



Adult Care and Health Overview and Scrutiny Committee

Date:	Tuesday, 30 January 2018
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 - 12)

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

4. **DYNAMIC PURCHASING SCHEME FOR CHC (NHS CONTINUING HEALTHCARE) BEDS - IMPACT** (Pages 13 - 16)

5. **DRAFT PHARMACEUTICAL NEEDS ASSESSMENT (PNA)** (Pages 17 - 20)

6. **ADULTS SAFEGUARDING ANNUAL REPORT 2016/17** (Pages 21 - 46)

7. **SOCIAL CARE AND HEALTH INTEGRATION** (Pages 47 - 62)
8. **ADULT CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE - FEEDBACK FROM BUDGET WORKSHOP**
(Pages 63 - 74)
9. **ADULT CARE AND HEALTH OVERVIEW & SCRUTINY COMMITTEE - WORK PROGRAMME UPDATE REPORT**
(Pages 75 - 82)

ADULT CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Tuesday, 28 November 2017

Present: Councillor J McManus (Chair)

Councillors	M McLaughlin	C Muspratt
	B Berry	T Pilgrim
	P Doughty	L Rennie
	G Ellis	P Stuart
	P Gilchrist	I Williams
	T Johnson	I Lewis (In place of W Clements)
	AER Jones	M Sullivan (In place of T Norbury)

28 **MINUTES SILENCE**

The Chair paid tribute to ex-Mayor of Wirral and Labour member for Bebington, Councillor Walter Smith, who had recently passed away. The Chair informed that Councillor Smith had been involved in local politics for more than 40 years first as a member of Birkenhead County Borough Council, and subsequently as a member on Wirral Metropolitan Borough Council. She added that Walter Smith embodied all the ideals of a public servant, giving selflessly of his time and commitment to his ward and to Wirral. The Committee, and those members of the public in attendance for the meeting, stood for a minute's silence in tribute to his memory.

29 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors W Clements and T Norbury, and Karen Prior (Healthwatch Wirral).

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

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

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

Councillor Ian Lewis	Personal – by virtue of his membership of the Wirral Health and Wellbeing Board.
Councillor Phil Gilchrist	Personal – by virtue of his membership of the Wirral Health and Wellbeing Board.
Councillor Phil Gilchrist	Personal – by virtue of his role as a Governor appointed to the Cheshire and Wirral NHS Partnership Trust.
Councillor Mike Sullivan	Personal – by virtue of his position as a Governor appointed to the Clatterbridge Cancer Centre NHS Foundation Trust.
Councillor Mike Sullivan	Personal – by virtue of his daughter's employment as a doctor within the NHS.
Councillor Christina Muspratt	Personal – by virtue of her daughter's employment as a doctor within the NHS.

31 **MINUTES**

Resolved – That the minutes of the meeting of the committee held on 13 September 2017, be confirmed as a correct record.

32 **EASTHAM WALK-IN CENTRE - UPDATE ON IMPACT**

Mr Simon Banks, Chief Officer NHS Wirral CCG introduced his report that provided 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.

Mr Banks' report informed that the NHS Wirral Clinical Commissioning Group (CCG) Governing Body had 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 had 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.

The Chief Officer NHS Wirral CCG updated the Overview and Scrutiny Committee that over the past two months, significant whole system progress for A&E had been made in the achievement to ensure that over 90% of emergency patients were treated, admitted or transferred within 4 hours. He also reported that there was still further progress and improvement required to meet the 95% mandated standard.

Members were keen to question the Chief Officer on the relationship between the initial transfer of staff from Eastham clinic WIC, the impact on waiting times and the proposals for the re-provision of WIC services at Eastham. Mr

Banks informed that although the treatment times for A&E patients had stabilised, there were significant challenges expected to maintain the levels through the coming winter period. He added that the challenges were exacerbated by the difficulties experienced in the recruitment and retention of qualified staff, both nationally and locally.

Karen Howell, Chief Executive Wirral Community NHS Foundation Trust informed the Overview and Scrutiny Committee of some of the complex issues associated with the retention of trained staff and the direct impact on local service provision.

An extensive debate took place, with Members questioning Mr Simon Banks, Chief Officer NHS Wirral CCG and Karen Howell, Chief Executive Wirral Community NHS Foundation Trust on the specific key problem area of NHS staff recruitment and retention. Members questioned Mr Banks and Ms Howell on the actions being taken to address the staffing shortfall, and methods used to avoid key members of staff moving to larger city NHS Trusts that had been identified as more attractive employment career options.

The Chief Officer NHS Wirral CCG informed the Overview and Scrutiny Committee of the direct link and shared challenges associated with the Eastham clinic WIC and that of the next agenda item on the subject of transformation of urgent care on the Wirral.

Members questioned Mr Banks and Ms Howell on the initial decision to close and how the relocation of staff had impacted the Eastham clinic WIC budget i.e. the transfer of staff to WUTH A&E (a potential saving) and the expected return or replacement of staff. Members further questioned the estimated costs of the re-provisioning of staff.

A Member highlighted that removal of public transport provision that had coincided with the change to WIC services, that given the proposed dates for reintroducing the WIC service, would result in a reduced public transport service for in the region of 9 months total, with no guarantee of its return.

Following further debate, an amendment was tabled:

Proposed by Councillor Phil Gilchrist

Seconded by Councillor Moira McLaughlin

[insert additional recommendation]

That, "this Committee calls on the local NHS organisations to continue to resolve the outstanding issues in order to reinstate, in full, the service previously afforded by the Eastham Walk In Centre to the southern end of the Borough and neighbouring areas. The proposal on offer can be seen as only a further temporary measure and its impact should continue to be monitored."

The amendment was put before the Committee, and carried unanimously.

Resolved - That

- (1) the report be noted;**
- (2) the formal request made by the CCG to Community Trust to submit a plan to reinstate the Eastham WIC service on 15 November 2017 be noted; and**
- (3) the Adult Care and Health Overview and Scrutiny Committee calls on the local NHS organisations to continue to resolve the outstanding issues in order to reinstate, in full, the service previously afforded by the Eastham Walk In Centre to the southern end of the Borough and neighbouring areas. The proposal on offer can be seen as only a further temporary measure and its impact should continue to be monitored.**

33 URGENT CARE TRANSFORMATION

Mr Simon Banks, Chief Officer NHS Wirral CCG introduced his report that informed that NHS Wirral CCG in partnership with Wirral Council, including the Health and Wellbeing Board and the Adult Care and Health Overview and Scrutiny Committee, together with other stakeholders had undertaken a comprehensive review of local urgent care services. This had identified a compelling case to transform urgent care services locally.

Mr Banks' report further informed that locally, NHS Wirral CCG had identified that many people were confused about what was offered in relation to urgent care, (other than A&E). It was perceived 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 resulted in people resorting to the 'default' of A&E. Current performance data had shown that there were many people attending A&E whose condition could have been treated elsewhere; such as by general practice or in a walk in centre.

The Committee was apprised that the performance of the A&E system in Wirral had not been satisfactory and the CCG had identified clinical concerns due to the deteriorating performance against the constitutional 4 hour target waiting time.

The Chief Officer NHS Wirral CCG informed that the formal consultation, scheduled for 4 weeks between 27 November 2017 and 5 March 2018 had been deferred until the New Year. The deferral would allow further work on the mandated elements of urgent care system reform ahead of the planned consultation. He added that a full presentation of the proposals would be

provided to the Overview and Scrutiny Committee as part of a pre-consultation phase and would include a specific workshop on the subject and a visit to a functioning Urgent Care Centre.

A Member commented on the financial constraints and affordability, another Member commented on the pressures and implications of overspending in one area at the expense of others, as had been clearly demonstrated in the Overview and Scrutiny Committee's earlier deliberation regarding the Eastham clinic Walk In Centre.

Resolved – That

(1) the report be noted; and

(2) the deferral of public consultation to June 2018 be noted.

34 **PLACE BASED CARE ARRANGEMENTS FOR WIRRAL**

Mr Simon Banks, Chief Officer NHS Wirral CCG introduced his report that informed how place based care used a defined set of resources to provide the best possible quality of care and health outcomes for a defined population. Placed based care was being developed in response to the challenges the Wirral health and care system faced of constrained funding, increasing demand, fragmentation of services and the need to deliver better health, better care and better value for Wirral's population. His report added that placed based care would be shaped by a single, integrated health and care commissioner for Wirral through a formalised partnership between NHS Wirral CCG and Wirral Council.

The Overview and Scrutiny Committee was informed that there were many levels of "place" in Wirral, and it was 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. In addition there was also a need to engage with 'place' beyond Wirral, specifically partners in West Cheshire and further afield across Cheshire and Merseyside for access to specialist or specialised services.

The Committee requested that report writers take account of published guidance in relation to the use of Plain English, and agreed unanimously that the request be formally included in the Adult Care and Health Overview and Scrutiny Committee's recommendations.

A Member expressed unease at reference within the report that stated that the Wirral health and social care system was not sustainable in its current guise, with demand on the system continuing to increase.

Following further discussion and debate on key areas such as variation of life expectancies across the Borough and the causes, and the complexity of the NHS funding formula and spending allocations - that included reference to integration of commissioning as considered by Cabinet at its meeting on 27 November 2017 - an additional recommendation directed to the Cabinet was tabled:

Proposed by Councillor Ian Lewis
Seconded by Councillor Lesley Rennie

[insert additional recommendation]

“That a copy of the PwC (Price Waterhouse Cooper) report be published, subject to the redaction of any commercially sensitive information.”
(Cabinet Minute 62, 27 November 2017 refers)

Following a show of hands the additional recommendation was carried (13:0) with one Abstention.

Resolved – That

- (1) The report be noted;**
- (2) Future reports to the Adult Care and Health Overview and Scrutiny Committee adhere to published guidance on the use of Plain English; and**

Recommendation to Cabinet

- (3) that a copy of the PwC (Price Waterhouse Cooper) report (27 November, 2017 - Integrated Commissioning Hub, report appendix) be published, subject to the redaction of any commercially sensitive information.**

35 **IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES (IAPT) SERVICE**

Ms Jo Watts, Senior Commissioning Manager – Mental Health, Wirral CCG introduced her report that provided an update in respect of IAPT. The report provided 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.

The report informed that IAPT services had 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. The current provider sub contracted 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 staff and provision into the main IAPT service.

During the term of the contract, there had 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 had also 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.

In line with the continued failure to achieve the national IAPT standards, the CCG had made the decision not to extend the current provider contract and to commence a procurement process.

It was noted that a Member of the Scrutiny Committee had requested a report regarding service provision, and that until recently Members had not been fully apprised of the detail regarding waiting times that had, in the main, exceeded 8-9 months. A Member expressed concern that the waiting times did not truly reflect the problems faced by the service, commenting that there had been many people who had not even reached the waiting list due to issues of signposting from partner organisations and GP surgeries.

The Committee noted that the initial actions to address the current failings would focus on the pre-existing backlog and that the new contract (that included some additional funding) was also aimed at dealing with the management of new cases.

Members requested that once recommissioned the Adult Care and Health Overview and Scrutiny Committee be provided a copy of the contract specification.

Resolved – That the report be noted.

36 **RESPONSE TO CQC PUBLICATION ON QUALITY**

Ms Jacqui Evans, Assistant Director, Unplanned Care / Community Care Market introduced her report, prepared jointly with Amanda Parry-Mateo - Integrated Lead, Quality and Safeguarding that outlined the measures being implemented to address the findings of the CQC report on its initial

programme of comprehensive inspections in adult social care. The report informed that as CQC ratings can only be set by CQC, the local improvement plan would need to align with the next reporting cycle from CQC and as such this was a 3 year improvement program.

The Adult Care and Health Overview and Scrutiny Committee was apprised that 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.

Members were informed that key points in relation to the reported ratings and the challenges facing adult social care services, included:

- An ageing population with increasing needs. The number of people aged 85 or over in England was set to more than double over the next two decades. More than a third of people aged over 85 had difficulties undertaking five or more tasks of daily living without assistance, and were 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 had 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 had estimated that the National Living Wage would cost councils around £151 million plus at least £227.5 million in implementation and associated costs in 2017/18. This would affect both direct council costs and increased provider fees.

The Assistant Director, Unplanned Care / Community Care Market further informed the Overview and Scrutiny Committee that the domiciliary care market in Wirral had experienced significant change over the past year, with the impact of the loss of 3 larger providers still being felt. She added that currently demand outstrips supply, primarily as a result of the difficulty experienced in recruiting new care staff. Members were apprised of a range of actions and work underway to address the situation.

In drawing the discussion to a close, the Chair re-iterated the Adult Care and Health Overview and Scrutiny Committee's commitment to monitoring of the situation and visits to Wirral care provider facilities. The Chair encouraged Members to engage in such visits and future training opportunities wherever possible.

Resolved – That the report be noted.

37 FINANCIAL MONITORING REPORT QUARTER 2 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 2 (30 September 2017).

The report summarised information that had 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 the Adult Care and Health Overview and Scrutiny Committee that included the following:

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

The Senior Manager Financial Management provided Members with a summary presentation that set out the budgetary figures for 2017/18 as follows:

Expenditure	Adult Social Care (£m)	Public Health (£m)	Total (£m)
Employees	10.7	2.5	13.2
Care Packages & BCF	102.3	7.3	109.5
Commissioned Services	20.5	21.3	41.8
Support Charges	4.5	0.3	4.7
Totals	137.9	31.3	169.2

Income	Adult Social Care (£m)	Public Health (£m)	Total (£m)
Service User Charges	(19.3)	(0.3)	(19.6)
Joint Funded Cases	(7.7)	-	(7.7)
Grant Funding	(33.2)	(30.4)	(63.6)
Other Income	(0.3)	(0.6)	(0.9)
Totals	(60.4)	(31.3)	(91.7)
Net Budget	77.5	-	77.5

The Senior Manager Financial Management's presentation provided members with a further breakdown of the key budget expenditure relating to Care, Older People (65+) Care, Learning Disability and Mental Health Care i.e. services user numbers and average costs.

Resolved – That

(1) the quarter 2 revenue budget forecast be noted; and

(2) the performance of the capital projects within the purview of this Committee be noted.

38 2017/18 QUARTER 2 WIRRAL PLAN PERFORMANCE

Mr Graham Hodkinson, Director for Care and Health (DASS) introduced his report that provided the 2017/18 Quarter 2 (July - September 2017) performance report for Wirral Plan pledges under the People theme. The Quarter 2 report was included as Appendix 1 to the report, and provided a description of the progress in Quarter 2 that included available data in relation to a range of outcome indicators and supporting measures.

The report also included further performance information that had been requested by Members to enable effective scrutiny. The Adult Social Care and Health Performance Overview was included as Appendix 2 to the report. The report had been further developed following Member feedback and included key performance across health and social care including Better Care Fund and the unplanned care system.

Resolved – That the report be noted.

39 POLICY INFORM

The Adult Care and Health Overview and Scrutiny Committee considered the November 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 November 2017 Policy Briefing papers be noted.

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

The Chair introduced her report that provided an update regarding progress made since the last Committee meeting held on 13 September 2017. The report informed that the current work programme was made up of a combination of scrutiny reviews, workshops, standing items and requested officer reports. The Chair advised that the agenda report provided the Committee with the opportunity to plan and regularly review its work across the municipal year. The current work programme for the Committee was attached as an appendix to the report. The report also informed that the 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's report highlighted a number of key points, namely:

Activity since the last meeting of the Committee

- Respite Services Scrutiny Review;
- Continuing Healthcare Funding (CHC) Scrutiny Review;
- All Age Disability and Mental Health Transformation Project;
- Spotlight session – Structure of the NHS; and

Future activity

- Budget Scrutiny 2018 / 19;
- Spotlight Session - Specialist Transport;
- Additional Committee meeting - it was proposed to hold an additional committee meeting on Tuesday 13 February 2018 (6.00pm) at which members will receive a progress report regarding the Sustainability & Transformation Partnership (STP).

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

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Follow up Report for Wirral Health Overview and Scrutiny Committee Dynamic Purchasing System (DPS) for Continuing Healthcare (CHC) in Cheshire and Wirral

1 Introduction

- 1.1 A report was first brought to the Overview and Scrutiny Committee (OSC) in September, at the request of the OSC, to provide detailed information about the introduction of a Dynamic Purchasing System (DPS). The system was introduced in June 2017 by the five Cheshire and Wirral CCGs with the aim of coordinating and ensuring consistency in the way in which nursing home and care at home services are procured for patients eligible for Continuing Healthcare funding.
- 1.2 Members asked for a follow on report, with examples of how the system functions in Practice.
Since the last report was presented, the OSC Chair, Healthwatch Chief Officer and WUTH Associate Director of Nursing/Patient Experience Lead have visited Midlands and Lancashire Commissioning Support Unit's Adam Placement Hub. This visit allowed them to see the system first hand, meet the team and ask any questions about its use for Wirral patients.

2 Background

- 2.1 The Adam Placement Hub team are responsible for co-ordinating responses from providers able to meet a patients care requirements which are placed on the system by the CHC team nurses. Once responses are received, they will liaise with the referring clinician or hospital discharge team to advise of the outcome and which provider(s) can be offered. They will ensure a pre-admission assessment takes place if needed and ensure a service agreement (contract) is in place with the provider that is awarded the care package
- 2.2 All patients are supported by the clinician that makes the referral who will discuss any preferences with the patient and their family, this includes a preferred postcode area or home and capture this on the fast track or discharge support tool documentation before submission to the CHC team. A patient information leaflet is provided to support these conversations, this leaflet has recently been revised following feedback from readers and a copy is attached for member's information.
- 2.3 No Homes with an 'L' or 'PR' or 'WA 5, 8, 9, 10, 11 or 12' Postcode are offered for Wirral patients unless specified by the patient/ family.

- 2.4 All responses from providers are sent to the Duty Nurse of the CHC team for a decision on which provider(s) can be offered. This decision is in line with operating principles put in place by the CCG; however, local clinicians can go outside of these principles when justified.

3. Wirral Patient Packages sourced to date through the DPS

- 3.1 The charts below provide information on all care home packages awarded to providers through the system for Wirral patients, from the system going live up (June 2017) to the end of December 2017.
- 3.2 A total of 73 packages of care have been sourced through the DPS during this period for Wirral CCG patients. No packages have been placed with a provider that has a quality score of less than 80%. The quality score is made up by the providers CQC rating. The system uses this score to feed the algorithm which looks at costs and quality to score providers offers on new requirements. A quality score of 80% represents five orange ratings on a Providers CQC inspection.
- 3.3 The CQC score is used for the algorithm as this is a consistent measure across the Cheshire and Wirral CCG areas.
- 3.4 The LA and the CCG work as an integrated team in measuring and monitoring quality standards. If there are quality concerns, the CCG Leads are able to indicate (via contracts team) to prevent a provider submitting offers based on local concerns irrespective of CQC CQC rating. .

Provider	Number of Packages awarded	Quality rating
Anchorage nursing home	4	100
Barnston court nursing home	2	100
Bebington Care home	1	80
Birchtree Manor	4	88
Brighterkind (KS)	5	88
County Homes	5	84
Daleside Nursing Home	1	100
Elderhome	10	88
Fairfield Health Care	23	100
Beechcroft Nursing Home	3	88
Grange Nursing Home	1	92
Liberty Health Care	1	92
Nazareth Charitable Trust	6	84
Norway Lodge	2	100
St Georges Care home	1	84
Surecare UK	7	96
Weatherstones house care ltd	1	100
Westwoodhall Nursing Home	1	96
Windy Knowe Nursing Home	1	80
Woodheath Nursing and Residential home	4	100

4 Engagement

- 4.1 The number of providers enrolled and engaging with the system continues to increase with 198 Care Home providers enrolled across Cheshire and Wirral. Each requirement placed on the system for Wirral patients is going out to between 5 and 69 enrolled providers.
- 4.2 Visits have been made to Elderholme Nursing Home following receipt of a report outlining feedback on the system.
- 4.3 Feedback from Care Home providers was also sought by attending the Wirral Residential and Nursing Home Forum, this forum has been established by the LA/CCG quality team by the CCG on 10 January.
- 4.4 Further meetings are planned to ensure ongoing engagement with providers with the aim of improving their experience and understanding of the system and related processes.

5 Conclusion

- 5.1 The DPS is only used once a patient has been deemed eligible for CHC or a fast track application is received for a care package for a patient at end of life. The system does not alter the CHC process, it is used to replace the need for CHC nurses to spend time ringing around known providers to seek bed availability and negotiate prices.
- 5.2 Care package requirements are placed on the system by a CHC nurse and the CHC nurse is kept updated of progress at each step and is involved in decisions on the selected provider(s) as appropriate.
- 5.3 The system has been running for just over 6 months. Issues that are identified by suppliers, patients, and commissioners are logged by the CHC team and discussed formally at the contract meetings with the provider monthly.

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ADULT CARE AND HEALTH OVERVIEW & SCRUTINY COMMITTEE

30TH JANUARY 2018

REPORT TITLE	Wirral Pharmaceutical Needs Assessment (PNA) 2018 - 2021 Statutory Consultation
REPORT OF	Julie Webster, Acting Director of Health and Wellbeing, Strategic Hub

REPORT SUMMARY

Wirral's Health & Wellbeing Board is undertaking a Pharmaceutical Needs Assessment (PNA), a legal, comprehensive, assessment of the current and future needs of local people for community pharmacy services.

In January 2017, the People Overview & Scrutiny Committee considered impacts to Community Pharmacies in light of funding changes proposed by Government for community pharmacies in 2016/17. At that time members were made aware of the impending statutory PNA review and the request for them to comment and submit views on the process for developing the PNA for 2018-21. As part of that process a public consultation is required to be held for a period of at least 60 days.

This consultation closes on Monday 5th February and the members are asked to consider the draft PNA 2018-2021 and to submit any views as part of that statutory process

RECOMMENDATION/S

1. Members are requested to note the report
2. Where they feel appropriate to submit views within the statutory consultation period

SUPPORTING INFORMATION

1.0 REASONS FOR RECOMMENDATIONS

The People Overview & Scrutiny Committee considered and produced a Community Pharmacies Scrutiny Review (January 2017) in light of funding changes proposed by Government for community pharmacy in 2016/17. At that time members were made aware of the impending statutory PNA review and to be invited to reflect upon the draft PNA for 2018-2021 and submit views in to the process

2.0 OTHER OPTIONS CONSIDERED

Not Applicable

3.0 BACKGROUND INFORMATION

From April 2013, local Health & Wellbeing Boards became responsible for the publication and update of the local Pharmaceutical Needs Assessment (PNA), which provides a detailed review of existing pharmacy provision, including current service provision and opening hours as well as an assessment of population needs including areas of deprivation

Updated every three years, [Wirral's current PNA](#) was produced in 2015 and concluded that the borough is well served in terms of spread of community pharmacies. There was one pharmacy for every 3,402 residents, which compared favourably to the national average of one pharmacy for every 5,000 residents.

Next Generation Wirral Pharmaceutical Needs Assessment (PNA) 2018 - 2021 and its Statutory Consultation period

Wirral's Health & Wellbeing Board is undertaking a new Pharmaceutical Needs Assessment (PNA), which is a legal, comprehensive, assessment of the current and future needs of local people for community pharmacy services.

The PNA is used primarily by NHS England to inform their local commissioning decisions with regard to community pharmacy services. It also informs local authorities and Clinical Commissioning Groups (CCGs) for planning purposes.

There is a legal requirement for the Wirral Health and Wellbeing Board to publish an updated PNA before the 31st March 2018.

Members, as are all Wirral residents and interested parties, are invited to review and reflect upon Draft PNA for 2018 – 2021 via this link (large document)
<https://www.wirralintelligenceservice.org/media/2293/wirral-pna-draft-2018-to-2021-december-2017-final-draft.pdf>

Following the review of the draft PNA there is a link to complete the survey at
<https://www.surveymonkey.co.uk/r/wirralpna20182021>

4.0 FINANCIAL IMPLICATIONS

Not applicable for Wirral Council though NHS England will use the PNA as the basis for future commissioning decisions in relation to community pharmacy services.

5.0 LEGAL IMPLICATIONS

There is a statutory requirement for the local Health & Wellbeing Board to produce a PNA, currently every three years.

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

There are no additional resources to complete PNAs; work to produce this work has been undertaken by the Council's Public Health team in collaboration with Cheshire and Merseyside Councils to ensure consistency in approach and production.

7.0 RELEVANT RISKS

The new PNA will be delivered within the required timeframe (before 31st March 2018) following a period of post-consultation review and any appropriate changes to the final version presented at Health & Wellbeing Board on 14th March 2018

8.0 ENGAGEMENT/CONSULTATION

As part of the production of the new PNA, there is a statutory requirement to consult for a minimum period of 60 days with a wide group of consultees including some mandated consultee groups. This consultation began on Tuesday 5th December 2017 and closes on Monday 5th February 2018 (63 days in total). The consultation has been carried out across a range of routes to reach residents and interested parties through established methods such as Wirral View and contact lists plus via key networks and partners.

From Tuesday 5th December a hard copy of the draft PNA, and paper versions of the survey, have been available at four venues across the borough (one in each constituency):

9.0 EQUALITY IMPLICATIONS

There are no equality issues arising directly from this report

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APPENDICES

Community Pharmacy Scrutiny Review –January 2017

<https://www.wirralintelligenceservice.org/media/2308/community-pharmacy-scrutiny-review-jan-2017.pdf>

Draft PNA 2018 – 2021

<https://www.wirralintelligenceservice.org/media/2293/wirral-pna-draft-2018-to-2021-december-2017-final-draft.pdf>

Online survey link to comment of draft PNA 2018 – 2021

<https://www.surveymonkey.co.uk/r/wirralpna20182021>

REFERENCE MATERIAL

SUBJECT HISTORY (last 3 years)

Council Meeting	Date



WIRRAL
SAFEGUARDING ADULTS
PARTNERSHIP BOARD

Wirral
Safeguarding Adults
Partnership Board

Annual Report
2016- 2017

Foreword by the Interim Chair of the Board



Lorna Quigley

Wirral Clinical Commissioning Group

Welcome to the last annual report of the Wirral Safeguarding Adults Partnership Board. As we move into a new era of collaboration between Adult Safeguarding Boards on Merseyside I would like to thank everyone involved in the Wirral board since its inception for their valuable contribution towards reducing the risks faced by many adults in our community.

I would also like to take this opportunity to thank our former Independent Chair Bernard Walker for his work with the board during his 3 year tenure and wish him well for the future.

This report summarises the work of the board over the period 1st April 2016 — 31st March 2017 and provides statistical information in relation to the occurrences, responses and outcomes of Safeguarding Adult concerns on the Wirral.

A significant amount of work also took place during this time period towards establishing the Merseyside Safeguarding Adults Board (CSAB), which is responsible for the local authority areas and partners within Knowsley, Liverpool, Sefton and Wirral.

The new board will endeavour to gain a better understanding of the challenges and risks facing adults with care and support needs in Merseyside, whilst also ensuring timely responses to local issues. The ability to share good practice and learn from each other, especially those experiencing abuse or neglect, is a key driver for the new board.

Lorna Quigley



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Contents

Working Together Locally

The Wirral Safeguarding Adults Partnership Board (SAPB) was a multi-agency partnership that led the development of safeguarding adults work in Wirral.

The Main purpose of the Board was to safeguard adults, aged 18 and over with care & support needs who are experiencing, or may be at risk of experiencing, abuse and / or neglect and are unable to protect themselves.

The Wirral Safeguarding Adults Partnership Board sought assurances that adults with care and support needs in Wirral were able to live free from the fear of abuse, neglect, harm and exploitation.

The Board was committed to developing a culture of positive learning and best practice across agencies and promoting engagement with the wider communities of Wirral.

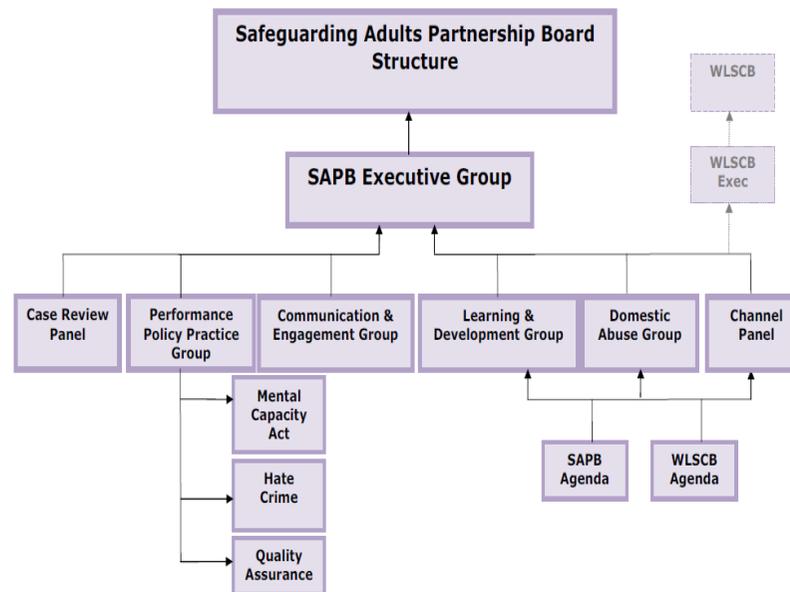
Through the work of its sub groups the Board sought to ensure adults were supported to exercise their rights; to live as independently as possible, and to receive access to appropriate information, care and support, protection and justice.

The Wirral Safeguarding Adults Partnership board benefitted from the membership of a wide range of partners including representation from the main statutory agencies including Health Organisations, the Police, Housing and the Independent and Voluntary Sector, Probation and the Fire service.

Structure and Governance

The Wirral Safeguarding Adults Partnership Board had a strategic role in determining policy and co-ordinating activity between organisations. The Board was chaired by an independent person until June 2016 and after this date by a board partner to support the transition to the new arrangements detailed later in this report. The board was also supported by the Safeguarding Adults Partnership Board team within the Department of Adult Social Services and operated within a clear governance structure.

Safeguarding Adults Partnership Board Final Structure 2016



SAPB Sub groups

The Board was supported by a number of subgroups which were accountable to the Board for progressing and delivering the priorities set out in its Business Plan.

The subgroups were:

- ◆ Case Review group
- ◆ Performance, Policy and Practice
- ◆ Communications and Engagement
- ◆ Learning and development
- ◆ Domestic Abuse
- ◆ Prevent / Channel Panel

The chairs of the subgroups were also members of the Board's Executive Committee which was responsible for coordinating the work of the subgroups and supporting the Board.

Case Review sub group

This multi-agency group met regularly and lead on the reviewing of potential serious and critical safeguarding incidents that 'may' meet the criteria for a SAR (Safeguarding Adults Review). It was also responsible for ensuring a programme of work took place to embed the learning from such cases locally and nationally and to monitor the completion of actions and recommendations by individual agencies.

Performance, Policy & Practice sub group

This group was responsible for a number of areas of work including the development of a Quality Assurance &

Performance Framework for the Board alongside developing multi-agency safeguarding policies and procedures. It met regularly to consider performance in relation to safeguarding activity on the Wirral.

Communications and Engagement

This group was responsible for developing and implementing a strategy for raising the profile of adult safeguarding in the community and partnership, and particularly the work of the Board. It was also responsible for developing ways in which the voices of users of services were heard within the work of the board.

Domestic Abuse

This group was a joint group working across both the Adult's and Children's Safeguarding Boards. It was tasked with understanding the issues surrounding Domestic Abuse on the Wirral and developing multi-agency pathways to improve responses to Domestic Abuse issues.

Learning and Development

The Learning and Development group worked across both the Adult's and Children's Safeguarding Boards to support improved knowledge and practice of professionals across the partnership.

Prevent & Channel Panel

Under the Counter Terrorism and Security Act 2015 Local Authorities have a duty to have 'due regard to the need to prevent people from being drawn into terrorism'. They are also obliged to establish and chair 'Channel Panels'. These are multi-agency bodies required to consider how to support referred individuals away from radicalised activity, that may result in them becoming directly involved in terrorism, or supporting terrorism. The Prevent strategy is part of the Government's CONTEST counter-terrorist strategy. It has three specific strategic objectives, to:

- ◆ respond to the ideological challenge of terrorism and the threat we face from those who promote it;
- ◆ prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support; and
- ◆ work with sectors and institutions where there are risks of radicalisation that we need to address.

To this end the Safeguarding Adults Board established a Prevent sub-committee and a multi-agency Channel Panel. Channel is a proven multi-agency safeguarding approach to protecting vulnerable people by:

- ◆ identifying individuals at risk;
- ◆ assessing the nature and extent of that risk; and
- ◆ developing the most appropriate support plan for the individuals concerned.

Allegations Management

(Adult Local Authority Designated Officer)

In previous years the Board has reported on the numbers and types of allegations made against those who are in a position of trust in relation to adults at risk. Due to the changes in legislation detailed below this data is not available for the period this report covers.

The Guidance to the Care Act 2015 originally required local authorities to appoint a Designated Adult Safeguarding Manager (DASM) to oversee allegations made against professionals and volunteers working with adults who may be at risk. As a consequence of changes in legislation in 2015 the requirement to sustain this role was withdrawn. Consequently the requirement to monitor and record such incidents has ceased. Policy and procedures are being adopted to ensure appropriate measures are taken to effectively manage such cases. To ensure lawful and proportionate information sharing through referring to professional bodies such as the Disclosure and Barring Service where appropriate. The safeguarding business team are to contribute to the formulation of a North West Policy on behalf of the Association of Directors of Adult Social Care (ADASS).

SAPB Partnership Team

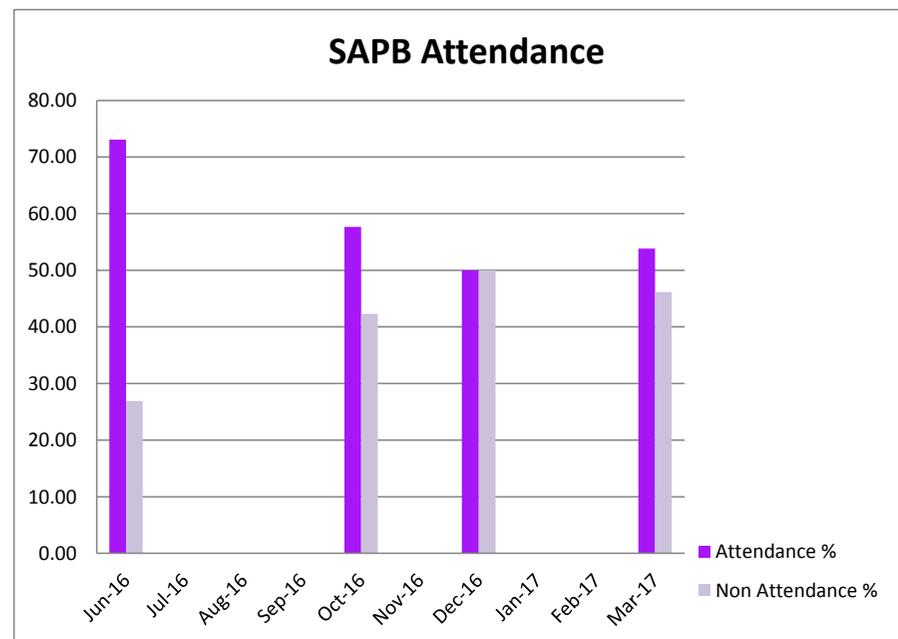
The Safeguarding Adults Partnership Board team were located in the Council's Department of Adult Social Services and carried out work on behalf of the Board.

This included:

- ◆ Managing the functions of the Partnership Board ensuring it met its requirements under the Care Act 2014;
- ◆ Supporting the chair of the Board and the chairs of its sub groups;
- ◆ Providing advice in relation to allegations against those working with Adults at Risk;
- ◆ Offering advice to those coordinating multi-agency responses to abuse and harm in care home settings and other institutions and in domestic settings where paid staff were involved;
- ◆ Supporting social workers to coordinate responses to abuse and harm in domestic or community based settings;
- ◆ Providing advice and support to partner agencies and promoting best practice;
- ◆ Developing and monitoring the implementation of multi-agency policies and procedures; and
- ◆ Development and maintenance of the Board website.

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SAPB Attendance



Attendance at Board meetings over the year remained consistent with the previous year with a general attendance rate of between 50-60% of core members. All meetings were quorate and the commitment of the partnership remained strong within the sub groups to the board. Wirral benefitted from a broad range of agency participation on the Board and its sub groups at a time of austerity.

SAPB Attendance

Case Reviews

During this time period one Safeguarding Adults Review (SAR) was started and will be completed in the Autumn of 2017. The outcomes of this SAR will be published via the Merseyside Safeguarding Adults Board website. Several other cases were also considered at the Multi-agency Case Review Group of the Board and whilst they did not progress to full reviews use was made of individual agency Root Cause Analyses and reports to identify learning that could be shared across partners.

Key Achievements

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- ◆ The Communications and Engagement sub group, together with the Wirral Safeguarding Children Board (WSCB) established a joint website for both the public and professionals to access training courses, policies and procedures, as well as current safeguarding information;
- ◆ During 2016 the Performance, Policy and Practice sub group continued the development of the multi-agency performance dashboard;
- ◆ Throughout the reporting period the safeguarding team provided a continuous programme of Workshops to Raise Awareness of Prevent (WRAP) to schools and colleges, as well as social work teams and multi-agency audiences. Following a successful bid to the Home

Office Wirral was awarded a grant of £10k. This was used to commission performances of the acclaimed theatre workshop production entitled, 'One Extreme to the Other', to community groups and schools across Wirral. The lead by the safeguarding team in providing Prevent training and guidance has been formally recognised by the North West Counter Terrorism Unit and the Merseyside Police Prevent Team;

- ◆ Work with John Moores University, looking at self neglect and current practices on the Wirral, continued during this year and involved practitioners from 20+ agencies. The outcomes from stage 1 of the action research were disseminated across the partnership, including a presentation to the Board, and stage 2 has begun with the formation of Task & Finish groups to develop local policy and practice;
- ◆ Three new Safeguarding Adults Training programmes were developed and rolled out in this year and a multi-agency training needs analysis was developed with the Wirral Safeguarding Children Board and distributed across a wide range of agencies . The results from this will be used to inform multiagency training programmes moving forward;
- ◆ The Board continued to fund and provide free access for all partners to a comprehensive e-learning package via the Virtual College platform; and
- ◆ The Wirral Safeguarding Adults Board Partnership Team were instrumental in the development and formation of the new combined board and will host the business unit for the Merseyside Safeguarding Adults Board moving forward.

New Arrangements

During 2016 discussions took place in relation to the development of a combined Safeguarding Adults Board on a Liverpool City Region footprint. Consultation took place with all existing boards and their constituent members across Merseyside with Knowsley, Liverpool, Sefton and Wirral agreeing to move forward with the proposal. On the 1st April 2017 a Merseyside Safeguarding Adults Board was established and therefore replaced existing Safeguarding Adults Boards.

A business unit, hosted by Wirral Local Authority was established and Independent Chair, Sue Redmond, was appointed.

It is anticipated that the new arrangements will bring about a unique opportunity to learn and develop best practice across a wide geographical footprint.



Safeguarding is everybody's business

During 2017-2018 the new Merseyside Safeguarding Adults Board will operate under the following structure;



The Board , following a number of development days, has agreed the following four areas of focus for its 1st year ;

- ◆ How safe are we now ? (Quality Assurance & baseline data)
- ◆ The Voice of the Service User
- ◆ Care Home Quality
- ◆ Mental Health

Wirral Safeguarding Adults Data 2016—2017

This report aims to provide details of Safeguarding Adults activity on the Wirral, as recorded on the Adult Social Care database (unless otherwise stated) from the 1st April 2016 to the 31st March 2017. Where appropriate, comparisons have been drawn with previous quarters and to the recorded outturns for national data gathering exercises. The effect of the Safeguarding aspects of the Care Act may make comparison to earlier years difficult in some areas.



Total Concerns Per Quarter:

Quarter 1 - 1144

Quarter 2 - 1364

Quarter 3 - 1336

Quarter 4 - 1447

Total Concerns to date = 5291



Summary

At the year end there were an average of 440.92 Safeguarding Concerns per month. Of these, 1688 were deemed to have met the threshold criteria for progression to a new Safeguarding Enquiry. This is a monthly average of 140.67 and is a slight increase from 136 enquiries progressing per month in the previous year.

97.87% of enquiries for the year had been completed by the report date. This compares to 86.99% in the previous year.

In 2016 –2017 the average length of an enquiry was 28.99 days

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Total Concerns Progressing to a NEW Enquiry:

Quarter 1 – 403

Quarter 2 - 436

Quarter 3 - 445

Quarter 4 - 404

Total Concerns progressing to date= 1688

Safeguarding Adult Concerns

Summary

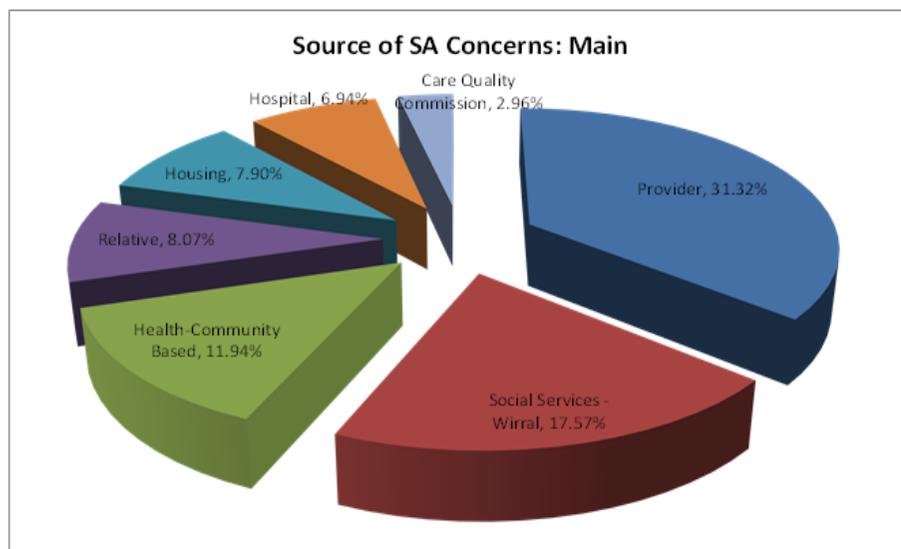


This chart provides details of the main sources from where concerns have been expressed. This equates to 86.7% of the total.

The remaining “other” group, not included in the chart opposite, equating to 13.3%, came from a variety of sources including Police and Self.

More than half of Safeguarding concerns (67.8%) were sourced through Health agencies, Care providers and their staff. The figure has fallen from 79% in the previous year. This may be due to the greater emphasis given to the provision of social care in people’s own homes.

The concerns reported as coming from an “Other” group have stayed broadly constant, through the year, with one of the most substantial components of the group being the Police making up 27% of the group.



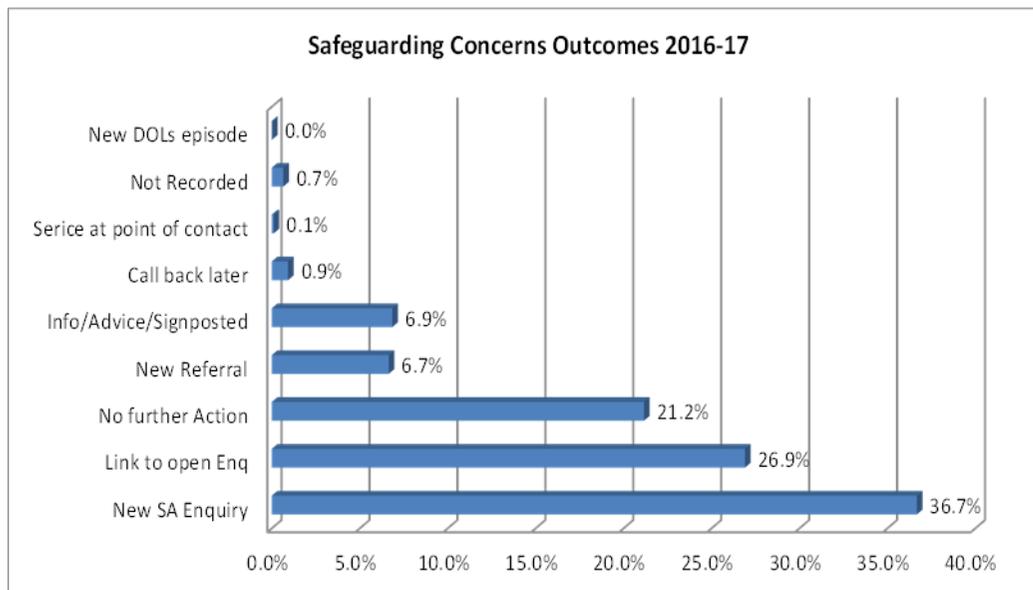
Safeguarding Concern Outcomes

Summary

The concerns included here are those that have been **concluded**; they may **not** match those opened in the year.

In 2016-17 a total of **1750** SA Concerns were adjudged to be deserving of a Safeguarding Enquiry under the specifications of the Care Act.

The leap, from the previous year, in SA Concerns leading to new SA Enquiry is expected and will be attributable to the effects of the implementation of the Care Act on both the operation of procedures and the recording of those practices.



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Safeguarding Enquiries by Primary Support Reason (PSR)

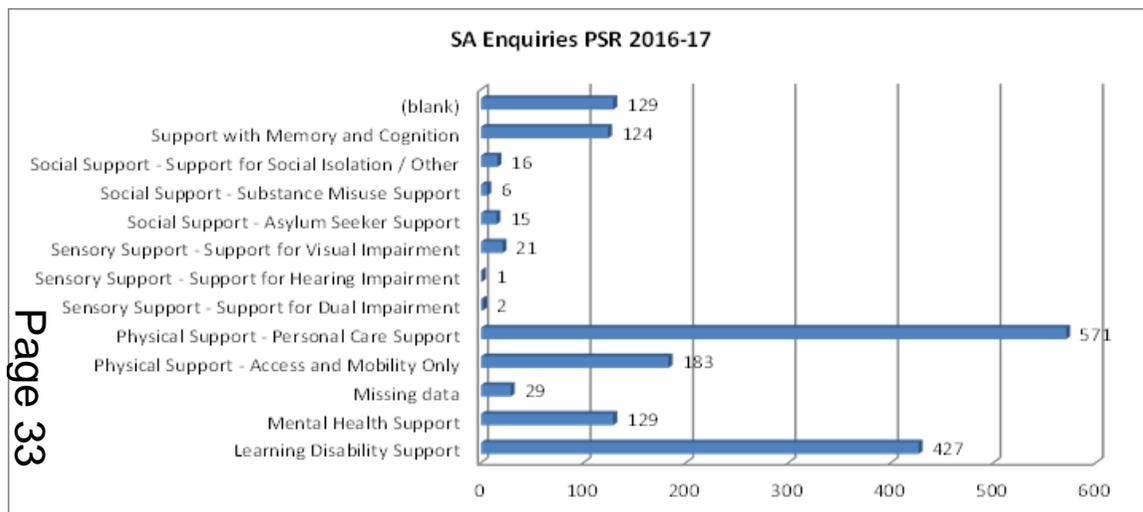


Summary: Demographics

With regard to the primary support reason for those victim to Safeguarding incidents leading to enquiries, the featured chart represents the following percentages (Major groupings only).

- Physical Support (personal care)34.5%
- Learning Disability support 25.8%
- Physical Support—Access & Mobility 11.1%
- Mental Health Support 7.8%
- Support with memory 7.5%
- Other (non major grouping) 5.5%

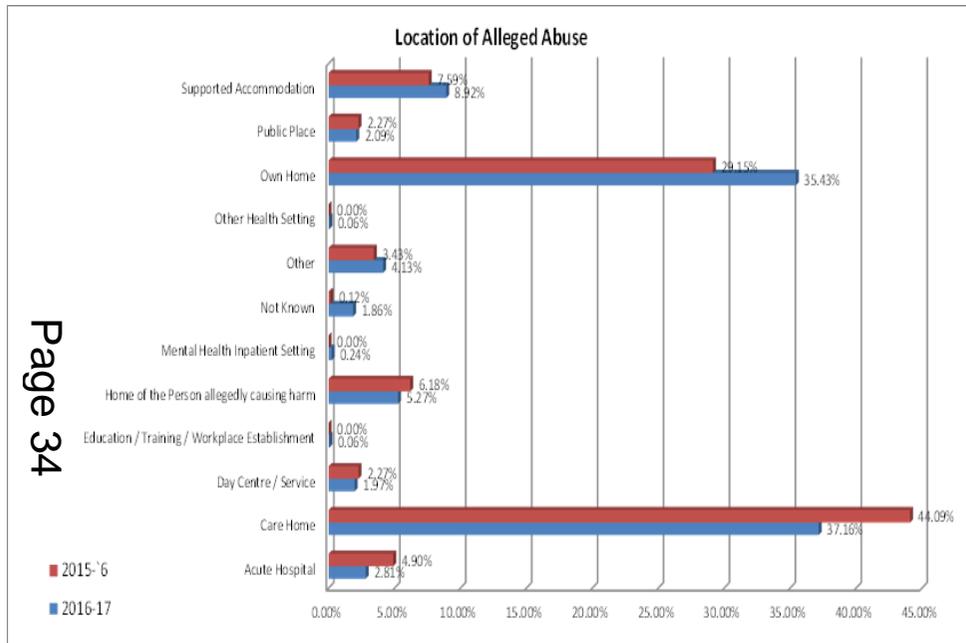
In 7.8% of completed enquiries the PSR was not recorded



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Please note: Reports for previous years reported the Service User category, rather than PSR, so no meaningful comparison may be made.

Location of Alleged Abuse



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Summary

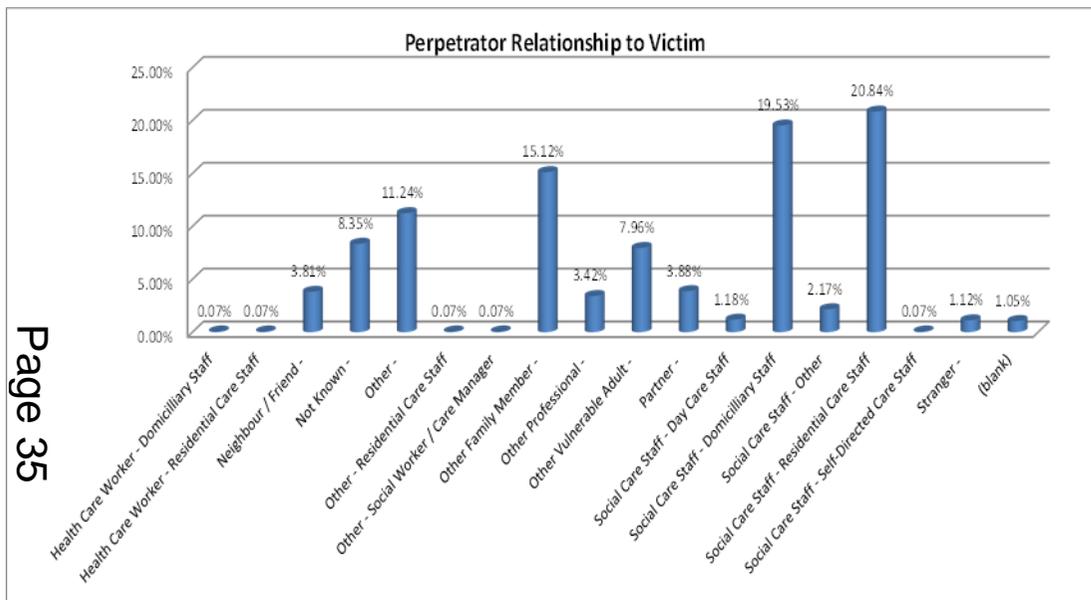
In the year 2016-17 there was a 10.7% increase in the completed Enquiries that had recorded Types of Abuse.

The respective outcome for each type of abuse is shown on the chart and it may be seen that the two largest types of abuse are unchanged, and remaining as Neglect and Institutional Abuse.

The table also features a decline in the number of recorded cases of Psychological abuse, and a welcome fall in the number of cases wherein the type of abuse is “Other/ Not recorded”. This is a consequence of an increased focus on practice standards and recording.



Perpetrator Relationship to Victim



Summary

As in the previous quarter and year, care staff were the highest percentage of alleged perpetrators at 43.7%.

Other family members were the next highest percentage at 15.12% down from 16%.

Alleged Perpetrators, who are the Victim's main carer, have increased in proportion from 17% to 22%. This is a discrete and spate group for the purpose of the calculation

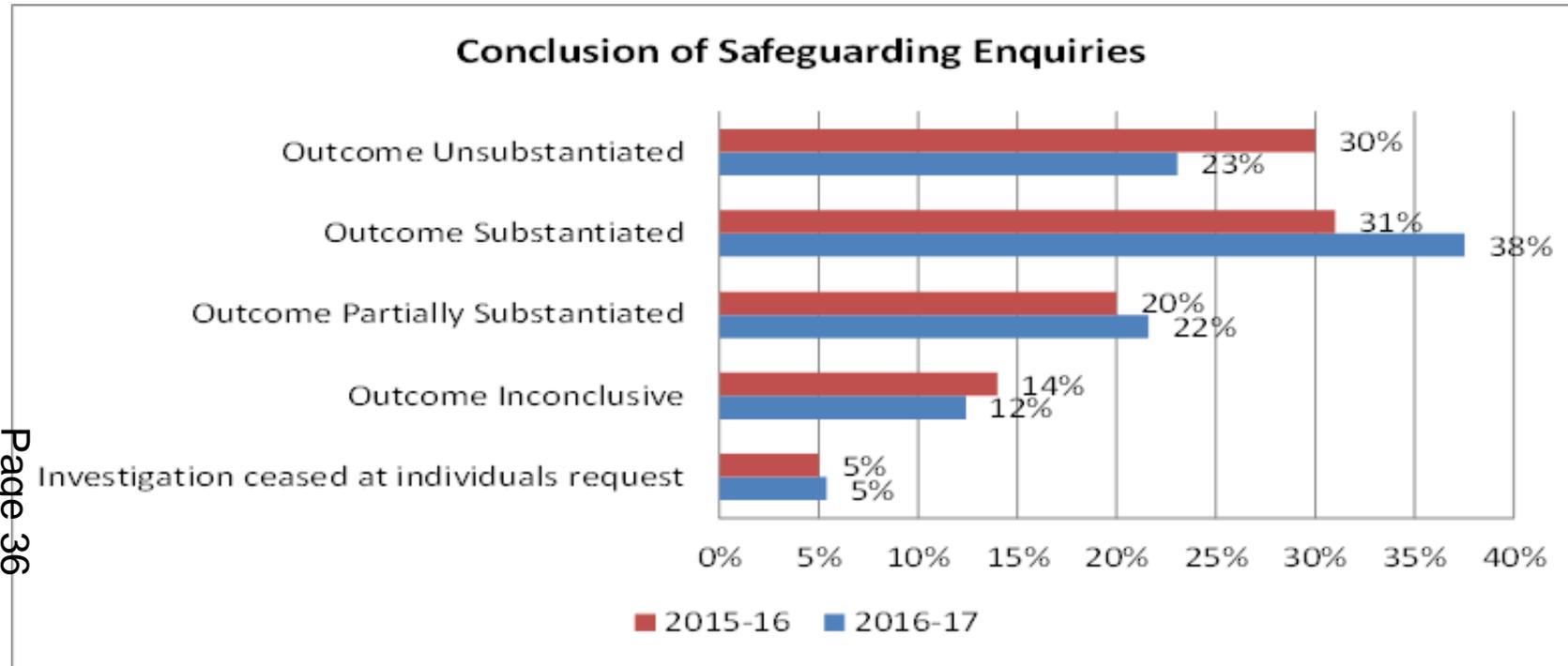
The percentage of alleged perpetrators known to the victim has grown since the previous year and now stands at 85%.

85% of Alleged Perpetrators are known to the victim

22% of Alleged Perpetrators are the victim's Main Carer



Conclusion of Safeguarding Enquiries



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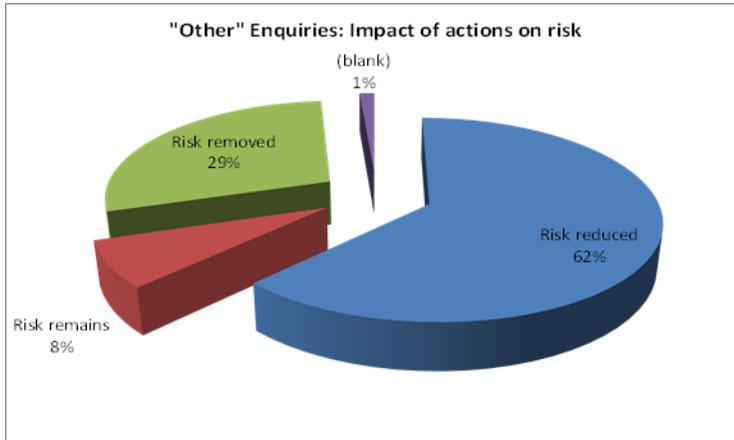
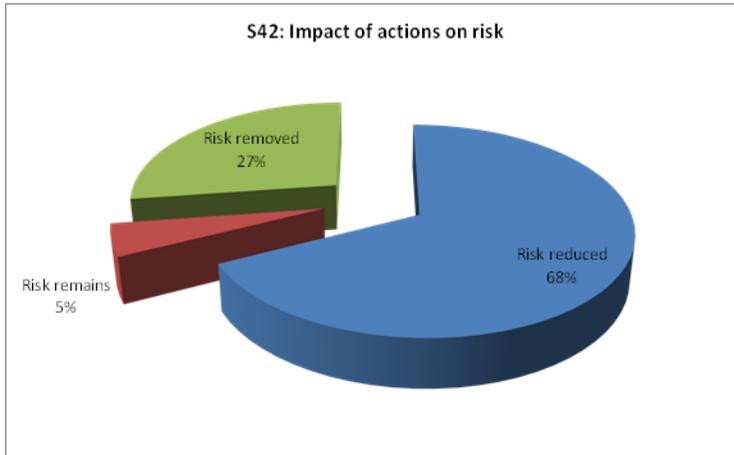
Summary

It can be seen from the first chart on this page that in 2016-17 there was both a reduction in the percentage of concluded enquiries whose outcome was unsubstantiated and a corresponding rise in those that were substantiated.

Impact of actions on risk



86% of concluded referrals result in actions being taken to manage risks
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Summary

The percentage of people using services whose Safeguarding Enquiry has resulted in actions taken to manage the risk, has risen to 86% from 83% in the previous year.

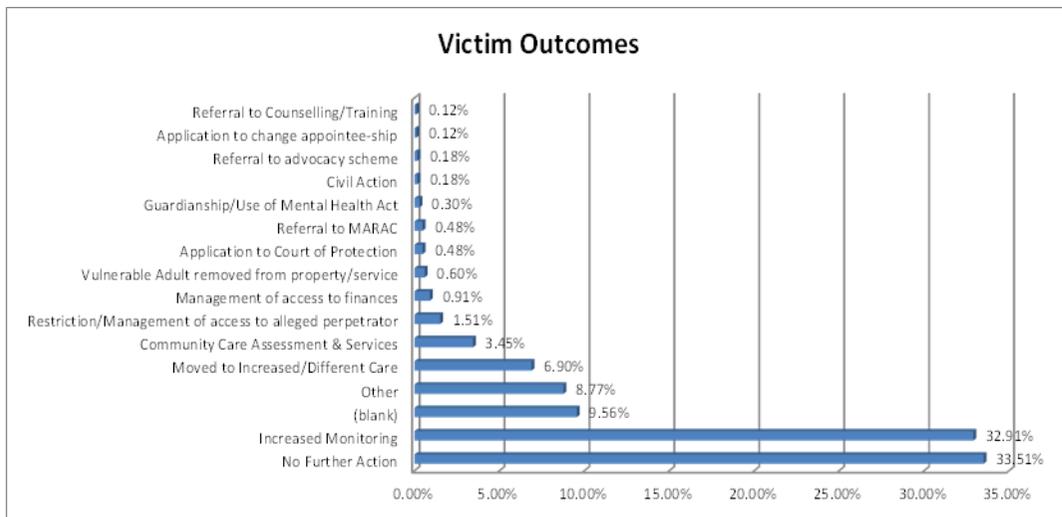
The impact of actions on risks translates into the following percentages where actions were taken (the percentages for 2015-16 appear in brackets), the remainder either resulted in inconclusive risk assessments, or had no risk identified:

- Risk reduced 68% (62%)
- Risk removed 27% (29%)
- Risk remains 5% (9%)

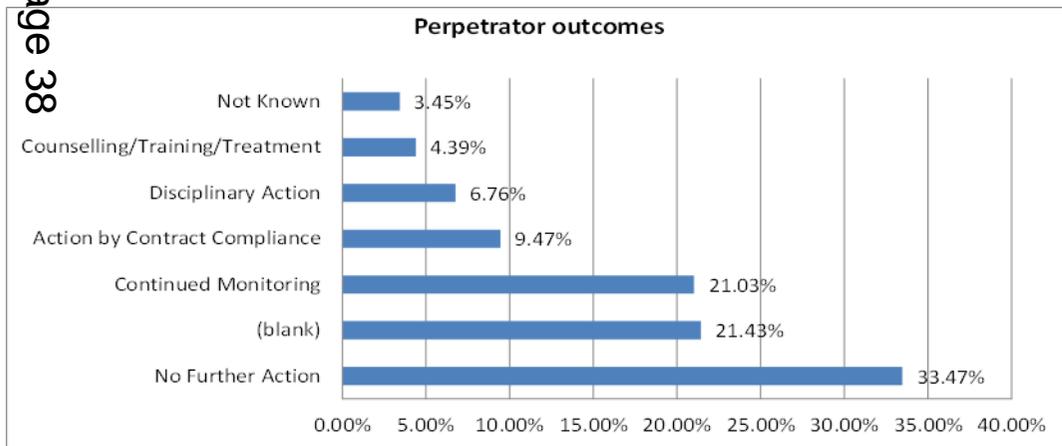
At the year end the 5% remaining subject to identified risk in spite of action taken represents 67 people. In the previous year 8.9% of people had remaining risks, equating to 106 people.

There is little variance on previous years.

Victim Outcomes



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Summary

The outcomes detailed on the two adjacent tables are those recorded by a professional as outcomes from safeguarding enquiries. They are broken down to those relating to the victim and those relating to the perpetrator.

Most Victim outcomes (2016-17) are represented by the following percentages ; 2015-16 outcomes are shown in brackets for comparison:

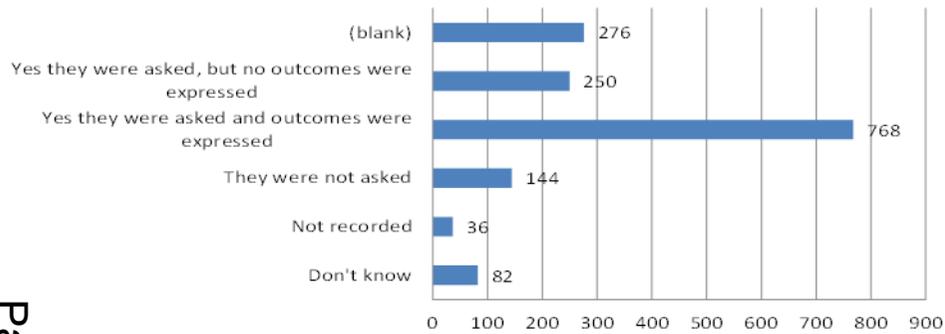
- No Further Action 33.5% (24.9%)
- Increased Monitoring 32.9% (45.6%)
- Increased/Different care 6.9% (6.6%)
- Community Care 3.7% (3.5%)
- Other 8.7% (8.9%)

More frequently selected outcomes for Perpetrators are represented by the percentages shown in chart 2. It shows both a greater proportion resulting in NFA than in the previous year(22.7% to 33.5%) and 21.4% of outcomes not complete, and therefore blank. There needs to be a greater understanding of recording in this area.

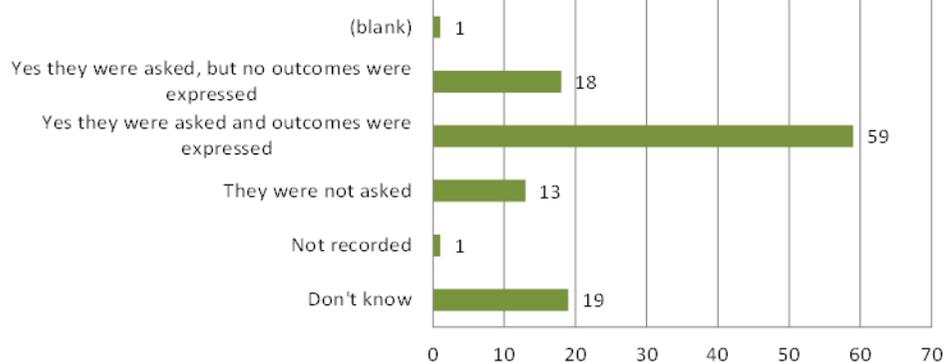
Making Safeguarding Personal



S42 Enquiries: were people asked about preferred outcomes



"Other" Enquiries: were people asked about preferred outcomes



Summary

In the year there were 1556 completed Section 42 Enquiries. A further 111 people were subject to "Other" Enquiries. Of those subject to S42 Enquiries, 49.4% had expressed a view about preferred outcomes; with those experiencing "Other" Enquiries 53.2% had expressed a preferred outcome.

It may therefore be concluded that in both instances almost half of the people who had experienced safeguarding incidents did not convey a preferred outcome. This may have had an impact on the individual's satisfaction ratings on the following page.

Making Safeguarding Personal

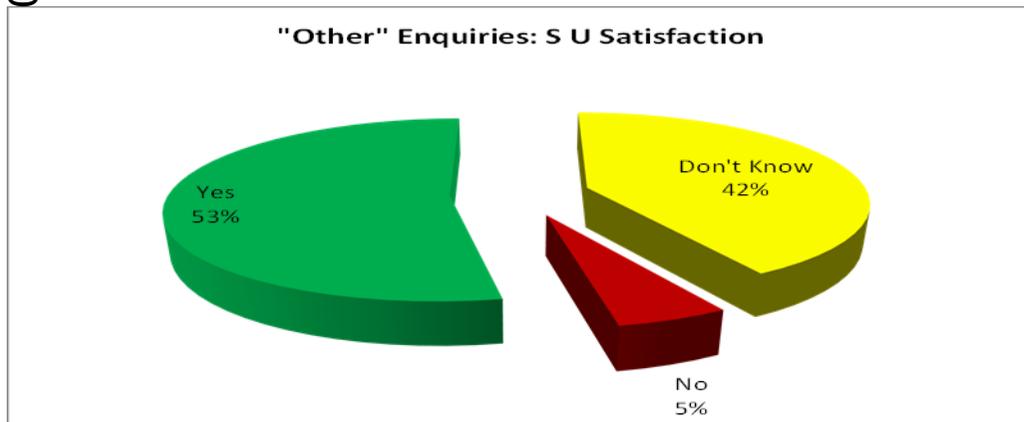
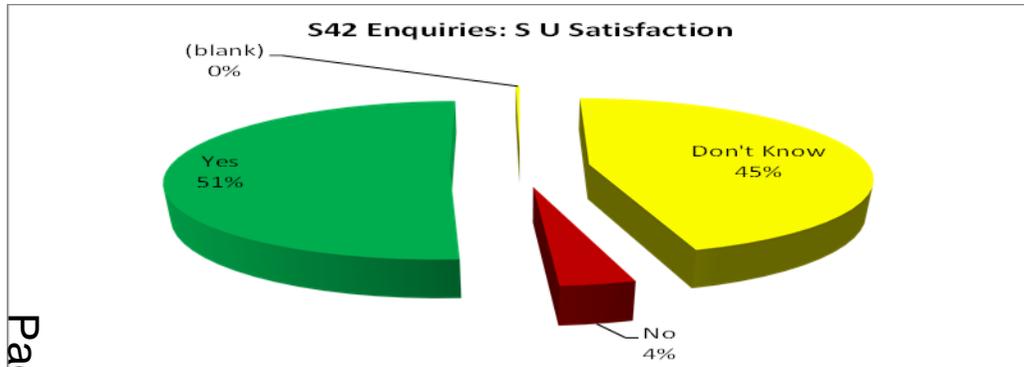


Summary

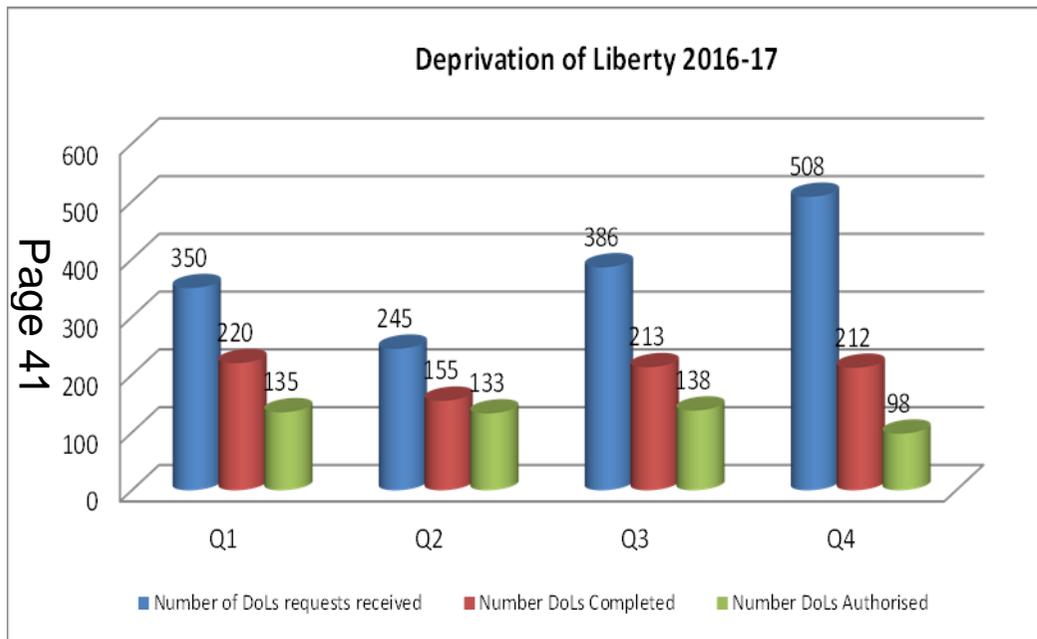
51% of completed Section 42 Enquiries in the year resulted in a Satisfactory outcome for the Service User, whereas 53% of "Other" Enquiries had a similar outcome. This compares to the 45% of Enquiries in 2015-16 that had a Satisfactory outcome. This is a slight improvement on the previous year.

The percentage expressing dissatisfaction with their outcome have been identified as representing 4% of those experiencing S42 Enquiries and 5% of those experiencing "Other" Enquiries. This compares to a dissatisfaction rating of 5% in the previous year.

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Deprivation of Liberty Safeguards



Summary

Across the year 53.75% of the 1489 DoLS referrals received were completed. This breaks down as following:

	Completed	Authorised
Q1	62.85%	61.36%
Q2	63.26%	85.81%
Q3	55.18%	64.79%
Q4	41.73%	46.23%

Overall, 63% of those completed were authorised, which is 33.85% of those received. Please note that the authorised percentage is a proportion of the completed DoLS requests.

There has been action taken to address performance in this area acknowledging that demand remains high. The team administering DoLS use the ADASS prioritisation tool to support their work.

Police Data 1st April 2016—31st March 2017



Summary

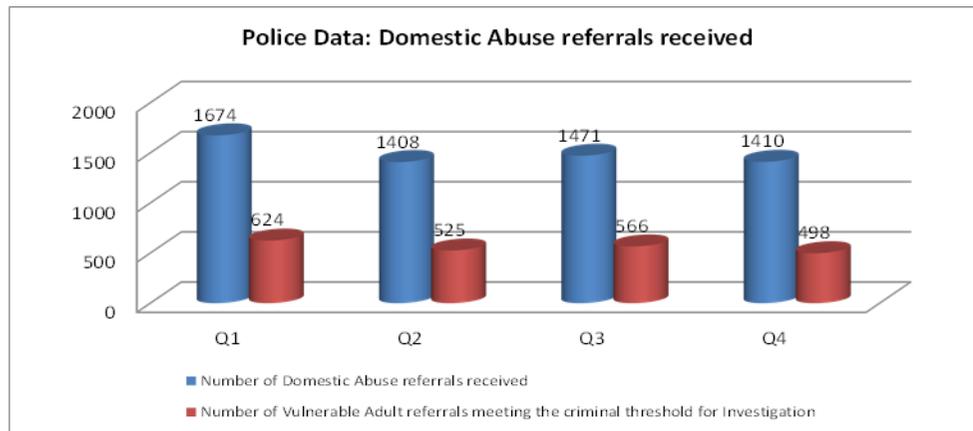
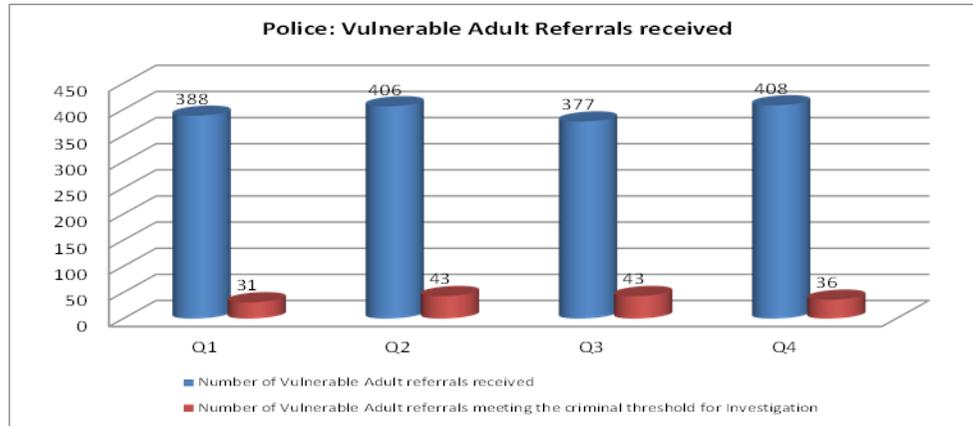
Across the year 9.7% of **Vulnerable Adult referrals** were deemed to have met the criminal investigation thresholds, across the following range:

Q1	9.17%
Q2	10.60%
Q3	11.40%
Q4	8.82%

Across the year **37.11%** of **Domestic Abuse referrals** met the criminal threshold for investigation, across the following range

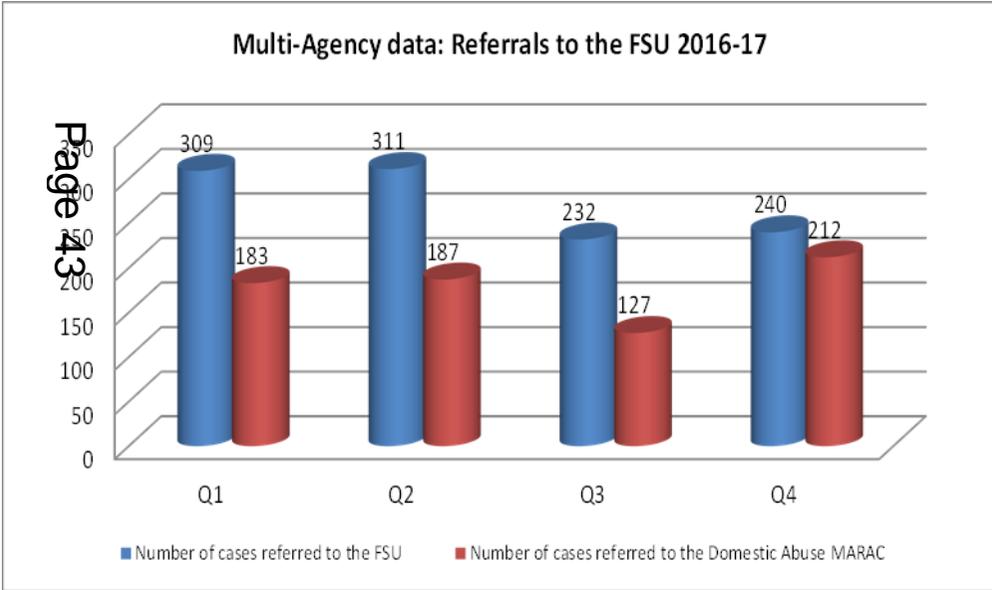
Q1	37.30%
Q2	37.30%
Q3	38.50%
Q4	35.30%

This is an increase from 27.55% in the previous year.



Family Safety Unit Data 1st April 2016—
31st March 2017

In 2015-2016 73.3% of FSU cases were progressed to MARAC for multi-agency review, action and oversight. In 2016-17 Q1 this was 59.2%, and by Q4 this had risen to 88.3% of reported referrals. Across the year this is 64.9% of FSU referrals.



Hate Crime Data

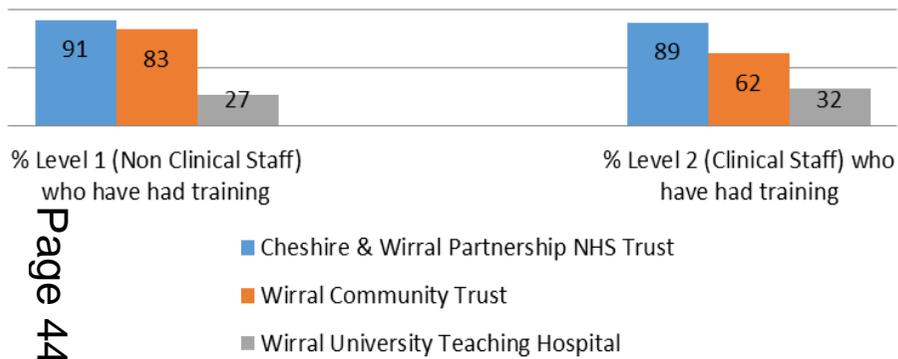
In 2016-2017 there were 182 cases of Hate Crime referred to the Hate Crime MARAC, this compares to 443 in the previous year.

There is no evidence of a significant reduction in the numbers of Hate Crimes occurring on the Wirral, in fact nationally there has been a 29% increase. We are however we are aware of significant changes in the way in which Hate Crime is administered both by the Hate MARAC and by the Police. A move from specialist teams to more generic handling of cases within Merseyside Police may have resulted in a reduction in the number of cases recorded on the multi-agency IAMF (Inter agency monitoring form) system from which this data is taken. The Hate MARAC has also moved to a consent based model which will have reduced the numbers recorded.

We are confident however that all reported cases are managed appropriately by the police.

Health Data

Staff Receiving Training in past 3 years



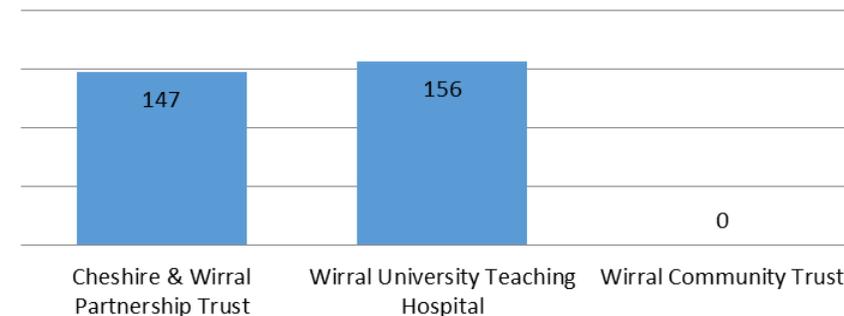
Compliance with training requirements is monitored through quarterly CCG contract monitoring processes.

Number of Adult Safeguarding Internal Incidents Reported 2016/17



All of the above incidents would be subject to internal scrutiny processes

Deprivation of Liberty Authorisation Requests 2016/17



*Wirral Community Trust do not operate any inpatient services therefore DoLS applications are not applicable .

Glossary of Terms

Safeguarding Concern – An adult safeguarding concern is any worry about an adult who has or appears to have care and support needs, that they may be subject to, or may be at risk of, abuse and neglect and may be unable to protect themselves against this

Safeguarding Enquiry - The action taken or instigated by the local authority in response to a concern that abuse or neglect may be taking place. An enquiry could range from a conversation with the adult to a more formal multi-agency plan or course of action. It may be classified as a 'Section 42' enquiry or 'Other' enquiry

Substantiated - sufficient evidence has been obtained to conclude that an adult has suffered abuse or neglect

Unsubstantiated - insufficient evidence has been obtained to conclude that an adult has suffered abuse or neglect

Partially substantiated - evidence has been obtained to conclude that some elements of the allegation are found to be true

Inconclusive—insufficient evidence has been obtained to draw a conclusion of substantiated or unsubstantiated

No Further Action (NFA) - there is no basis for continued action under safeguarding procedures. Action may continue via care management.

Service User Satisfaction - The service user is happy with the way in which their safeguarding process has been managed and are happy with the outcome

Referrer satisfaction—The referrer is happy with how their concerns have been managed

Types of Abuse:

Physical – Includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions

Sexual – Includes rape and sexual assault, sexual acts to which the adult has not consented, could not consent or was pressured into consenting

Psychological— Includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks

Financial— Includes theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits

Neglect & Acts of Omission – Includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating

Organisational— Includes poor care practice with an institution or specific care setting like a hospital or care home. This may range from isolated incidents to continuing ill-treatment

Sexual Exploitation – Involves exploitative situations and relationships where people receive 'something' (e.g. accommodation, alcohol, affection, money) as a result of them performing, or others performing on them, sexual activities

Discriminatory – Includes abuse based on a person's race, sex, disability, faith, sexual orientation, or age; other forms of harassment, slurs or similar treatment or hate crime/hate incident

Domestic Abuse – An incident or pattern of incidents of controlling coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality. It can include: psychological, physical, sexual, financial, emotional abuse; 'honour' based violence, Female Genital Mutilation; forced marriage

Modern Slavery – Encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment

Self-neglect – Covers a wide range of behaviour; neglecting to care for one's personal hygiene, health or surrounding and includes behaviour such as hoarding

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ADULT CARE & HEALTH OVERVIEW & SCRUTINY COMMITTEE

30 JANUARY 2018

REPORT TITLE	<i>Social Care and Health Integration</i>
REPORT OF	<i>Jason Oxley (Assistant Director Health and Care, Wirral Council)</i> <i>Val McGee (Chief Operating Officer, Wirral Community NHS Foundation Trust).</i>

REPORT SUMMARY

The Chair of the Health and Care Overview and Scrutiny Committee requested a report on the early progress of the Integrated Social Care service provided by Wirral Community NHS Foundation Trust (WCT) on behalf of Wirral Council. This report describes progress from the perspective of both Wirral Council (as commissioner of the service) and WCT as the service provider.

RECOMMENDATION/S

It is recommended that this report be noted by the Health and Care Overview and Scrutiny Committee.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

N/A

2.0 OTHER OPTIONS CONSIDERED

N/A

3.0 BACKGROUND INFORMATION

3.1 Wirral Council is undergoing a major transformation in the way in which it provides social care services to local people. The Council recognises the benefits of integrating health and care services and the opportunity that this brings to provide better, more joined up services to people who need them.

3.2 The people of Wirral told us that they want improved and more fully integrated care and health services. They want to tell their story once; they want one number to call and to receive a properly coordinated response to their care and support needs.

3.3 The aim is to deliver the right care, in the right place, at the right time, in order to ensure that our residents are able to be as independent as possible but to get access to important health and care services when they need them.

3.4 Integration makes it possible for services to be developed more effectively to meet the needs of local residents. With social care and health staff working within one organisation it is possible to streamline assessment processes, reduce duplication of multiple professional involvements, and develop a single point of access and single social care and health support planning.

3.5 In March 2017 Cabinet approved the creation of an integrated social care service for adults and older people and the transfer of services to WCT.

In June 2017, this was implemented. Under the new arrangement, WCT now provide statutory adult social care services on behalf of the Council under a

contractual agreement. Services provided include the delivery of assessment, support planning and case management services for older people and adults.

- 3.6 The Council retains the care budget (budget of £57m) and market management duties, but commissions WCT to carry out the statutory Care Act (2014) functions related to assessment and case management on its behalf. The functions mainly comprise of: assessment, support planning, care arrangement, review, case management, safeguarding and referral handling.
- 3.7 The Council retains the statutory duties placed upon it in relation to adult social care, but delegates the functions to WCT.
- 3.8 Contract monitoring arrangements are in place to monitor service delivery and expected performance standards. A range of performance and activity measures are therefore built into the contract. Monthly meetings oversee progress and the delivery of expected outcomes. In addition, a quarterly Partnership Governance Board is held quarterly to review quality, oversee safeguarding standards, professional and statutory compliance.

4.0 OVERVIEW OF PROGRESS POST TRANSFER: WIRRAL COUNCIL.

- 4.1 The service transfer was a significant undertaking and involved circa 240 staff transferring their employment to WCT. In order to mitigate the potential risk of destabilising services at the point of transfer, a three phase approach was planned: 1) Safe Transfer, 2) Stabilisation and 3) Development. The service is now in the Stabilisation phase.
- 4.2 Following detailed and thorough planning, a safe transfer was achieved with minimal service disruption. People who receive services were communicated with about the change, and experienced no disruption to their usual care provision. No complaints or comments were received from people who use services where they were dissatisfied with the change.
- 4.3 Staff were consulted with up until the point of transfer, and the transfer to their new employer happened smoothly. Staff appreciated the warm welcome extended to

them by WCT and most staff attended a welcome event hosted by the Chief Executive of WCT at the St Catherine's Centre.

- 4.4 Information Technology (IT) requirements were well planned and the changeover to new IT systems happened smoothly over a short period of time. Social Care staff within WCT continues to use the Liquidlogic case management system. Staff transferred to NHS email accounts and onto NHS systems. Staff retained the use of SelfServe system whilst the Council provide payroll services to WCT for these employees.
- 4.5 Information sharing agreements exist as part of the contract framework, and delegated authorisation limits for draw down of care package expenditure is specified.
- 4.6 At the second Quarterly Contract review, the following was noted;
Overall reported performance was generally sustained at, or above, the level prior to transfer. Incremental improvements were noted in the time taken to resolve initial contacts (AM 4) and in the length of time taken between the initial contact and the completion of an assessment (AM 1, KPI 1). An increase has been seen in the percentage of annual reviews taking place (KPI 4). These are early signs of the benefits anticipated being realised (ref Appendix 1).
- 4.7 Safeguarding duties have been delivered effectively and procedures followed.

Focussed work is underway to increase the number of safeguarding investigations that are concluded within 28 days. Closure of some long standing cases within the Liquidlogic system results in a reduced reported performance (KPI 3), however this evidences good practice (ref Appendix 1).
- 4.8 There continues to be a challenge to manage the volume of Deprivation of Liberty Safeguards (DOLS) assessments and authorisations across adult social care as a whole. This also applies to WCT who now employ the majority of Best Interest Assessors. System changes will improve the administration and application of the

DOLS process and arrangements for this will be reviewed in the next 3-6 months once system changes have embedded.

- 4.9 There has not been an increase in complaint numbers noted and complaints are monitored under the contract management arrangements. There have been some initial complexities around responding to complaints and political enquiries where these are made to the Council, but are in relation to services provided by WCT. These have impacted, in some cases, on response times.
- 4.10 Agency staff for the Integrated Social care service continue to be arranged via the Council (with full cost recovery from WCT) due to WCT currently being unable to commission agency staff outside of the NHS commissioning arrangements. WCT are seeking an alternative solution alongside securing a permanent workforce.
- 4.11 The transitional arrangements for appointing staff recruited pre-transfer but commencing their employment post transfer has been complex and there have been some delays in new staff starting in some instances.
- 4.12 Staff development has continued within WCT, with a number of Social Workers progressing within the Social Work Career Framework to more experienced roles.
- 4.13 WCT have reported positive feedback from service users and staff.

5.0 OVERVIEW OF PROGRESS POST TRANSFER: WCT.

5.1 People's experience of the new service.

Positive comments have been received from people who have used the newly integrated service. The quote below demonstrates some early signs of the service achieving its benefits for people who use the service;

"I was pleased that I didn't get passed from pillar to post and that I had one worker to deal with, thank you as it has reduced the stress" (Appendix 3).

5.3 A recent case gives an example of how the newly integrated service is starting to deliver what improvements people told us that they wanted (ref 3.2 above). The example is summarised below;

“A request was received by the Trust for urgent action in relation to an elderly lady (P). “P” had hurt her legs by knocking them against her specialist bed rails. This was prioritised as urgent due to the risk of injury, and the social care worker contacted the Occupational Therapy (OT) team for advice. The OT advised that the prescribing nurse would need to assess the suitability of the bed rails. The social care worker went to discuss the case directly with the nurse in the adjoining office. Discussion between the care worker and the nurse established that an urgent joint review was needed and this was planned later that same day. The family were reassured during the visit, and equipment ordered straight away to reduce the risk of any accidental injury. The nurse updated the nursing and care plan, and the family were reassured that care could continue to be given within the home safely. By working together in the same team, effective communication and greater accessibility was achieved. This allowed a seamless, faster response and a greater understanding of each other’s roles and responsibilities. “P” was safeguarded against any further risks of injury, and without such a coordinated and rapid response, “P” may have needed hospital care or her family may have felt unable to sustain safe care and support in their own home.

5.4 **Planning for improved experience.**

The Trust recognised this was a large scale transfer and had in place effective governance arrangements to ensure safe transfer and service continuity. As part of this a 100 day plan was developed to set out key priorities post transfer from the 1st June 2017 (ref Appendix 2).

5.5 Below is a summary of additional progress within the key areas outlined in the 100 Day Plan.

5.6 **Leadership and Strategy**

The Trust has appointed an Associate Director of Social Care to provide professional social work leadership and to strengthen social care governance and support strategic developments.

5.7 Social care staff are being integrated into leadership developments within the Trust including the leadership for all programme and coaching skills.

5.8 **Governance**

The professional standards group (PSG) is now well established and provides assurance to the partnership governance board, Principal Social Worker and internally to the Trust Board.

5.9 Key areas of focus for the PSG include: - national and regional developments, external and internal audits, practice and workforce developments, policies and procedures.

5.10 **HR and Engagement**

Following a successful welcome and engagement event on the 1st June and implementation of 100 day plan the Trust has continued with its engagement programme including leadership walk-arounds, staff briefings and a quality improvement network event.

5.11 Staff are included in the appraisal arrangements and can access all wellbeing activities offered within the Trust.

5.12 From the 1st April, as planned, the Trust will provide all HR functions and a transfer plan is in process. In addition the payroll function will also transfer to the Trust payroll provider.

5.13 Staff have offered some very encouraging feedback since transferring to the Trust. The two quotes below illustrate some of the intended benefits to staff being realised;

"I feel that we have been welcomed with open arms and are considered a valuable asset to the Trust",

"I do feel this is already encouraging better integrated team working across therapies, nursing and social care" (Appendix 3).

5.14 Estates and IT

A number of teams have now achieved co-location with health colleagues. This has already proved beneficial through greater collaborative working, decision making and relationship building.

5.15 The plan for a single number for all referrals to community health and social care was implemented successfully in September, with Trust IT and council IT/BI team working in partnership.

5.16 Finance and Contracts

The Trust continues to work closely with the Council to ensure best value for the community care budget. The Trust has strengthened the leadership of the Care Arranger Team and enhanced escalation and approval arrangements in partnership with commissioners.

6.0 FINANCIAL IMPLICATIONS

6.1 The current contract has an annual value of £8.4m. Service payments from the Council to WCT for delivery of the service have been processed on time.

6.2 Staff have experienced no disruption in their payroll service.

6.3 Draw down by WCT against the allocated adults social care budget is monitored at monthly contract monitoring meetings and by Care and Health Senior Leadership Team. WCT have delivered a range of savings alongside commissioners and the Council's retained adult social care operational services.

6.4 Demand pressures are significant, and whilst the adult social care budget as a whole is experiencing pressure, WCT contribute positively to demand management and assist in reducing the potential demand impact.

7.0 LEGAL IMPLICATIONS

N/A

8.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

8.1 Discussion is being held in relation to the service costs for 2018/2019 in line with the arrangements specified within the contract.

9.0 RELEVANT RISKS

N/A

10.0 ENGAGEMENT/CONSULTATION

N/A

EQUALITY IMPLICATIONS

N/A

APPENDICES

Appendix 1 - Quarterly Performance Report

Appendix 2 - 100 Day Plan

Appendix 3 - Staff and Service User Feedback.

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REFERENCE MATERIAL

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

Wirral Council
Commissioning, Performance & Business Intelligence
Adult Social Care Performance Management Framework 2017/18 - KPI Monitoring
Nov-17

ID	KPI Description	Reporting Links	Unit	Comparator	Green	Amber	Red	Baseline	Apr	May	Monthly Trend						Narrative
											M1	M2	M3	M4	M5	M6	
KPI 1	Length of time between initial contact and completion of assessment	Local Measure	Days	N/A	<=27	>27 <=30	>30	25.9 Days 2016-17	27.9	20.7	18.7	15.2	16.2	20.8	18.1	20.2	
KPI 2	% of safeguarding concerns (Contacts) completed within 24 hours (exc. EDT)	Local Measure	%	N/A	>=98%	<98% >=95%	<95%	81% 2016-17	79%	79%	81%	74%	85.0%	83.0%	84%	82%	Reported performance figures for 2017/2018 have been re stated due to discrepancy with underlying data, Safeguarding contacts pass through several teams during the triage process. A data review is being undertaken to identify any delays at specific points. This will inform a review of operational processes to ensure optimal flow.
KPI 3	% of safeguarding enquiries concluded within 28 days	Local Measure	%	N/A	>=85%	<85% >=75%	<75%	67% 2016-17	49%	57%	66%	68%	55%	62%	64%	57%	Review and safe closure of long standing cases has resulted in a drop in performance figures. This work will continue through the next few months and will potentially negatively impact on performance. In addition a review of safeguarding policy and procedures is underway. This will provide guidance to practitioners and ensure appropriate timely closure of safeguarding enquiries.
KPI 4	% of individuals who have had an annual review completed	SALT Return	%	45% 2015-16 England Avg.	>=66% >=64%	<66% >=64%	<64%	64% 2016-17		85%	82%	78%	77%	77%	72%	69%	
KPI 5	Number of permanent admissions to residential / nursing care per 100,000 (Aged 65+)	ASCOF / BCF	Numeric	706 Q3 NW Avg.	<=727 <=767	>727 <=767	>767	750.5 2016-17	600.4	794.6	847.6	547.4	582.7	600.4	812.3	459.1	
KPI 6	% of older people who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	ASCOF / BCF	%	82.70% 2015-16 England Avg.	>83% >=81%	<83% >=81%	<81%	85% 2016-17	78%	83%	86%	89%	86%	90%	85%	83%	
KPI 7	% of care packages activated (in Liquidlogic) in advance of service start date (exc. Block Services)	Local Measure	%	N/A	>=60% >=50%	<60% >=50%	<50%	51% 2016-17	67%	70%	69%	66%	69%	62%	66%	63%	
KPI 8	% of DoLS allocated to WCFT completed within statutory timescales prioritised as high using the ADASS prioritisation tool	Local Measure	%	N/A	>19% >=16%	<19% >=16%	<16%	16% 2016-17									

Wirral Council
Commissioning, Performance & Business Intelligence
Adult Social Care Performance Management Framework 2017/18 - Activity Monitoring
Nov-17

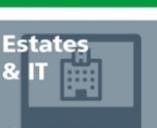
ID	Activity Measure Description	Reporting Links	Unit	Comparator	Green	Amber	Red	Baseline	Monthly Trend							Comments	
									Apr	May	M1	M2	M3	M4	M5		
AM 1	Length of time between contact and assessment start	Local Measure	Days	N/A	<=18	>18 <=19	>19	19.1 Days 2016-17	20.3	14.6	11.8	10.5	11.0	11.7	10.8	11.8	
AM 2	% of short term placements ended within 6 weeks of admission	Local Measure	%	N/A	>81%	<81% >=76%	<76%	68% 2016-17	61%	61%	54%	61%	42%	52%	55%	59%	Although the figures for short term care has improved for the last three months; timely access to care packages in the community, are having an adverse affect in this area.
AM 3	% of care packages activated (In Liquidlogic) in advance of service start date (exc. Block Services)	Local Measure	%	N/A	>=60%	<60% >=50%	<50%	51% 2016-17									
AM 4	% of contacts completed in Liquidlogic within 48 hours	Local Measure	%	N/A	>=72%	<72% >=60%	<60%	65% 2016-17	72%	73%	74%	75%	77%	75%	76%	79%	
AM 5	% of urgent contacts completed within 4 hours	Local Measure	%	N/A				-									
AM 6	% of DoLS allocated to WCFT completed within statutory timescales (Urgent)	Local Measure	%	N/A	>=17%	<17% >=14%	<14%	12% 2016-17									
AM 7	% of requests for support that are 'self-assessments'	Local Measure	%	N/A	>=3%	<3% >=2	<2%	1% 2016-17	1.5%	1.0%	0.3%	0.7%	0.9%	1.7%	1.1%	0.8%	Publicity campaign in development. Hospital leaflet developed which includes narrative around self assessment. Additional flyers and information are being printed so they can be distributed via health agencies and third sector partners. Furthermore we will be sending out information about self assessment via email to new referrals. This will be piloted over the Christmas period.
AM 8	% of care package brokerage requests circulated to providers within 4 hours	Local Measure	%	N/A	>=95%	<95% >=90%	<90%	97% 2016-17	97%	98%	95%	94%	96%	99%	99.5%	99%	
AM 9	CADT\Integrated Gateway will reduce call waiting times for a substantive response from 14 minutes to a maximum of 3 minutes	Local Measure	Numeric	N/A				-									
AM 10	% of Discharge Notices where a core assessment is completed within 24 hours of receipt (excludes re-starts)	Local Measure	%	N/A				-									
AM 11	% of Assessment Notices where a core assessment is completed within 72 hours of receipt (excludes re-starts)	Local Measure	%	N/A				-									
AM 12	Undertake an average of 6.5 new DOLs assessments per week	Local Measure	Numeric	N/A	>=6	<6 >=5.5	<5.5	-									
AM 13	Undertake an average of 3.5 DOLs authorisations per fortnight per Senior Manager	Local Measure	Numeric	N/A	>=3	<3 >=2.5	<2.5	-									
AM 14	% of Pre-service financial assessment requests made	Local Measure	%	N/A				-									
AM 15	% of Top Ups with signed agreement in place	Local Measure	%	N/A	100%	<100% >=99%	<99%	100% 2016-17	100%	100%	100%	100%	No new agreements	100%	No new agreements	100%	

APPENDIX 2 – 100 day plan

A new era in Health and Social Care Integration - 100 day plan

Our 100 day plan addresses immediate priorities and lays the foundation for the longer term development of truly integrated health and social care in Wirral, following the transfer of adult social care assessment and care planning services to WCT on 1 June 2017.

MOBILISATION - JUNE TO OCTOBER

Leadership & Strategy  Val McGee	Agree how we will engage on developing the future strategy and transformation priorities.	Utilise the Integration standard to assess baseline integration.	Confirm line management and reporting.	Review and development of on-call and emergency response arrangements.	Review current workflow for improvements.	
Governance  Paula Simpson	Set up of professional standards group.	Incident reporting training and awareness (DATIX).	Set up of social care reporting to committees.	Review and implementation of training plans.	Delegated limits framework implementation.	
HR & Engagement  Martin Godfrey	All transferred staff to complete Onboarding induction.	Organisational briefings to Teams.	Regular staff updates.	HR buy-back arrangements in place with council.	Matching job roles and develop recruitment strategy and guidance for managers.	Development of culture and OD plans as part of strategic planning.
Estates & IT  Simon Turner	Setting up NHS mail accounts for social care.	Phase access to trust network.	Relocation of staff to new bases.	Support for integrated working.	Communicate new processes.	
Finance & Contracts  Edd Berry	Setting up budgets and cost centres including ordering of non pay.	Information flow for KPIs and action plans in services.	Establish contract monitoring process with commissioners.			

OCTOBER TO DECEMBER

Development of Transformation

- ▶ Strategic and operational plan for the next 2 years
- ▶ Priorities
- ▶ Engagement
- ▶ Culture and Organisational Development requirements

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Feedback from Staff...

I feel that we have been welcomed with open arms and are considered a valuable asset to the Trust'

'Relationships with health colleagues have improved significantly'

'I do feel this is already encouraging better integrated team working across therapies, nursing, and social care'

'easier to be able to talk and support each other face to face than trying to work alone and search for staff members by phone.'

'I feel proud to be a member of Wirral Community NHS Foundation Trust and thank them for the warm welcome and support received. I look forward to what the future unveils'

And feedback from some of our citizens.....



Wirral Community
NHS Foundation Trust

I was pleased that I didn't get passed from pillar to post and that I had 1 worker to deal with, thank you as it has reduced the stress'

'the simple things like putting my clothes on was a struggle but now I have had a STAR service, they worked with me and I can now do it again with aids to support me'

It was a really good service, I had visits from enablers, office staff and Occupational Therapists, who all ensured I was able to manage'

'My mum came out of Hospital and as a family we took care of her over the weekend, her first care visit was last night and the team have been just Absolutely brilliant. this is all new to us and we were desperate to get Mum home. Once again, thank you so much for all your help and the advice and information you gave me'

for you,
with you



Adult Care and Health Overview and Scrutiny Committee Tuesday, 30 January 2018

REPORT TITLE:	Adult Care and Health OSC - Feedback from budget workshop (2018/19)
REPORT OF:	Chair of the Committee – Councillor Julie McManus

REPORT SUMMARY

This report presents the work of the Adult Care and Health Overview & Scrutiny Committee in relation to scrutinising the 2018/19 budget proposals. This follows a workshop held on Tuesday 9th January for Members to explore in more detail the budget proposals being put forward that fall under the remit of this committee. A report is included as an appendix to this report. The Adult Care and Health Overview & Scrutiny Committee is requested to acknowledge this report as its response to the 2018/19 budget proposals to be referred to Cabinet as part of its considerations in developing any budget recommendation to Council.

RECOMMENDATION/S

- Committee acknowledges this report as its response to the 2018/19 budget proposals.
- Committee refers this report to Cabinet as part of its considerations in developing any budget recommendation to Council.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

The recommendations will enable the Adult Care and Health Overview and Scrutiny Committee's comments in relation to the 2018/19 budget proposals to be referred for future consideration by Cabinet.

2.0 OTHER OPTIONS CONSIDERED

Not Applicable

3.0 BACKGROUND INFORMATION

A consistent approach for the scrutiny of the 2018/19 budget proposals was agreed by the Chairs of each of the four Overview & Scrutiny Committees. It was proposed to follow a similar approach to that adopted for the 2017/18 budget process with a separate workshop for each of the Overview & Scrutiny committees.

The list of budget proposals was reviewed by the Chair and Spokespersons of the committee and those proposals falling within the committee's remit were prioritised for further scrutiny at the workshop. Relevant officers were invited to the workshop to provide an overview and to answer questions. The final report is attached as **Appendix 1** to this report.

4.0 FINANCIAL IMPLICATIONS

4.1 There are none arising from this report.

5.0 LEGAL IMPLICATIONS

5.1 There are none 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 There are none arising from this report.

8.0 ENGAGEMENT/CONSULTATION

8.1 Not Applicable

9.0 EQUALITY IMPLICATIONS

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

REPORT AUTHOR: **Alan Veitch**
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APPENDICES

Appendix 1: 2018/19 Budget Proposals - Scrutiny Report of Adult Care and Health
Overview & Scrutiny Committee

REFERENCE MATERIAL

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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2018/19 Budget Proposals

Scrutiny Report of Adult Care and Health Overview & Scrutiny Committee

January 2018

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1. INTRODUCTION

A dedicated 2018/19 budget proposals workshop for Members of the Adult Care and Health Overview and Scrutiny Committee was held on Tuesday 9th January 2018. This provided the committee members with the opportunity to examine in greater detail the budget proposals affecting services that fall under the remit of the committee. All of the budget proposals within the remit of the Committee were selected for further examination by the Chair and Party Spokespersons. This report summarises the proposals scrutinised and the comments and suggestions of Members attending the workshop.

Members agreed to the Chair's proposal that, following the workshop, a report summarising comments would be produced. Following sign-off by the Chair, Vice Chair and Group Spokespersons the report will be presented to the next meeting of the Adult Care and Health Overview & Scrutiny Committee on 30th January.

The Spokesperson for the Conservative Group requested that it be recorded that the Conservative members do not believe that a workshop is the appropriate way for the Cabinet's budget proposals to be considered by this Committee. The Group feel that discussions regarding budget proposals should be held in public, at a formal meeting of the Committee that is minuted and recorded. The Spokesperson, therefore, welcomed the Chair's statement that the budget proposals will be listed as an agenda item at the next meeting of the Committee.

2. BUDGET PROPOSALS – OVERVIEW

The Director of Health and Care delivered a presentation which provided an overview of the current budgetary position, the pressures that are anticipated for 2018/19 and the strategy to be employed to meet those pressures.

Current Budget Risks – 2017/18

The key risks for meeting the budget in the current financial year (2017/18) were identified as:

- An increased demand for services in winter months;
- The increasing level of patients being admitted and discharged from hospital into social care;
- A challenge to fee rates offered to specialist care providers;
- An increasing use of 'top ups' across care home sector;
- A lack of capacity in domiciliary care market;
- Value of risk estimated at £1.5m, caused by the significantly high level of demand for services.

Budget Pressures - 2018/19

In anticipation of the 2018/19 financial year, the following additional pressures have been identified:

- An ageing elderly (65+) population (increasing at the rate of 1.7% per year);
- Growth in number of young people with disabilities;
- Increase in the rate of inflation (2.9%) and the National Living Wage (4.4%);
- Loss of one-off Adult Social Care (ASC) Grant;
- Planned reduction in supplementary iBCF (Improved Better Care Fund) funding;
- Pre-agreed savings targets for Learning Disabilities and Mental Health (agreed in the Medium Term Financial Plan).

Although the overall budget (for 2018/19) has increased by £6.9m, there is an anticipated gap of £5.7m which will need to be met by a series of measures designed to ensure the management of demand.

Pressures	(£m)	Mitigation:	(£m)
Demographic Growth	2.7	Increase in iBCF	6.9
National Living Wage Impact	2.4	Social Care Precept	4.0
Inflation	1.0	Loss of ASC Grant	(1.8)
LD/MH Savings	2.0	Reduction in Supplementary iBCF	(3.2)
16/17 Contingency Payback	2.0		
Est. Pressure from 17/18	1.5	Demand Management	5.7
	11.6		11.6

Proposed strategy for Demand Management during 2018/19

- Containing the cost of existing packages of care within the available budget;
- Enhancing the efficiency of partnership working;
- Investing in T2A (Transfer to Assess) and reablement services to reduce the demand for long-term care;
- Investment in extra care (for the older population) and specialist housing for people with learning disabilities;
- Increased pooling of budgets with Wirral CCG (Clinical Commissioning Group) to use the money to best effect;
- Re-commissioning of outcome-based domiciliary care;
- Increased promotion of self-care / self-management and effective signposting to alternative services.

3. COMMITTEE MEMBERS' COMMENTS

Demand Management

Members were informed that Demand Management is recognition of the need to make resources go further by reducing the unit cost. Examples cited include:

- **Extra care housing** - proposals to build additional extra care housing as a more cost effective alternative to residential care. Plans are being developed for a variety of sites across the borough. It was considered that slippage in the projects would add to the pressures facing services and this should be guarded against. It will be possible for a strategic plan naming specific sites and timescales to be made available to a future meeting of the Adult Care and Health Overview & Scrutiny Committee.
- **Learning disabilities** - provision of slightly larger units for people with learning disabilities will reduce overheads and therefore improve cost effectiveness. Members were reassured that there is no intention to develop large institutions and that key to the provision will be that service users will have their own front door albeit with support staff being shared.

Concerns were expressed by members regarding the ability of the Council to effectively control the demand for services and, therefore, deliver services within budget. A member commented that, although there is an intention to increase the availability of reablement in the community, members were informed at a recent committee meeting, that there were waiting lists for reablement services.

A member sought reassurance that, as the levels of funding for other Council services have been reduced, the proposed Council budget is deliverable and will be effective. Members were informed that the Council is under a legal obligation to provide care packages to meet the assessed entitlements. That element of the budget is significant as is the spending on children's social care. Members were informed that there are already pressures to achieve the required £6.0m savings set in the 2017/18 budget for Adult Care and Health. There are no easy answers as many services have already been stopped where there is the flexibility to do so.

Members were informed that the best use of the "Wirral pound" is in domiciliary care and reablement. In addition, there is a continued ambition to increase the promotion of self-care and maintain independence of people living in the community. An ongoing reduction in demand for nursing and residential care has already been detected which, in the long-term, will help to reduce the spending profile.

A member sought reassurance that demand management does not lead to a slowing down in activity and a lowering of standards. Members were informed that there are no plans to slow down assessment times as this would become counter-productive and people would become more poorly and needs would increase.

Top-up fees

Members were informed that there has been a growth in the number of care homes offering services in return for payment of 'top-up' fees by service users / families. The development of this national trend is partly fuelled by the inability of Local Authorities to pay higher fees to providers. Members were informed that it is important for the Council to provide a balance between giving Council tax payers value for money while also supporting the sector. It is not possible legally to prevent providers from asking for 'top-up' fees.

Increasing demand for acute hospital services

Members were informed that the level of demand coming through the hospital so far this winter has been far higher than anticipated. This has led to an increase in demand for social care. However, through the Better Care Fund (BCF) there has been a pooling of resources with the NHS. The increase in demand must be seen in a health and social care context.

There has also been an increase in the acuity of patients presenting during the last 3 weeks. Although a robust plan to absorb winter pressures had been in place it has now proven necessary to make available an additional 40 beds in the community and at Clatterbridge. This situation, although very challenging locally, is a reflection of the national picture.

At a national level, the long-term plan is to reduce spend in acute hospital facilities while investing more in community provision. However, the conundrum is that the acute hospital spend must be maintained until community care is built up to such a level as the demand for acute services starts to reduce. It was confirmed that the NHS contributes to the BCF as well as providing funding for Continuing HealthCare and the NHS-funded nursing care.

Relationship between the housing sector and social care

A member sought reassurances regarding the impact of the funding gap (and increased demand for services) on the social housing sector acknowledging that, in order to maintain people in the community, it will be necessary to work with the social landlords to ensure that facilities are available to keep people in their own homes. Members were informed that the housing budget is not part of the pooled resources. The only funding implications for the Council are the Supporting People budget which is employed to support vulnerable people. In addition, the Disabled Facilities Grant (DFG) is a means-tested financial grant to help meet the cost of adapting a property where a person with disabilities lives. This grant is passported from the Better Care Fund to the Council, which is responsible for delivering the service. Social workers will assess the needs of the client; the relevant housing provider will arrange for any work to be carried out.

Appendix 1 – Workshop Attendance

Members of Adult Care and Health Overview & Scrutiny Committee:

Julie McManus (Chair)
Bruce Berry
Wendy Clements
Gerry Ellis
Phil Gilchrist
Adrian Jones
Moirra McLaughlin
Christina Muspratt
Tony Norbury
Tracey Pilgrim
Leslie Rennie
Paul Stuart
Irene Williams

Officers:

Graham Hodgkinson	Director for Health & Care
Jacqui Evans	Assistant Director Integrated Commissioning
Andrew Roberts	Senior Finance Manager
Matthew Gotts	Principal Accountant
Carl Gurnell	Team Leader, Performance & Scrutiny
Alan Veitch	Scrutiny Officer

Apologies:

Cllr Paul Doughty
Cllr Treena Johnson

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**Adult Care and Health Overview and Scrutiny Committee
Tuesday, 30 January 2018**

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

RECOMMENDATION/S

Members are requested to:

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

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

To ensure members of the Adult Care and Health Overview & Scrutiny Committee have the opportunity to contribute to the delivery of the annual work programme.

2.0 OTHER OPTIONS CONSIDERED

Not Applicable

3.0 BACKGROUND INFORMATION

3.1 UPDATE ON CURRENT SCRUTINY ACTIVITY

Since the Committee meeting on 28th November 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 visited 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. 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 by the end of the current municipal year.

Budget scrutiny 2018 / 19

In line with previous municipal years, workshops were held for members of each of the scrutiny committees to review proposals as the 2018 / 19 budget is being developed. The workshop relating to the remit of the Adult Care and Health Overview & Scrutiny Committee was scheduled to take place on Thursday 9th January. A report regarding the outcomes of the workshop is included as a separate item on this Committee agenda.

3.2 FORTHCOMING ACTIVITIES

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 local delivery of the Five Year Forward View.

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 February 2018.

Universal Credit

At a meeting of the Chairs of the four Overview & Scrutiny Committees, it was agreed to undertake further scrutiny of Universal Credit in February 2018 when the implications of implementing Universal Credit may be better known and the relevant data could be made available to Members. Although not formally part of this Committee's work programme, it is anticipated that members of all four scrutiny committees will be invited to participate. The following approach was agreed in principle:

- A workshop style approach to be adopted with dates for a series of workshops to be scheduled for February 2018.
- Workshops to cover the wide ranging themes extending across all four O&S committees, such as IT, housing and homelessness.
- The workshops would be open to all Members who sit on any of the four O&S Committees to ensure inclusivity and to reflect the wider-ranging views and experiences of these Members.
- The Business O&S Committee would 'own' this piece of work to ensure that there is no overlap or duplication. Consideration can be given for these workshops to be chaired by different O&S Chairs relevant to the themes of the workshop.
- A report to be completed and reported to the Business O&S Committee in March 2018 to ensure that the work remains current.

As part of scrutiny work planning sessions for the next municipal year, each committee will be better informed as to where the issues lie in respect to their remit and can then focus further scrutiny activity as appropriate.

This approach ensures inclusivity for all O&S Members as it has an impact for all wards in Wirral. It is also a theme that cuts across the remit of all four O&S Committees due to the wide-ranging impact affecting a number of service delivery areas. It also mitigates the risk of duplication and overlap in scrutiny work if each O&S committee unilaterally agrees to carry out scrutiny of Universal Credit at this time. Further information will be provided to Members when the arrangements have been finalised.

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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Scrutiny Support

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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 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	Lorna Quigley (Wirral CCG) / Gillian Fryer (NHS Midlands and Lancashire CSU)
Draft Pharmaceutical Needs Assessment (PNA)	Report	John Highton
Adults Safeguarding Annual Report 2016/17	Report	Lorna Quigley / Alison Marchini
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
Future commissioning strategy for people with disabilities	Report	Graham Hodkinson
Feedback from budget workshop	Report	Report of the Chair (Alan Veitch to provide report)
Work programme update	Report	Report of the Chair (Alan Veitch to provide report)
Deadline for reports to be with Committee Services: Monday 15th January 2018		

PROPOSED AGENDA ITEMS – SPECIAL MEETING – Tues 13th Feb 2018

Item	Format	Officer
Minutes from Adult Care & Health OSC (30 th January)	Minutes	
Local delivery of the Five Year Forward View – progress	Report	Simon Banks, Wirral CCG / Mel Pickup, Lead – Cheshire & Merseyside STP / Andrew Gibson, Chair – Five Year Forward View (FYFV)
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)
Phlebotomy service – update on progress post-service reconfiguration	Report	Wirral CCG
<i>Response to the Ombudsman’s Report relating to the Mental Capacity Act</i>	<i>Possible Report</i>	<i>Suggested by Simon Garner</i>
Drug use in Wirral (as agreed by Adult Care & Health OSC, 28/06/17)	Report	Julie Webster
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
None			

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 of 2017 / 18 municipal year
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 of 2017 / 18 municipal year.
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	Feb 2018	Julie Barnes	Potential joint workshop with members of Children & Families OSC
Urgent Care Review	Workshop	Feb 2018	Simon Banks	
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	9 th January 2018		
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