members also asked how any new providers would be assessed by the CQC prior to being added into the 'dynamic' system and what procedures were in place to deal with complaints – particularly bearing in mind that the CQC inspected to a minimum standard set and limited choice to a basic standard would not assist with the wish to see standards pushed up.

Following a series of more detailed questions about concerns regarding the handling of individual case scenarios, experience of the system and concerns that any limitations on choice would impact on the most vulnerable, Members requested that a further report including detail of the numbers of people accessing the system and the homes offered i.e. case studies be provided to a future meeting of the Committee (it was noted that the personal nature of such data would necessitate the use of exempt reporting).

Resolved – That

- (1) the report be noted; and**
- (2) a further more detailed report on the implementation of the Dynamic Purchasing Scheme and practical examples of how it functions in practice be presented to a future meeting of the Adult Care and Health Overview and Scrutiny Committee.**

19 NATIONAL SERVICE MODEL - SHORT BREAK (RESPITE) SERVICES

The Chair informed of a request from the Wirral Clinical Commissioning Group (CCG) that although publicly circulated the report not be discussed in detail at this meeting.

She informed that the original request had been raised by Councillor McManus to the Cheshire and Wirral Partnership NHS Foundation Trust (CWP) regarding a statement to Members from the CWP relating to potential problems with service delivery at Thorn Heys in August.

Mr Simon Banks, Chief Officer Wirral CCG addressed the Committee and informed that the service had suffered from the lack of staff, but this and other matters – including the future of short breaks - were under review. He informed that there was further work to be done involving families of care users and the local authority.

With the agreement of the Committee, the Chair moved that the matter be deferred to a future meeting of the Adult Care and Health Overview and

Scrutiny Committee to enable more work to be undertaken by the Wirral CCG for more detailed scrutiny of the issue.

Resolved – That scrutiny in the matter of Short Break (respite) Services be deferred to a future meeting of the Adult Care and Health Overview and Scrutiny Committee.

20 **CUMULATIVE IMPACT ON PUBLIC HEALTH SCRUTINY REVIEW: FOLLOW-UP**

Mr Gary Rickwood, Senior Public Health Manager, Public Health introduced the report of the Director for Health and Wellbeing that provided 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.

He informed that the review had been 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 Adult Care and Health Overview and Scrutiny Committee was apprised of progress against each of the report recommendations, as follows:

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.

Outcome: 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. The report does however recommend "a radical comprehensive overhaul" of the 2003 Licensing Act, a response from Government is awaited.

Recommendation 2: The Council's Statement of Licensing Policy is refreshed to accommodate the renewed priorities as set out in the Wirral Plan. It was 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.

Outcome: The Liverpool City Region group progressing joint work on licensing are developing a reference guide for anyone writing a Statement of Licensing Policy. The agreed document was in final draft stage and will be shared with local areas by September 2017. 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 was required to update the policy to include the Wirral Plan priorities. The Cumulative Impact

Policy is now in place, its impact on anti-social behaviour and alcohol related injuries will be evaluated.

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.

Outcome: Discussions had 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 were taking place as to how Public health can input into this process.

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.

Outcome: 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.

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.

Outcome: Due to excellent partnership working, the Reducing the Strength campaign had 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. The focus for this work had been extended beyond this initial central area and at last report there were 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 was 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.

Recommendation 6: It is recommended the effective delivery and marketing of the 'Eat Well Wirral' (EWW) 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.

Outcome: Work was 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.

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.

Outcome: A group brought together by the licensing team was currently meeting as required. The links with the Health and Wellbeing board and the Healthier Lives Pledge Delivery group need to be clarified.

Resolved – That the report be noted.

21 ANNUAL SOCIAL CARE COMPLAINTS REPORT 2016/17

Mr David Jones, Complaints Manager, Wirral Borough Council introduced his report that informed of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and the statutory requirement on the Council to produce and publish an Annual Report which provided information on the quantity of the complaints received and the performance of the Complaints process.

The report covered complaints made in respect of Adult Social Care in the year 2016-17. Members noted that the total number of complaints registered in 2016-17 was 195. Members further noted that this was lower than in previous years and that there may have been a number of reasons for this change, including improvements in the service and more complaints being dealt with directly by providers.

The Committee was apprised that Social Care received complaints on a wide range of issues across all teams, including the delivery and assessment sides of the process. A significant number of complaints had related to commissioned services. Encouragingly, despite the pressures upon teams, there had been relatively few (12) complaints about delay in the assessment process.

The Service was to look to enhance its mechanism for capturing dissatisfaction and recording complaints concerning adult social care services, whether they are directly provided or commissioned, so that the Council can act to put things right quickly

The Committee noted that further work will be undertaken to capture the actions that have been taken to improve services as a consequence of complaints. Mr Jones informed that following consideration by Members the report was to be published on the Council Website.

Resolved – That the report be noted.

22 **BETTER CARE FUND - PLAN AND PRIORITIES FOR 2017/18**

The Chair introduced the report of the Director of Health and Care that set out the Council's plans and priorities in moving towards an increasingly integrated model of care, building upon developments, achievements and learning from the past couple of years.

The report informed that, in June 2017, social care delivery teams transferred to Wirral Community Trust and that focus was to now refine and develop delivery approaches to ensure the principles of BCF, such as single lead professional shared systems and effective 7 day community services, were embedded. An outcome focussed commissioning approach with contract monitoring arrangements was in place with close monitoring for year 1, utilising an open book accounting approach.

The Committee was apprised that it was the intention to move to an integrated commissioning entity by April 2018, and work was well underway to consider a new operating model, alongside a due diligence exercise for pooling of resources. Recommendations were due to be considered by Cabinet and Governing Body in November 2017. Discussions and developments were also underway to move to Accountable Care System by April 2019. 'Aqua' were supporting providers with these challenges, with commissioners developing prospectus in the later part of 2017/18 to shape the integrated commissioning intentions for Wirral, advising providers of key priorities and outcomes.

The Director of Health and Care informed that a submission was scheduled for delivery to NHS England on 11 September 2017, with four key areas to be agreed nationally. Namely, building on best practice, reducing the length of hospital stays, investing heavily in facilities outside of hospitals and increasing the number of dementia trained nurses.

The Chair thanked the Director of Health and Care for his summary presentation and asked that the Committee receive the report.

Resolved – That the report be noted.

23 **FINANCIAL MONITORING REPORT QUARTER 1 2017/18**

Mr Andrew Roberts, Senior Manager Financial Management introduced the regular report of the Assistant Director: Finance and Section 151 Officer that set out the projected revenue and capital monitoring position for 2017/18 as at the close of quarter 1 (30 June 2017).

The Senior Manager, Financial Management informed the Adult Care and Health Overview and Scrutiny Committee that, 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 was anticipated to be sufficient to meet the

projected level of spending.

He further informed that there were a number of in-year cost pressures forecast for 2017/18 and that 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. Members noted that the ongoing pressures to reduce costs, combined with budgetary commitments to existing and future care packages were currently being offset through demand management and contingency actions as well as utilisation of available grant funding.

Within Public Health the regular review of commissioning intentions and management of agreed contracts are forecast to be underspent by £0.2 million.

Resolved – That the report and appendices be noted.

24 2017/18 QUARTER 1 WIRRAL PLAN PERFORMANCE

The Chair introduced the report of the Director of Health and Care that provided 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 was 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 included further performance information that has been requested by Members to enable effective scrutiny. The Adult Social Service Performance Overview was included as Appendix 2 and included a range of key indicators highlighting Wirral's performance against North West average values where available.

Resolved – That the report be noted.

25 FEEDBACK FROM MEMBER WORKSHOP ON ALL-AGE DISABILITIES AND MENTAL HEALTH TRANSFORMATION PROJECT

Councillor McLaughlin introduced the joint report of the Chairs of the Adult Care and Health OSC (Cllr Julie McManus) and the Children and Families OSC (Cllr Tom Usher) that informed of the joint workshop involving members of the two Overview and Scrutiny Committees.

The report informed that as part of their work programme, members had previously agreed to scrutinise proposals arising from the Council's Transformation Programme. This form of pre-decision scrutiny gave non-Cabinet members the opportunity to influence developing proposals. It was, therefore, agreed to hold a workshop to provide members the opportunity to

review the proposals being developed by the All Age Disability and Mental Health Service Transformation Project. The report summarised the findings of the workshop, which was held on Wednesday 2 August 2017.

The workshop enabled a review of the outline business case that formed part of Wirral Council's Strategic Transformation Programme. The business case related to the All Age Disability and Mental Health Service Transformation Project. As the scope of the project had potential implications for recipients of both children and adult services, all members of the Adult Care and Health Overview and 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, followed by a question and answer session to give members the opportunity to comment on the proposals.

The report informed that full details of the proposals for change were available in the outline business case for the All Age Disability and Mental Health Service Transformation Project. The Outline Business Case set out a proposal to transform the Council's Mental Health Service and the Disability Teams across Children's and Adult Services to develop integrated pathways to work more closely with key partners to drive forward integration and service efficiencies. Members noted that National policy for 'All Age Disability Integration' and 'Health and Social Care Integration' provided the national direction for change as a key driver for local transformation across services.

Resolved – That

- (1) the report be noted;**
- (2) the report be referred to a future meeting of Cabinet; and**
- (3) the Full Business Case is developed to ensure that the key points made by Elected Members, detailed in the report, are addressed.**

26 **POLICY INFORM**

The Adult Care and Health Overview and Scrutiny Committee considered the September 2017 Policy Inform Briefing Paper that included an overview of ongoing and recent national legislation, potential implications for the Council, and emerging policies.

The Policy Inform Briefing Paper outlined the key features of the policies and legislation that had emerged from the Queen's Speech 2017 and provided an update on the developments of recent legislation and highlights any emerging implications. The Policy Inform briefing also alluded to any potential implications for Wirral Council.

Resolved - That the contents of the September 2017 Policy Briefing papers be noted.

27 **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:

- that 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 Spotlight session was to be held on Thursday 12 October when Simon Banks (Chief Officer, Wirral CCG) was scheduled to lead a discussion on the structure of the NHS, the implications of national policy, current local challenges and future priorities.

Resolved – That the proposed Adult Care and Health Overview and Scrutiny Committee Work Programme for 2017/18 be approved.



ADULT CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

28 NOVEMBER 2017

REPORT TITLE	Eastham Walk in Centre
REPORT OF	Chief Officer, NHS Wirral CCG

REPORT SUMMARY

This report provides an update with regard to the recent decision to temporarily suspend the walk in centre (WIC) service at the Eastham clinic to facilitate a joint system wide response to the urgent patients' safety concerns at the Arrowe Park hospital Emergency Department, including the introduction of clinical streaming.

NHS Wirral Clinical Commissioning Group (CCG) Governing Body discussed the Eastham clinic WIC service at their public meeting on 7 November 2017 with representation from local residents and Alison McGovern MP.

The Governing Body agreed that, just over two months after the suspension of the WIC service, a plan to resume the provision needed to be agreed with Wirral Community NHS Foundation Trust, as a matter of urgency, whilst also maintaining clinical streaming at Arrowe Park.

RECOMMENDATION/S

- (1) The Adult Care and Health Overview and Scrutiny Committee are asked to note the contents of this report;
- (2) The Adult Care and Health Overview and Scrutiny Committee are asked to note the formal request made by the CCG to Community Trust to submit a plan to reinstate the Eastham WIC service by 5pm Friday, 17 November 2017.

[A further verbal update of the current position will be provided at the Adult Care and Health Overview and Scrutiny Committee on 28 November 2017]

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 NHS Wirral CCG took the decision to temporarily suspend Eastham WIC service, under its duties under the Health and Social Care Act 2012, in response to clinical concerns at Arrowe Park hospital.
- 1.2 Adult Care and Health Overview and Scrutiny Committee noted their concerns at the previous meeting on 13 September 2017 and requested a further report detailing the impact of the temporary suspension, any change in the performance of A&E at Arrowe Park Hospital and any savings realised as a result of this action.
- 1.3 The Scrutiny Committee also formally requested early reinstatement of the service

2.0 OTHER OPTIONS CONSIDERED

N/A

3.0 BACKGROUND INFORMATION

- 3.1 NHS Wirral CCG took the decision to temporarily suspend the WIC service at Eastham to facilitate joint system wide response to the urgent patient safety concerns at the Arrowe Park Hospital Emergency Department, including the early introduction of clinical streaming.
- 3.2 The decision was taken for valid clinical reasons. Over the past two months significant whole system progress has been made, evidenced in the Urgent Care plan. We have subsequently seen some improvement of stabilisation of the urgent care system. An approximate 10% improvement has been achieved in the 4 hour standard. Whilst there is some daily fluctuation, to be expected, this is being daily monitored. However, there is still further progress and improvement required to meet the 95% mandated standard.

A and E performance against the 95% 4 hour standard for Q2 is: July-76.9%, August 79.9%, Sept 87%. Performance average for October is 87.8%.

Ambulance handover times have also improved from the average turnaround time of 44 minutes in July and August to an average of 33 minutes in September and October 2017.

- 3.3 In addition to the staffing resource redeployed by the Trust, NHS Wirral CCG, through the Better Care Fund (BCF) has also provided temporary additional funding for Primary Care GP's (8-8 5 days) and 1.6 whole time equivalent Advanced Nurse Practitioners to enable the Wirral System to implement at pace clinical streaming at the front door, as mandated nationally by NHS England.
- 3.4 Equality Impact Assessments (EIA) and Quality Impact Assessments (QIA) have been completed and are available on the CCG website (<https://www.wirralccg.nhs.uk/your-health-and-services/update-eastham-clinic-walk-in-centre/>)

- 3.5** A dressings service has been retained within Eastham Clinic to ensure local provision was maintained. This service is available 7 mornings a week and is pre-bookable.
- 3.6** Concerns regarding the impact of the temporary suspension of the WIC service at Eastham were raised directly by Scrutiny Committee on 13 September 2017. Those concerns were reinforced at the CCG AGM on 28 September 2017.
- 3.7** In total the CCG received 4 patient complaints relating to the temporary closure of the WIC. In addition to this a petition was presented to NHS Wirral CCG Governing Body on 7th November requesting that the WIC be reinstated.
- 3.8** Key issues raised with the CCG have included:
- a) Changes to public transport from Eastham to Arrowe Park Hospital resulting in longer travel times and multiple buses
 - b) Potential impact on neighbouring GP practices
 - c) Request for commitment to reinstate Eastham WIC
- 3.9** In response to these queries, the CCG has taken the following action:
- a) Transport:
 - Engaged transport commissioning lead from the Council, to consider temporary transport issues and solutions and also link with the longer term consultation for urgent care
 - Offered to discuss specific individual transport concerns with a view to seeking solutions – following discussion at AGM, a meeting has been arranged with a member of public 30 November to discuss further and feed into future urgent care transformation
 - b) Discussions have been held with neighbouring practices to understand the impact, practices are experiencing seasonal peaks in demand but only one practice has reported increases which they believe are relating to temporary closure of WIC.
 - c) Analysis of activity across other walk in centres and A&E has been conducted and no significant increases noted above typical seasonal peaks. System performance against 4 hour standard has significantly improved from September 2017.
- 3.10** NHS Wirral CCG Governing Body discussed Eastham WIC service on 7 November 2017, with members of the public and Alison McGovern MP present. It was agreed that a clear plan to resume provision, with Wirral Community NHS Foundation Trust was a matter of urgency.
- 3.11** NHS Wirral CCG recently received a written proposal from the Trust relating to 0-19 provision at the Eastham clinic. However, this does not meet with commissioner requirements as it does not reinstate the core Eastham WIC service offer for the residents of Eastham and other users of the service.
- 3.12** NHS Wirral CCG acknowledges that there will be challenges in resuming the WIC service at Eastham clinic, whilst also maintaining the clinical streaming at Arrowe Park, particularly in regard to lack of availability of appropriately qualified staff. NHS

Wirral CCG is committed to be supportive in terms of taking a flexible approach to service delivery, whilst requesting the NHS Community Trust fulfil their contracted requirements for delivery of WICs at 3 sites.

- 3.13** The CCG has formally requested the Community Trust submits a plan to reinstate the Eastham WIC service to NHS Wirral CCG by 5pm on Friday, 17 November 2017.

4.0 FINANCIAL IMPLICATIONS

- 4.1** No savings have been realised as a result of this action.
- 4.2** Additional investment from BCF to fund Primary Care GP and Advanced Nurse Practitioner time, to support implementation of clinical streaming at Arrowe Park.

5.0 LEGAL IMPLICATIONS

Decision taken by Wirral NHS CCG to temporarily suspend WIC provision on the grounds of patient safety at Arrowe Park hospital, taken under the Trust's duty of care under the Health and Social Care Act 2012.

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

Staffing: Potential lack of availability of appropriately qualified staff.

7.0 RELEVANT RISKS

Impact of assessments have been updated and are available on the CCG website.

8.0 ENGAGEMENT/CONSULTATION

Individual comments received via email and public meetings.

9.0 EQUALITY IMPLICATIONS

Equality Impact Assessments have been undertaken and are available on the CCG website (<https://www.wirralccg.nhs.uk/your-health-and-services/update-eastham-clinic-walk-in-centre/>)

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SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Overview Scrutiny and Committee	13 September 2017

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ADULT CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

28TH NOVEMBER 2017

REPORT TITLE	Urgent Care Transformation
REPORT OF	Chief Officer, NHS Wirral CCG and Director for Care and Health, Wirral Council

REPORT SUMMARY

NHS Wirral CCG in partnership with our colleagues at Wirral Council including Health and Wellbeing and the Adult Care and Health together with other stakeholders have undertaken a comprehensive review of local urgent care services. This led to the development of a compelling case to transform urgent care services locally. This builds on Value Stream Analysis workshops that were undertaken by the CCG in September 2016 and involved local stakeholders including Healthwatch Wirral and representatives of the Patient Voice Group.

The vision for urgent care is simple. Firstly, for those people with urgent but non-life threatening needs we must provide highly responsive, effective and personalised services outside of hospital. These services should deliver care in or as close to people’s homes as possible, minimising disruption and inconvenience for patients and their families. Secondly, for those people with more serious or life threatening emergency needs we should ensure they are treated in centres with the very best expertise and facilities in order to reduce risk and maximise their chances of survival and a good recovery. If we can get the first part right then we will relieve pressure on our hospital based emergency services, which will allow us to focus on delivering the second part of this vision. This vision is supported by NHS England.

Locally, we know from collation of insights that people are confused about what is offered in relation to urgent care, (other than A&E). It may be that people’s lack of knowledge about other options (versus the ease and familiarity of accessing A&E), combined with the fear and stress of being ill results in people resorting to the ‘default’ of A&E. They may perceive this choice to be the easiest, safest and most reassuring option. Current performance data shows that there are many people attending A&E whose condition could have been treated elsewhere; such as by general practice or in a walk in centre.

The performance of the A&E system in Wirral has not been satisfactory and the CCG has had clinical concerns due to the deteriorating performance against the constitutional target of 4 hour waiting time. Over the past two months, significant whole system progress has been made in the achievement to ensure over 90% of emergency patients are treated, admitted or transferred within 4 hours. However there is still further progress and improvement required to meet the 95% mandated standard. It is important to reach this standard as if a patient is waiting for more than 4hours, it could lead to harm.

Over the past 12 months there has been significant progress in the improvements of urgent care delivery. This has mainly been achieved by the schemes implemented through the Better Care Fund E.g. Admission Avoidance, Clinical Streaming, Transfer to Assess. The next stage is to truly transform urgent care delivery, building on the success of the existing schemes, enabling us to achieve the vision for urgent care.

It is essential to ensure that there is consistent clear and timely access to urgent and emergency care and social care services to enable improvements in the health and social care outcomes of Wirral residents.

A new national model of care for urgent and emergency services will need to be implemented by December 2019, as mandated by NHS England.

This report provides an overview of the services mandated by NHS England along with additional options of urgent care provision in Wirral. It also provides details on the formal consultation process recommended to gather feedback from the public and stakeholders.

As part of a formal consultation, commencing for 14 weeks between 27th November 2017 and 5th March 2018, we propose to inform the public about the mandated services whilst asking for their views on the options we have proposed for the community offer.

A full presentation of the proposals will be provided at the next Overview and Scrutiny Committee on 30th January during the consultation period. This would ensure that Member's views are taken into account in the transformation of urgent care in Wirral.

RECOMMENDATION/S

The Adult Care and Health Overview and Scrutiny Committee are asked to note the contents of this report.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 A consultation on the urgent care transformation is essential to ensure that public and stakeholder feedback is embedded into the final model of care. It is important for Members to be aware of the consultation to enable full engagement.
- 1.2 A new national model of care for urgent and emergency services will be implemented by December 2019, as mandated by NHS England.

2.0 OTHER OPTIONS CONSIDERED

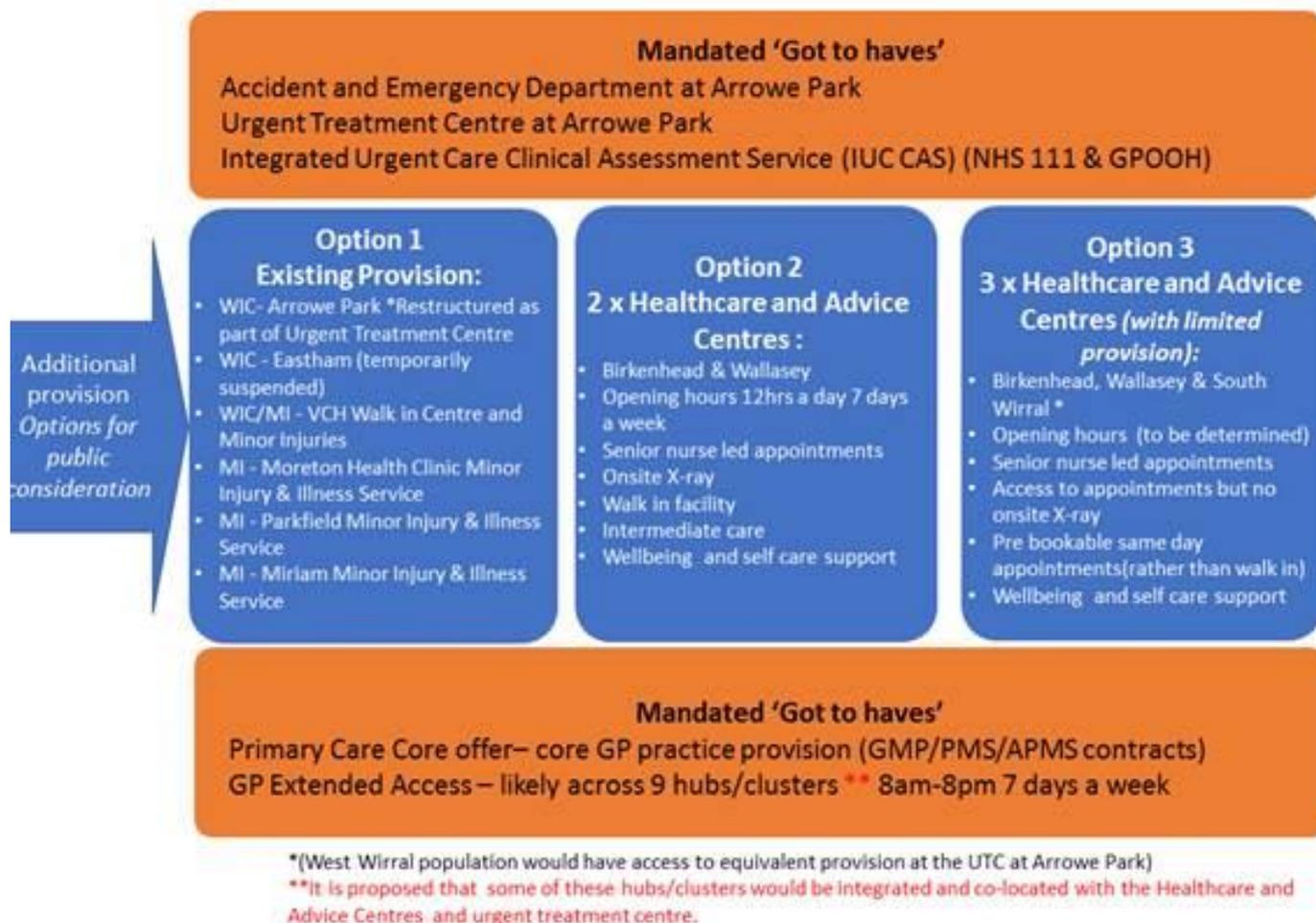
Not applicable

3.0 BACKGROUND INFORMATION

- 3.1 A new national model of care for urgent and emergency services will be implemented by December 2019, as mandated by NHS England. This primarily involves the introduction of Urgent Treatment Centres across England along with current Accident and Emergency Departments and the roll out of additional provision in Primary Care (see section 3.3).
- 3.2 A comprehensive review of local urgent care services has been undertaken which describes a compelling case to transform urgent care services. It is essential to ensure that there is consistent and clear access to urgent and emergency care and social care services to enable improvements in the health and social care outcomes of Wirral residents. A few key points from the case for change are listed below, the full case for change will be published on NHS Wirral CCG website as part of the formal consultation on 27th November.
- Evidence (both local and national) points to confusion amongst the public about the range of urgent care services available (other than Accident and Emergency (A&E)).
 - Deprivation is a significant factor in driving A&E attendances. Data suggests that people from the most deprived areas are more than twice as likely to have emergency admissions for conditions which could have been managed in outpatient clinics/services.
 - In 2016/17, almost 50% of A&E patients presented at Arrowe Park with a minor case such as skin rash, cough, back pain and abdominal pain
 - Over half (57%) of emergency admissions via A&E in WUTH are admitted and discharged between 0-2 days
 - The age groups in which the number of A&E attendances peak is the 0-4 yrs, 20-24 yrs and the 80+yrs age bands. Attendance rates in the 90+ age group are more than double those of the 0-4 yrs.
 - For Walk in Centres and Minor Injury Units, a high proportion of patients had infections or wound care needs which could potentially be dealt with in primary care.

- 3.3 The data above highlights that people are confused about what is offered in relation to urgent care, (other than A&E). It may be that people's lack of knowledge about other options (versus the ease and familiarity of accessing A&E), combined with the fear and stress of being ill results in people resorting to the 'default' of A&E - a choice which they perceive to be the easiest, safest and most reassuring option. Current performance data shows that there are many people attending A&E whose condition could have been treated elsewhere; such as by general practice or in a walk in centre.
- 3.4 The performance of the A&E system in Wirral has not been satisfactory and the CCG has had clinical concerns due to the deteriorating performance against the constitutional target of 4 hour waiting time. Over the past two months, significant whole system progress has been made, evidenced in the Urgent Care plan. We have subsequently seen some improvement of stabilisation of the urgent care system. An approximate 10% improvement has been achieved in the 4 hour standard. Whilst there is some daily fluctuation, to be expected, this is being daily monitored. However, there is still further progress and improvement required to meet the 95% mandated standard.
- 3.5 A proposed model of care has been developed which is based on local stakeholder, public and clinical insight, using case for change data and NHS England National Guidance.
- 3.6 There are certain aspects of the model which are mandated as 'Got to haves' and other elements of urgent care provision in the community that are for local determination. We propose to inform the public about the mandated elements whilst asking for their views on the options we have proposed for the community offer, further described in Figure 1.

Figure 1: Overview of options for public consultation



3.7 The proposed model of care includes the following mandated provision;

3.7.1 The existing A&E department and an Urgent Treatment Centre (UTC) based at Arrowe Park, with the UTC as the single front door for all urgent but non-life-threatening illnesses or conditions. An Urgent Treatment Centre has an enhanced model of care provision when compared with any of the existing Walk in Centres and therefore will incur additional resources to introduce. UTCs will need to comply with the 27 standards set out by NHS England (['Urgent Treatment Centre's Principles and Standards' July 2017](#)). One of the National Standards includes to have access to an A&E Consultant which would be achievable on the Arrowe park site, there is also the facility in A&E to treat patients who may deteriorate rapidly and require more acute intervention.

3.7.2 An Integrated Urgent Care Clinical Assessment Service which will provide access to urgent care via NHS 111 integrated with General Practice out of hours (GPOOH). This will provide a complete episode of care concluding with either: signposting, advice, self-care support, a prescription,

or an appointment for further assessment or treatment. This service will need to align to the NHS England Integrated Urgent Care Service Specification (August 2017).

3.7.3 Primary care core offer and extended access provision. This includes the existing GP provision within the core contract (Monday to Friday 8am - 6pm), alongside extended access meaning that GP appointments will be available 8am-8pm 7 days a week. This will likely to be provided in a cluster/hub basis across 9 localities. It is proposed that some of these hubs would be integrated and co-located with the healthcare and advice centres and urgent treatment centre. The primary care offer will also include same day appointments booked via NHS 111 for urgent need. Further requirements include management of urgent domiciliary visits at a time of day appropriate for patients to help to avoid unnecessary admissions to hospital and improve patient experience. This provision will need to be consistent with the **General Practice Forward View (April 2016)**.

3.8 The model describes three options that could be delivered in the community alongside the mandated primary care offer:

3.8.1 Option 1 would be to continue to provide existing services alongside the introduction of the new mandated requirements; however this would require additional resources beyond that already provided for within the existing Urgent Care financial envelope. The Case for Change document also highlights why the existing provision does not effectively meet the needs of the population (see section 3.2).

3.8.2 Options 2 and 3 propose the development of healthcare and advice centres providing senior nurse appointments and additional services such as voluntary sector, information and advice service and a pharmacy onsite. The case for change highlights the benefits, considerations and mitigations of each of these options

- Option 2 proposes two centres offering a comprehensive offer.
- Option 3 proposes three centres offering a less comprehensive offer.

3.9 The implementation of a revised model of care may result in changes to existing service delivery, potentially re-locating services and staff and changing the focus of the community offer to a more comprehensive, consistent offer. All possible considerations and impact, positive and negative for the public and stakeholders have been considered and will be published on the NHS Wirral CCG website for review as part of the consultation.

3.10 A new model of care will improve the patient experience; the local population told us that people do not clearly understand the choices available to them and how to access or use them, and therefore the aim of a new model is to offer consistent, standardised care for patients. It will also ensure that patients are seen in the most appropriate place. It has the potential to enhance patient safety and improve patient outcomes through delivery of a clearer, consistent model across urgent care in

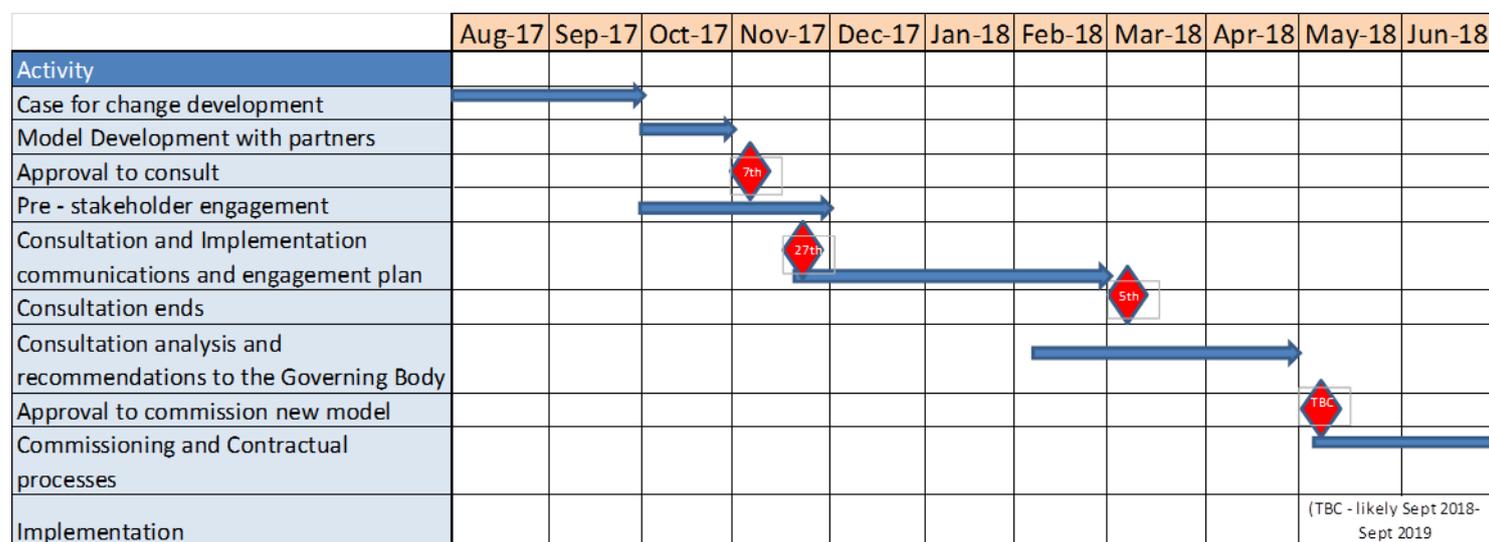
Wirral driving closer integrated working between organisations delivering urgent care. Furthermore, by having a proactive approach to planned care and focus on self-care and wellbeing, this model will help to shift the focus of care towards prevention of illness and supporting people in relation to the wider determinants of health.

3.11 We will maximise all possible communication and engagement channels to allow people and stakeholders to make a contribution to the consultation and express their views. The consultation will run for a 90 day period with an additional 2 weeks to allow for the Christmas and New Year period. The proposed dates for consultation are 27th November 2017 – 5th March 2018. (Please see appendix 1 for the Communications and Engagement Framework)

3.12 It is proposed that a full presentation of the proposals are provided at the next Overview and Scrutiny Committee on 30th January during the consultation period. This would ensure that Member’s views are taken into account in the transformation of urgent care in Wirral.

3.13 In order to maximise opportunity to include Local Authority officers and Elected members in discussions, the CCG have proposed to choose an alternate date for Governing body to receive the final recommendations so to avoid the Purdah period.

3.14 The proposed high level timeline and critical dates for governance are below:



Key Dates	
Pre - Consultation Stakeholder Workshop	18th October 2017
GP Members Meeting	18th October 2017
CCG Ops meeting - Approve	7th November 2017
Pre - Consultation Stakeholder Workshop (part 2)	15th November 2017
GP Members Meeting	16th November 2017
Consultation commences	27th November 2017
Overview and Scrutiny Committee (outline)	28th November 2017
CCG Quality and Performance Committee - Note Process	28th November 2017
CCG Governing Body - Informed	7th December 2017
Overview and Scrutiny Committee (full presentation)	30th January 2018
Consultation ends	5th March 2018
CCG Governing Body - Approval of Model	15th/22nd May 2018 (TBC)

4.0 FINANCIAL IMPLICATIONS

The above options have been costed and it is proposed that options 2 and 3 can be delivered within the existing financial envelope. The current commissioning cost envelope inclusive of A&E, Primary Care Extended Access, Paediatrics A&E ,Primary Care Front Door, GP Out of Hours, NHS 111, 3 WICs and 3 Minor Injuries/ Ailments units totals £21.8m.

Once a revised model of care is approved and implemented it is likely that connected services such as streaming, GPOOH, extended access to primary care and a reduction in assessment ward usage will be impacted and lead to an efficiency across the system.

5.0 LEGAL IMPLICATIONS

Overall findings and recommendations following the consultation will be presented at the CCG Governing Body for a decision in May 2018. Following this the next steps and implementation plan will be shared with the public and stakeholders. Legal advice and guidance would be obtained as appropriate prior to the implementation of any model of care.

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

As described above options 2 and 3 would be delivered through existing resources. However depending on the feedback during the consultation and any other options that are proposed, it would be necessary to review the resource implications as they arise.

7.0 RELEVANT RISKS

Impact assessments have been developed and will be published on the CCG website on 27th November, the impact assessments will continue to be refreshed to support this work.

8.0 ENGAGEMENT/CONSULTATION

We will maximise all possible communication and engagement channels to allow people and stakeholders to make a contribution to the consultation and express their views. The consultation will run for a 90 day period with an additional 2 weeks to allow for the Christmas and New Year period. The proposed dates for consultation are 27th November

2017 – 5th March 2018. (Please see appendix 1 for the Communications and Engagement Framework)

In order to maximise opportunity to include Local Authority officers and Elected members in discussions, the CCG have proposed to choose an alternate date for Governing body to receive the final recommendations so to avoid the Purdah period.

9.0 EQUALITY IMPLICATIONS

Equality Impact Assessments have been undertaken and will be published on the CCG website on 27th November, the impact assessments will continue to be refreshed to support this work. The development of arrangements for urgent care transformation will:

- Give due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Give regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

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APPENDICES



Communication and Engagement Framework Communications and Engagement Fr.

REFERENCE MATERIAL

- General Practice Forward View (April 2016) <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>
- Next Steps on the NHS five year forward view (March 2017) <https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf>
- Integrated Urgent Care Service Specification (August 2017) <https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf>
- Urgent Treatment Centres, Principles and Guidance <https://www.england.nhs.uk/wp-content/uploads/2017/07/urgent-treatment-centres-principles-standards.pdf>
- Urgent and Emergency Care Review: End of Phase 1 engagement report (2013) <https://www.nhs.uk/NHSEngland/keogh-review/Documents/UECR.Ph1Report.FV.pdf>

SUBJECT HISTORY (last 3 years)

Council Meeting	Date



ADULT CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

28 NOVEMBER 2017

REPORT TITLE	Place Based Care Arrangements
REPORT OF	Chief Officer, NHS Wirral CCG and Director for Care and Health, Wirral Council

REPORT SUMMARY

Place based care is about using a defined set of resources to provide the best possible quality of care and health outcomes for a defined population.

Placed based care is being developed in response to the challenges the Wirral health and care system faces of constrained funding, increasing demand, fragmentation of services and the need to deliver better health, better care and better value for our population. Placed based care will enable the delivery of the *Healthy Wirral* agenda as part of the Wirral Plan 2020.

Placed based care will be shaped by a single, integrated health and care commissioner for Wirral through a formalised partnership between NHS Wirral CCG and Wirral Council.

Place based care in Wirral will need to be delivered by provider working more collaboratively, moving towards a system that is both vertically integrated, starting with primary care, and horizontally integrated through joint working between acute providers.

There are many levels of “place” in Wirral. The proposed approach starts with the footprint of one Wirral population and then moves through a four hub model into eight or nine localities. These localities include the registered lists of 52 General Practices. There is also a need to engage with “place” beyond Wirral, specifically with partners in West Cheshire and further afield across Cheshire and Merseyside for specialist or specialised services.

RECOMMENDATION/S

The Adult Care and Health Overview and Scrutiny Committee are asked to note the contents of this report and provide feedback.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

Placed based care is being developed in response to the challenges the Wirral health and care system faces of constrained funding, increasing demand, fragmentation of services and the need to deliver better health, better care and better value for our population. Placed based care will enable the delivery of the *Healthy Wirral* agenda as part of the Wirral Plan 2020.

Feedback is requested to ensure that Member's views are taken into account in the development of place based care in Wirral.

2.0 OTHER OPTIONS CONSIDERED

No other options have been considered.

3.0 BACKGROUND INFORMATION

3.1 Drivers for Change

3.1.1 The Wirral health and social care system is not sustainable in its current guise. Demand on the system is increasing. Wirral people have less healthy years relative to the England average – sometimes driven by wider determinants such as poor housing, education, unemployment. There is a wide variation in outcomes across Wirral – a difference in life expectancy of 11 years between each side of the peninsular.

3.1.2 Our health and social care organisations do not always work effectively together so people do not receive joined up care. Too many people spend too much time in hospital, when they could be cared for in more appropriate settings. People have increased expectations of the care they should receive. Without significant transformation there will be insufficient funding to maintain the quality and standards that we want our population to experience.

3.1.3 We have made a pledge to the population of Wirral, through the *Healthy Wirral* part of the Wirral Plan 2020 to deliver better health, better care and better value. Place based care is means of delivering on this commitment through greater integration.

3.2 What is Place Based Care?

3.2.1 Place based care is about using a defined set of resources to provide the best possible quality of care and health outcomes for a defined population (as opposed to providing – and being paid for – solely episodic or reactive care).

3.2.2 Place based care involves strong system leadership:

- Established leadership teams and relationships.
- Effective collective decision-making and governance structures and a capability to support delivery.
- Track-record of getting stuff done.

3.2.3 Place based care is about collaborating to improve services:

- NHS England expectations around demonstrable improvements in urgent care and primary care redesign, and improving cancer and mental health services, in line with *Next Steps on the Five Year Forward View*.
- Taking collective responsibility when things go off track.

3.2.4 Place based care is about integration:

- Joined up system commissioning.
- “Horizontal integration”, virtually or through actual merger or joint management, of providers and simultaneously “vertical integration” of GP practices through primary care networks.

3.2.5 Place based care has to deliver within a fixed financial envelope:

- This will be expressed as a shared system control total = combined commissioner and provider control totals.
- There may be ‘offsets’ between individual organisations and flexibilities to manage risk collectively.
- NHS England and NHS Improvement are exploring a common approach to system control totals.

3.2.6 Place based care is place based and deploys population health approaches:

- Analyse and segment populations into groups of people with similar characteristics to enable targeted interventions.
- The idea is to get upstream, proactively keeping people healthy and preventing acute deterioration.
- There are several levels of population and place.

3.2.7 In summary:

- Our population needs personalised and co-ordinated health and social care services
- The traditional divide between primary care, community services, hospitals, mental health and social care is increasingly a barrier
- Out-of-hospital care needs to become a much larger part of what the NHS does – with services integrated around the person.

3.3 Place Based Commissioning

3.3.1 NHS Wirral CCG and Wirral Council have agreed that, by 1st April 2018, there will be a single health and care commissioner for Wirral. This will be mirrored by the development of place based and integrated arrangements for Wirral providers shaped by and with the single health and care commissioner for Wirral. This will also ensure that there is a strong and united Wirral oriented voice in regard to commissioning decisions that will be required across Wirral and Cheshire, Wirral and the Liverpool City Region and Wirral and Cheshire and Merseyside.

3.3.2 The purpose is to develop a single integrated commissioner for All Age Health and Care in Wirral that will coordinate and deliver all of the Council and CCG statutory

commissioning functions. This will ensure that commissioning is more cohesive, underpinned by single planning processes, integrated teams and pooled budgets. It will provide system leadership and ensure that the appropriate pathways and outcomes are delivered across the system for Wirral residents. All place based systems of care have a strong and coherent commissioner.

- 3.3.3 Work is currently underway, following the high level milestones set out below, to create the new single health and care commissioner for Wirral. This has included undertaking due diligence work to assess risk and benefits of extending pooled budget arrangements and developing a Target Operating Model for the new arrangements. Practically, where vacancies have arisen or where it is efficacious to do so, joint appointments have been made and teams brought together in advance of more formalised arrangements.

Milestones	Target Date
Assess Due Diligence Report at Governing Body and Cabinet	September 2017
Produce legal vehicles options appraisal	October 2017
Agree a Target Operating Model outlining structures and governance	November 2017
Staff Engagement	November 2017 – March 2018
Develop a Commissioning Prospectus that outlines the ambitions and expected outcomes of an Accountable Care System	November 2017
Shadow Joint Strategic Commissioning Board in place	January 2018
Integrated Commissioner in place	April 2018

Table One: High Level Timetable for Integrated Commissioning

3.4 Place Based Provision

- 3.4.1 Place based care in Wirral will need to be delivered by providers working more collaboratively, moving towards a system that is both vertically integrated, starting with primary care, and horizontally integrated through joint working between acute providers – as represented in Diagram One. Acute trusts are increasingly working across organisational and geographical boundaries to deliver services that require a critical mass of expertise and resource to deliver better health, better care and better value. There also needs to be consideration as to how other NHS providers, such as dentists and optometrists, independent sector providers, such as care homes and domiciliary care providers and not-for-profit sector providers, such as Age UK Wirral, are also engaged in this approach.

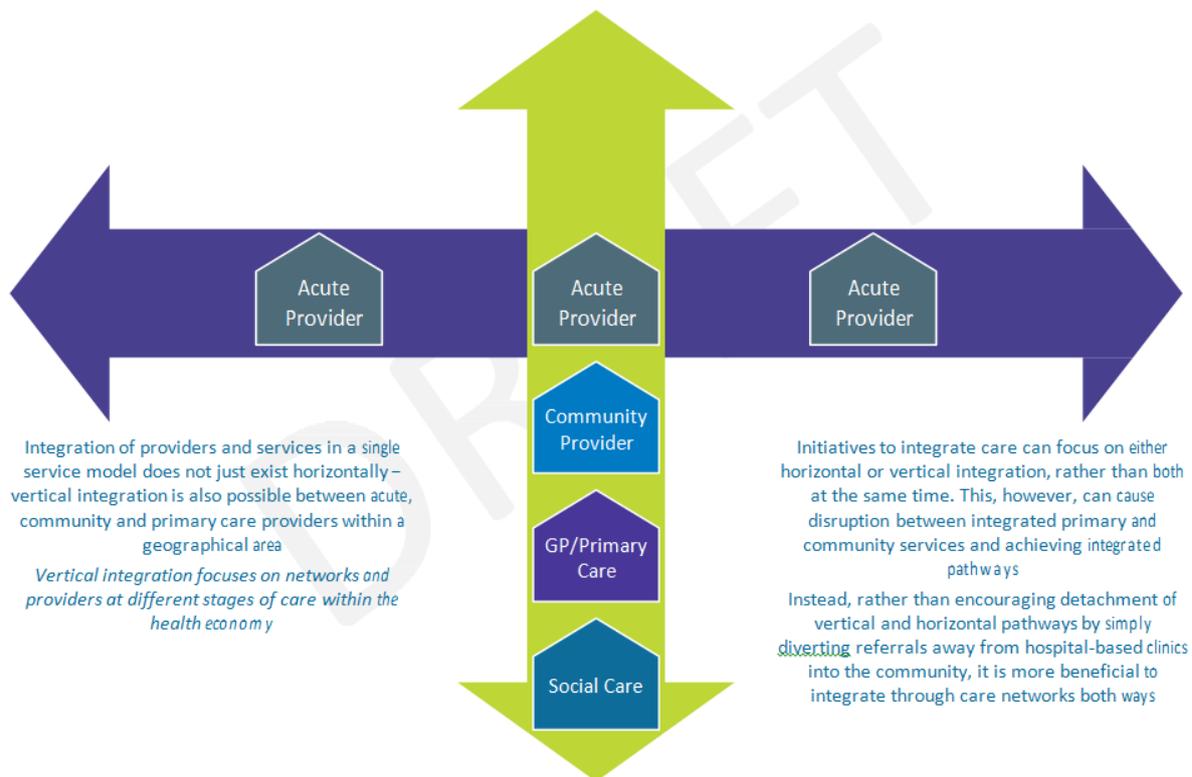
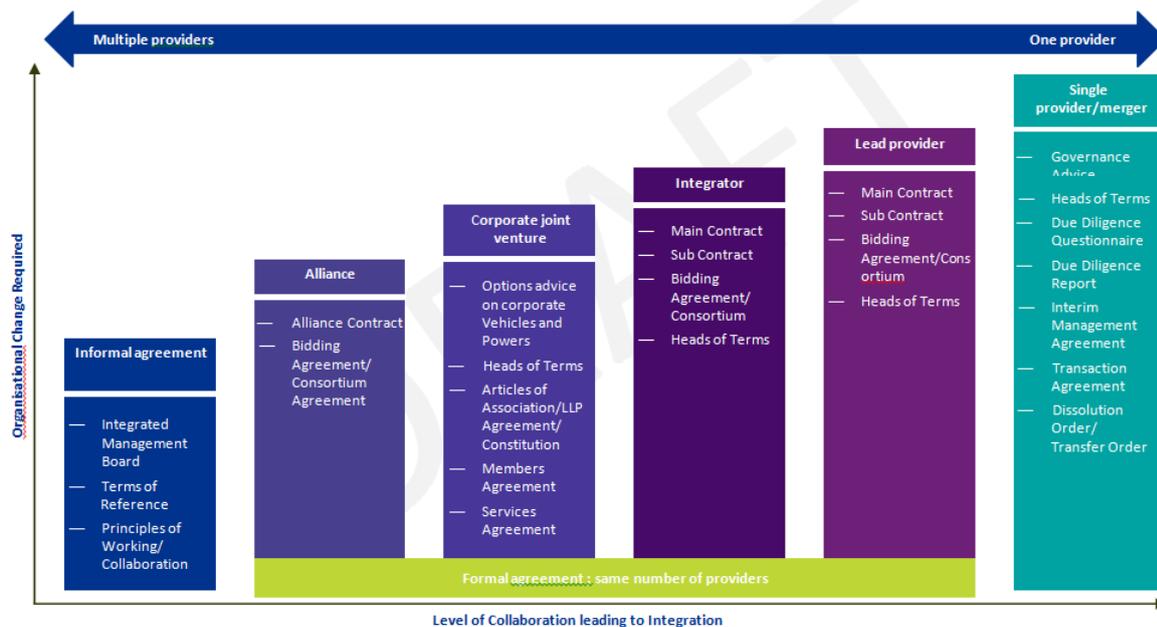


Diagram One: Horizontal and vertical integration

- 3.4.2 There are many levels of “place” in Wirral. It is the intention of NHS Wirral CCG and Wirral Council, through the new integrated commissioning arrangements, to start with the footprint of one Wirral population and then move through a four hub model (based on the four Parliamentary constituencies) into eight or nine localities with populations of 30,000 to 50,000 people. These localities include the registered lists of 52 General Practices. There is also a need to engage with “place” beyond Wirral, specifically with partners in West Cheshire and further afield across Cheshire and Merseyside for specialist or specialised services.
- 3.4.3 Fundamentally, as international evidence demonstrates, place based commissioning is about geography. It is up to all providers in Wirral to respond to this and choose to work together with shared and common objectives and respond to the commissioning “ask” to deliver an integrated, place based system of care. How providers choose to organise themselves across the spectrum of integrated working, as set out in Diagram Two, is down to them. Ultimately commissioners do have the ability to shape the health and care market to deliver their intentions, place based care does require the development of new behaviours and approaches between providers.



The threshold for a single service model is the application of standardised pathways across all provider sites, irrespective of organisational structure. Movement across the spectrum is a combination of increased transformation opportunity and the degree of organisational change required ranging from an informal agreement to a single provider (or merger).

Diagram Two: Spectrum of Integrated Working

3.4.4 A number of workshops have been held over the past months with the main statutory providers of health and care services for the people of Wirral. These providers are:

- Cheshire and Wirral Partnership NHS Foundation Trust
- GP Wirral Federation
- Primary Care Wirral Federation
- Wirral Community NHS Foundation Trust
- Wirral University Teaching Hospitals NHS Foundation Trust

The two most recent workshops have also included the two main NHS regulatory organisations – NHS England and NHS Improvement. The workshops have been supported by NHS Wirral CCG and Wirral Council.

3.4.5 The purpose of the workshops has been to reaffirm commitment to the delivery of *Healthy Wirral* and to working in partnership to deliver place based care. Providers have also been asked to consider where on the spectrum of integrated working they are, where they need to be and how they intend to get there. There have also been discussions about a system control total for 2018/19 and working in a way that maximises the use of the Wirral £.

3.4.6 Providers have responded positively to these workshops and have begun their own discussions around working better together. These discussions are being aligned with those around integrated commissioning so that there is a recognised system governance arrangement. Consideration is also being given to the appointment of an independent Chair and programme team to support the development of place based care.

4.0 FINANCIAL IMPLICATIONS

Work is ongoing to agree a system control total for 2018/19 onwards. NHS Wirral CCG and Wirral Council are also discussing the arrangements that need to be in place for increasing the pooled budgets between the two organisations to support integrated commissioning,

5.0 LEGAL IMPLICATIONS

Any changes to the arrangements for the commissioning or provision of health and care services in Wirral have to take place within the existing legislative framework. Legal advice and guidance has been and is being obtained to support the move towards integrating commissioning and the response by providers.

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

The development of place based care in Wirral is being delivered through existing resources. Any additional requirements will be identified as they arise.

7.0 RELEVANT RISKS

Risk assessments and supporting action plans have been developed and will continue to be refreshed to support this work.

8.0 ENGAGEMENT/CONSULTATION

Engagement and consultation will be required as place based care in Wirral is developed. Appropriate engagement and consultation plans and activities will take place as part of this programme of work.

9.0 EQUALITY IMPLICATIONS

The development of arrangements for place based care will:

- Give due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Give regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

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APPENDICES

There are no appendices to this report.

BACKGROUND DOCUMENTS

Alderwick H and Ham C (2015). *Place-based systems of care: A way forward for the NHS in England*. London: The King's Fund. Available at: https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/Place-based-systems-of-care-Kings-Fund-Nov-2015_0.pdf (accessed on 30th October 2017).

NHS England et al (2017). *Next Steps On The NHS Five Year Forward View*. London: NHS England. Available at: <https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf> (accessed on 30th October 2017).

SUBJECT HISTORY (last 3 years)

Council Meeting	Date



ADULT CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

28 NOVEMBER 2017

REPORT TITLE	Improving Access to Psychological Therapies (IAPT) Service
REPORT OF	Senior Commissioning Lead Mental Health, Wirral CCG

REPORT SUMMARY

This report has been requested by the Adult Care and Health Overview and Scrutiny Committee to provide an update in respect of IAPT. The report provides a summary of the current position in respect of IAPT service delivery in Wirral, the steps being taken by the CCG to address the current performance and the plans for the future service model to ensure safe and effective care.

RECOMMENDATION/S

The Adult Care and Health Overview and Scrutiny Committee are asked to note the contents of this report and the update provided. Feedback is requested to ensure that Member's views are taken into account in the development of the future service model for IAPT on the Wirral and to ensure appropriate engagement and consultation as part of the procurement process.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

The CCG is working collaboratively with stakeholders including NHS England to address the challenges of the existing service provision. A decision has been taken to re-procure the service at the end of the existing contract term with the current provider (30th June 2018) and the pre-procurement process has been commenced.

Feedback is requested to ensure that Member's views are taken into account in the development of the future service model for IAPT on the Wirral and to ensure appropriate engagement and consultation as part of the procurement process.

2.0 OTHER OPTIONS CONSIDERED

Other service delivery models are being considered to deliver the national standards for IAPT; these will be developed through the procurement process and through engagement and consultation.

3.0 BACKGROUND INFORMATION

3.1 Current provider

- 3.1.1 IAPT services have been provided by Inclusion Matters Wirral (IMW), South Staffordshire & Shropshire NHS Foundation Trust since July 2015. The contract was awarded following a competitive tender process for a three year term with the option to extend for up to two years.
- 3.1.2 The current provider sub contracts aspects of the IAPT service to Cruse UK for Bereavement support and Age UK for Community Counselling. Until April 2017, Cognitive Behavioural Therapy was provided through a sub contract arrangement by Peninsula Healthcare until IMW ended the contract and transferred the staff and provision into the main IAPT service.
- 3.1.3 During the term of the contract, there have been a number of performance discussions with the provider specifically relating to the waiting times, quality and performance relating to access and recovery standards. There has been additional investment both locally from the CCG and NHS England to support waiting list initiatives, whilst an improvement in performance was initially achieved; this was not sustained on a longer term basis.
- 3.1.4 As a result of the on-going performance concerns, in late 2016, the NHS England Intensive Support Team were requested by the CCG to conduct a review of the service and make recommendations for improvements. This review was undertaken in May 2017 and a number of recommendations were made. A collaborative action plan has been developed which is monitored by the contract meeting with escalation to the CCG Quality & Performance meeting.
- 3.1.5 In line with the continued failure to achieve the national IAPT standards, the CCG made the decision not to extend the current provider contract and to commence a procurement process.

- 3.1.6 With agreement of NHS England, the CCG has made a commitment to invest an additional £253,960 in the service to support the reduction of the current waiting list and to reserve any additional investment to pump prime the new service model once the new contract commences in July 2018.
- 3.1.7 It is acknowledged that the current service provision is not providing the care and intervention for a number of Wirral residents and this is not acceptable, the CCG commissioner is working with the provider to risk stratify the current waiting list to prioritise patient intervention based on those individuals waiting the longest and with the highest levels of risk. The provider has also commenced group work intervention to attempt to improve efficiency in the way interventions are delivered whilst encouraging peer support across the patient groups.

4.0 FINANCIAL IMPLICATIONS

Work is being undertaken as part of the preparations for tender to identify the financial envelope to deliver the new contract; it is acknowledged that additional investment will be required from the CCG to deliver the stretch access national targets and to enable safe and effective care.

5.0 LEGAL IMPLICATIONS

There are no legal implications at this stage other than the requirement to adhere to the procurement regulations for the tender exercise. .

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

There will be a requirement to increase staffing levels and review the skill mix of the workforce to deliver the IAPT model; this will be quantified through the procurement process. In order to reduce the overheads of the current service model in respect of room hire charges, work is being undertaken to review the Wirral capital estate to consider maximising efficiency of existing public space.

7.0 RELEVANT RISKS

The Governing Body have been monitoring the risks relating to the continued poor performance of the IAPT service since early 2016 and updates have been provided and discussed with the Quality and Performance Committee. As identified earlier within this report, the CCG commissioning lead is working with the provider to reduce patient safety risks through the risk stratification approach to prioritisation.

ENGAGEMENT/CONSULTATION

Engagement and consultation will be undertaken as the procurement exercise commences. Appropriate engagement and consultation plans and activities will take place as part of this programme of work and a full communication plan developed.

8.0 EQUALITY IMPLICATIONS

The IAPT service proposal will:

- Give due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Give regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

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APPENDICES

There are no appendices to this report.

SUBJECT HISTORY (last 3 years)

Council Meeting	Date



ADULT CARE AND HEALTH OVERVIEW & SCRUTINY COMMITTEE
28 NOVEMBER 2017

REPORT TITLE	Response to CQC Publication on Quality
REPORT OF	<p>Jacqui Evans - Assistant Director, Unplanned Care / Community Care Market</p> <p>Amanda Parry-Mateo - Integrated Lead, Quality and Safeguarding</p>

REPORT SUMMARY

Since October 2014, when the Care Quality Commission (CQC) completely overhauled and transformed our regulatory approach for adult social care services in England, people have been using CQC inspection reports and ratings as an important source of information to support their choice of care services.

The findings from CQC’s initial programme of comprehensive inspections in adult social care are identified in the CQC report “The state of adult social care services 2014 to 2017”. The results from the programme of more than 33,000 inspections, showed almost four-fifths of adult social care services in England were rated as good (77%) or outstanding (2%) overall. Nearly a fifth of services were rated as requires improvement.

Whereas it is noted that there has been a continual improvement in the number of Good rated homes nationally, regionally and locally, Wirral as part of the North West region was identified as being in the bottom 20% of local authorities in relation to the quality of Care as rated by CQC.

This report outlines the measures being implemented to address the findings of this report on a local level by the Integrated Wirral Council/ Wirral CCG quality improvement team. As CQC ratings can only be set by CQC, the local improvement plan will need to align with the next reporting cycle from CQC and as such this is a 3 year improvement program.

RECOMMENDATION/S

That the report be noted.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 N/A

2.0 OTHER OPTIONS CONSIDERED

2.1 N/A

3.0 BACKGROUND INFORMATION

3.1 The main themes identified in the national picture are also clearly identified in the Wirral local area.

- Overall ratings
- Ratings by key question type
- Challenges

3.2 Overall ratings

3.2.1 CQC uses a rating system that rates a service as, outstanding, good, requires improvement and inadequate.

3.2.2 Good rating - Nationally the highest portion of ratings is services rated "Good". On the Wirral it is 60% of services are rated "Good".

3.2.3 Requires improvement rating - The next largest category rating on Wirral is "Requires improvement". This is again in line with the national picture. Nationally 38% of services that are initially rated as "required improvement" fail to improve following a re-inspection and remain in this category for protracted periods of time. It is this category that poses the largest challenges with services not improving or seemingly incapable of improving, despite knowing from inspections what needs to change. This would indicate from a quality perspective a service that is satisfied with a maintaining low quality, a "good enough", approach. This is not an acceptable practice and one that will not be tolerated on Wirral. Those services that fail to improve even with the target support provided from a named Quality Officer will be dealt with through the contract compliance process. With the large number of private care providers choosing to invest on Wirral it is felt that this approach would not limit the choice of care provision.

3.2.4 The current nursing and residential care home market for Wirral is:

Type of bed	Total Capacity of Beds per Home
Residential	1014
Nursing	743
R EMI	563
N EMI	325
Residential MH	316
Residential LD	185
Nursing LD	12
Total	3158

3.2.5 The nursing and residential care homes newly built on Wirral are:

- Heswall- 55 beds – opened Jan 2017
- Hoylake – 52 beds – opened Nov 2016
- Pensby- 60 bed - planned opening Jan 2018
- Hoylake- 40 bed- Jan 2018
- New Brighton -160 bed - summer 2018

3.2.6 Inadequate rating - more than four-fifths (81%) of locations that were initially rated as inadequate have improved their rating after a CQC inspection. On Wirral the two services in the last 6 months rated as inadequate, through the support of the quality team, have turned the service around and have improved their rating at the re-inspection stage. These services were under enforcement action and if they had failed to improve would have been deregistered.

3.3 Rating by Key Question type

3.3.1 The CQC 5 key areas for inspection are; is the service safe, effective, caring, responsive and well-led?

Nationally and on Wirral the highest rating key question areas is for “caring”. It is noted that this key question is influenced by the staff that provide the actual hands on care and as such is seen as a positive. The other 4 key questions are influenced by the management of the service and owners of the home. Wirral matches the national picture by services that are rated as “requires improvement” failing due to lack of management and leadership.

3.4 Challenges

3.4.1 Adult social care services are facing a number of challenges. These include:-

- An ageing population with increasing needs. The number of people aged 85 or over in England is set to more than double over the next two decades. More than a third of people aged over 85 have difficulties undertaking five or more tasks of daily living without assistance, and are therefore most likely to need health and care services.
- Difficulties in recruiting and retaining staff to care for people. In 2015/16 the overall staff vacancy rate across the whole of the care sector was 6.8% (up

from 4.5% in 2012/13), rising to 11.4% for home care staff. Turnover rates have risen from 22.7% to 27.3% a year over the same three-year period.

- Rising costs of adult social care. Findings from the most recent Association of Directors of Adult Social Services (ADASS) budget survey have estimated that the National Living Wage will cost councils around £151 million plus at least £227.5 million in implementation and associated costs in 2017/18. This will affect both direct council costs and increased provider fees.

3.5 Response to address the findings of the CQC report

3.5.1 The Quality and Safeguarding responsibilities of Wirral CCG and Wirral Council for community provider services have now been integrated and are led by the Director Of Quality and Patient Safety (Wirral CCG) on behalf of the Director of Care & Health

3.6 Contract compliance.

3.6.1 It was felt that the Wirral Council contracts management function should be improved, having a focus on performance data and formal contract management schedules. A more targeted performance framework gives a greater focus on those providers that are failing to improve. Key performance drivers will now be included in all contracts with the sector.

3.7 Quality Improvement Framework

3.7.1 There has been a robust quality assurance framework on Wirral in place since 2013. This has been effective and supported improvement over the years. However it is recognised that this needs further development and a greater focus on quality improvement rather than regulatory compliance. The new framework allows for CQC, the contracts manager and quality officers to work together but without duplication of roles thus maximising resources.

3.8 Contract Framework

3.8.1 The contract managers will focus on performance and so give assurance through monitoring the performance of services. Quality officers will focus on supporting quality improvement.

3.8.2 Services are monitored by contracts leads through use of:

- Regulators reports
- Healthwatch reports
- Audits
- Hearing the views and experiences of people who use services
- Feedback from other professionals.
- Self-Assessment by providers
- Visits and meetings
- Complaints
- Safeguarding reports

3.8.3 In addition “Good” rated services will be monitored through the elected member visits with Healthwatch.

3.9 Elected members Visits

3.9.1 The role of the Elected Member Quality Visits is to visit Care Homes to ensure that the people who use services are at the heart of the audit. The methodology would be for the elected members to have a role in the planned scheduled annual audit, to collect the information from the people who use the service and to reflect on the quality of care & support.

3.9.2 Elected members have been trained by Health Watch in the ‘Enter and View’ process. Healthwatch have a very successful well established training program for members of the public. To date 23 Elected Members have been trained.

3.9.3 Visits are coordinated through the Quality Team. 9 visits are planned between November and December. The reports from these visits will be fed into the Wirral Quality Surveillance group by Healthwatch.

3.10 Wirral Quality Surveillance group

3.10.1 It has been recognised that it is not only CQC and the local authority / CCG Quality team that are stakeholders in assuring the standards in Care homes and other community services. Other professionals that have a presence in these services including Infection Prevention Control, Merseyside Fire and Rescue, District Nurses, Continuing Health Care, End of Life Team, Community Geriatricians, Healthwatch, Community Pharmacy, GP surgery, Public Health, Wirral Community Trust all now meet on a monthly basis to discuss the quality of care. The meetings are used to ensure that those services that are currently CQC “good” rated are not declining, and starting to raise concerns. At these meetings if any service is rated as “good” and there are concerns raised by any stakeholder an unscheduled visit is planned by the most appropriate professional from the group. This professional then feeds back to the quality team and an appropriate action plan implemented. Updates are also given in relation to all “requires Improvement” and “inadequate” services.

3.11 Quality Improvement Practitioners

3.11.1 A development of the quality assurance role into a more quality improvement focused role.

3.11.2 The Quality Improvement Practitioners role is to;

- Support Providers who are CQC rated as “requires improvement” or “inadequate” to improve to “good” rating.
- Support the contract management process.
- Work in partnership with CQC to plan visits to make best use of schedule visits.
- Respond to new concerns through unplanned visits

- Lead the Implementation of the Wirral Quality Improvement Plan (WQIP)

3.11.3 Quality officers will;

- Have 80% planned scheduled work and 20% unplanned visits.
- Have identified providers in service areas
- Report on a monthly basis of the level of improvement
- Work in partnership with all stakeholders to champion and address the concerns identified by providers.
- Report services that are failing to improve to the contract lead for contractual action to be taken.
- Take lead in implementing best practice as identified in the WQIP.

3.12 Wirral Quality Improvement plan

3.12.1 The WQIP is a whole economy plan that collates and maps out all improvement initiatives that are being implemented in the Wirral Commissioned Care Market. The Wirral Quality improvement Plan identifies how each of the initiatives will address those priorities set by Wirral CCG Governing Body, Wirral Council, NHS England, ADASS, CQC and the Wirral 20/20 vision. The quality officers will implement the improvements on provider by provider bases which will ensure all elements of the market are supported to improve and sustained.

3.12.2 Themes of improvement plan are;

- Reducing unplanned admissions to hospital from care homes by improved pressure care, falls prevention, diabetes, end of life care, enhanced GP service, care connector for complex health management tele-triage
- Improving the quality of care through staff, sharing best practice, registered managers network, training consortiums, standardising staff competencies frameworks, flu inoculation.
- Flow out of the hospital to reduce deconditioning through trusted assessor, Transfer to Assess (T2A), Age UK home of choice, standardised admission documents.
- Innovation through app's to support improvements; nursery's linking with care homes, kite mark status, buying power, meds management.

3.13 Registered Managers Network

3.13.1 The Registered managers Network is a quarterly meeting attended by registered providers of Community services on Wirral. The overall purpose of the network is to support registered managers to improve the quality of their services. This will be achieved by offering peer support, sharing of good practice in a structured way, contributions from those who can assist with the quality agenda e.g. CQC, and support from Skills for Care on workforce development. Ownership for the network is shared. The Wirral network is chaired by 3 registered managers; Skills for Care take a proactive role in supporting the network and assisting with the setting of agendas for meetings.

3.13.2 Previous agenda items have included:

- Open discussions around recruitment and barriers
- Presentations/discussions around learning opportunities from Skills for Care and University of Chester
- Process updates from Wirral Council e.g Complaints and ALADO, DoLs and MCA
- Q&A sessions with CQC
- Clinical updates e.g. diabetes policy, 'react to red', flu policy, 6 steps end of life care programme
- Care and support planning open workshop with input from CHC, Dieticians, QA and QIN

3.13.3 Over the past 4 meetings since October 2016 there has been an average attendance of 38 represented providers with 87 different providers having attended at least one meeting and 46 having attended at least 2.

3.14 Owners network

3.14.1 It has been identified that the challenges that face the owners of care homes are often different than those faced by the registered managers. Financial challenges, knowledge relating to market capacity, developing models of care, organisational strategy or policy changes and solutions to economies of scale efficiencies are all of a concern to care home owners.

3.14.2 A care home owner group is now being set up with a view to supporting the group to autonomy in the first 6 months so that they can have a voice and engage effectively with both Wirral CCG and Council to form a shared vision and approach to improving the Wirral Quality of care.

3.15 Provider Quality Event

3.15.1 Providers of services on the Wirral were invited to attend an event on the 02/10/17 to discuss the findings of the CQC report and to engage with the Market to explore why Wirral is in the position it is and identify how as a whole economy we intend to address this. Over 150 providers attended and a very proactive engagement event. A further event is scheduled for December 2017. The providers carried out 2 group exercises:-

Group Exercise 1 - Are there any local factors that affect quality?

The themes identified were

- Increasing cost of providing care
- Recruitment and retention
- Inconsistency in inspection.

Group Exercise 2 - What are the areas we need / want to improve?

The themes identified were

- Recruitment- Image of being a career- valued profession

- Communication- what future care is needed/ commissioned
- Understanding of the CQC expectations
- Buying power- economies of scale

3.16 Improving the domiciliary care market

3.15.1 The domiciliary care market in Wirral has experienced significant change over the past year, with the impact of the loss of 3 larger providers still being felt.

3.16.2 Demand outstrips supply, as it is increasingly difficult to recruit new care staff.

Key providers in Wirral are working collaboratively with us to improve the situation as quickly as possible. There are currently 95 people awaiting domiciliary care in Wirral. 6 people, currently awaiting a package of care in hospital, 9 in a community transfer to assess bed, 38 people still with our reablement provider and the remaining 42 people in the community. We currently provide 13,936 hours of domiciliary care to a total of 1,231 people and a further 208 hours of reablement to 180 people.

3.16.3 Market size for domiciliary care

Total Hours	Total people	15 min in Hr	30 min in Hr	45 min in Hr	60 min In Hr	60+ In Hr
13,936.75	1231	418.25	9,116.00	1,874.25	1,469.00	1,059.25
		3%	65.5%	13%	10.5%	8%

3.16.4 Key work underway to address situation:

- Wirral wide positive publicity campaign
- Wirral wide recruitment drive
- Additional funding (BCF) – 7 day retainer fee for hospital stays/0-30 min fee rate
- “Secret shopper” to understand the recruitment challenge in areas such as retail
- Exploration of how Wirral can support recruitment and retention packages (e.g. leisure passes)
- “Enhanced domiciliary care” – (health care assistants)
- Accreditation of new providers
- Trusted assessor models being implemented
- Future outcome based commissioning model – move away from traditional time and task
- Pilots being tested
 - Nurse led
 - Role of the key health providers

3.16.5 Regular workshops and meetings with providers are scheduled to monitor the situation and ensure progress against the above actions.

3.17 Reporting of improvements

3.17.1 The governance and progress of quality improvement will be reported to:-

- Monthly SLT performance reports
- Adult Care & Health OSC
- NHSE Quality surveillance group
- CCG Quality and performance committee
- Quarterly to A and E delivery board

4 FINANCIAL IMPLICATIONS

N/A

5. LEGAL IMPLICATIONS

N/A

6. RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

N/A

7. RELEVANT RISKS

N/A

8. ENGAGEMENT/CONSULTATION

N/A

9. EQUALITY IMPLICATIONS

No because there is no relevance to equality.

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APPENDICES

N/A

SUBJECT HISTORY (last 3 years)

Council Meeting	Date



**Adult Care and Health Overview and Scrutiny Committee
Tuesday, 28 November 2017**

REPORT TITLE:	Financial Monitoring Report Quarter 2 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 2 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 2 revenue forecast of on budget 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's area.

2.0 OTHER OPTIONS CONSIDERED

2.1 Not applicable

3.0 BACKGROUND INFORMATION

3.1 PERFORMANCE AGAINST REVENUE BUDGETS QUARTER 2 (JULY 2017- SEPTEMBER 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	Budget Change Quarter 1 Use of Contingency	Budget Change Quarter 1 Use of Balances	Approved Budget Changes Qtr 2	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 September 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 2	RAGBY Class	Change from prev
People - Adult Social Care and Health	77,509	77,509	0	G	201
TOTAL	77,509	77,509	0		201

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), **Amber** (+£141k to +£300k), **Green** (range from +£140k to -£140k)

- Underspends **Blue** (-£141k to -£300k), **Yellow** (over -£301k).

3.2.2 People - Adult Social Care and Health

- At this 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.

3.3 IMPLEMENTATION OF SAVINGS

3.3.1 A summary of the position of 2017/18 savings at 30 September 2017 is below.

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

BRAG	Number of Options	Approved Budget Reduction	Amount Delivered at Q2	To be Delivered
B - delivered	7	-1,000	-1,000	0
G – on track	2	3,200	0	3,200
A - concerns	1	1,000	1,000	0
R - High Risk/Not achieved	0	0	0	0
Total at Quarter 2 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.

3.4.0 INCOME AND DEBT

3.4.1 The table below shows the outstanding debt by Wirral Plan Theme category and then by invoice raised date. At the end of September 2017 total Council arrears stood at £24.6 million with £17.2 million of this relating to Adult Social Care and Health. In overall terms 37,723 invoices have been issued in the year by the council with a value of £43 million raised. £44 million of payments including amounts for prior years have been collected.

Table 4: Accounts Receivable Outstanding Arrears Analysis

Theme	Less than 30 days	More than 30 days	2016/2017	2015/16	Pre 2015/16	Total at 30.09.17
	£	£	£	£	£	£
People - Adult Social Care and Health	2,626,387	3,336,425	5,722,478	2,429,684	3,042,539	17,157,513

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 2 (July-September 2017)

	Revised Programme	Spend to Date Sept 2017	Funded by: Council Resources	Funded by: Grants
	£000	£000	£000	£000
Citizen and Provider Portal	150	17	-	150
Assistive Technology	300	2		300
Pensby Wood	1300	101	1135	165
Community Intermediate Care	500	-	500	-
Extra Care Housing	500	-	-	500
Public Health	200	193	-	200
Total expenditure	2,950	313	1,635	1,315

Further detail of the Capital Programme and spend is contained within Appendix 1 of this report.

3.5.1 Citizen and Provider Portal

Work has already begun on Phase 2 of the Liquidlogic project which will see the integration of complex services with Cheshire and Wirral Partnership. The Provider Portal has been fully implemented and enables providers of care to send and receive information. Going forward the focus will be on providing I.T. infrastructure for residential and nursing care providers, the development of

intelligent data analysis, and building on developments that allow partner organisations to share information.

3.5.2 Assistive Technology

The project to pilot tele-triage to 30 care homes is ongoing throughout the year. The focus will also be on other challenging areas such as reducing attendance at A&E, preventing unplanned hospital admissions and reducing dependency on social and health care interventions.

3.5.3 Pensby Wood

This project is to deliver an extension and improvements to current facilities to enhance the number of placements from 25 to 60/70 adults. Tenders have been approved and a 30 week contract agreed with anticipated completion mid-February 2018.

3.5.4 Community Intermediate Care

The aim of this programme is to support providers of residential care to meet the needs of service users who require specialised facilities. For example this would support the residential care sector to accommodate people with bariatric care needs. Providers have been contacted and invited to apply for the financial support that this scheme provides.

3.5.5 Extra Care Housing

A number of potential developments have now been agreed: Rock Ferry with LMH as the potential Registered Provider, Girtrell Court in conjunction with Alpha Living, in Pasture Road, Moreton but awaiting site details before further consideration, Old Chester Road with a prospective completion date of August 2018, Sevenoaks is expected to be completed in November 2018. A previously proposed development of 21 units at Barncroft with Magenta Housing is now progressing, scheduled to be completed in November 2019. At Balls Road the terms for service users to take up 16 tenancies just need to be agreed.

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 EQUALITY IMPLICATIONS

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

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APPENDICES

Appendix 1 – Capital Programme and Funding 2017/18

SUBJECT HISTORY (last 3 years)

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
Cabinet – Revenue Monitoring 2017/18 Quarter 2	6 November 2017
Cabinet – Capital Monitoring 2017/18 Quarter 2	6 November 2017

Capital Programme and Funding 2017/18**APPENDIX 1****People Theme: Adult Care and Health**

	Revised Programme £000	Spend to Date £000	Council Resources £000	Reserves £000	Business Rates £000	Grants £000	Total Funding £000
Pensby Wood day service re-modelling	1,300	101	1,135	-	-	165	1,300
Public Health	200	193	-	-	-	200	200
Citizen and Provider Portal/integrated I.T for social care	150	17	-	-	-	150	150
Assistive technology	300	2	-	-	-	300	300
Community intermediate care	500	-	500	-	-	-	500
Extra Care housing	500	-	-	-	-	500	500
	2,950	313	1,635	-	-	1,315	2,950

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**Adult Care and Health Overview and Scrutiny Committee
Tuesday, 28 November 2017**

REPORT TITLE:	2017/18 Quarter 2 Wirral Plan and Health and Care Performance
REPORT OF:	Director for Health & Care (DASS)

REPORT SUMMARY

This report provides the 2017/18 Quarter 2 (July – September 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 2 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 Care and Health Performance Overview is included as Appendix 2. This report has been further developed following Member feedback and includes key performance across health and social care including Better Care Fund and the unplanned care system.

Quarter Two Wirral Plan Performance Summary

- Healthy life expectancy at birth for both males and females continues to improve on the Wirral Plan start baseline.
- The number of Wirral residents over 50 in employment continues to increase at a faster rate than the average across the rest of the country; although both national and regional benchmarks are higher than Wirral.
- A door knock was undertaken in Pensby which resulted in 273 conversations and 79 referrals made to partner organisations. The Great Wirral Conversation has engaged with Weatherhead High School students to promote intergenerational working.
- Employment rate for disabled people has decreased compared to the previous quarter. Although the rate is higher than at the start of the Wirral Plan it is below national and regional benchmarks. A partnership plan is in place to deliver workshops to small businesses to encourage them to provide opportunities for employment for disabled people.
- Ensuring people with disabilities have stable and appropriate accommodation improves their safety, increases their independence and reduces their risk of

social exclusion. The quarter 2 figure is 84.1% against a North West mean of 82.6% and has increased from 83.7% at quarter 1.

- Reporting at quarter two continues to illustrate the complex picture of Domestic Abuse in Wirral. The planned approach to increase awareness of domestic abuse has led to increases in the number of cases and referrals into the Family Safety Unit and MARAC. The intention is that in future years, once reporting levels have improved, the rate will reduce.
- The Safer Wirral Hub was officially opened on the 10th October. The hub increases the ability for all partner agencies to liaise and work together to provide support for all victims of domestic abuse and increase preventative activities to bring about a decrease in incidents.

RECOMMENDATION

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

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/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>

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APPENDICES

Appendix 1: Wirral Plan – 2017/18 Quarter 2 Pledge Report

Appendix 2: Adult Social Care and Health Performance Overview – Quarter 2
2017/18

REFERENCE MATERIAL

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
Adult Care and Health Overview and Scrutiny Committee	13 September 2017

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Appendix 1

Wirral Plan Adult Care and Health Committee

2017-18 Quarter 2 Reports

Page 67



Older people live well

Overview from Lead Cabinet Member

Priority 1

The Age Friendly pilot continues to go from strength to strength and will launch on 1st September to coincide with International Day for Older People. To date, full sign-ups to the pilot have been received from a range of retailers, including Sainsburys, Boots, Superdrug, Primark and the Pyramids Shopping Centre. More sign-ups are expected when the various retailers have gained internal approval within their own organisations to participate in the pilot. This process has taken longer than expected, resulting in a slight delay to the planned launch.

Plans are underway to have a launch event take place in the Pyramids Shopping Centre in November, ahead of the Christmas shopping period. This will include a photo opportunity with participating retailers to highlight their involvement in the pilot and why they wanted to take part. The Comms Team have also developed a digital marketing suite to promote the pilot and this will be circulated for use by all retailers. Further discussions are ongoing with neighbouring local authorities on delivering the pilot across Merseyside and possibly Cheshire.

The Great Wirral Door Knock continued in July, with Pensby the focus of activity across a three day period. A wide range of partners supported this activity, generating 1064 door knocks which resulted in 273 conversations taking place and 89 referrals being made to partner organisations. Initial feedback suggests that there were a wide range of issues that were important to residents and work is underway to collate this intelligence in a feedback report.

Age UK have launched The Great Wirral Conversation which has engaged with Weatherhead High School students to promote intergenerational working.

With recent activity focussed on launching the Age Friendly Pilot, progress in other areas has been steady.

Priority 2

Work is underway to identify how the Ageing Well Steering Group can feed into the work already being done to combat anti-social behaviour in Wirral.

A pilot enhanced sheltered scheme has been scheduled for March 2018. Sites are being considered for extra care developments and the Combined Authority Safeguarding Board are focussing on strengthening leadership in care homes.

Priority 3

The second phase of the Age Friendly pilot will be used to encourage retailers to join the membership of Wirral's Dementia Action Alliance. Membership includes advice and support to further improve the retail environment. For example, some retailers are planning to introduce Dementia Friendly check-outs. Other developments also include an exploration of funding towards a Dementia and Dance initiative, which could have therapeutic benefits for those living with dementia.

A mapping exercise is underway to review local arrangements against the accreditation requirements to become a dementia friendly borough. While there are many excellent examples of partners working towards becoming dementia friendly, it is really important to ensure that this activity is coordinated across the partnership. Priority must therefore be given to the most appropriate strategic group to coordinate this activity.

The need for additional respite beds has been identified by a review of the pilot Short Break Beds contract. A tender exercise will commence in October.

Priority 4

It's positive news that the number of Wirral residents over 50 in employment (34.7%) continues to increase at a faster rate than the average across the rest of the country.

Some of the challenges in this area are making sure that promoting opportunities to specific age groups isn't discriminatory and employer engagement is difficult unless they have current vacancies available.

24,919 people have now accessed the Ask Us Wirral service which has recently launched a three year Joined Forces Aged Veterans project aimed to maximise income though take up of Attendance Allowance and Pension Credit. Use of the 'Ask Us Wirral' website resource continues to be higher than expected and the popularity of service suggests that it is a valuable resource for Wirral residents.

Wirral Plan Indicator	Indicator	Wirral Plan Start	Benchmark Data	Year End 2016-17	2017-18 Q1	2017-18 Q2	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						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						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 the 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	2017-18 Q2	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						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						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						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: 41.6% (Jul 16-Jun 17) North West: 38.7% (Jul 16-Jun 17)	33.9%	34.4%	34.7%		Better	It's positive news that the number of Wirral residents over 50 in employment continues to increase at a faster rate than the average across the rest of the country. The Quarter 2 figure from the Office for National Statistics relates to the period July 2016 - June 2017.

People with disabilities live independent lives

Overview from Lead Cabinet Member

Work continues to be on track towards the creation of an All Age Disability and Mental Health Service in Wirral. This will lead to improved quality and consistency of service provision and reduce service barriers related to age and eligibility. It is proposed that social care assessment and support planning functions will be joined up with a health provider to give us greater flexibility while allowing us to develop a single service for health and social care professionals. This is in a consultation phase with the proposal being taken to Cabinet for a decision in November.

Work has progressed to establish insight into the prevalence of disability in Wirral to assess the future demand for services and housing provision. This work has led to a more detailed needs analysis of peoples' housing needs where they have a learning disability. An extra care housing strategy has been produced which is informed by this and is being consulted on. There are sites being considered for extra care developments and the strategy group are working closely together with potential developers to meet the target set.

"Building Vision" is a programme of engagement with service users which will be delivered with partners early in the New Year. The aim of this is to reach a wider community of service users and organisations in order to support them collectively to build a vision of supported housing for the future and further inform the strategy.

In terms improving access to employment and greater financial resilience, meetings have taken place with the Chamber of commerce and a plan is in place to deliver workshops to small businesses to encourage them to engage their support to provide opportunities for employment for disabled people.

The Department of Work and Pensions are promoting Disability Confident with small to medium sized enterprise employers on Wirral. The Council became a Disability Confident Employer on 26th July 2017 (Level 2). Wirral Council website now has a Disability Confident statement, as do our recruitment pages.

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 which support people being more independent.

Wirral Plan Indicator	Indicator	Wirral Plan Start	Benchmark Data	Year End 2016-17	2017-18 Q1	2017-18 Q2	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 published later in the year.
Employment rate aged 16-64 - Equality Act core or Work Limited Disabled	Quarterly Higher is better	37.5% Jun 2015	England: 52.9% (Jul 16-Jun 17) North West: 47.9% (Jul 16-Jun 17)	44.0%	43.1%	42.2%		Worse	There is a time lag with this data which comes from the Office for National Statistics. The Quarter 2 figure relates to the period July 2016 - June 2017.

Supporting Measure	Indicator	Wirral Plan Start	Benchmark Data	Year End 2016-17	2017-18 Q1	2017-18 Q2	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	Awaiting provisional 2016-17 Academic Year data.
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 published later in the year.
The number of disabled people in receipt of personal budgets (including Direct Payments and Personal Health Budgets)	Quarterly Higher is better			669	863	852		Worse	651 adults were reported by the Department of Adult Social Services to be in receipt of personal budgets (compared to 669 last quarter). 201 young people were in receipt of personal budgets which includes 190 direct payments, 3 Education, Health and Care Plan and 8 personal budgets. (194 last quarter)
Adults with a learning disability who live in stable and appropriate accommodation	Quarterly Higher is better		England: 75.4% (2015-16) North West: 82.6% (Q2 2017-18)	84.0%	83.7%	84.1%		Better	Ensuring people with disabilities have stable and appropriate accommodation improves their safety, increases their independence and reduces their risk of social exclusion. The quarter 2 figure is 84.1% against a North West mean of 82.6% and has increased from 83.7% at quarter 1.

Zero tolerance to domestic violence

Overview from Lead Cabinet Member

In delivering our zero tolerance approach to domestic abuse a large number of initiatives are being delivered across the entire Wirral Partnership with engagement within communities increasing. Fantastic news for the Wirral Partnership is that Tomorrows Women's Wirral has been short listed for a national award. The Safer Wirral Hub was officially opened on the 10th October. The hub increases the ability for all partner agencies to liaise and work together to provide support for all victims of domestic abuse and increase preventative activities to bring about a decrease in incidents. An example of this is the new link with the Leapfrog programme which works with children experiencing violence in the home.

A key part of the work around tackling Domestic Abuse is the engagement of the third sector and communities to embed our zero tolerance approach across Wirral. Voluntary sector organisations are embedded in all multi-agency working linking in with business and developing Peer Mentors to provide the right kind of support. Initiatives such as the Community Connectors are linking in their work tackling social isolation and dealing with the most vulnerable in our communities.

We know about the challenges in Wirral and our plan to increase awareness of domestic abuse has led to increases in the number of cases and referrals into the Family Safety Unit and MARAC and this trend is also replicated in the statistics from our Third Sector Partners.

We are continuing with this partnership approach by working together to review the opportunities for joint commissioning of support programmes for the most vulnerable in our communities, which will lead to improved programmes and greater value for money.

Wirral Plan Indicator	Indicator	Wirral Plan Start	Benchmark Data	Year End 2016-17	2017-18 Q1	2017-18 Q2	Year End 2017-18	Trend (See Key)	Comment
Number of domestic abuse Wirral MARAC cases per 10,000 adult females	Quarterly	54.0 2014-15	Most Similar Force Group: 44.0 (2016-17) National: 35.0 (2016-17)	51.7	Green Actual: 13.3 Target: 13.0	Green Actual: 27.3 Target: 27.0		n/a	The number of domestic abuse Wirral MARAC cases between April 2017-September 17 was 374.
Children and young people experience domestic abuse (Wirral MARAC cases)	Quarterly	1,289 2014-15		1,211	355	727		n/a	The number of children and young people experiencing domestic abuse between April 2017-September 17 was 727, this is 26% higher than the same period in 2016-17. The policy is to improve reporting in this area to ensure that domestic abuse cases are recorded and dealt with. The intention will be that in future years, once reporting levels have improved, the rate will reduce.
Percentage of incidents of repeat domestic abuse (Wirral MARAC cases)	Quarterly Lower is better	16.0% Apr 2014-Mar 15	Most Similar Force Group: 31.0% (2016-17) National: 26.0% (2016-17)	28.0%	Green Actual: 31.1% Target: 25.0%	Green Actual: 28.3% Target: 25.0%		Better	There were 202 repeat incidents of domestic abuse (Wirral MARAC cases) from October 2016-September 2017.

Supporting Measure	Indicator	Wirral Plan Start	Benchmark Data	Year End 2016-17	2017-18 Q1	2017-18 Q2	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	462		Worse	Between April 2017 to September 17, the number of domestic abuse referrals made to the FSU was 462 which is a reduction of 25.5% when compared to the same period last year (620). Work is underway to understand the reason for this reduction.
% of children and Young People single assessments authorised with Domestic Violence (DV) related factors	Quarterly Lower is better	n/a		36.7%	35.5%	33.8%		Worse	Performance relates to assessments between April 2017-September 17. There has been a slight increase (0.2%) when compared to the same period in the previous year (33.6%). The use of chronologies within all MASH (Multi Agency Safeguarding Hub) assessments have taken effect as this became routine from approximately July 2016 and therefore the reflective impact of the past is now readily informing threshold. In addition the triage process from the Integrated Front Door social worker is 'speeding up' the identification of repeat domestic abuse within families and therefore again threshold is being applied more effectively, hence the slight increase in more timely and proportionate assessments.
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	7.49		Better	This shows an improving trend in line with the objective to raise awareness of domestic abuse leading to an increase in referrals.

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.

Appendix 2

Adult Social Care & Health Performance Overview - Quarter 2 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	↑	Sep-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	↓	Sep-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	20.5	R	↑	Sep-17	<p>There has been an increase in the number of permanent admissions of younger adults to residential and nursing care homes, which will cause an increase in the financial demands placed on the borough. The council is promoting independent living increasingly, which conflicts directly with this rise.</p>
4	Permanent admissions of older people (65+) to residential and nursing care homes per 100,000 population	750.5	716.1	629.8	690.6	G	↓	Sep-17	<p>See earlier comments.</p>
5	Proportion of new requests for support resolved by advice and information	58.3%	Local Measure	60.3%	60.0%	G	↑	Sep-17	
6	Proportion of new requests for support resulting in long term services	6.4%	Local Measure	5.3%	6.0%	G	↓	Sep-17	
7	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	↑	Sep-17	

Appendix 2

Adult Social Care & Health Performance Overview - Quarter 2 2017/18



No.	Description	Performance 2016/17	North West Average 2016/17	YTD Performance	Forecast Outturn	Overall Status	Annual Trend	Reporting Period	Comments
8	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	↓	Sep-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. A temporary dip was also expected due to the change of model to Transfer to Assess</p>
9	% of Safeguarding Contacts completed within 24 hours	80.3%	Local Measure	87.7%	90%	R	↑	Sep-17	Whilst the forecast for this measure is higher than in 2016/17, it still falls short of the ideal position. It is vital that those which take longer than 24 hours are checked to ensure that they are recorded accurately on Liquid Logic. Those which fall short of the target generally do not exceed the timeframe by a great deal.
10	% of Safeguarding Investigations completed within 28 days	64.3%	Local Measure	59.0%	65%	R	↓	Sep-17	There is a general downward trend in this indicator in terms of current performance, as well as projected figures. There are several investigations which are taking significantly longer than the requisite 28 days, which could be as a result of data entry errors and should be reviewed as part of the data quality reports by managers.
11	% of New Assessments Completed within 28 days	78.1%	Local Measure	85.9%	86%	G	↑	Sep-17	
12	% of Annual Reviews Completed	-	Local Measure	36.8%	77%	G	↑	Sep-17	
13	Number of People placed in a long term residential / nursing home bed (Aged 65+)	1663	Local Measure	1137	1650	G	↓	Sep-17	Gradually improving position, reducing the numbers of people in long term res/nursing care, improving outcomes for people.
14	Number of People with a Learning Disability who receive a community provision (Aged 18-64)	818	Local Measure	839	850	G	↑	Sep-17	The number of people with learning disabilities who are receiving a community provision has increased, resulting in less pressure being put on residential and nursing homes, thereby reducing costs to the council. This also increases independent living, a key cornerstone of current council policy.
15	% of Beds in Residential Homes rates as 'Outstanding' or 'Good'	-	Local Measure	66.7%	60%	G	↓	Sep-17	Two thirds of the residential homes on the Wirral are now rated a 'Outstanding' or 'Good', although there is a general trend that more recent ratings have been at the lower end of the scale. CQC inspections will continue throughout the year and we should ensure we support homes to achieve a 'Good' or 'Outstanding' grading. Focussed work to improve.
16	% of Beds in Nursing Homes rates as 'Outstanding' or 'Good'	-	Local Measure	48.7%	45%	R	↓	Sep-17	Fewer than half of the nursing homes on the Wirral are 'Outstanding' or 'Good' and, again the pattern is that inspections towards the end of the reporting period are generally less positive in nature. CQC inspections will continue throughout the year and we should ensure we support homes to achieve a 'Good' or 'Outstanding' grading. Focussed work to improve.
17	% of Beds available in Residential and Nursing Homes	-	Local Measure	8%	7.50%	G	N/A	Sep-17	There is capacity within the system to cope with any unforeseen rise in demand, whilst maintaining a level that is sufficient to allow private establishments to remain as functioning organisations. Monitored daily, ongoing engagement with the market.
18	Number of people awaiting a package of care (snapshot at Qtr end)	-	Local Measure	68%	12	R	↑	Sep-17	68 people in total awaiting POC. Breakdown: 6 hospital/12 T2A beds, 36 Re-Ablement/14 community

POLICY INFORM:

Adult Care and Health



Policy Inform- November 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
Older People Live Well	7
People with Disabilities Live Independently	13
Sources	19

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.

March 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.

November's policy briefing focuses on identifying the key implications and opportunities for Wirral and the wider Liverpool City Region as a result of emerging policy and legislation.

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	<p>Developments relating to these Bills will be reported within the Council's EU Exit Report. If you wish to request a copy of these reports please contact: rachelhowey@wirral.gov.uk</p>
Customs Bill	
Trade Bill	
Immigration Bill	
Fisheries Bill	
Agriculture Bill	
Nuclear Safeguards Bill	
International Sanctions Bill	
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.

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 was announced as part of the Queen's Speech, and work on the Bill is currently limited. The Bill aims to make provision for serious incidents which 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 took place in the House of Lords on 10th July 2017. The date of the second reading is yet to be announced. This is a Private Members' Bill.

The purpose of the Bill is to:

1. Create a right to die at home.

Concerns and progress so far:

This Bill aims 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, extended to England and Wales only. 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.

Lord Warner, when introducing the Bill in parliament, stated that giving people the choice to die at home would save more than £950 per person, citing figures compiled by the National End of Life Care Programme.

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. This is a Private Members' 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:

Councils face 'massive' shortfall in care home places

[LocalGov 4/10/17](#)

Summary

Councils will face a massive shortfall in care home places for the elderly unless urgent action is taken, according to new research.

Brief Analysis

The consumer group Which? warns that nine in 10 council areas across England could experience a shortfall by 2022 totalling 42,000 care home beds.

It says 14 areas could face a shortfall of 25% or more in the number of care home places needed, based on projections of every local authority in the next five years.

Bracknell Forest in Berkshire is set to experience the biggest shortfall with 53% more care places needed by 2022 while Lewisham, Harringey, Hartlepool and Milton Keynes are also predicted to fall badly short.

However, Which? says the picture is mixed, with a small number of council areas likely to see a surplus in the number of care home beds they provide. The group has launched a Care Needs Care Now campaign calling for the current inquiry by the Competition and Markets Authority into the care home market to go beyond immediate issues around quality, fees and complaints and looking at the 'creaking care sector'.

Which? director of public markets Alex Hayman said: 'It's heart-breaking that families who have no choice but to put a relative into care then have the additional stress of not knowing if they can find a space in a suitable home that's close to loved ones.'

Janet Morrison, chief executive of Independent Age, the older people's charity, said: 'This research is yet more evidence of a social care system which is straining at the seams as the ageing population continues to grow.'

Associated Emerging Research:

Care workers warn they are being forced to compromise dignity of vulnerable people

LocalGov 29/09/17

Summary

Three-quarters of care workers are being forced to compromise the dignity of those they care for because they are too rushed to do their job properly, a survey has revealed.

Brief Analysis

The research, conducted by trade union Unison, found the majority of care workers (89%) do not have time for even a short chat with the person they are looking after. Many warn that employers are pressurising them to fit in an excessive number of visits.

Making Visits Matter also revealed that 63% of respondents are getting just 15 minutes to help with personal tasks such as eating, drinking, or washing. 'Care workers and those they look after are suffering because standards are routinely being breached,' said Unison general secretary, Dave Prentis.

'Care staff try to do their best within a system that increasingly prioritises quotas over compassion. Elderly and disabled people are ending up lonely, without dignity and with their care needs unmet. 'Care workers and the vulnerable people they look after will continue to be failed by a flawed system unless the government acts.'

The report also found that more than half (52%) of care workers are on zero hour contracts, with 63% not getting paid travel time between visits.

Associated Emerging Research:

Future of adult social care is 'precarious' warns report

[LocalGov 10/10/2017](#)

Summary

The majority of adult social care services have been rated as good, but regulators have warned the future quality of services are 'precarious'.

Brief Analysis

The annual State of Care report, published by the Care Quality Commission (CQC), found 78% of adult social care services were rated good.

However, the inspections of nearly 29,000 services also found the health and social care system is struggling to meet the more complex needs of today's population.

The changing nature of demand is also putting the system under 'unprecedented pressure', the report concluded.

'The fact that the quality of care has been maintained in the toughest climate that most can remember is testament to the efforts of frontline staff, managers and leaders,' said Sir David Behan, chief executive of CQC.

'Many providers have used our inspection reports to improve, and we have seen improvements in safety in particular, although this area remains a big concern and focus for us. However, as people's health and care needs change and become more complex, a model of care designed for the 20th century is at full stretch and struggling to cope with 21st century problems.'

In response, the Local Government Association (LGA) said it was encouraging that the quality of adult social care services have improved on last year.

However, cllr Izzi Seccombe, chairman of the LGA's Community Wellbeing Board, warned: 'Social care faces a perfect storm, and the CQC report is yet another timely warning from a key part of the sector, of the need to resolve the short and long-term future of care as an urgent priority.'

She added: 'We have warned that despite the helpful one-off funding of £2bn announced in the Spring Budget, social care faces an annual funding gap of £2.3bn by 2020. Government must use the forthcoming Autumn Budget to set out how it plans to address this.'

Professor Martin Green, chief executive of Care England, said: 'This is the second year in a row that the chief inspector at CQC has had to outline the precarious state of social care to parliament. Parliament can ill afford to ignore the warnings from CQC; there is an urgent need for a long term funding settlement that will reach the frontline and support sustainable quality services.'

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 January 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, and therefore more details will be released closer to the date of the second reading.

If successful, the Bill will remove section 1(1)(d) from the 1967 Abortion Act, which allows for abortion on the grounds of disability up-to-birth. In the UK, disability-selective abortions are currently available right up to the moment of birth whereas in most cases, non-disabled babies cannot be aborted beyond 24 weeks.

The net effect of this Bill would be that the 24-week time limit would apply to all babies regardless of disability, as a woman would still be able to obtain an abortion on other grounds detailed in the 1967 Act.

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. This is a Private Members' Bill.

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. This is a Private Members' Bill.

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:

This private members' Bill proposes a public consultation to review the provision of comprehensive and integrated services for adults with learning disabilities. It states that 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 Members' Bill and as such is currently being prepared for publication prior to its second reading debate.

According to the charity INQUEST, there have been over 1500 deaths in custody since 1990. Many suffered from mental ill health, with a disproportionate number of those who die in custody from black and minority ethnic communities. The aim of this Bill is therefore to regulate the use of force against mental health patients. If passed, it will require hospitals to publish data on how and when physical force is used, and improve oversight and training so staff are aware of the risks of unconscious bias against minority groups such as young black men with mental ill health.

Associated Emerging Research:

New 15 million programme to help train mental health first aiders

Gov.uk **10/10/17**

Summary

The government has announced a £15 million investment in a programme that will allow up to one million people trained in basic mental health "first aid" skills.

Brief Analysis

The campaign will be launched next year and will last for three years, and will have a focus on improving personal resilience and helping people recognise and respond effectively to signs of mental illness in others. The campaign has been designed and delivered by Public Health England (PHE), and will help people assess their own mental wellbeing and learn techniques to reduce stress. The campaign will also include an online learning module designed to improve the public's knowledge, skills and confidence on mental health.

Associated Emerging Policy:

Psychiatric wards 'last resort' for disabled people with challenging behaviour

LocalGov 9/10/17

Summary

Local authorities should provide specialist community care for people with learning disabilities whose behaviour can be challenging in order to avoid admissions to psychiatric wards or residential homes, new guidance says.

Brief Analysis

Estimates suggest there are 1.2 million people with a learning disability in England, and between 10-17% of those have behaviour that is harmful to themselves or other people.

New draft guidance from the National Institute for Health and Care Excellence (NICE) recommends that councils and NHS bodies should only admit people to psychiatric wards or residential homes as a last resort. These institutions should also be as close as possible to the patients home, according to the proposed guidance.

'Our draft guideline recognises that some people with learning disabilities and behaviour that challenges are not receiving the care they deserve,' Jonathan Senker, chief executive of VoiceAbility and chair of the guideline committee.

'Good, specialist support in the community is often lacking and this can make life for people and their families extremely difficult. 'They can find themselves in a crisis and admitted to hospital as an inpatient. We want services to provide better support in the community to break this disruptive pattern of care.'

The draft guidance — out for consultation until 20 November — recommends that a specialist lead commissioner is appointed by councils to make sure the right support is available. It also suggests a 'named worker' from the community learning disability team be made responsible for coordinating someone's care.

Associated Emerging Policy:

Failing benefits system leads to ill-health and isolation for disabled people

Disability Benefit Consortium, 13/09/17

Summary

A benefit designed to support disabled people is making their health worse and leaving them isolated, according to new research from over 80 organisations.

Brief Analysis

In a survey of over 1700 people with long-term conditions including Parkinson's, multiple sclerosis, epilepsy and mental health problems, more than three quarters (79%) of respondents said their assessment for Personal Independence Payment (PIP) had made their health worse due to stress and anxiety.

It is the first time that PIP, which is designed to help people with extra costs caused by long term ill-health or disability and replaces Disability Living Allowance (DLA), has been evaluated in this way.

The organisations that make up the Disability Benefits Consortium (DBC) warn that although PIP is a lifeline for disabled people when they can access it, the findings provide clear evidence that in too many cases, the assessment process is failing people at every turn and having a devastating impact on their health.

As part of their report *Supporting Those Who Need It Most?* launched today, the DBC surveyed more than 1,700 people and found that applicants are facing unnecessary barriers to accessing the support they need, including:

- Almost three quarters (71%) of respondents found the PIP application form 'hard' or 'very hard' and 11% of respondents were unable to complete it at all
- Over half (58%) of people said that assessors did not understand their condition
- Two thirds (64%) of people who saw their claim form felt it 'badly reflected' the answers they had given in their face-to-face assessment

As a result of this flawed assessment process, people are losing out on vital support with half (50%) of respondents saying they were receiving less money under PIP than they were previously entitled to under DLA, or they had lost their award completely.

The report warns of the devastating consequences this is having, including people:

- becoming more isolated (40%)
- struggling to pay for food, rent and bills (35%)
- not able to get to medical appointments (26%)

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 January 2017.

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**Adult Care and Health Overview and Scrutiny Committee
Tuesday, 28 November 2017**

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

REPORT SUMMARY

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 13th September. 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:

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 13th September 2017, activity has taken place relating to the following:

Respite Services Scrutiny Review

This task & finish review was initiated 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 being approached for feedback. Members of the task & finish group are due to visit Tollemache Road on 23rd November. A questionnaire is also being developed which will be used to assess the satisfaction of service users and families / carers towards the new service provision and the process of transition to that service. Subsequently, focus groups with a number of families / carers and service users will be held.

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. A meeting has been held recently with Wirral Council managers plus a focus group with social workers and health practitioners. Following a recent assessment by members of progress to date, meetings will be arranged with clients / families who have recent experience of the system. A further meeting with Wirral CCG managers has been requested before the review is brought to a close. It is anticipated that the report from the task & finish group will be finalised early in 2018.

All Age Disability and Mental Health Transformation Project

A workshop was held on Wednesday 2nd August 2017 to provide members with an opportunity to review proposals for the transformation of the All Age Disability and Mental Health services. A report summarising the findings of the workshop was approved at the meeting of this Committee held on 26th September. That report was included on the agenda of the Cabinet meeting held on Monday 6th November as part of the presentation of the full business case for the project.

Spotlight session – Structure of the NHS

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

3.2 FORTHCOMING ACTIVITIES

Budget scrutiny 2018 / 19

In line with previous municipal years, it is anticipated that workshops will be held for members of each of the scrutiny committees to review proposals as the 2018 / 19 budget is being developed. Dates and format for these sessions have yet to be finalised.

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 in early 2018.

Additional Committee meeting

It is proposed to hold an additional committee meeting on Tuesday 13th February (6.00pm) at which members will receive a progress report regarding the Sustainability & Transformation Partnership (STP).

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:

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APPENDICES:

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

REFERENCE MATERIAL - SUBJECT HISTORY (last 3 years)

Council Meeting	Date

PROPOSED AGENDA ITEMS – Tues 28th November 2017

Item	Format	Officer
Minutes from Adult Care & Health OSC (13 th Sept)	Minutes	
Eastham Walk-In Centre – Update on impact	Report	Simon Banks, Wirral CCG
Urgent Care Review	Report	Simon Banks, Wirral CCG
Place Based Care arrangements for Wirral	Report	Graham Hodgkinson / Simon Banks
Access to mental health services, including talking therapies	Report	Wirral CCG
Standards in care homes and domiciliary care	Report	Jacqui Evans / Amanda Kelly
Financial Monitoring – 2017/18 Q2	Report	Peter Molyneux / Andrew Roberts to provide report
Performance monitoring – 2017/18 Q2	Report	Nancy Clarkson 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 2017		

PROPOSED AGENDA ITEMS – Tues 30th January 2018

Item	Format	Officer
Minutes from Adult Care & Health OSC (28 th November)	Minutes	
Dynamic Purchasing Scheme for CHC (NHS Continuing HealthCare) beds - Impact (follow-up from Adult Care & Health OSC, 13/09/17)	Report	Gillian Fryer (NHS Midlands and Lancashire CSU)
Draft Pharmaceutical Needs Assessment (PNA)	Report	John Highton
Respite Services – Future commissioning strategy	Report	Wirral CCG
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	Jason Oxley / Val McGee
Drug use in Wirral (as agreed by Adult Care & Health OSC, 28/06/17)	Report	Julie Webster
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 15th January 2018		

PROPOSED AGENDA ITEMS – SPECIAL MEETING – SUGGESTED DATE - Tues 13th Feb 2018

Item	Format	Officer
Minutes from Adult Care & Health OSC (30 th January)	Minutes	
Sustainability & Transformation Partnership (STP) – progress	Report	Simon Banks, Wirral CCG / Mel Pickup, Lead – Cheshire & Merseyside STP
Deadline for reports to be with Committee Services: Mon 29th January 2018		

PROPOSED AGENDA ITEMS – Tues 20th March 2018

Item	Format	Officer
Minutes from Adult Care & Health OSC (from additional February meeting)	Minutes	
Re-provision of respite services – report from task & finish group	Report	Report from the task & finish group (Alan Veitch to provide report)
Continuing HealthCare – report from task & finish group	Report	Report from the task & finish group (Alan Veitch to provide report)
Repeat prescription pilot scheme – progress with rollout including patient feedback (as agreed by Adult Care & Health OSC, 28/06/17)	Report	Susan Maire (Wirral CCG)
Review of draft Quality Accounts – develop approach and create task & finish group	Report	Report of the Chair (Alan Veitch to provide report)
Financial Monitoring – 2017/18 Q3	Report	Peter Molyneux / Andrew Roberts to provide report
Performance monitoring – 2017/18 Q3	Report	Nancy Clarkson 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 5th March 2018		

ADDITIONAL AGENDA ITEMS – WAITING TO BE SCHEDULED

Item	Format	Approximate timescale	Lead Departmental Officer
Adults Safeguarding Annual Report 2016/17	Report	To be agreed	Simon Garner /Alison Mancini

WORK PROGRAMME ACTIVITIES OUTSIDE COMMITTEE

Item	Format	Timescale	Lead Departmental Officer	Progress / Comments
Task and Finish work				
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
Spotlight sessions / workshops				
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. Complete
Structure of the NHS, the interface with national policy, current challenges and future priorities	Spotlight / development session	12 th October 2017	Simon Banks, Wirral CCG	Complete
Specialist Transport	Workshop	Jan / Feb 2018	Julie Barnes	Potential joint workshop with members of Children & Families OSC
Single Commissioning arrangements	Workshop	To be agreed	Graham Hodkinson	
Workforce issues in the care home sector	Possible workshop	To be agreed	Jacqui Evans	
Corporate scrutiny / Other				
Transformation Programme – business cases	Workshop	As and when required		
Budget scrutiny 2018 / 19	Workshop	Possibly Dec 2017		
Review of draft Quality Accounts	Likely task & finish group	May 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
Safeguarding arrangements in care homes (as proposed at People OSC on 23/03/17)	Report	To be agreed	Jacqui Evans / Amanda Kelly