



Adult Care and Health Overview and Scrutiny Committee

Date:	Wednesday, 27 June 2018
Time:	6.00 p.m.
Venue:	Committee Room 1 - Wallasey Town Hall

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AGENDA

1. APOLOGIES FOR ABSENCE

2. MEMBER DECLARATIONS OF INTEREST

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

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

3. MINUTES (Pages 1 - 14)

To approve the accuracy of the minutes of the Adult Care and Health Overview and Scrutiny Committee meeting held on 20 March 2018.

4. 2017/18 QUARTER 4 AND YEAR END WIRRAL PLAN AND HEALTH AND CARE PERFORMANCE (Pages 15 - 40)

5. URGENT CARE REVIEW - PRE CONSULTATION

Mr Simon Banks, Wirral CCG will update Members on matters relating to the Urgent Care Review.

6. RE-ESTABLISHMENT OF HEALTH AND CARE PERFORMANCE PANEL

The Chair of the Adult Care and Health OSC will update Members on matters relating to the re-establishment of a Health and Care Performance Panel.

7. CONTINUING HEALTHCARE (CHC) SCRUTINY REVIEW
(Pages 41 - 60)

8. ADULT CARE AND HEALTH OVERVIEW & SCRUTINY COMMITTEE - WORK PROGRAMME UPDATE REPORT
(Pages 61 - 70)

9. ANY OTHER URGENT BUSINESS APPROVED BY THE CHAIR

To consider any other business that the Chair accepts as being urgent.

ADULT CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Tuesday, 20 March 2018

Present: Councillor J McManus (Chair)

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

53 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors A Jones, G Ellis, M McLaughlin and I Williams. Apologies were also received from Mr Graham Hodgkinson, Director for Health and Care.

54 DECLARATIONS OF INTEREST

Members were asked to consider whether they had any disclosable pecuniary interests and/or any other relevant interest in connection with any item(s) on this agenda and, if so, to declare them and state 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 Phil Gilchrist	Personal – by virtue of his role as a Governor appointed to the Cheshire and Wirral NHS Partnership Trust. Cllr Gilchrist informed the meeting that he would not take part in discussions in respect of Item 7 (Thorn Heys).
Councillor Christina Muspratt	Personal – by virtue of her daughter’s employment within the NHS.
Councillor Tony Norbury	Personal – by virtue of his daughter’s employment within Adult Social Services.
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.

55 **MINUTES**

Councillor Tony Norbury requested a correction in respect of Minute 47 (30 January 2018). Members noted that, in respect of the report item 'Social Care and Health Integration for Older People', the Adult Care and Health Overview and Scrutiny Committee had requested that the views of the trade unions be incorporated into a report to a future meeting of the Committee. Members instructed that this matter be actioned with immediate effect.

Resolved – That, subject to the above correction, the minutes of the meetings of the committee held on 30 January 2018 and 13 February 2018 (special meeting) be confirmed as a correct record.

56 **INDEPENDENT REVIEW OF THE WIRRAL PATIENT LED REPEAT ORDERING**

Ms Abigail Cowan, Medicines Optimisation Pharmacist - Midlands and Lancashire CSU introduced her report jointly written with Karen Prior, Chief Officer and Elaine Evans, Project Officer from Healthwatch Wirral. Ms Cowan delivered a presentation that set out the background to, and an update on (including patient feedback) the roll out across Wirral practices of the patient led repeat prescription ordering scheme. The presentation informed that the scheme had been introduced to:

- improve patient safety issues particularly with regards to stockpiling medication;
- ensure patient and GP practice ownership when ordering medicines;
- improve the communications between GP practices, community pharmacies and patients; and
- reduce the amount of wasted or unused medicines within the NHS.

Ms Cowan's presentation, supplemented by her report provided information on the aims of the scheme, the roll-out across the Wirral (at the time of report 52 Wirral GP practices were live), the Clinical Commissioning Group (CCG) operational plan and lessons learnt. Ms Cowan informed the Adult Care and Health Overview and Scrutiny Committee that a number of recommendations had been formulated by Healthwatch Wirral as a result of the actions undertaken to date and from patient feedback. Recommendations included:

- Assurances need to be gained from GPs that they are accurately informing patients of the changes or that patients are being informed by the pharmacy.
- Housebound patients should be made explicitly aware of the exemptions by their GP.
- Issues associated with patients accessing the online service should be addressed.
- GP's who only prescribe 1 month supply of medication could consider prescribing 2 months as this may result in a reduction of their workload.

- Adjust patients prescription items, where possible, to ensure that all items run out at the same time thus reducing multiple visits by the patient to the practice to request repeat medication.
- Practices to continue to inform patients that they may not necessarily need to collect their medication from the practice as their pharmacy may continue to collect and deliver medication for patients.
- Continue completing medication reviews to address any issues and to compliment the scheme.
- Continue and improve public engagement as it was evident that some patients were not aware of the new patient led prescription ordering system.
- Encourage patients or their carers to monitor their medication to enable them to be more efficient when requesting a further supply.
- Consider allowing patients who cannot use the suggested methods of ordering, and may have difficulty in attending the practice, to phone the practice to order medication.

Members noted that engagement and consultation would continue and that although a significant amount of work has been carried out to date to ensure patients were aware of the new scheme, the independent review by Healthwatch Wirral recommendations showed that further work was needed to improve the process and support patient care.

Members questioned Ms Cowan on a variety of points, namely issues arising from implementation of the procedure for controlled drugs and delays arising, inconsistency between the management and delivery of the system between GP practices. Members sought assurances that delays particularly in relation to controlled drugs and life preserving medication e.g. insulin or blood pressure tablets often prescribed to the elderly and most vulnerable patients would be addressed as a matter of priority.

Members requested if data was available for inspection regarding the prescribing of controlled drugs. Mr Simon Banks advised the Overview and Scrutiny Committee that he would speak to Healthwatch Wirral to obtain anonymised data for Member review.

Additional questions were asked of Ms Cowan regarding the financial savings that were expected of the patient led repeat ordering system, and how the estimates had been arrived at. Members also enquired as to whether the system would address the issue of patients stockpiling medication. Ms Cowan and Dr Sue Wells informed that the patient led repeat ordering system provided some additional assurance, but when utilised with closer working with chemists / pharmacists the benefits would assist GPs to monitor patient medication demands more closely. Ms Cowan added that the financial savings expected from the scheme would be redistributed elsewhere within the local health economy.

A Member requested a copy of the guidance / standards provided to GP practices regarding the prescribing of medication.

The Chair thanked Ms Cowan, Dr Wells and Mr Banks for their contributions and information provided via presentation, report and responses to Member questions.

Resolved – that the report be noted.

57 **COMMUNITY PHLEBOTOMY SERVICE UPDATE**

Mr Simon Banks, Chief Officer NHS Wirral Clinical Commission Group (CCG) and Ms Karen Howell, CEO, Wirral Community NHS Foundation Trust (WCT) introduced a report by the Director of Commissioning, Wirral CCG that detailed current progress to date for the delivery of the Community Phlebotomy Service. The report informed that in April 2017 GP Members demonstrated a high level of interest to deliver a GP practice-led provision. Subsequent GP member and public engagement had been undertaken during May 2017. Findings from this engagement were used to inform the new service design. In December 2017, NHS Wirral CCG's Governing Body approved the proposal of a GP practice led approach, subject to additional assurances being received from all GP practices, in addition to the completion of outline implementation plans.

Mr Banks informed that the commission was now about to enter the mobilisation phase, and was working towards a 1 July 2018 start date.

Members were apprised that In May 2017, a survey of all GP member practices was undertaken to determine their preference for an in-house or alternative delivery model i.e. to continue with the existing hub delivery model. Overall 55% (29) practices wanted to provide their own in-house service and 42% (22) opted for a hub service model. 3% (2) had no preference.

Members questioned Mr Banks and Ms Howell on a number of key areas of concern regarding the service, in particular the matter of waiting times. Ms Howell informed that generally wait times for the phlebotomy service were in the region of 20 minutes. The Chair stated that feedback to Councillors disputed this figure, with wait times under the current arrangements having been reported in excess of one and a half hours in some cases, resulting in staff having been verbally abused. All agreed that this was not an acceptable position, and although patients may not all wish to utilise the same options (pre-booking of appointments or walk-in and wait) a further report to the Overview and Scrutiny Committee in September would be helpful to provide information about service performance after the 1 July 2018 start date.

Resolved – That

- (1) the report be noted; and**
- (2) a further report on the performance of the Community Phlebotomy Service be presented to the September 2018 meeting of the Adult Care and Health Overview and Scrutiny Committee.**

58 FUTURE COMMISSIONING STRATEGY FOR PEOPLE WITH DISABILITIES

Mr Jason Oxley, Assistant Director Health and Care, Wirral Council introduced his report that described the approach that would be taken to the future commissioning of health, care and support services for people with a disability in Wirral. The report informed that nationally, there was a Transforming Care Programme which described the need to develop alternative support for people with a disability in order that they can receive the support that they need to live independently in their own homes and within their own communities with less of a focus on acute hospital based services. The report further informed that this brought forward an opportunity to develop an increased preventative offer.

The Adult Care and Health Overview and Scrutiny Committee was apprised that work was underway to bring together a range of resources from Wirral Clinical Commissioning Group (CCG) and the Local Authority to create a single commissioner for Wirral. Working through formal shared arrangements and a Committee in Common, this body would ensure that the Council and the CCG could effectively deliver their Health and Care functions in a more joined up way. This body would be responsible for commissioning health, care and support services to meet the needs of people with a disability in Wirral (among other functions), and would contribute to delivering the All Age Disability Strategy, the Wirral Plan Pledges and the Transforming Care Programme agenda.

The report outlined some key areas where the Council intended to commission differently to both improve the offer to local people and to manage the increasing cost of adult social care.

Members questioned Mr Oxley on a number of key areas, with a primary focus on the following:

- Young adults with disability, transition arrangements, respite care / care arrangements when specialist residential schools are closed.
- Outcome of the exploration of opportunities for better sharing of information between all agencies in the partnership to provide more seamless and holistic support to disabled people and their families – deadline September 2016.
- Involvement / engagement with the organisation 'Autism Together', not listed in the documentation.
- Actions taken in the monitoring of, and response to, Care Quality Commission (CQC) inspection reports for nursing homes and care homes.

- Protocols and procedures in place to protect individual service users from abuse / criminal neglect arising from lack of staff training, inadequate employment checks or excessive workloads.

Mr Oxley responded to the points raised, informing that improvements to transition arrangements were needed, and that there would be a focus on better care planning and a more joined up commissioning approach to support this group of people.. He added that if Members were aware of specific issues relating to individual cases he would be keen to hear about them in order to expedite improvements and/or address any issues.

Mr Oxley informed that at present about half of the registered care homes on the Wirral were rated as 'Outstanding' or 'Good' with the other half being rated as "requires improvement" or "inadequate", and that the Council and CCG have an integrated Quality Improvement Team that support care homes rated inadequate or requiring improvement to improve their standards.. He added that CQC inspections and local monitoring visits will continue throughout the year and the Council should ensure ongoing support to homes to achieve a 'Good' or 'Outstanding' grading in the future.

The Overview and Scrutiny Committee noted that, in November 2017, Cabinet approved the creation of a Joint Strategic Commissioning Board which would be a 'committee in common'; being two separate bodies but which sit together at the same time and place, each being a consultee to the other in their decision making. It was intended that the Board would lead service commissioning on behalf of the statutory bodies, focus on commissioning for outcomes in the delivery of health, wellbeing and care services; to ensure that they performed effectively and delivered to the appropriate quality standards.

The Chair requested that although it may be the case that the time lag between a CQC inspection, preparation of, and receipt by Scrutiny of the inspection report might mean that issues identified may already have been addressed, Members remained concerned that this might not be the so in every case. The Chair suggested that a Task and Finish Group or Panel be established to enable Overview and Scrutiny Members the opportunity to question Care Home Owner / Managers and Care Providers on their services.

Members of the Overview and Scrutiny Committee were in full support of the proposal, and requested that actions be taken ahead of the annual Committee appointments to ensure this matter could be actioned swiftly as part of the Overview and Scrutiny Committee's Work Programme in the forthcoming Municipal Year.

The Chair confirmed that she would meet with the Committee Spokespersons to prepare arrangements for a Task and Finish Group to investigate Care Provision in the Borough.

Resolved – That

- (1) the report be noted; and**

(2) the Chair meet with the Adult Care and Health Overview and Scrutiny Spokespersons to prepare arrangements for the establishment of a Task and Finish Group to investigate Care Provision in the Borough in the new Municipal Year 2018/19.

59 **THORN HEYS**

Ms Suzanne Edwards, Service Director, Cheshire and Wirral Partnership Foundation Trust, Mr Andy Styring, Executive Director of Operations, CWP and Mr Tom Parry, Transformation Project Manager, CWP attended the meeting to jointly provide Members with a verbal report on the respite services provided at Thorn Heys.

The matter had been brought before the Adult Care and Health Overview and Scrutiny Committee in response to a request from Members following accounts that the respite services were to close temporarily.

Ms Edwards informed the Overview and Scrutiny Committee that a communication had been issued setting out the reasons for the temporary suspension of services. She informed that Thorn Heys was a 6 bed respite unit registered with the Care Quality Commission (CQC). She added that under current arrangements the type of care contracted required a registered nurse to be onsite 24 hours a day, seven days a week. Given that there had been uncertainty over the service for a while, and much debate over the model of care to be provided, there had been significant issues relating to the retention and recruitment of staff. This had resulted in the temporary closure notice being issued.

Members were informed that the management and staff at Thorn Heys, CWP and Local Authority Officers and patients and their families had worked together to address the issues faced and had been able to offer a number of alternative solutions for care provision.

As a result Ms Edwards was pleased to announce that Thorn Heys would re-open on 5 April 2018, and the CWP would be working with the Local Authority and CCG for the commissioning of short break respite care. She added that further discussions would also be taking place with the CQC to deliver alternative solutions to care provision at Thorn Heys.

Members questioned the CWP Officers on a number of matters, namely:

- Actions taken to engage new staff;
- Levels of care to be provided under the new arrangements; and
- Assessments of those currently in receipt of care.

The Committee was apprised that initially staff had been attracted as temps/ agency workers and had been offered permanent contracts. Newly qualified staff had also been attracted as a result of improved career / training opportunities. Ms Edwards informed that by working differently but still within the constraints of the National Agenda for Care, assessments of those currently in care would have the assurance that they would receive the same level of care as that received at home.

The Chair thanked the Cheshire and Wirral Partnership Foundation Trust for their attendance and their verbal report.

Resolved – That the report be noted.

60 **FINANCIAL MONITORING REPORT QUARTER 3 2017/18**

Mr Andrew Roberts, Senior Manager Financial Management introduced the regular report of the Assistant Director: Finance and Section 151 Officer that provided Members with detail to scrutinise budget performance for the area of activity that formed part of the People Theme as at the close of quarter 3 (31 December 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 and information regarding key areas of note i.e.

- Quarter 3 overspend £1.5m
- Cost pressures of £5.4m
- £3.9m in year savings and one-off actions achieved
- Managing demand through review of care packages

The Senior Manager Financial Management’s presentation also 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 as follows:

Older People (65+) Service Users and Average Costs		
Care Type	Service User packages	£/wk %
Long-Term Residential Care	1,213 (33%)	£515 (49%)
Short-Term Residential	126 (3%)	£687 (14%)
Community Care	1,877 (52%)	£211 (28%)
Direct Payments	414 (12%)	£225 (9%)
Total	3,318	

LD / MH Service Users and Average Costs		
Care Type	Service User packages	£/wk %
Long-Term Residential Care	305 (20%)	£925 (30%)
Short-Term Residential	85 (6%)	£1,084 (2%)
Community Care	919 (61%)	£518 (58%)
Direct Payments	202 (13%)	£394 (10%)
Total	1,215	

A copy of the Senior Manager Financial Management's presentation is placed on the Council's website here:

<http://democracy.wirral.gov.uk/ieListDocuments.aspx?CId=819&MId=6121>

Resolved – That

(1) the quarter 3 revenue budget forecast be noted; and

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

61 2017/18 QUARTER 3 WIRRAL PLAN AND HEALTH AND CARE PERFORMANCE

Mr Jason Oxley, Assistant Director Health and Care introduced the report of the Director for Care and Health (DASS) that provided the 2017/18 Quarter 3 (October - December 2017) performance for the Wirral Plan pledges under the remit of the Adult Care and Health Overview and Scrutiny Committee. The report provided a description of the progress in Quarter 3 as well as providing available data in relation to a range of outcome indicators and supporting measures. The report also included further performance information that had been requested by Members to enable effective scrutiny. Detailed graphics / information on the Adult Social Care and Health Performance Overview were also included as an appendix to the report.

Mr Oxley informed that the report had been further developed following Member feedback and included key performance data covering the areas of health and social care.

Members were apprised of a number of improvements made since the last report to the Overview and Scrutiny Committee, particularly in the following areas:

- The percentage of Wirral residents over 50 in employment had improved for a fifth successive quarter and continued to close the gap between Wirral and the average across the rest of the country.

- The health related quality of life for people with long term conditions had improved for residents since March 2016. Wirral was closing the gap on the average across the country.
- The introduction of pre-payment cards had a positive effect in quarter 3 which saw the number of adults reported to be in receipt of personal budgets increasing from 651 at Quarter 2 to 899.

A Member questioned Mr Oxley on how meaningful the data and sample group relating to some areas under report might be - e.g. percentage of older people (aged 50+) who feel safe when out in the local area after dark. Mr Oxley informed that Member's comments would be passed back to the officers who dealt with the data sets and their collection. A written response was requested by the Chair.

Resolved – That the report be noted.

62 EASTHAM WALK IN CENTRE - UPDATE

Ms Karen Howell, CEO, Wirral Community NHS Foundation Trust (WCT) updated the Adult Care and Health Overview and Scrutiny Committee on the plans for reinstating full opening of Eastham Walk-In Centre by May 2018.

Ms Howell informed that following the recent temporary alteration to services at Eastham Walk-In Centre, it been operational with reduced hours with services available between 1pm and 5pm Monday to Friday, and between 12 noon and 4pm Saturday and Sunday, since 2 January 2018.

Members were apprised that this arrangement had enabled support to the WCT for a period of time to recruit and appropriately train staff, to enable reinstatement of a full service in May 2018.

The Adult Care and Health Overview and Scrutiny Committee noted that plans had been progressing and that the following actions had been taken:

- Recruitment had commenced
- Training was on track
- Discussions and plans were underway to enable full reinstatement of services in May.
- It was the Trust's intention to move to full opening hours of 8 hours a day, 7 days.

Ms Howell informed Members that as a result, she was able to confirm that full re-opening of the reinstated services, with timings as above, would take place on 8 May 2018.

A Member questioned Ms Howell if the issue regarding the underperforming A&E services at Wirral University Teaching Hospital (WUTH) Arrowe Park had been addressed, given that the reason for changes to services at Eastham Walk-In Centre had arisen due to the transfer of staff to support the WUTH

A&E service. Members were informed that work continued in this area, but the transfer of trained staff had helped.

Members expressed their concerns over possible future alterations to services that might arise from the Urgent Care Review, but recorded their thanks to Ms Howell for the outcome of restored services to the Eastham Walk-In Centre.

Resolved – That the report be noted.

63 **RESPONSE TO THE OMBUDSMAN'S REPORT RELATING TO THE MENTAL CAPACITY ACT**

Mr Simon Garner, Lead Commissioner - All Age Disability introduced his report that identified learning assessment against the Local Government and Social Care Ombudsman report published in July 2017 entitled “The Right to Decide: Towards a greater understanding of mental capacity and deprivation of liberty”.

The report informed that the Mental Capacity Act (MCA) provided a legal framework that allowed others to take decisions on behalf of incapacitated adults (16+). The MCA had five principles that must be complied with by those using it. There were also a Codes of Practice that provided statutory guidance to professionals and others operating under the Act.

The report further informed of the Local Government and Social Care Ombudsman’s findings in respect of four key areas, namely:

- Mental Capacity Assessments;
- Best Interest Decisions;
- Disagreements with the process and involving families; and
- Deprivation of Liberty Safeguards.

Mr Garner highlighted a number of actions that had been taken by the Council as a result of the findings, the Overview and Scrutiny Committee further noting areas of good work also referred to in the report. He also confirmed that the Government had recently accepted the majority of the recommendations of the Law Commission’s report on Deprivation of Liberty Safeguards.

In response to Member questions Mr Garner added that training events had been well attended by social care staff and providers of nursing, residential care and hospital services. He explained that Wirral had a programme of audit work, and that an audit on cases where the Mental Capacity Act applied was due to be undertaken in the next quarter.

Resolved – That the ongoing work of the Council in respect of its duties under the Mental Capacity Act be noted.

64 REVIEW OF DRAFT QUALITY ACCOUNTS - MAY 2018

The Chair introduced her report that informed that providers of NHS healthcare services in England, including the independent sector, were required to publish an annual Quality Account. The Quality Account provided information on performance across the year and identified the priorities for improvement during the forthcoming year and how those priorities will be achieved and measured, focussing particularly on:

- Patient Experience;
- Safety; and
- Clinical Effectiveness.

For those Trusts providing services within the geographical area of the Local Authority, Health Overview and Scrutiny Committees were given opportunity to comment on the Trusts' draft Quality Accounts, prior to publication of the final document. The Chair's report informed that although the Health Trusts have a duty to consult with Overview and Scrutiny Committees regarding the draft Quality Account, it was not mandatory for the Committee to formally respond. However, in order to hold health providers to account, to do so was regarded as good practice.

The Chair informed Members that having discussed the matter with the Vice-Chair and the Committee's Party Spokespersons it had been decided that with the Committee's agreement, a task and Finish Group comprising of the two Spokespersons, the Chair and Vice-Chair be established to review the draft Quality Accounts.

Mr Simon Banks, Chief Officer NHS Wirral CCG offered support to the Adult Care and Health OSC in reviewing NHS provider Quality Accounts. He suggested that Lorna Quigley, as Director of Quality & Patient Safety would be best placed to assist Members in their task.

Resolved – That

- (1) a Task and Finish Group be established to enable Scrutiny Members to review the draft Quality Accounts of the local health partners;**
- (2) the Task and Finish Group membership comprise of the Adult Care and Health Overview and Scrutiny Committee Party Spokespersons, the Chair and Vice-Chair; and**
- (3) the Task and Finish Group Chair be authorised to approve the final wording of the responses to the Health Trusts.**

65 ADULT CARE AND HEALTH OSC - WORK PROGRAMME UPDATE REPORT

The Chair introduced her report that provided an update regarding progress made since the last Committee meeting held on 30 January 2018. 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 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;
- Five Year Forward View Update;
- Urgent Care Review – Spotlight session;
- Universal Credit; and

Future activity

- Review of draft Quality Accounts

A number of Members proposed, and it was agreed that, consideration be given to the inclusion of an additional piece of work 'Care Provision Across the Borough' onto the Adult Care and Health Overview and Scrutiny Committee Work Programme, to allow detailed scrutiny of services provided by Care Homes.

Resolved – That the Adult Care and Health Overview and Scrutiny Committee Work Programme as amended be noted.

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Adult Care and Health Overview and Scrutiny Committee Wednesday, 27 June 2018

REPORT TITLE:	2017/18 Quarter 4 and Year End Wirral Plan and Health and Care Performance
REPORT OF:	Director for Health & Care (DASS)

REPORT SUMMARY

This report provides the 2017/18 Quarter 4 (January - March 2018) performance report for the Wirral Plan pledges under the remit of the Adult Care and Health Overview and Scrutiny Committee. The report, which is included as Appendix 1, provides a description of the progress in Quarter 4 as well as providing available data in relation to a range of outcome indicators and supporting measures.

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

The report also includes further performance information that has been requested by Members to enable effective scrutiny. The Adult Social Care and Health Performance Overview is included as Appendix 3. This report has been further developed following Member feedback and includes key performance across health and social care.

Quarter Four Wirral Plan Performance Summary

- The percentage of Wirral residents over 50 in employment improved for a sixth successive quarter and continues to close the gap between Wirral and the average across the rest of the country.
- The Employment rate aged 16-64 Equality Act core or Work Limiting Disabled measure from the Office for National Statistics has increased from 37.5% since the start of the plan to 44.1%. Work continues to increase this figure further which falls short of national and North West averages.
- Wirral Metropolitan College's Supported Internship Programme has now successfully supported 25 people with a Learning Disability into full time employment and uptake is increasing and The Institute of Leadership and Management scheme supported 24 Special Educational Needs and Disabilities young people. A conference with the Department of Work and Pensions to engage local businesses to support more disabled people to employment has been held.

- Adults with a learning disability who live in stable and appropriate accommodation year end figure of 82.71% is ahead of the National average but slightly down from the start of the year and is behind the latest available North West averages. There has been an increase in Extra Care schemes throughout the borough, which aims to increase the number of adults with a learning disability who live in stable and appropriate accommodation.
- The number of domestic abuse Wirral MARAC cases between April 2017 and March 2018 was 717, higher than the same period last year (709). This is further evidence to support that our zero tolerance campaign is resonating with the public leading to increased referrals.
- The successful Age Friendly Pilot with retailers has been expanded with work now underway in local high streets, including Wallasey, New Brighton, Liscard and Leasowe to increase participation.

Year End Closedown Summary

The closedown report provides the committee with an overview of progress in 2017-18 to assist with scrutiny of the effectiveness of Wirral Plan delivery. It provides analysis in relation to progress measured through the suite of performance indicators related to the Adult Health and Care (People) Pledges compared to the start of the Wirral Plan, with focus on the areas that did not improve in 2017-18. It also provides a summary of progress against delivery for each of the activities identified in the Pledge strategy action plans. For the Adult Health and Care related pledges a programme of actions were identified to deliver the Pledge outcomes and a summary of progress for each of these is shown.

RECOMMENDATION

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

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION

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

2.0 OTHER OPTIONS CONSIDERED

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

3.0 BACKGROUND INFORMATION

- 3.1 The Wirral Plan is an outcome-focussed, partnership plan which has 18 supporting strategies that set out how each of the 20 pledges will be delivered. For each pledge, a partnership group has been established to drive forward delivery of the action plans set out in each of the supporting strategies.
- 3.1 A Wirral Plan Performance Management Framework has been developed to ensure robust monitoring arrangements are in place. The Wirral Partnership has a robust approach to performance management to ensure all activity is regularly monitored and reviewed.
- 3.2 Data for the identified indicators is released at different times during the year. As a result of this, not all Pledges will have results each quarterly reporting period. Some indicators can be reported quarterly and some only on an annual basis. Annual figures are reported in the quarter they become available against the 2017/18 year end column.
- 3.3 For each of the indicators, a trend is shown (better, same or worse). In most cases, this is determined by comparing the latest data with the previous reporting period i.e. 2016/17 year end. In some cases, i.e. where data accumulates during the year or is subject to seasonal fluctuations, the trend is shown against the same time the previous year. This is indicated in the key at the end of the report.
- 3.4 For some indicators, targets have been set. Where this is the case, a RAGB (red, amber, green, blue) rating is provided against the target and tolerance levels set at the start of the reporting period, with blue indicating performance targets being exceeded.
- 3.5 All Wirral Plan performance reports are published on the performance page of the Council's website. This includes the high level Wirral Plan overview report and the detailed pledge reports which include updates on progress on all

activities set out in the supporting strategy action plans. The link to this web page is set out below:

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

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

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

3.8 An additional report is included at Appendix 3 setting out a series of key indicators for the Adult Health and Care. This is in response to Members requesting that Adult Health and Care performance data is provided to the Committee.

4.0 FINANCIAL IMPLICATIONS

4.1 There are no financial implications arising from this report.

5.0 LEGAL IMPLICATIONS

5.1 There are no legal implications arising from this report.

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

6.1 There are none arising from this report.

7.0 RELEVANT RISKS

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

8.0 ENGAGEMENT/CONSULTATION

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

9.0 EQUALITY IMPLICATIONS

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

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APPENDICES

Appendix 1: Wirral Plan Adult Care and Health 2017-18 Quarter 4 Pledge Reports

Appendix 2: Wirral Plan Adult Care and Health 2017-18 Year End Closedown Report

Appendix 3: Adult Care and Health Performance Overview – Quarter 4 2017-18

REFERENCE MATERIAL

N/A

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
People Overview and Scrutiny Committee	8 September 2016
People Overview and Scrutiny Committee	28 November 2016
People Overview and Scrutiny Committee	23 March 2017
Adult Care and Health Overview and Scrutiny Committee	28 June 2017
Adult Care and Health Overview and Scrutiny Committee	13 September 2017
Adult Care and Health Overview and Scrutiny Committee	28 November 2017
Adult Care and Health Overview and Scrutiny Committee	20 March 2018

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Appendix 1

Wirral Plan Adult Care and Health Committee 2017-18 Quarter 4 Reports

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Older people live well

Overview from Lead Cabinet Member

As another year of delivering the Ageing Well strategy draws to a close, it is a timely point to reflect on the achievements of colleagues and partners across the past year. The last 12 months has seen a number of key successes that are certainly worth celebrating but there some areas of delivery that have been challenging.

For example, since the Great Wirral Door Knock commenced, a total of 5,593 residents have been visited, resulting in 1,314 conversations and 491 referrals into support/services. The rich data gathered from this exercise is enabling the local partnership to respond more effectively to residents' needs and the Great Wirral Door Knock will continue to play a significant role in engaging with residents for the future.

The early stages of the Age Friendly Pilot have also proven to be extremely successful, with many prominent retailers supporting the initiative, as well as securing a commitment to expand it across the Liverpool City Region. Work is now underway in local high streets, such as Wallasey, New Brighton, Liscard and Leasowe to increase participation and support is being provided through the provision of dementia friendly training. This activity will ensure the pilot reaches every corner of the borough while going a long way to support Wirral's aim of becoming a Dementia-Friendly Community.

The roll-out of the Ask Us Wirral website has been equally successful, with demand for the service exceeding all expectations. This suggests that the service is delivering the right support, in a way that residents want it, at a time of their choosing. Additionally, services to encourage digital inclusion among older people have been mapped across the borough and this will now be promoted widely.

Despite these successes, progress other actions has been slow. In addition, the results of the resident's survey has indicated that proportion of older people who feel healthy and those who feel safe after dark has fallen in the last year. Further work is needed to reverse this trend and actions to reduce social isolation, tackle antisocial behaviour, promote a healthy lifestyle and the work towards becoming a dementia-friendly community should take prominence in the coming year.

Wirral Plan Indicator	Indicator	Wirral Plan Start	Benchmark Data	Year End 2016-17	2017-18 Q1	2017-18 Q2	2017-18 Q3	2017-18 Q4	Year End 2017-18	Trend (See Key)	Comment
Proportion of residents aged 50+ volunteering on a regular basis	Annual Higher is better	26% (Oct 2015)							26% (Dec 2017)	Same	The proportion of Wirral Residents aged 50 plus who say they volunteer at least once a month remained the same as 26% reported in the previous survey in 2016.
Proportion of residents aged 50+ who say that they are satisfied with the choice of housing in their local area	Annual Higher is better	56% (Oct 2015)							57% (Dec 2017)	Better	The percentage of Wirral Residents aged 50 plus stating they are satisfied with the choice of housing in their local area increased from 56% reported in the previous survey in 2016.
Healthy Life Expectancy at birth: Males	Annual Higher is better	59.8 (Jan 2011- Dec 2013)	England: 63.4 (Jan 2013 Dec 2015) North West: 61.1 (Jan 2013 - Dec 2015)	60.4 (Jan 2012 - Dec 2014)					61.1 (Jan 2013 - Dec 2015)	Better	It's encouraging that the healthy life expectancy at birth for males continues to improve on the baseline (Wirral Plan start). This data comes from the public health outcome framework. Whilst data is released annually in November, there is a significant time lag. The latest data relates to 2013-15.
Healthy Life Expectancy at birth: Females	Annual Higher is better	61.8 (Jan 2011- Dec 2013)	England: 64.1 (Jan 2013 Dec 2015) North West: 62.0 (Jan 2013 - Dec 2015)	60.9 (Jan 2012 - Dec 2014)					61.7 (Jan 2013 - Dec 2015)	Better	It's encouraging that the healthy life expectancy at birth for females improved on the previous year. This data comes from the public health outcome framework. Whilst data is released annually in November, there is a significant time lag. The latest data relates to 2013-15.

Supporting Measure	Indicator	Wirral Plan Start	Benchmark Data	Year End 2016-17	2017-18 Q1	2017-18 Q2	2017-18 Q3	2017-18 Q4	Year End 2017-18	Trend	Comment
Percentage of older people (aged 50+) who feel safe when outside in the local area during the day	Annual Higher is better	88% (Oct 2015)							92% (Dec 2017)	Better	The percentage of Wirral Residents aged 50 plus who said they feel safe when outside in the local area during the day increased from 88% reported in the previous survey in 2016.
Percentage of older people (aged 50+) who feel safe when out in the local area after dark	Annual Higher is better	55% (Oct 2015)							54% (Dec 2017)	Worse	The percentage of Wirral Residents aged 50 plus who said they feel safe when outside in the local area after dark decreased from 55% reported in the previous survey in 2016.
Percentage of older people (aged 50+) who reported feeling healthy	Annual Higher is better	65% (Oct 2015)							58% (Dec 2017)	Worse	The percentage of Wirral Residents aged 50 plus who reported feeling healthy decreased from 65% reported in the previous survey in 2016.
Employment rate of people aged 50+	Quarterly Higher is better	33.5% (Jun 2015)	England: 41.8% (Jan 17 - Dec 17) North West: 38.8% (Jan 17 - Dec 17)	33.9% (Jan - Dec 2016)	34.4% (Apr 2016 - Mar 2017)	34.7% (Jul 2016 - Jun 2017)	36.3% (Oct 2016 - Sept 2017)	37.0% (Jan - Dec 2017)	37.0% (Jan - Dec 2017)	Better	The percentage of Wirral residents over 50 in employment improved for a sixth successive quarter and continues to close the gap between Wirral and the average across the rest of the country. The Quarter 3 figure from the Office for National Statistics relates to the period October 2016 - September 2017.

People with disabilities live independent lives

Overview from Lead Cabinet Member

It's pleasing to see that the health related quality of life for people with long term conditions has improved for our residents since March 2016. Wirral is closing the gap on the average across the country.

The Employment rate aged 16-64 - Equality Act core or Work Limiting Disabled measure from the Office for National Statistics has increased from 37.5% since the start of the plan to 44.1% and has remained the same over the course of this year. Work continues to attempt to increase this figure further which falls short of national and north west averages. Wirral Metropolitan College's Supported Internship Programme has now successfully supported 25 people with a Learning Disability into full time employment and uptake is increasing and The Institute of Leadership and Management scheme supported 24 Special Educational Needs and Disabilities young people. A conference is planned in May with the Department of Work and Pensions to engage local businesses to support more disabled people to employment.

36 Small to Medium Sized Enterprise (SME) employers across Wirral are Disability Confident accredited; 22 at Level 1, 12 at Level 2 and one at Level 3. Plans are in place to include Disability Confident as part of Wirral Council's new Supplier / Contractor code of practice. The Council became a Disability Confident Employer in July 2017 (Level 2).

It's really positive to see that the number of disabled people in receipt of personal budgets has increased from 669 to 808 people this year. A key driver of this was the introduction of pre-payment cards.

Adults with a learning disability who live in stable and appropriate accommodation has decreased slightly this year from 84.0% to 82.71% however Wirral is above the latest National average of 75.4%. A number of sites are being considered for Extra Care housing which if progressed would see 300 units developed and there has been an increase in Extra Care schemes throughout the borough. A Liverpool City region coordinated return has been completed and submitted to Government in relation to them announcing a supported housing assessment plan will be required as part of the new funding model.

The proportion of people who are feeling supported to manage their condition is 67.2% for the period January 2017 - March 2017. Whilst this has reduced from 68% the previous year it's higher than the National average of 64%. The implementation date of the All Age Disability and Mental Health service has been reviewed to allow for further service modelling and a report to be submitted to the Council's Cabinet in July 2018 will include the full details of the proposal with an expected date of completion of the 19th August 2018. The Council are working collaboratively with Cheshire and Wirral NHS Partnership Trust over the arrangements. The service will lead to improved quality and consistency of service provision and reduce service barriers related to age and eligibility.

Additionally as a result of reviewing other authorities models of travel training provision and considering what Wirral residents' need a decision has been made to develop an all age travel training service.

Wirral Plan Indicator	Indicator	Wirral Plan Start	Benchmark Data	Year End 2016-17	2017-18 Q1	2017-18 Q2	2017-18 Q3	2017-18 Q4	Year End 2017-18	Trend (See Key)	Comment
Health related quality of life for people with long term conditions	Annual Higher is better	0.698 (Jul 2014 - Mar 2015)	England: 0.737 (Jan-Mar 2017)	0.695 (July 2015 - Mar 2016)					0.700 (Jan-Mar 2017)	Better	Health-related quality of life for people with long-term conditions improved to 0.700 from 0.695 the previous year but falls short of the average for the rest of England (0.737). For the 2016/17 reporting period, the timing of the GP Patient Survey (GPPS) fieldwork has changed. Historically two waves have been run, one wave between July and September one year, and the next wave between January and March the following year. The 2016/17 GPPS survey condensed these two fieldwork periods into a single period between January and March. They have maintained the overall sample size of the survey.
Employment rate aged 16-64 - Equality Act core or Work Limiting Disabled	Quarterly Higher is better	37.5% (Jul 2014 - Jun 2015)	England: 52.9% (Jul 2016 - Jun 2017) North West: 47.9% (Jul 2016 - Jun 2017)	44.0% (Jan-Dec 2016)	43.1% (Apr 2016 - Mar 2017)	42.2% (Jul 2016 - Jun 2017)	45.3% (Oct 2016 - Sep 2017)	44.1% (Jan - Dec 2017)	44.1% (Jan - Dec 2017)	Better	The Employment rate aged 16-64 - Equality Act core or Work Limiting Disabled measure from the Office for National Statistics has increased since the start of the plan but remained the same over the course of the year.

Supporting Measure	Indicator	Wirral Plan Start	Benchmark Data	Year End 2016-17	2017-18 Q1	2017-18 Q2	2017-18 Q3	2017-18 Q4	Year End 2017-18	Trend	Comment
The gap in progress between pupils with a SEN statement/EHCP and their peers at Key Stage 4	Annual Lower is better	(n/a)	England: 1.11 (2016-17 Acad Year) North West: -1.05 (2016-17 Acad Year)	0.86 (2015-16 Acad Year)					1.21 (2016-17 Acad Year)	Worse	The latest 2016-17 figure shows that the gap in progress between pupils with a SEN Statement/EHCP and their peers at KS4 is 1.21 (this figure was -1.08 for pupils with SEN Statement/EHCP and 0.13 for their peers). This is an increase in the gap since 2015-16. Wirral's gap is in line with the national figure of 1.11. The latest figures show that Wirral's children without a SEN Statement/EHCP are performing better than those regionally (-0.06). Wirral's children with a SEN Statement/EHCP are performing in line with those regionally and nationally.
Proportion of people with long term conditions who feel supported to manage their condition	Annual Higher is better	66.7% (Jul 2014 - Mar 2015)	England: 64.0% (Jan-Mar 2017)	68.0% (Jul 2015 - Mar 2016)					67.2% (Jan-Mar 2017)	Worse	The proportion of people who are feeling supported to manage their condition is 67.2% for the period January 2017 - March 2017. Whilst this has reduced from 68% the previous year it's higher than the National average of 64%. For the 2016/17 reporting period, the timing of the GP Patient Survey (GPPS) fieldwork has changed. Historically two waves have been run, one wave between July and September one year, and the next wave between January and March the following year. The 2016/17 GPPS survey condensed these two fieldwork periods into a single period between January and March. They have maintained the overall sample size of the survey.
The number of disabled people in receipt of personal budgets (including Direct Payments and Personal Health Budgets)	Quarterly Higher is better	(n/a)		669 (2016-17)	863 (Q1 2017-18)	852 (Q2 2017-18)	824 (Q3 2017-18)	808 (Q4 2017-18)	808 (2017-18)	Better	More people are in receipt of personal budgets this year mainly due to the introduction of prepayment cards. 605 adults were reported by the Department of Adult Social Services to be in receipt of personal budgets (which is down from 621 last quarter). 203 young people were in receipt of personal budgets which includes 192 direct payments, 3 Education, Health and Care Plan and 8 personal budgets. (the same as last quarter).
Adults with a learning disability who live in stable and appropriate accommodation	Quarterly Higher is better	(n/a)	England: 75.4% (2015-16) North West: 85.6% (Q3 2017-18)	84.0% (2016-17)	83.7% (Q1 2017-18)	84.1% (Q2 2017-18)	84.0% (Q3 2017-18)	82.7% (Q4 2017-18)	82.7% (2017-18)	Worse	Ensuring people with disabilities have stable and appropriate accommodation improves their safety, increases their independence and reduces their risk of social exclusion. The year end figure of 82.71%, is ahead of the National average but slightly down from the start of the year and is behind the latest available North West averages. There has been an increase in Extra Care schemes throughout the borough, which aims to increase the number of adults with a learning disability who live in stable and appropriate accommodation.

Zero tolerance to domestic violence

Overview from Lead Cabinet Member

During 2017/18 significant progress has been made around our key priorities and a number of impressive outcomes have been achieved. An overview of these key achievements is provided below.

Key achievements by end of Quarter 4 include:

- 14 Peer Mentors have been recruited since January 2018 with a further 15 participants attended training in April. From April 2018, both Seacombe and Brassie Street Children's Centres will be used for Peer Mentor outreach. We are also working with Wirral Ways to Recovery trialling a peer mentor at a hub where male victims present. To support this work the Peer mentor programme has been funded until March 2020.
- Very pleasing to announce that funding for an Independent Domestic Abuse Advisor (IDVA) has been approved by Wirral University Teaching Hospital. This will allow for domestic abuse victims who present themselves to have immediate access to professional support through an IDVA

There are a number of risk and challenges which the board are proactively addressing, these include:

- There has been limited progress delivering programme of interventions across domestic abuse services through joint commissioning approach. We will be look to address this in 2018-19.
- Mapping of domestic abuse service provision in Wirral to ensure that effective services are commissioned will be carried out in 2018-19.
- In 2018-19 an independent review of the Integrated Offender Management (IOM) Domestic Abuse Perpetrators Cohort will be commissioned and will be reported to the Domestic Abuse Committee and Safer Wirral Partnership Board.

Following a successful workshop in February, the Domestic Abuse Alliance agreed next years priorities and work programme which is set out in the 2018-19 action plan.

Wirral Plan Indicator	Indicator	Wirral Plan Start	Benchmark Data	Year End 2016-17	2017-18 Q1	2017-18 Q2	2017-18 Q3	2017-18 Q4	Year End 2017-18	Trend (See Key)	Comment
Number of domestic abuse Wirral MARAC cases per 10,000 adult females	Quarterly Higher is better	54.0 (2014-15)	Most Similar Force Group: 44.0 (2016-17) National: 35.0 (2016-17)	51.7 (2016-17)	Green Actual: 13.3 Target: 13.0 (Apr-Jun 2017)	Green Actual: 27.3 Target: 27.0 (Apr-Sept 2017)	Green Actual: 37.7 Target: 36.0 (Apr-Dec 2017)	Green Actual: 52.3 Target: 52.0 (Apr 2017-Mar 2018)	Green Actual: 52.3 Target: 52.0 (Apr 2017-Mar 2018)	Better	The number of domestic abuse Wirral MARAC cases between April 2017-March 2018 was 717 which was higher than the same period last year (709). This is further evidence to support that our zero tolerance campaign is resonating with the public leading to increased referrals.
Children and young people experience domestic abuse (Wirral MARAC cases)	Quarterly Higher is better	1,289 (2014-15)		1,211 (2016-17)	355 (Apr-Jun 2017)	727 (Apr-Sept 2017)	936 (Apr-Dec 2017)	1,302 (Apr 2017-Mar 2018)	1,302 (Apr 2017-Mar 2018)	Better	This is a 7.5% increase on the same period last year (1,211). We have invested in training front line staff to identify signs and symptoms of domestic abuse and this increase in reporting would seem to evidence that this training is effective.
Percentage of incidents of repeat domestic abuse (Wirral MARAC cases)	Quarterly Lower is better	16.0% (2014-2015)	Most Similar Force Group: 31.0% (2016-17) National: 26.0% (2016-17)	28.0% (2016-17)	Green Actual: 31.1% Target: 25.0% (Jul 2016 - Jun 2017)	Green Actual: 29.3% Target: 25.0% (Oct 2016 - Sept 2017)	Green Actual: 28.5% Target: 25.0% (Jan-Dec 2017)	Green Actual: 28.3% Target: 25.0% (Apr 2017-Mar 2018)	Green Actual: 28.3% Target: 25.0% (Apr 2017-Mar 2018)	Worse	There were 717 MARAC cases from April 2017 to March 2018 of which 203 were repeat incidents (28.3%). This is similar to the previous period when there were 28.5% of incidents of repeat domestic abuse. We are monitoring this statistic which represent those high risk repeat perpetrators to ensure that the effective risk control measures plus the prevention/behaviour change programmes are effective.

Supporting Measure	Indicator	Wirral Plan Start	Benchmark Data	Year End 2016-17	2017-18 Q1	2017-18 Q2	2017-18 Q3	2017-18 Q4	Year End 2017-18	Trend	Comment
Number of Domestic Abuse cases referred to the Family Safety Unit (FSU)	Quarterly Higher is better	949 (2014-15)		1,092 (2016-17)	221 (Apr-Jun 2017)	462 (Apr-Sept 2017)	682 (Apr-Dec 2017)	916 (Apr 2017-Mar 2018)	916 (Apr 2017-Mar 2018)	Worse	Between April 2017 to March 2018, the number of domestic abuse referrals made to the FSU was 916 which is a reduction of 16% when compared to the same period last year (1,092). 2017-18 has seen the lowest number of referrals overall and lowest monthly average over the past 3 years (928 for year, average of 77 per month). Work is underway across the Zero Tolerance to Domestic Abuse pledge to ensure that all domestic abuse cases are reported and agencies are able to respond appropriately.
% of children and Young People single assessments authorised with Domestic Violence (DV) related factors	Quarterly Lower is better	(n/a)		36.7% (2016-17)	35.5% (Apr-Jun 2017)	33.8% (Apr-Sept 2017)	34.3% (Apr-Dec 2017)	33.3% (Apr 2017-Mar 2018)	33.3% (P) (Apr 2017-Mar 2018)	Better	Data is for the period April 2017- March 2018. This shows a reduction from the same period last year (36.7%).
Rate of referrals to social care presenting Domestic Violence issues (adults aged 18+ years) per 100,000	Quarterly Higher is better	(n/a)		12.62 (2016-17)	3.15 (Apr-Jun 2017)	7.49 (Apr-Sept 2017)	16.56 (Apr-Dec 2017)	21.29 (Apr 2017-Mar 2018)	21.30 (P) (Apr 2017-Mar 2018)	Better	Data is for the period April 2017-March 2018. This shows a significant increase from the same period last year (12.62) which is in line with the objective to raise awareness of domestic abuse in the first years to address under reporting.

Report Key

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

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

Wirral Plan - People (Adult Care & Health) 2017-18 Year End Report



Wirral Plan 2020

People – Adult Care & Health Summary

Key Achievements:

Older people live well

- Since the Great Wirral Door Knock commenced, 5,593 residents have been visited, 1,314 conversations held and 491 referrals made into support/service
- Financial advice and support for older people has been driven by projects such as; Ask Us Wirral, Better Off Finance project, Enterprise Hub, Veterans project, Citizens Advice Service, Pensions Wise and Foodbank Plus

People with disabilities live independently

- 36 Small to Medium Sized Enterprise (SME) employers across Wirral are now disability confident accredited; (22 at Level 1, 12 at Level 2 and one at Level 3. The Council became a Disability Confident Employer in July 2017 (Level 2)
- Health related quality of life for people with long term conditions has improved for our residents since March 2016
- Wirral Metropolitan College's Supported Internship Programme successfully supported 25 people with a Learning Disability into full time employment

Zero tolerance to domestic abuse

- Launched the Safer Wirral Hub in October 2017 integrating domestic abuse resources into one co-located team under the Operational direction of the Police

Areas for Improvement:

Older people live well

- The proportion of older people who feel safe after dark has fallen from 55% to 54%. Further work is required to reduce social isolation and tackle anti-social behaviour
- Action is needed to promote a healthy lifestyle in over 50's. The percentage of older people who reported feeling healthy has decreased from 65% in 2015 to 58%

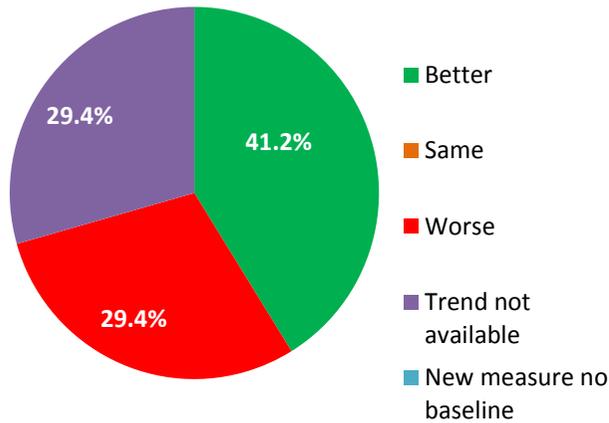
People with disabilities live independently

- Adults with a learning disability who live in stable and appropriate accommodation has decreased slightly this year from 84.0% to 82.71% however Wirral is above the latest National average of 75.4%

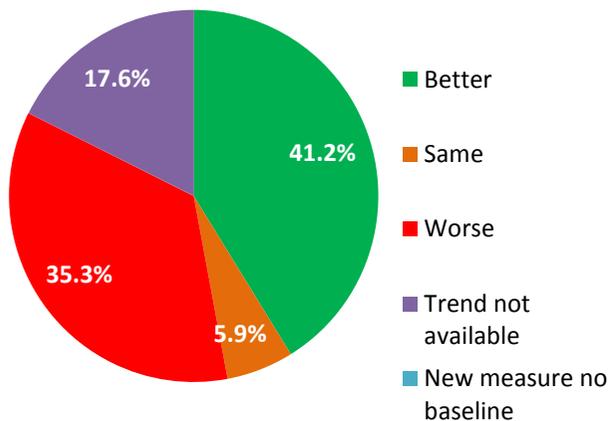
Zero tolerance to domestic abuse

- Limited progress around a joint commissioning approach for domestic abuse interventions. Work will take place to address this during 2018/19
- The Strategic Needs Analysis to map domestic abuse service provision and inform future service delivery, highlighted areas requiring further work

PEOPLE (Adult & Health) Trend - compared to 2016-17



PEOPLE (Adults & Health) Trend - compared to Wirral Plan Start



Outcomes for Residents- Compared to the Previous Year

Older people live well

- 2 measures performing better: Male healthy life expectancy at birth increased from 60.1% to 61.4%. Employment rate of older people increased from 33.9% to 37%
- 1 measure performing worse: Female healthy life expectancy at birth decreased from 61.7% to 60.3%

People with disabilities live independently

- 3 measures performing better: health related quality of life up from 0.695 to 0.70, employment up by 0.1%, disabled people in receipt of personal budgets up by over 20%.
- 2 measures performing worse: proportion of people with long term conditions who feel supported to manage their condition down by 0.8% to 67.2%, adults with learning disabilities living in stable/appropriate accommodation fell by 1.29% to 82.71%

Zero tolerance to domestic abuse

- 2 measures performing better: MARAC DA cases per 10,000 adult females increased from 51.7 to 52.3., Adult domestic violence referrals to social care increased from 12.62 to 21.3 per 100,000
- 2 measures performing worse: Repeat MARAC DA cases increased from 28% to 28.3%. Family Safety Unit DA cases reduced from 1,092 to 916

Outcomes for Residents – Since the Start of the Wirral Plan

Older people live well

- 4 measures performing better: Percentage of older people satisfied with choice of housing increased from 56% to 57%. Male healthy life expectancy at birth increased from 60.1% to 61.4%. Older people who feel safe outside during the day increased from 88% to 92%. Employment rate of older people increased from 33.5% to 37%
- Older people volunteering on a regular basis remains at 26%
- 3 measures performing worse: Female healthy life expectancy at birth decreased from 62.5% to 60.3%. Older people who feel safe outside after dark decreased from 55% to 54%. Older people who reported feeling healthy decreased from 65% to 58%

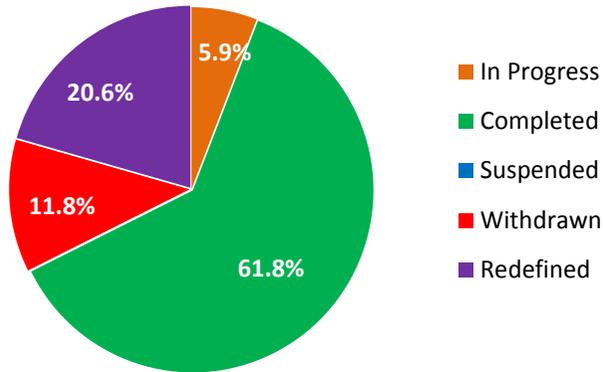
People with disabilities live independently

- 3 measures performing better, proportion of people with long term conditions who feel supported to manage their condition is up by 0.5% to 67.2%, Health related quality of life for people with long term conditions up from 0.698 to 0.70, employment rate up 6.6%
- 2 measures trend not available

Zero tolerance to domestic abuse

- 3 measures performing worse: Adult female DA cases per 10,000 adult females reduced from 54% to 52.3%. Repeat DA MARAC cases increased from 16% to 28.3%. DA referrals to the Family Safety Unit reduced from 949 to 916

People (Adult & Health) - Year End Action Status



Delivery – Doing What We Said We Would

Older people live well

- Ask Us Wirral has been delivered to over 50,000 people this year. The service continues to be delivered in over 25 locations and residents are also self-helping through information on the website
- Age UK Wirral's EON home visiting service provided over 200 benefit sessions

People with disabilities live independently

- Developed a framework of participation and engagement for service users and carers in the re-design of services they receive
- Developed a falls application to enable more proportionate and timely response to falls
- We have reviewed other authorities models of travel training provision and considered what Wirral residents' need

Zero tolerance to domestic abuse

- Mapped accommodation services and access to housing for domestic abuse victims

Next Steps

Older people live well

- Take a Wirral Together approach to develop solutions for communities in Wirral, building on the success of the Door Knocks
- Deliver marketing / communications plan to promote and encourage active lifestyles and emotional wellbeing amongst over 50's
- Create a Mid-life Planning Resource for all local residents to plan for the best possible retirement

People with disabilities live independently

- Develop an all age travel training service to support people to access and use existing transport services
- Increase opportunities for the introduction and uptake of Assistive Technology
- Produce an inclusive approach to hearing the voices of people with a disability to enable them to have choice and control over their lives
- Increase the uptake of Health Passports and ensure all Annual Health Checks are carried out

Zero tolerance to domestic abuse

- Develop a Wirral Domestic Abuse Alliance website to support and advise on domestic abuse services and pathways
- Commission insight work with BAME and LGBT communities to identify scale and issue and ensure referral pathways are effective
- Increase 3rd Sector Domestic Abuse Peer mentors outreach programme
- Work with Relate, Cheshire & Merseyside to investigate Choose2Change which is a Domestic Abuse perpetrators specialist intervention programme to be delivered in 2018/19-2019/20.

Adult Care and Health

Pledge : Older people live well

Priority 01: Being an active part in strong, thriving local communities			
Action	Timescale	Status	Rationale
Deliver The Great Wirral Door Knock in partnership across Wirral to identify lonely and isolated people over 50 and connect them to their communities	Apr 2017 - Mar 2018	Completed	
Develop a programme of activities to promote intergenerational working in Wirral	Apr 2017 - Mar 2018	Withdrawn	This action will form part of Age UK's Heritage Lottery Fund bid.
Develop a programme to encourage volunteering amongst those aged 50+ in Wirral	Apr 2017 - Mar 2018	Completed	
Encourage pubs and cafes across Wirral to provide an 'elder offer' which will be promoted through a range of platforms	Apr 2017 - Mar 2018	Completed	
Pilot an 'Age-friendly' business project in Birkenhead to encourage businesses to offer seating, toilet facilities and water to those over 50	Apr 2017 - Sep 2017	Completed	

Priority 02: Enjoy a happy home life			
Action	Timescale	Status	Rationale
Agree a set of actions with the Combined Authority Safeguarding Board to ensure that all older people who reside in care homes or receive packages of care at home are treated with dignity and respect	Apr 2017 - Mar 2018	Withdrawn	This action will form part of the Combined Authority Safeguarding Board's priorities.
Complete targeted work with older residents in areas where anti-social behaviour is prevalent to help them feel safe in their home	Apr 2017 - Mar 2018	Completed	
Undertake pilot for delivery of enhanced sheltered provision to increase housing options for older people	Apr 2017 - Mar 2018	Completed	

Work with registered providers and private companies to deliver 300 extra care homes	Jul 2017 - Mar 2020	In Progress	
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Priority 03: Being emotionally and physically healthy			
Action	Timescale	Status	Rationale
Gain accreditation for Wirral to become a Dementia-Friendly Borough	Apr 2017 - Mar 2018	Redefined	The wording and timeframe have been refreshed in line with business priorities and action progress during 2018-19.
Implement the Wirral Strategy for Carers	Apr 2017 - Dec 2017	Completed	
Promote a programme of events across the partnership to encourage active lifestyles and emotional wellbeing amongst over 50s	Apr 2017 - Mar 2018	Completed	

Priority 04: Being financially secure			
Action	Timescale	Status	Rationale
Explore the feasibility of offering a pre-retirement course for all local residents to plan for their retirement years	Apr 2017 - Mar 2018	Completed	
Provide financial advice and support to older people on issues including income maximisation, managing debts, budgeting and pensions advice	Apr 2017 - Mar 2018	Completed	
Showcase employment opportunities for those aged 50+ in Wirral	Apr 2017 - Mar 2018	Withdrawn	This action was withdrawn following legal advice that an Employment Fair for older people could potentially be viewed as discriminatory.

Priority 05: Having better access to the right information and support			
Action	Timescale	Status	Rationale
Review current provision of digital support suitable for older people across Wirral	Apr 2017 - Sep 2017	Completed	
Roll out the new 'Ask Us Wirral' advice service across Wirral	Apr 2017 - Mar 2018	Completed	

Pledge : People with disabilities live independent lives

Priority 01: All People with disabilities are well and live healthy lives

Action	Timescale	Status	Rationale
Deliver 300 additional Extra Care Homes in Wirral by 2020.	Apr 2017 - Mar 2020	In Progress	
Develop a Supported Housing Strategy and a Project Plan for people with a disability.	Apr 2017 - Mar 2018	Completed	
Establish insight into the prevalence and types of disability in Wirral. This will inform better service provision in response to need.	Apr 2017 - Mar 2018	Completed	
Implement an All Age Integrated Disability Service in Wirral	Apr 2017 - Mar 2018	Redefined	The wording and timescales have been refreshed in line with business priorities and action during 2018-19.
Implement a programme of engagement for people with disabilities to ensure their voices are heard.	Apr 2017 - Mar 2018	Completed	

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

Action	Timescale	Status	Rationale
Promote the take up of Disability Confident accreditation (level 3) with all partners and the take up of level 1 accreditation through the commissioning and contracting of service providers and suppliers.	Apr 2017 - Mar 2018	Redefined	The timescales have been refreshed in line with business priorities and action during 2018-19.
Work with local employers to maximise work opportunities for disabled people.	Apr 2017 - Mar 2018	Completed	

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

Action	Timescale	Status	Rationale
Create a local intelligence sharing forum with all service providers to improve the knowledge and awareness of services across Wirral.	Apr 2017 - Mar 2018	Redefined	The timescales have been refreshed in line with business priorities and action during 2018-19.
Develop a framework of participation and engagement for service users and carers in the re-design of services they receive.	Apr 2017 - Mar 2018	Completed	
Increase opportunities for the introduction and uptake of Assistive Technology	Apr 2017 - Mar 2018	Redefined	The timescales have been refreshed in line with business priorities and action during 2018-19.
Review options available for how best to support people to access and use existing transport services.	Apr 2017 - Mar 2018	Completed	

Pledge : Zero tolerance to domestic violence

Priority 01: Prevention and Early Intervention

Action	Timescale	Status	Rationale
Develop the role of the Domestic Abuse Peer Mentors to produce 20 Zero Tolerance Towards Domestic Abuse Community Champions	Apr 2017 - Mar 2018	Withdrawn	The action has been determined as business as usual and will be monitored as part of the commissioned contract with Involve North West.
Sign 30 businesses up to the Domestic Abuse Pledge Scheme to increase awareness of domestic abuse	Apr 2017 - Mar 2018	Completed	

Priority 03: Partnership - A Strong Community Co-ordinated Response

Action	Timescale	Status	Rationale
Deliver a comprehensive agency, community and voluntary sector programme of interventions across domestic abuse services, through a joint commissioning approach	Apr 2017 - Mar 2018	Redefined	The wording of this action has been made more specific to ensure clarity of delivery and the timescales have been refreshed in line with business priorities and action progress during 2018-19
Integrate resources and develop a single partnership team to tackle Domestic Abuse within the Safer Wirral Hub	Apr 2017 - Sep 2017	Completed	
Map domestic abuse service provision in Wirral to inform future service delivery and commissioning	Apr 2017 - Dec 2017	Redefined	The wording of this action has been made more specific to ensure clarity of delivery and the timescales have been refreshed in line with business priorities and action progress during 2018-19

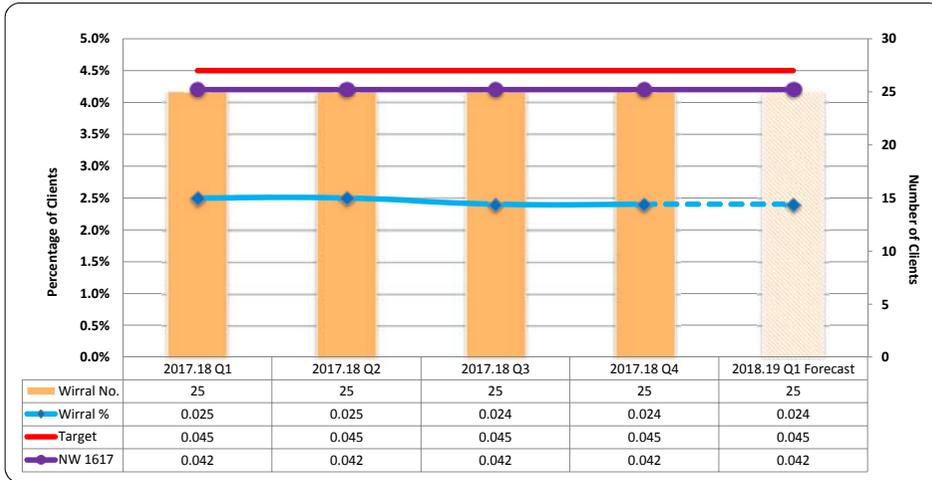
Priority 04: Perpetrators - Make Victims Safer and Reduce Re-offending

Action	Timescale	Status	Rationale
Evaluate the effectiveness of behavioural change programmes, other than the Integrated Offender Management Model, for perpetrators across the Wirral to inform a future business case	Apr 2017 - Mar 2018	Completed	
Evaluate the effectiveness of the Integrated Offender Management Model to manage a cohort of Domestic Abuse perpetrators to inform a future business case	Apr 2017 - Sep 2017	Redefined	The wording of this action has been made more specific to ensure clarity of delivery and the timescales have been refreshed in line with business priorities and action progress during 2018-19

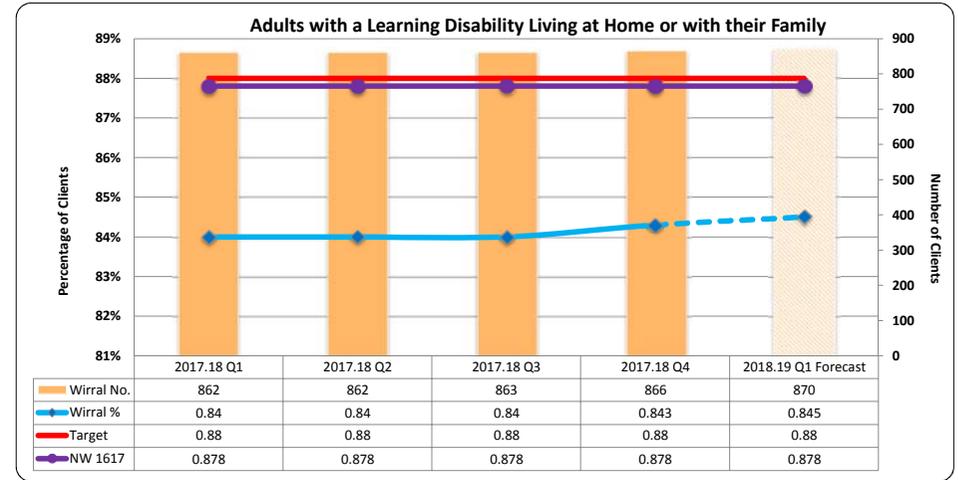


ADULT HEALTH AND CARE PERFORMANCE OVERVIEW

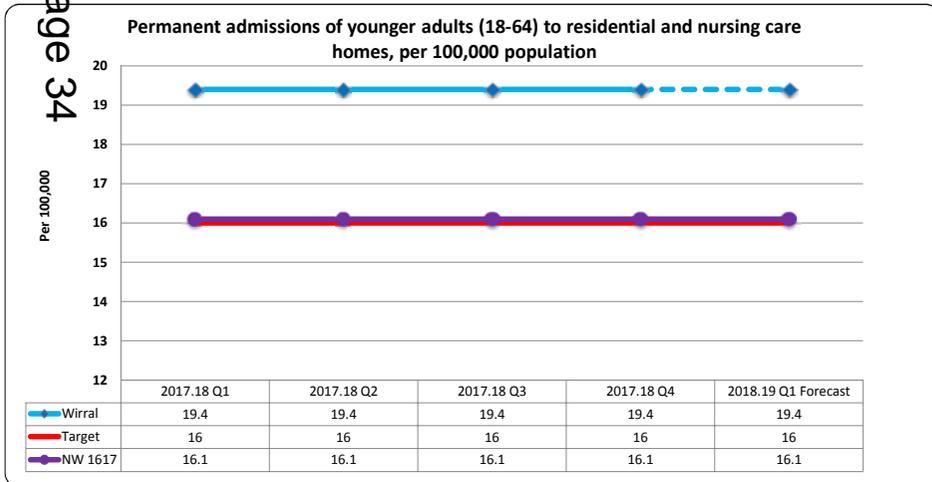
2017/18 QUARTER 4



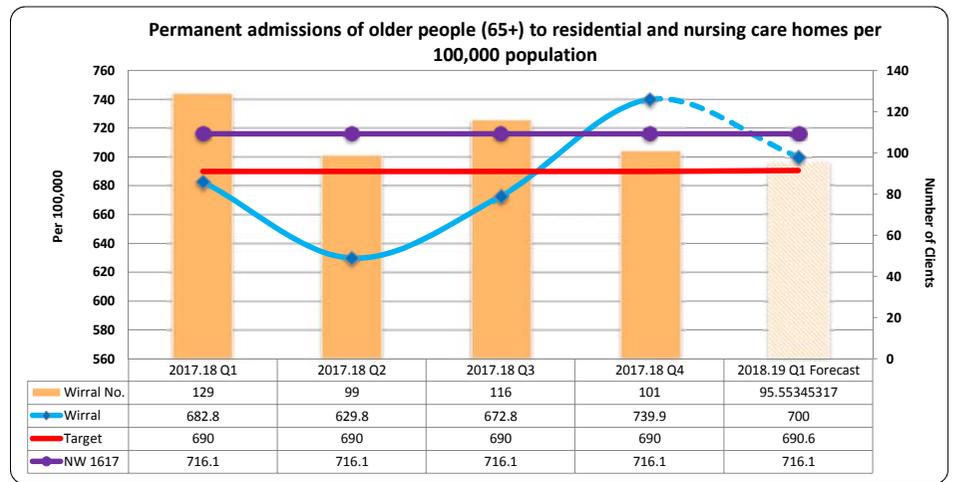
A total of 25 people (of the 1,009 who are known to the council) with a learning disability are currently in paid employment. Work is on-going with providers, including Wirral Evolutions to identify people in supported employment to check for eligibility for inclusion in this measure and to explore further opportunities to support individuals into employment. The Council has recently been awarded Disability Confident Employer status and is working towards becoming a Disability Confident Leader in conjunction with the Wirral Chamber of Commerce. A programme of internships is to be proposed with Wirral Met College and the DWP have an employment advisor working with disabled people and small businesses. Partnership events are taking place to engage small businesses locally in the Disability Confident approach and provide training to address the skills gap for people who are job seekers. The Council and partners have been working with the DWP to support these events. There is an



Overall performance across the North West fell by 2% when comparing 2016/17 to 2015/16, Wirral performance has fallen by a comparable rate. The reduction in performance can be linked to the increasing number of permanent admissions of younger adults to care homes which demonstrates the complexity of needs. In line with the aim to develop a further 300 extra care units by 2020 a supported housing strategy for people with disabilities will be in place by the autumn and a steering group will be established. We have designed and developed a range of schemes to deliver additional Extra Care Units,

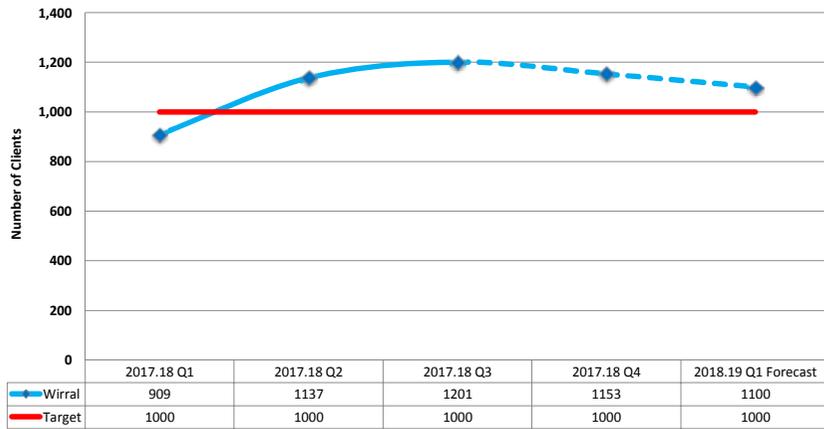


There has been an increase in the number of permanent admissions of younger adults to residential and nursing care homes, which will cause an increase in the financial demands placed on the borough. The council is promoting independent living increasingly, which conflicts directly with this rise.



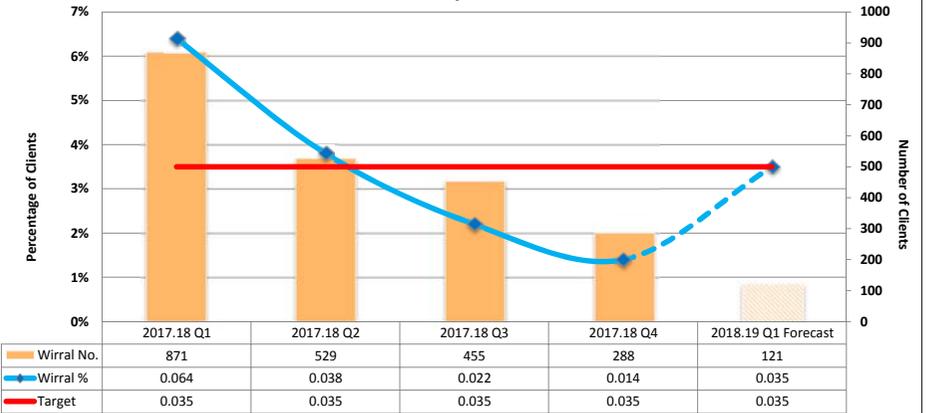
Over the last year there has been a significant reduction in permanent admissions for older people over 65 in line with plan. The council is promoting independent living increasingly, however there has been an increase during the winter period which correlates with very high levels of demand for all provision. We are on track to achieve our target of 5% reduction for older people, due to system redesign/investment in T2A and reablement, despite acuity levels.

Number of People placed in a long term residential / nursing home bed (Aged 65+)



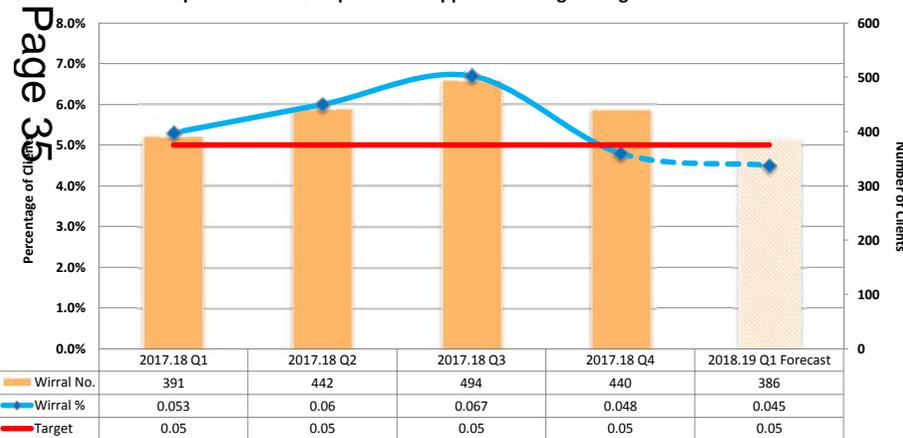
Projecting forward, there will be a slight decrease in the financial burden on the council which an increase in the number of people placed in long term residential / nursing home beds would bring. However, be mindful that these margins are small, and the forecast is not always fully accurate.

DToC - Delayed Transfer of Care



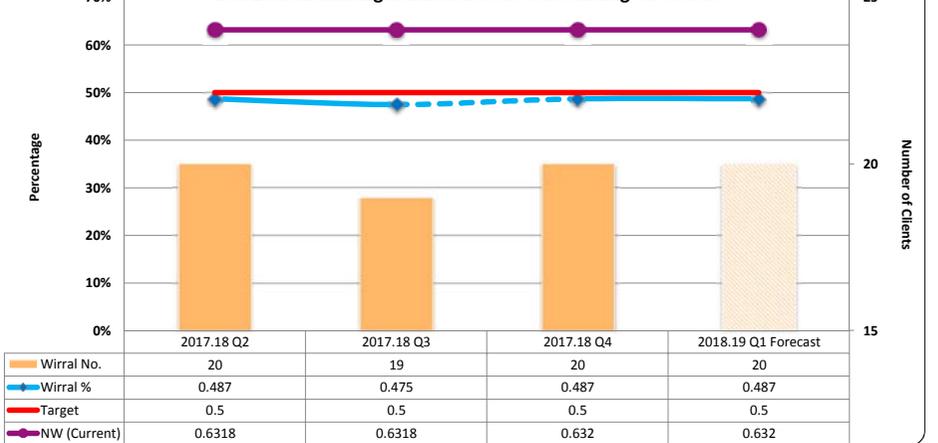
There has been significant improvement this year and the council have over-achieved the set target. This position has been held since November 2017 as well, despite this being through the most pressured time of the year for unplanned care. The system focus is now to maintain this position, focus on stranded patients (those in over 7 days) and discharge increasing numbers who are medically optimised. This performance has been recognised by NHSE and is only one of 3 systems in the region to maintain performance during

Proportion of new requests for support resulting in long term services

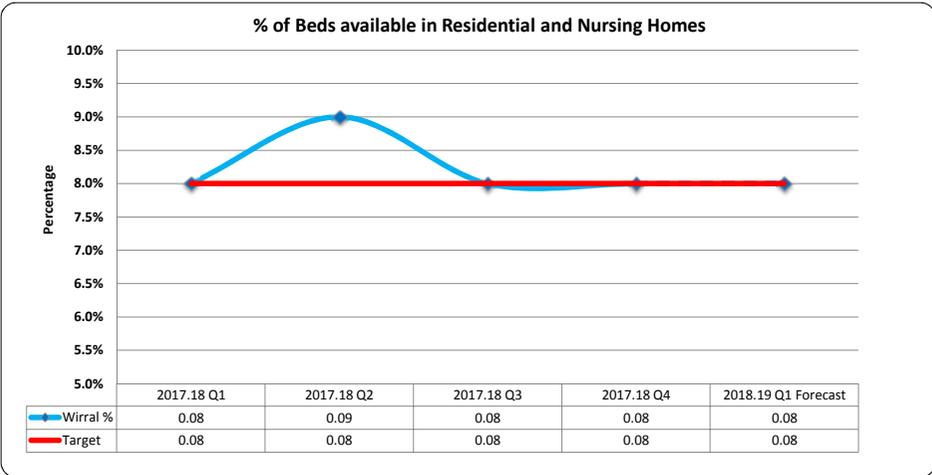


This increase reflects high levels of demand being experienced by social care services.

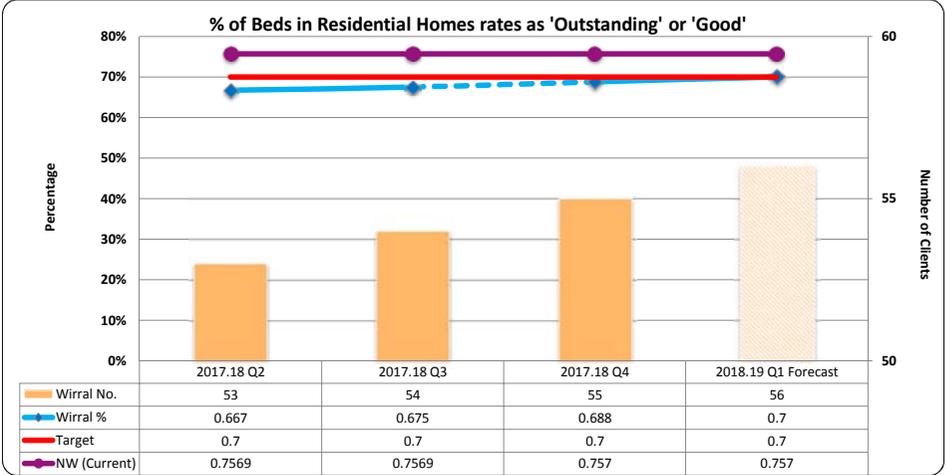
% of Beds in Nursing Homes rates as 'Outstanding' or 'Good'



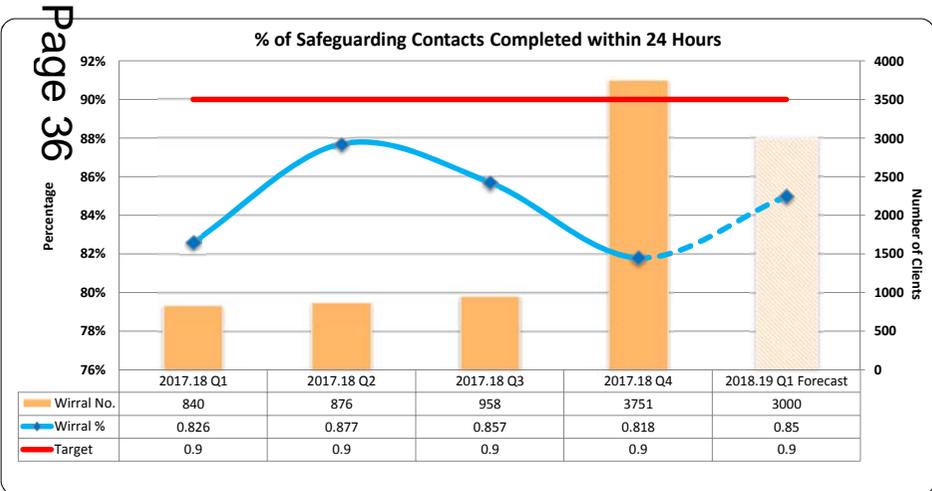
Fewer than half of the nursing homes on the Wirral are 'Outstanding' or 'Good' and, again the pattern is that inspections towards the end of the reporting period are generally less positive in nature. CQC inspections will continue throughout the year and we should ensure we support homes to achieve a 'Good' or 'Outstanding' grading.



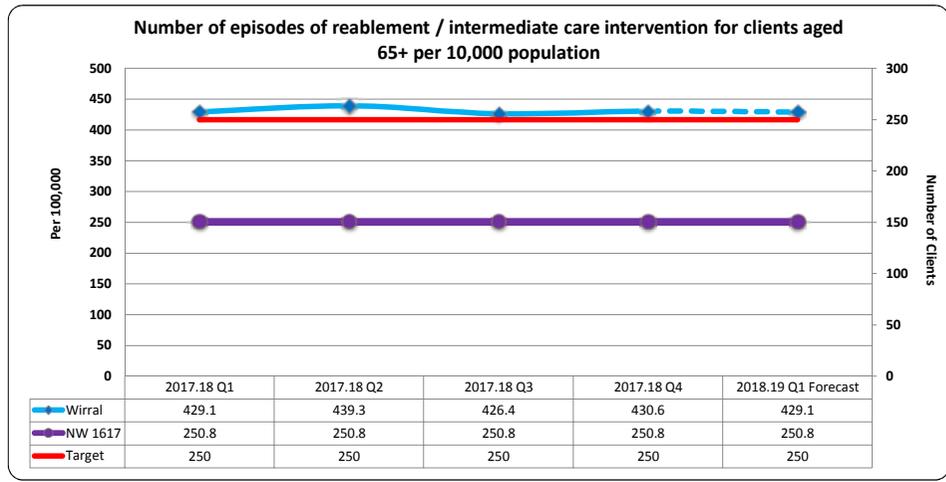
There is capacity within the system to cope with any unforeseen rise in demand, whilst maintaining a level that is sufficient to allow private establishments to remain as functioning organisations. Wirral continues to have residential and nursing bed capacity in the market. Therefore able to maintain flow across the system and offer some degree of choice to Wirral residents. Commissioners continue to support the market to understand local impacts and business opportunities, recognising many homes



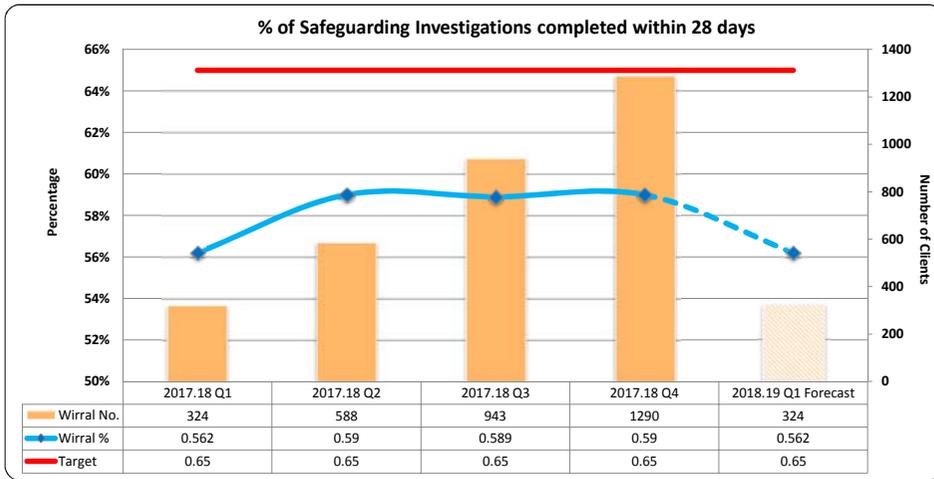
Two thirds of the residential homes on the Wirral are now rated a 'Outstanding' or 'Good', although there is a general trend that more recent ratings have been at the lower end of the scale. CQC inspections will continue throughout the year and we should ensure we support homes to achieve a 'Good' or 'Outstanding' grading.



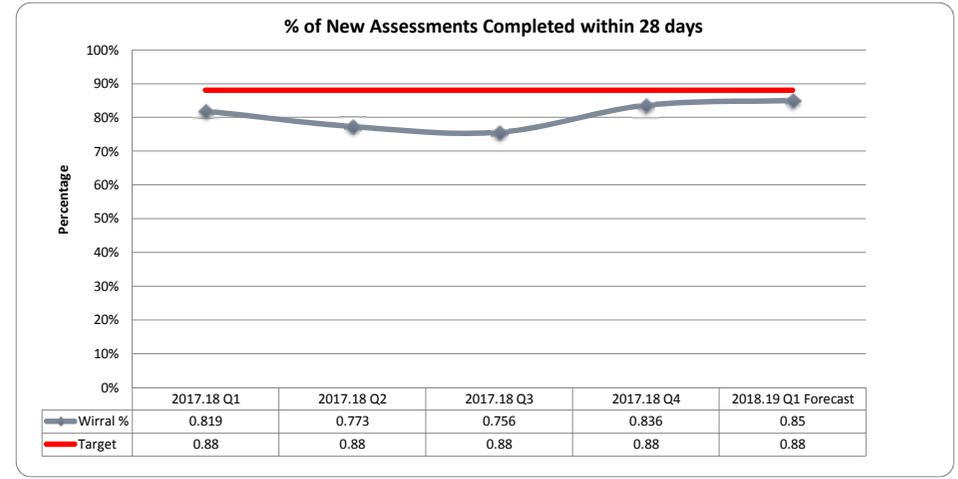
Whilst the forecast for this measure is higher than in 2016/17, it still falls short of the ideal position. It is vital that those which take longer than 24 hours are checked to ensure that they are recorded accurately on Liquid Logic. Those which fall short of the target generally do not exceed the timeframe by a great deal. The number of contacts has risen in quarter 4 dramatically, as the reporting on this has now changed to not just include those which lead to a safeguarding investigation.



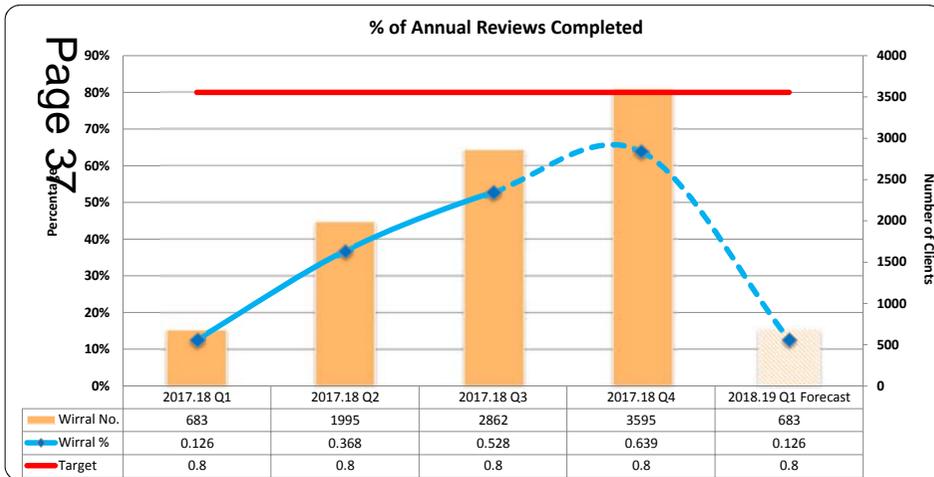
Dom Care - Investment has been made through the Better Care fund in reablement and domiciliary care, supporting the 'home first' approach, reducing the time people are in hospital and maximising opportunities for people to be supported at home. This is clearly reflected in the reduction of long stay residential and nursing placements. Recruitment and retention in the market continues to be a challenge. Current waiting list is 40 people awaiting domiciliary care, 16 of whom are receiving support from reablement but unable to transfer across. Commissioners are actively working with providers to support recruitment and retention strategies, including Wirral wide



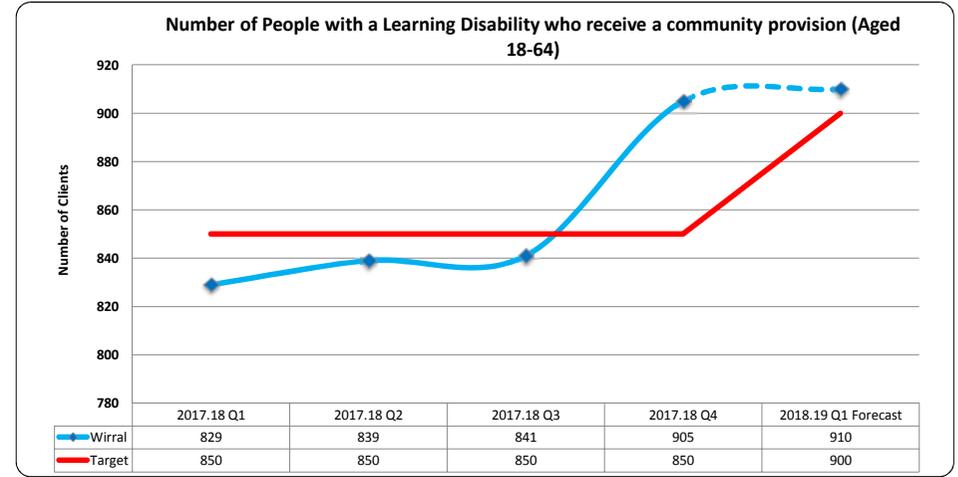
There is a general downward trend in this indicator in terms of current performance, as well as projected figures. There are several investigations which are taking significantly longer than the requisite 28 days, which could be as a result of data entry errors and should be reviewed as part of the data quality reports by managers.



The percentage of new assessments completed within 28 days generally decreases throughout the year, and 2017/18 has followed this trend. At present, this will leave the council a long way short of the target, as well as the performance in 2016/17.

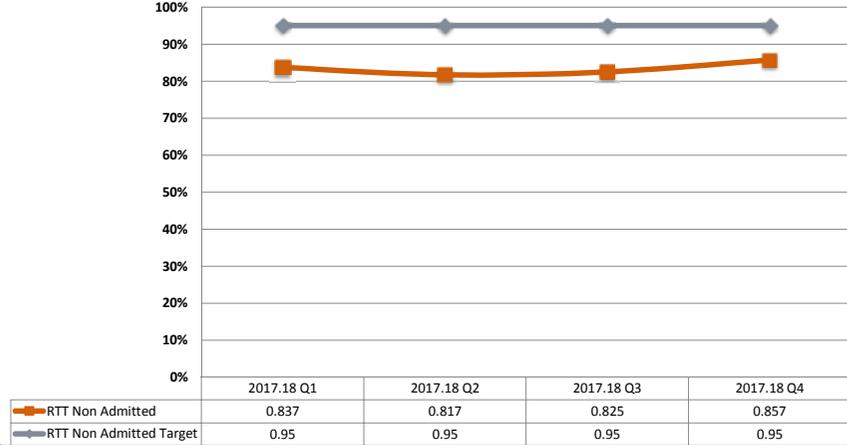


This performance measure increases throughout the year, up to a value of 63.9%. This is some way short of the target, however, and shows the pressures on teams when it comes to managing challenging workloads.



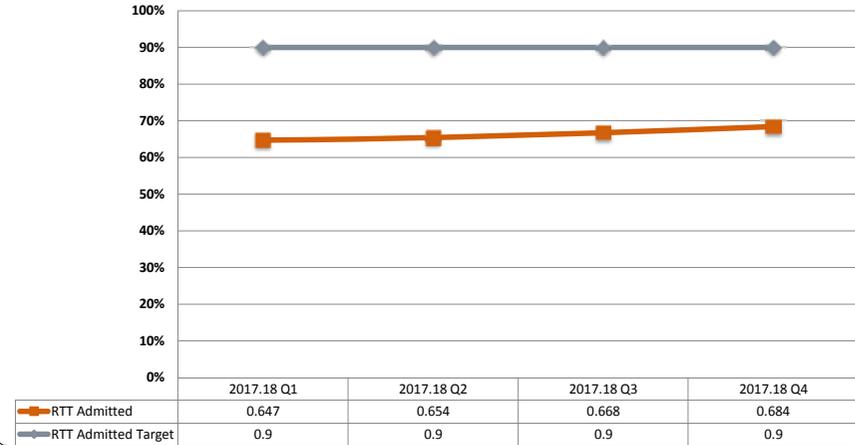
The number of people with learning disabilities who are receiving a community provision has increased, demonstrating the focus on providing a range of support options for people in their local communities.

Referral to Treatment - Non Admitted



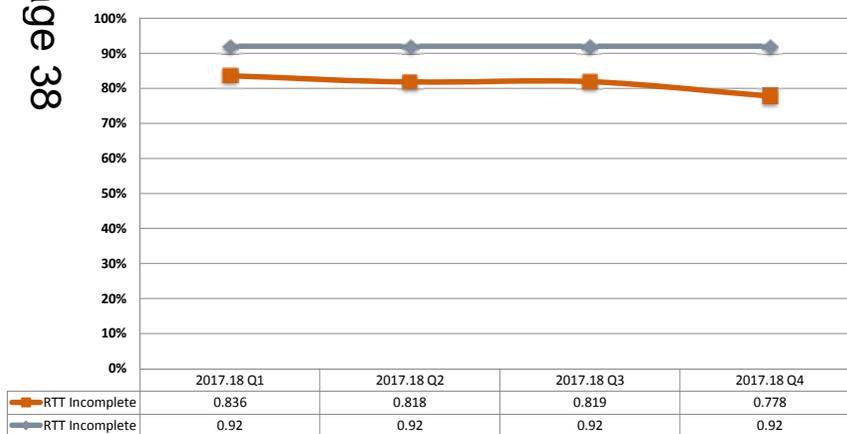
The remaining data does not have a forecast for quarter one for the year ahead as these targets have not been set yet. RTT non-admitted data is provided by the Trust on a monthly basis for the contracts management meeting. The requirements to performance manage this under NHS standard contract was lifted in 2016-17, hence its provided for information only. However the graph demonstrate approximately 11% below target in 2017-18.

Referral to Treatment - Admitted



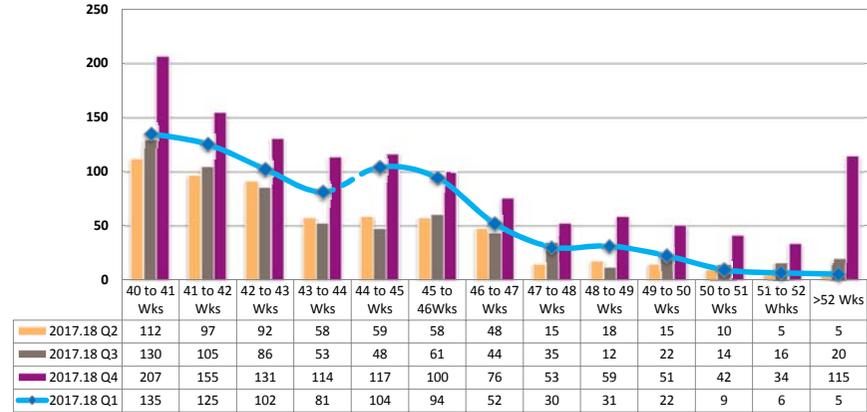
RTT non-admitted data is provided by the Trust on a monthly basis for the contracts management meeting. The requirements to performance manage this under NHS standard contract was lifted in 2016-17, hence its provided for information only. However the graph demonstrate approximately 35% below target in 2017-18.

Referral to Treatment - Incomplete



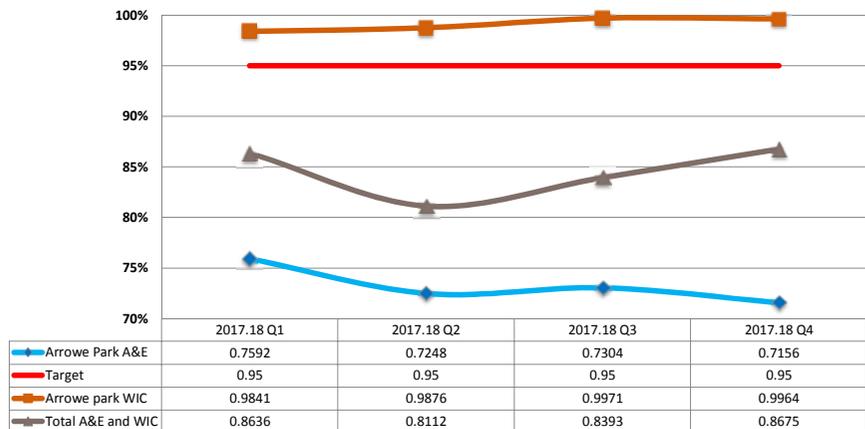
The CCG is currently underperforming in the following specialties; Cardiology 87.39% (116 patients), Dermatology 86.95% (184 patients), ENT 78.91% (251 patients), Gastroenterology 88.27% (144 patients), General Surgery 73.41% (988 patients), Gynaecology 86.58% (189 patients), Neurosurgery 50.00% (1 patient), Ophthalmology 77.13% (631 patients), Other Surgery 79.22% (732 patients), Thoracic Medicine 80.84% (160 patients), T&O 78.70% (536 patients) and Urology 75.15% (376 patients). Wirral University Teaching Hospital's performance is a significant contributing factor to the CCGs underperformance. The CCG and the Trust are jointly committed to improve the position. A recovery plan with trajectories is in place, monitored closely by the CCG.

RTT Incomplete Waits Over 40 Weeks by Quarter



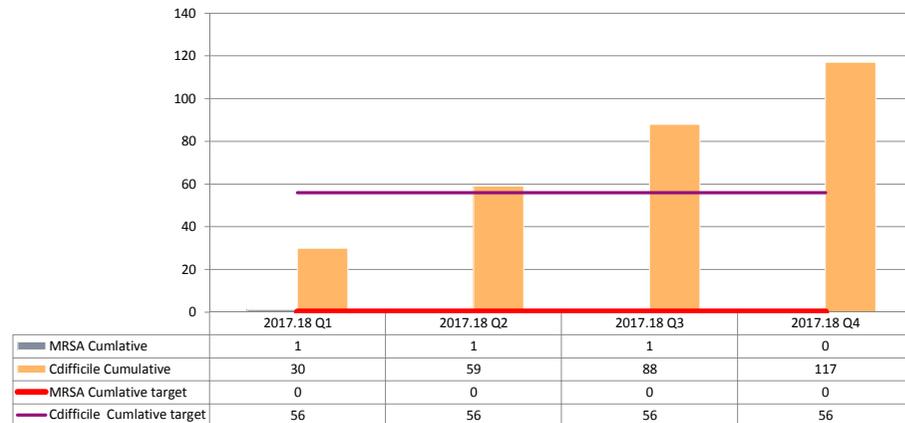
The number of patients waiting over 40 weeks increased during Q4 2017/18. 52 week wait breaches also rose substantially over Quarter 4 2017/18. In the main this was due to the cancellation of the elective care programme owing to emergency care bed pressures. The CCG has held a series of meetings with WUTH to agree a RTT recovery plan and trajectories, including agreement that there will be no 52 week breaches by 31 March 2019. This means action on 40 week plus patients. To support this, WUTH has agreed to submit a RTT PTL summary of patients over 40 weeks on a monthly basis. Performance against the recovery plan is monitored through the Strategic RTT Group.

A&E Waiting Times



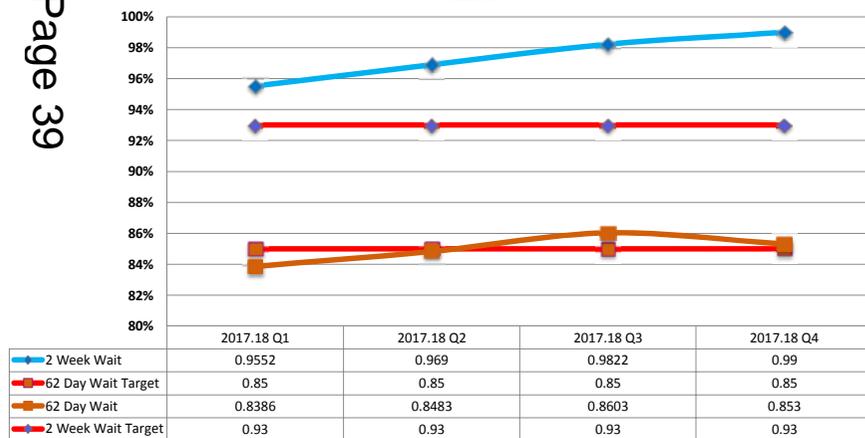
The current standard agreed by NHSE is 90%. Q1 performance average is 88.67%, a little short of the requirement. The acute requirement is to deliver 80-82% in May and June., redesign of ED and assessment areas, along with streaming are key priorities to support achievement. Overall the system is improving, with 5% improvement over winter, bucking the trend regionally.

HealthCare Acquired Infections



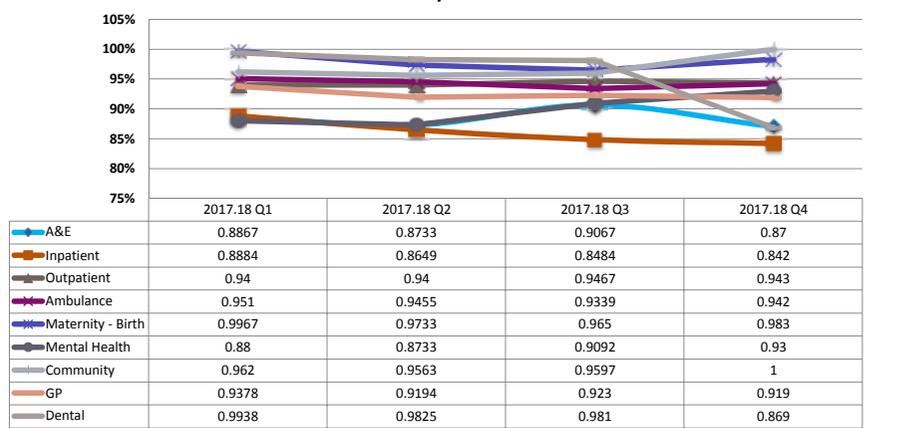
MRSA - There were 0 new cases in December. Cdiff - In December there were 11 cases attributed to Wirral CCG. All cases of C-difficile and MRSA have a Post Infection Review undertaken to ascertain if these were unavoidable or due to lapse in care. Action plans are developed for any cases due to lapse in care. A high level Trust Infection and Prevention Improvement Plan has been developed to address the key issues, including: Accountability Framework; Back to Basics; Simplification of Processes; Improving IT to Improve IPCT. HAI is discussed at the monthly Quality meeting with the Trust.

Cancer



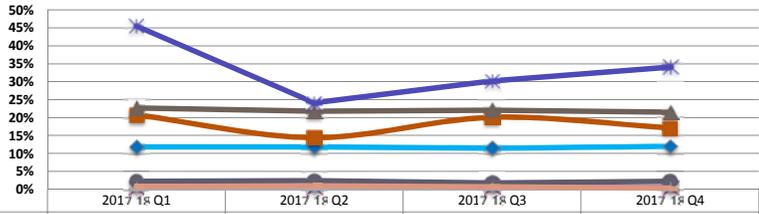
Wirral CCG achieved all standards for quarter 3.

Friends and Family Test Net Promoter Scores



Wirral received feedback from friends and family for Inpatient, Outpatient, Ambulance, Mental Health, Dental, A&E, Maternity, Community Health and GP. The scores are shown above, Outpatient 95.00%. Inpatients 85.36% Ambulance Services 93.64%. Mental Health Services 93.75%, Dental Services 95.00% and Accident and Emergency 88.00%. Responses for Maternity (Birth) 93.00%. Community Services 93.91% and GP Services 92.61% As there is no specific target set within the guidance we have added a local benchmarking target of 90% as shown in the trend charts. >= 90% (Achieved) <90% (Not achieved).

Friends and Family Test Response Rates



Category	2017 T1 Q1	2017 T1 Q2	2017 T1 Q3	2017 T1 Q4
A&E	0.1184	0.1181	0.115	0.12
Inpatient	0.2072	0.1442	0.2007	0.171
Outpatient	0.2269	0.218	0.2208	0.215
Ambulance	0.0042	0.004	0.0041	0.004
Maternity - Birth	0.4555	0.241	0.3025	0.341
Mental Health	0.0221	0.0236	0.0179	0.022
Community	0	0	0	0
GP	0	0	0	0
Dental	0.0079	0.0092	0.0073	0.003



Adult Care and Health Overview and Scrutiny Committee Wednesday 27th June 2018

REPORT TITLE:	Continuing Healthcare Scrutiny Review
REPORT OF:	Chair and Members of the Adult Care and Health Overview & Scrutiny Committee Task and Finish Group

REPORT SUMMARY

This report sets out the findings and recommendations arising from a Scrutiny Review completed in May 2018. The Review was commissioned as part of the former People Overview & Scrutiny Committee's work programme - later the Adult Care and Health Overview & Scrutiny Committee.

The report aims to understand, assess and give consideration to the Continuing HealthCare (CHC) framework and how it is applied locally. A Task & Finish group was set up to, amongst other things, evaluate the impact of CHC on clients and their families, focussing on both the process and the funding outcomes.

RECOMMENDATION/S

Members are requested to:

- 1.** Consider the contents of this report and endorse the findings and recommendations of the review.
- 2.** Refer the report to Cabinet for consideration of the recommendations made.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

For Committee to endorse the work of the Task & Finish Review Panel, and to refer the findings and recommendations to Cabinet for consideration.

2.0 OTHER OPTIONS CONSIDERED

The review was prioritised as part of the former People Overview & Scrutiny Committee's work programme.

3.0 BACKGROUND INFORMATION

3.1 As part of the Adult Care and Health Overview & Scrutiny Committee's Work Programme, a Task & Finish scrutiny review on Continuing Healthcare was added for the municipal year 2017/18. The main objective of this review was to understand the CHC Framework and its impact on Wirral residents.

3.2 A review panel was set up comprising of former Cllr Alan Brighthouse (Chair), Cllr Wendy Clements and Cllr Moira McLaughlin. The review panel also included Karen Prior, Chief Officer of HealthWatch Wirral.

3.3 The review was conducted through a series of evidence gathering meetings. Sessions were planned with relevant managers, staff who are responsible for delivery of CHC and with individuals who had personal experience of applying for CHC funding. A number of recommendations have been made as a result of the review. These are detailed in the Scrutiny Review itself (**Appendix 1**)

4.0 FINANCIAL IMPLICATIONS

Not applicable

5.0 LEGAL IMPLICATIONS

Not applicable

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

Not applicable

7.0 RELEVANT RISKS

Not applicable

8.0 ENGAGEMENT/CONSULTATION

Not applicable

9.0 EQUALITY IMPLICATIONS

There are no equality issues arising directly from this report

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APPENDICES

Appendix 1: Continuing Healthcare – Scrutiny Review

REFERENCE MATERIAL

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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**CONTINUING HEALTHCARE
SCRUTINY REVIEW**

A report produced by
**THE ADULT CARE AND HEALTH
OVERVIEW & SCRUTINY COMMITTEE**

May 2018

WIRRAL BOROUGH COUNCIL
CONTINUING HEALTHCARE
SCRUTINY REVIEW

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1. INTRODUCTION AND ORIGINAL BRIEF

During 2017, some members had become aware that, at the time, Wirral was reported to be the third lowest of 32 regional Clinical Commissioning Groups (CCGs) for numbers of people eligible for Continuing Healthcare (CHC) funding while the borough, compared to the national average, had a significantly higher number of joint funded care packages. Anecdotal concerns had also been raised in relation to the service user experience of the CHC process and the time taken to receive a decision. A relevant report produced by Parkinson's UK also provided evidence of significant national variations on the approach to CHC. It was, therefore, proposed that further scrutiny would provide assurance regarding compliance with the national framework. As a result, on 1st February 2017, members of the former People Overview & Scrutiny Committee agreed to establish a task & finish group to undertake a scrutiny review relating to the local application of the national Continuing Health Care (CHC) framework. Membership of the group has comprised three members, Councillors Alan Brighthouse (Chair), Wendy Clements and Moira McLaughlin, plus Karen Prior, Chief Officer of Healthwatch Wirral.

When the task & finish group first met later in 2017, consideration was given to the scope for the review. The key outcome identified was to provide members with assurance regarding the effectiveness of local service provision within the parameters of the national framework which defines the processes which must be followed. The Scope Document for the Scrutiny Review is attached as Appendix 1 to this Report. Members agreed that the focus of the review would be on service provision for adults. As a result, services for children were excluded from the scope of the review. The key objectives for the review were identified as:

- To understand the Continuing HealthCare (CHC) framework and how it is applied locally (including how many clients receive CHC funding);
- To assess the local application of the CHC framework in comparison to other geographical areas;
- To consider whether relevant staff have the appropriate levels of training in order to implement the CHC framework effectively and apply the framework consistently;
- To evaluate the impact of CHC on clients and their families, focusing on both the process and the funding outcomes;
- To understand the fast-track process which is in place for end of life clients;
- To assess the relationship between the CCG and the Local Authority in the application of the CHC framework and understand the consequences for funding.

The task & finish group has held a range of meetings in order to obtain appropriate evidence. Sessions were planned with managers of process in addition to a range of staff who are responsible for administering the delivery of CHC. Members also met with individuals who had personal experience of applying for CHC funding.

The remainder of this report provides details of the task and finish group membership followed by some contextual information. This is followed by an overview which includes the recommendations proposed by the Members and the reasoning behind those recommendations.

2. MEMBERS OF THE SCRUTINY PANEL

Former Councillor Alan Brighthouse (Chair)



In undertaking this review, you quickly appreciate the impact the decision to approve CHC can have on a person's quality of life. Any delay in determining the decision can have a significant impact.

The objectives of the review were not to look at the specific national guidelines which determine eligibility for CHC, but to examine the application of those guidelines on Wirral. Nevertheless, it quickly became apparent that the decision about eligibility was difficult to make at times. This highlighted the importance of training and of improved communication channels between the professionals involved.

Clearly there is constant pressure to control both the cost of providing CHC and its administration. Regardless of these pressures, there is a clear need to ensure that all changes are adequately scrutinised both before and after implementation.

I would like to thank all those who contributed to this report, and the helpful and courteous manner with which the committee's enquiries were handled.

<p>Councillor Wendy Clements</p> 	<p>Councillor Moira McLaughlin</p> 	<p>Karen Prior Healthwatch Wirral</p> 	<p><i>This Scrutiny Panel was supported by:</i> Alan Veitch Former Scrutiny Officer 0151 691 8564 alanveitch@wirral.gov.uk</p>
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3. CONTEXTUAL INFORMATION – THE NATIONAL FRAMEWORK

CHC is a complex and sensitive area which can affect people at a very vulnerable stage of their lives. CHC and NHS Funded Nursing Care (FNC) refer to services that are funded by the NHS due to an individual's health related needs. CHC is where the NHS funds 100% of care and is free healthcare provided outside of hospital that is funded by the NHS. It may include paying for care costs typically funded by a local authority under the banner of social care, such as fees for a care home, but where these arise due to a specific health need. Where a person has long-term health and social care needs, *and* their primary needs (their main needs) are health needs, the NHS is responsible for meeting both the health and social care needs via the provision of CHC. This can be offered in any setting including care homes and a person's own home.

FNC is where the NHS funds the nursing element of a care package. In these cases the accommodation costs are either paid in full or in part by the service user and/or by the Local Authority. Where a person is not entitled to CHC but their care plan identifies that they need a placement in nursing care accommodation, the NHS pays a fixed rate contribution towards the cost of support from a registered nurse via FNC. Means testing determines whether the remaining costs are paid for by Local Authority social care and / or the individual themselves.

People who are not eligible for NHS funded care will have their needs assessed to establish whether they receive social care services from the Council. NHS funded care differs from Local Authority care in that NHS care is free at the point of delivery but Local Authority care is means tested.

CHC and FNC differ from many NHS services in that there are specific eligibility criteria and assessment / decision-making processes set out in legislation that must be followed. A history of legal challenges led to a single national eligibility criteria being introduced in 2007. The current NHS CHC framework has been in place since 2012. However, in March 2018, the Department of Health issued a new CHC framework on which there will be no public consultation and which will be introduced from October 2018. The evidence-gathering for this scrutiny review was completed prior to the issuing of the new framework.

Responsibility for CHC assessments and decisions in relation to NHS funded services lie with the local Clinical Commissioning Group (CCG). There are three national tools which are required to be used in making decisions on eligibility for CHC:

- **NHS Continuing Healthcare Checklist** – an initial checklist used by practitioners (for example, social workers, nurses, therapists and so on) which triggers the need for a full assessment;
- **Decision-Support Tool (DST)** – a tool completed by a multi-disciplinary team to establish whether the individual should be in receipt of CHC; their recommendation then goes to the eligibility panel for ratification;
- **Fast Track Pathway Tool** – a rapid assessment process (fast track) – with a quick reference guide for use by all workers when a quick decision is required, where a person's health maybe quickly deteriorating.

Responsibility for making decisions on CHC eligibility is with multi-disciplinary teams (MDTs) of health and social care professionals, who carry out the assessment and make the recommendation on eligibility. The NHS CHC panel is expected to accept MDT recommendations in all but exceptional circumstances and are required to consult with the relevant Local Authority before making an eligibility decision (including before making a decision to end CHC eligibility).

4. FINDINGS AND RECOMMENDATIONS

As responsibility for CHC assessments and decisions in relation to NHS funded services lie with the local Clinical Commissioning Group (CCG), locally Wirral CCG are ultimately responsible for meeting the statutory requirements. However, from February 2015, the service has been delivered on behalf of Wirral CCG by South Cheshire CCG, covering a larger footprint to include the geographical areas of Wirral CCG, West Cheshire CCG, Eastern Cheshire CCG, South Cheshire CCG, and Vale Royal CCG.

During the review, the Members heard from people who had recently applied for CHC funding. While experience of the process was mixed, there was no doubt that for those who had been successful in their applications, the impact that the availability of the funding has on their lives is significant, not least because of the improved wellbeing arising from feeling more safe in their home environment.

4.1 Consistency of application of the framework

One of the key objectives of this scrutiny review was to understand the CHC framework and how it is applied locally. In doing so, Members identified the importance of the term 'primary health need' within the process. In order to qualify for CHC funding a client must meet criteria to prove that they have a primary health care need (as opposed to social care needs). A key factor for those people involved with CHC, both practitioners and clients, is the understanding and objective application of the term "primary health need". Members heard during the review that, although the characteristics of a primary health need are defined in the CHC framework documentation, an element of subjectivity remains in the decision-making process.

Consistency of application of the framework is, therefore, key to successful local application. Those involved in the process need to have a good understanding of the framework, not just the core CHC team but any other professional across the health and care economy who may feel it appropriate to refer a client for CHC funding. Members heard that although a significant amount of CHC training has been provided for staff, further work was required to support front-line staff in understanding the application of the CHC framework. This will enable those front-line staff to better support patients in making referrals for CHC funding.

It was clear from a meeting with practitioners, representatives of a number of different disciplines and organisations who have a role in the CHC process, that there is a need for further training among front-line staff. One practitioner commented that "training (on CHC) is a massive issue" among the wider health and care workforce. It appeared to Members that there is a danger that levels of subjectivity arise within the information provided and the decision-making process. The practitioners also noted that greater understanding could be achieved among professionals by informally discussing issues.

During the review, it was suggested that greater opportunities for joint training across the health and care sector would be beneficial to staff in order to spread good practice across all organisations. While the Members recognise that the CCG is not responsible for training the staff of other partner organisations, there is a need for all relevant staff across the health and care economy to have the knowledge and skills, for example, to complete a checklist.

Recommendation 1 – Consistency of application of the CHC framework by training

Members recognise that Wirral Clinical Commissioning Group (CCG) is not responsible for the staff training of other organisations. However, the CCG and all relevant health partners are requested to collaborate to ensure that all applicable staff receives the appropriate CHC training, where possible through joint sessions. This will enable frontline staff to pass on correct information to patients and families while operating with confidence to apply both the national CHC framework and local procedures. This should ensure that there is more consistency in the application of the framework.

4.2 Communication

Members heard that it is a major challenge to ensure that professionals work together constructively across the health and care sectors. Based on their background, experience and work culture they are likely to assess patients differently. Instances were quoted during the evidence gathering which suggested that agreed ways of working had been signed-off by the Joint Committee (of the CCG and Local Authority) but had not been cascaded across all of the workforce. Considerable concern was also raised regarding the ability to arrange MDT meetings in a timely way due to the availability of the appropriate staff.

There was recognition from the practitioners meeting that some of the letters used to communicate with clients are not user friendly. Some evidence was received by the Members that clients are not always invited to the MDT meetings and communication could have been improved. It was also noted that no notes from the MDT meeting had been received by the client. One former applicant suggested that the system appeared somewhat uncoordinated and would have benefitted from a named individual who coordinates each case. Some disappointment was expressed that the possibility of applying for CHC funding had not been identified by the GP or any other health professional at an earlier stage. A further applicant commented that although he was willing and able to gather the required information, the same would not apply to all applicants, particularly the more vulnerable, some of whom would find the process very onerous. Another former applicant commented that, at the time that the application was being processed, it was very difficult to provide challenge as the client and family are likely to be in a vulnerable position and not in a place to emotionally contest the process. It was added that only with hindsight had views on the process become clearer.

Recommendation 2 – Communication

Wirral Clinical Commissioning Group is requested to consider options to improve communication processes between themselves and partner organisations involved in the local delivery of the CHC framework (such as, Wirral Borough Council, Wirral Community Trust, Wirral University Teaching Hospital and GPs). Similarly, it is suggested that communication processes with potential applicants for CHC funding be reviewed and strengthened.

4.3 Dynamic Purchasing System

The five Clinical Commissioning Groups CCGs in Cheshire and Wirral have entered into an agreement with Midlands and Lancashire Commissioning Support Unit (MLCSU) to use a Dynamic Purchasing System (DPS) provided by a company, Adam HTT Limited. The Adam Dynamic Purchasing System is an automated procurement system to modernise the way in which nursing care placements for both Nursing Home and Care at Home, are procured for patients who have CHC needs and have qualified for CHC funding. NHS England has

established a programme to look at how Continuing Healthcare services can be improved. In the past it has proved challenging to commission packages of care and time-consuming negotiating of prices. One of the NHS England recommendations proposes the introduction of more innovative procurement, such as Dynamic Purchasing Systems like the one offered by Adam. It was anticipated that this would lead to a more effective use of resources. Prior to the implementation of the Dynamic Purchasing System it was agreed that there was a need for an objective process relating to quality, price and choice.

The stated aims of the Adam system are to drive up quality, give consistency of choice across an area, expand the market, increase quality of care and provide contractual incentives to providers. There was some acknowledgement that the market had been inequitable with some providers receiving packages of care while others were not considered. The Dynamic Purchasing System had been implemented previously in other geographical areas such as Staffordshire and had been reported to be working well, delivering a cost saving of 7%. The Dynamic Purchasing System went live for the procurement of Care Home placements for CHC eligible patients of Wirral from mid-June 2017 and Care at Home packages from early July 2017. Details of a new patient requiring CHC are notified to appropriate care homes. Care homes are invited to submit a bid for the work. Essentially it is a market driven operation enabling the NHS to make the most efficient use of available facilities within the private care sector.

Members were informed that, since implementation, the Dynamic Purchasing System has led to the speeding up of the process and a consequential reduction in the length of some delayed discharges from hospital. It was confirmed that the Arrowe Park hospital has experienced a reduction in the levels of delay under Dynamic Purchasing System as was previously experienced.

However, concerns relating to the Dynamic Purchasing System which have been highlighted during this scrutiny review include:

- Cost versus Quality – It is noted that the Dynamic Purchasing System has been implemented in Cheshire and Wirral using an algorithm based on price and quality on a ratio of 70:30; whereas other geographical areas have employed a ratio of 60:40. A visit to the Dynamic Purchasing System hub in Stoke demonstrated that in CCG areas where cost versus quality had a lower ratio of 60/40 (cost versus quality) than Wirral (70/30 in favour of cost), the cheaper bid from the provider did not automatically become the first option.
- Location / Distance – Although Members were informed that the postcodes used to allocate care homes for Wirral residents had been reviewed and greater flexibility has been built in to the system, concerns remain that the radius for offers in Wirral and Cheshire had been increased to 20 miles in order to encourage more providers to offer care. However, this did not take into account the fact that Wirral is a peninsula and that for some residents the River Mersey is a perceived barrier. However, Members did receive reassurance that there is no intention for patients to be placed out of area.
- Client choice - Members were informed that the Dynamic Purchasing System can always offer availability to the patient but not necessarily their preference. The NHS will fund what is needed; not necessarily what is wanted by the patient and family. Giving patients and families some choice is included within the criteria for the system. However, during the session with practitioners, anecdotal evidence was presented to suggest that the System has resulted in a perceived reduction in the level of choice open to clients. It was noted that, as of January 2018, only one patient in Wirral has refused all offers and had decided to make private arrangements. Members were provided with reassurance that, since the original implementation of the system, communications have been refined and greater emphasis is now given to ensuring that patients and families have the opportunity to say what is important to them.

- Number of offers – It appears to be recognised that there are currently not enough offers being made to prospective clients. Therefore, there is a need to increase the number of active providers on the system.
- Standard of care - Members were informed that care homes will only be included in the Dynamic Purchasing System if they meet at least a minimum quality standard. A report regarding the implementation of the Dynamic Purchasing System was presented to the Adult Care and Health Overview & Scrutiny Committee in January 2018, listing 20 care homes in Wirral to which placements had been made using the Dynamic Purchasing System. Of those homes, the latest CQC inspection reveals that 10 are rated as 'Requires Improvement'. A further home was found to be 'Inadequate' when the latest CQC report was issued in March 2018.
- Savings – The Dynamic Purchasing System is not delivering the level of savings which were predicted prior to implementation. It was estimated that the introduction of the System will lead to savings for CHC cases, across Cheshire and Wirral, of 7% for care home placements and 4% for domiciliary care. It was anticipated that the savings would arise from competition between providers (that is, primarily between care homes). However, to date, that degree of savings has not been met.

Recommendation 3 – Dynamic Purchasing System (DPS)

Members note with concern that the introduction of the Dynamic Purchasing System (DPS) has resulted in some reduction of choice for clients while not realising the anticipated level of savings. As a result, Wirral CCG is requested to demonstrate to the Adult Care and Health Overview & Scrutiny Committee that continued use of DPS is providing value for money, is improving the efficiency of staff in identifying appropriate placements and is leading to an improved service for clients, particularly those requiring end of life care.

4.4 End of life care

Members were pleased to be informed that, within the fast track process (for end of life care), a recent audit showed that 93% of decisions were made within the 48 hour target. Once the decision is made, the offer of a placement, managed by the Dynamic Purchasing System, is usually made within 2 days. However, examples have been highlighted to the Members where delays have occurred in getting clients discharged from hospital. In one case which was brought to the attention of Members, the client was not found a care home placement in time (via the Dynamic Purchasing System) which resulted in the patient dying in hospital, against the wishes of the family.

Particular concerns were raised relating directly to the impact of the Dynamic Purchasing System on clients approaching end of life. The case was put strongly that the use of the Dynamic Purchasing System can result in the patient (and family) not being able to make the right of choice for them in their final days. The inability for families to pay top-up fees when receiving CHC funding further restricts the element of choice. Members are of the opinion that placements for end of life care should be made as easy as possible. Anecdotal evidence was received by the Members suggesting that cases have occurred where residents have stayed in a home, are familiar with the staff, are diagnosed as end of life and are then told that they have to move to unfamiliar surroundings. In the past, where a person is living in a residential home and requiring end of life care, as no nursing staff would be based in the home, community nurses would be available to support the resident. The introduction of the Dynamic Purchasing Scheme has resulted in that no longer happening.

Recommendation 4 – End of life care

Wirral Clinical Commissioning Group is requested to ensure that those clients requesting CHC funding at end of life receive a service which is both compassionate and speedy. The allocation of placements to care homes who have successfully received the 'Six Steps to Success End of Life Training Programme' would be beneficial.

4.5 Learning Disabilities

It became apparent during the evidence gathering that the relationship between social workers and the CHC team is not positive in relation to learning disability cases, with communication being difficult at times. This was demonstrable during the focus group of practitioners. The crux of the disagreement in approach appears to relate to whether behavior is deemed to be a health issue. The argument was put by social workers that there appears to be a difference in the application of the framework towards older people as opposed to young people with complex needs.

Members were informed that there is a different interpretation regarding behavior as applied in the Decision Support Tool. The understanding and application of three of the four characteristics of 'primary health need' as specified in the framework impacts negatively on the partnership approach ('complexity', 'intensity' and 'unpredictability'). Social workers appeared frustrated that there appears to be little application of the case law arising from the Coughlan judgement. As an example, a social worker who has experience of working with both older people and people with learning disabilities explained that, within the local application of the CHC framework, the processes for the two client groups appeared different. An older person with dementia who displayed signs of aggression appears to carry more weight than a younger person with learning disabilities who displays challenging behaviours.

Members were informed that the balance of staff in the CHC team appears to be focused more heavily on older people / physical disability to the possible detriment of resource for assessments relating to people with learning disabilities. Members were told that it was very difficult for a client with learning disabilities to receive a positive outcome from the process. At the time of the focus group, Members were told that all Learning Disabilities cases were in dispute. As a result, a backlog of Learning Disabilities cases had developed.

Recommendation 5 – Learning Disabilities

Wirral Clinical Commissioning Group is requested to review the allocation of resources within the CHC team towards supporting those clients with learning disabilities through the CHC application process, ensuring the same access as people with physical needs.

Particular concerns were raised by some of the practitioners regarding those young people with complex needs who are close to the point of transition from children to adult services. A checklist is completed as close to the young person's 17th birthday as possible. They are recognised as a priority within the system. However, it was noted that there are significantly different criteria used to determine funding outcomes for children and adults. The Members are suggesting to the Adult Care and Health Overview & Scrutiny Committee that further scrutiny work takes place regarding the wider experience of those young people approaching and moving through the transition process; not just relating to the CHC process.

Recommendation 6 – All-age Disabilities: Transition of young people

As the delivery of the All-age Disability Strategy develops, members of the Adult Care and Health Overview & Scrutiny Committee are requested to consider the addition of a future review to their work programme, namely, to explore the experience of young people moving into adulthood.

4.6 Resources

The annual budget for CHC in Wirral was £10million, with an overspend for 2017/18 of approximately £4.5million. In total, CHC funding comprises approximately 2% of the total Wirral CCG budget. It was noted that, on a national perspective, the CHC spend by CCG varies from 2% – 7% of the total spend, which is a very large variation. Wirral is at the lower end of that range.

The CHC national framework (2012) enables a substantial number of clients to request an initial assessment, with a relatively small number being successful at the Decision Support Tool stage. Concern was voiced from a number of sources that, as an assessment has to be completed for all applicants, the full assessment has to be completed even though the professional recognises very quickly that the client will not be eligible. Members were informed that although the number of referrals has been increasing the number of staff in the CHC team has not increased. In a historical context, there has been inconsistency in meeting the 28 day target for reaching decisions on applications for funding, although current data shows a considerable improvement in recent months.

Members were informed that the cost to Wirral CCG for administering CHC is currently in the region of £1million. This is recognised as a very large amount to administer the spending of approximately £14million in the current financial year. Those costs include the time of the CHC team in administering and attending multi-disciplinary team meetings but do not include the time of Local Authority or Wirral Community Trust staff. It was also noted that as the administration of the CHC process is provided by staff who are not directly employed by Wirral CCG, there is a danger that within the current service delivery model financial decisions can be made without these necessarily being flagged up in advance with the CCG. This leads to potential issues regarding accountability and risk arising from that arrangement.

Recommendation 7 – Cost of administration

The current cost of administering the Wirral CHC Service at £1m is a significant proportion of the overall cost of Wirral's CHC budget. Wirral Clinical Commissioning Group is requested to consider whether any options are available to ensure that the administration of the CHC process can be achieved as cost effectively as possible.

4.7 Joint funded packages of care

It was noted that, compared to other areas, Wirral has a relatively low number of clients receiving full CHC funding whereas there is a high number of joint care packages, which are funded jointly by the NHS and social care. As at June 2017, Wirral CCG had 440 jointly funded packages, the vast majority of which are historical cases. Patient assessments were not carried out in all cases and a compromise was reached between the Local Authority and the CCG. Out of 206 CCGs in England, Wirral CCG ranks first for jointly funded patients, and is, therefore, a massive outlier in terms of national averages. Although discussions have taken place at a senior level between Wirral CCG and Wirral Borough Council there is no immediate prospect of resolution to the issue. In normal circumstances, the framework allows for the agreement of joint packages but they should be very low in volume. Members were informed that most CCGs have a handful or none. A process is now in place which follows the framework and, based on agreed working together by the Local Authority and the CCG, has resulted in very few joint packages of care among new cases.

***This Report was produced by the Continuing HealthCare Scrutiny Task & Finish Group
(which reports to the Adult Care and Health Overview & Scrutiny Committee)***

Appendix 1: Scope Document for the Continuing HealthCare Scrutiny Review (Final Version)

1. Contact Information:	
<p>Panel Members: Councillors : Alan Brighthouse (Chair) Wendy Clements Moira McLaughlin Karen Prior (Healthwatch Wirral)</p>	<p>Key Officers: Lorna Quigley (Director of Quality and Patient Safety, Wirral Clinical Commissioning Group) 0151 651 0011 (ext 1035) lorna.quigley@nhs.net Jason Oxley (Assistant Director Health and Care Outcomes, Wirral Borough Council) 01516663624 robertoxley@wirral.gov.uk Tracey Cole (Head of Continuing Healthcare / Complex Care, Cheshire and Wirral CCGs) 01270 275545 tracey.cole3@nhs.net Alan Veitch (Former Scrutiny Officer, Wirral Borough Council) 0151 691 8564 alanveitch@wirral.gov.uk</p>
2. Review Aims:	
<p>Wirral Plan Pledge/s:</p> <ul style="list-style-type: none"> • People with disabilities live independently • Older People Live Well • This issue also falls within the Committee’s statutory duty to undertake health scrutiny. <p>Review Objectives:</p> <ul style="list-style-type: none"> • To understand the Continuing HealthCare (CHC) framework and how it is applied locally (including how many clients receive CHC funding); • To assess the local application of the CHC framework in comparison to other geographical areas; • To consider whether relevant staff have the appropriate levels of training in order to implement the CHC framework effectively and apply the framework consistently; • To evaluate the impact of CHC on clients and their families, focussing on both the process and the funding outcomes; • To understand the fast-track process which is place for end of life clients; • To assess the relationship between the CCG and the Local Authority in the application of the CHC framework and understand the consequences for funding. <p>Note: It is assumed that the review will focus on adult clients; children will not be included in the scope at this stage).</p> <p>Scrutiny Outcomes:</p> <ul style="list-style-type: none"> • Partner agencies are held to account; • Members are assured about the effectiveness of local service provision. 	
3. Review Plan	
<p>Review Approach: Workshop, Evidence Day, Task and Finish?</p> <ul style="list-style-type: none"> • The review will be undertaken by a task & group holding a series of evidence gathering sessions. <p>Review Duration:</p> <ul style="list-style-type: none"> • It is planned to complete the review within 6 months. <p>Scheduled Committee Report Date:</p> <ul style="list-style-type: none"> • People OSC, 13th September 2017 <p>Scheduled Cabinet Report Date:</p> <ul style="list-style-type: none"> • Cabinet, 6th November 2017 	

4. Sources of Evidence:

Key Witnesses:

Managers of the process

- Tracey Cole (Head of Continuing Healthcare / Complex Care, Cheshire and Wirral CCGs)
- Sam Olubodun (Operational Lead, Continuing Healthcare / Complex Care, Cheshire and Wirral CCGs)

Administration of the process

- Assessment practitioners (Contact is Judith Lambert, Senior Manager, Adult & Disability Services)
- Health practitioners, for example, occupational health therapists, social care practitioners, physiotherapists, ward nurses, community nurses, care home staff
- Local Authority CHC team (social workers who provide support through the CHC process)
- NHS ICNs (Individual Commissioning Nurses) – Wirral CCG
- Community Nursing Team

Users of the process

- Families who have experiences of the CHC process
- Healthwatch Wirral

Supporting Papers / Documentation:

Documents will include:

- National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care, November 2012 (Revised) (Department of Health)
- NHS Continuing Healthcare Checklist, *November 2012 (Revised)* (Department of Health)
- Decision Support Tool for NHS Continuing Healthcare, June 2016 (amended) (Department of Health)
- Relevant Government reports
- Briefing papers provided by national bodies, for example, 'Continuing to Care?' produced by the Continuing Healthcare Alliance (Parkinson's UK)
- Benchmarking information to include:
 - timescales for cases being dealt with;
 - numbers of applicants;
 - numbers of successful / unsuccessful applicants;
 - numbers of appeals;
 - numbers of joint packages (between CCG and Local Authority);
 - CCG spend on CHC.
- Examples of the standard processes used to communicate with patients / carers (for example, standard letters, etc.);
- Information regarding satisfaction surveys from the CHC process (that is, outcomes from the perspective of the users / carers);
- Examples of redacted assessments (including successful applications for CHC, unsuccessful for CHC and those resulting in joint funded packages of care);
- Reports from other Councils relating to the same topic

Involvement of service users / public:

- Service users will be involved in the review by some being invited to discuss their experiences with members of the task & finish group. A meeting with advocacy agencies is also proposed.

5. Key Communications:

Cabinet Member:

- The scope document will be shared with the relevant portfolio holder at the start of the review (Portfolio folder for Adult Social Care, Cllr Chris Jones).
- The draft report will also be discussed in advance of being finalised by the task & finish group, before being presented to the People Overview & Scrutiny Committee for approval.

Press Office:

- The scope document will be sent to the press office on approval.
- The final report will be referred to the press office for information.

APPENDIX 2 - RECOMMENDATIONS

Recommendation 1 – Consistency of application of the CHC framework by training

Members recognise that Wirral Clinical Commissioning Group (CCG) is not responsible for the staff training of other organisations. However, the CCG and all relevant health partners are requested to collaborate to ensure that all applicable staff receive the appropriate CHC training, where possible through joint sessions. This will enable frontline staff to pass on correct information to patients and families while operating with confidence to apply both the national CHC framework and local procedures. This should ensure that there is more consistency in the application of the framework.

Recommendation 2 – Communication

Wirral Clinical Commissioning Group is requested to consider options to improve communication processes between themselves and partner organisations involved in the local delivery of the CHC framework (such as, Wirral Borough Council, Wirral Community Trust, Wirral University Teaching Hospital and GPs). Similarly, it is suggested that communication processes with potential applicants for CHC funding be reviewed and strengthened.

Recommendation 3 – Dynamic Purchasing System (DPS)

Members note with concern that the introduction of the Dynamic Purchasing System (DPS) has resulted in some reduction of choice for clients while not realising the anticipated level of savings. As a result, Wirral CCG is requested to demonstrate to the Adult Care and Health Overview & Scrutiny Committee that continued use of DPS is providing value for money, is improving the efficiency of staff in identifying appropriate placements and is leading to an improved service for clients, particularly those requiring end of life care.

Recommendation 4 – End of life care

Wirral Clinical Commissioning Group is requested to ensure that those clients requesting CHC funding at end of life receive a service which is both compassionate and speedy. The allocation of placements to care homes who have successfully received the 'Six Steps to Success End of Life Training Programme' would be beneficial.

Recommendation 5 – Learning Disabilities

Wirral Clinical Commissioning Group is requested to review the allocation of resources within the CHC team towards supporting those clients with learning disabilities through the CHC application process, ensuring the same access as people with physical needs.

Recommendation 6 – All-age Disabilities: Transition of young people

As the delivery of the All-age Disability Strategy develops, members of the Adult Care and Health Overview & Scrutiny Committee are requested to consider the addition of a future review to their work programme, namely, to explore the experience of young people moving into adulthood.

Recommendation 7 – Cost of administration

The current cost of administering the Wirral CHC Service at £1m is a significant proportion of the overall cost of Wirral's CHC budget. Wirral Clinical Commissioning Group is requested to consider whether any options are available to ensure that the administration of the CHC process can be achieved as cost effectively as possible.



Adult Care and Health Overview and Scrutiny Committee Wednesday 27th June 2018

REPORT TITLE:	Adult Care and Health Overview & Scrutiny Committee - Work programme update report
REPORT OF:	Chair of the Committee – 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.

It is envisaged that the work programme will be formed from a combination of scrutiny reviews, standing items and requested officer reports. This report provides the Committee with an opportunity to plan and regularly review its work across the municipal year. Some initial ideas for a work programme are attached as an appendix to this report, based on issues which were of interest to members of the Adult Care and Health Overview & Scrutiny Committee in the municipal year 2017/18.

RECOMMENDATION/S

Members are requested to:

1. Approve the proposed Adult Care and Health Overview & Scrutiny Committee work programme for 2018/19, making any required amendments.
2. Support a proposal for a dedicated work programme planning session to be convened for the Chair, Vice-Chair and Party Spokespersons to give further detailed consideration to the Committee's work programme prior to the next scheduled Committee meeting in September.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

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

2.0 OTHER OPTIONS CONSIDERED

Not Applicable

3.0 BACKGROUND INFORMATION

3.1 THE SCRUTINY WORK PROGRAMME AND THE WIRRAL PLAN

The work programme should align with the priorities of the Council and its partners. The programme will be informed by:

- The Wirral Plan pledges
- The Council's transformation programme
- The Council's Forward Plan
- Service performance information
- Risk management information
- Public or service user feedback
- Referrals from Cabinet / Council

The specific Wirral Plan pledges and associated strategies of particular relevance to the Adult Care and Health Overview & Scrutiny Committee are:

Pledge	Strategies
Older People Live Well	Ageing Well in Wirral https://www.wirral.gov.uk/sites/default/files/all/About%20the%20council/Wirral%20Plan/Ageing%20Well%20Strategy.pdf
People with Disabilities Live Independently	All age disability strategy: People with disabilities live independently https://www.wirral.gov.uk/sites/default/files/all/About%20the%20council/Wirral%20Plan/All%20Age%20Disability%20Strategy.pdf
Zero Tolerance to Domestic Violence	Zero tolerance to domestic abuse https://www.wirral.gov.uk/sites/default/files/all/About%20the%20council/Wirral%20Plan/Domestic%20Abuse%20%20Strategy.pdf

In addition, members of the Adult Care and Health Overview & Scrutiny Committee will also want to consider how best to undertake their health scrutiny role.

3.2 PRINCIPLES FOR PRIORITISATION

Good practice suggests that, in order to maximise the impact of scrutiny, it is necessary to prioritise proposed topics within the work programme. Members may find the following criteria helpful in providing a guideline towards ensuring that the most significant topics are prioritised:

Principles for Prioritisation	
Wirral Plan	Does the topic have a direct link with one of the 2020 pledges?
	Will the review lead to improved outcomes for Wirral residents?
Public Interest	Does the topic have particular importance for Wirral Residents?
Transformation	Will the review support the transformation of the Council?
Financial Significance	Is the subject matter an area of significant spend or potential saving?
	Will the review support the Council in achieving its savings targets?
Timeliness / Effectiveness	Is this the most appropriate time for this topic to be scrutinised?
	Will the review be a good use of Council resources?

By assessing prospective topics using these criteria, the Committee can prioritise an effective work programme that ensures relevance and the highest potential to enhance outcomes for residents.

3.3 DELIVERING THE WORK PROGRAMME

It is anticipated that the work programme will be delivered through a combination of:

- Scrutiny reviews undertaken by task & finish groups
- Evidence days and workshops
- Committee reports provided by officers
- Standing committee agenda items, for example, performance monitoring and financial monitoring
- Spotlight sessions
- Standing panels (where deemed necessary)

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

Regular work programme update reports will provide the Committee with an opportunity to plan and regularly review its work across the municipal year.

3.4 SCRUTINY WORK PROGRAMME ITEMS

3.5 Update on Completed Scrutiny Work Programme Items

The following work programme items have recently been concluded. Members may wish to note the following:

Continuing Healthcare (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. Final meetings and evidence gathering sessions have now taken place, and the scrutiny review report can be found elsewhere on the agenda.

Quality Accounts

Providers of NHS healthcare services in England are required to publish an annual Quality Account. The Quality Account provides information on performance across the year, and identifies the priorities for improvement during the forthcoming year. Members of the Adult Care and Health Overview & Scrutiny Committee reviewed the Quality Accounts in May 2018 and provided formal comments to each of the following NHS Trusts who serve Wirral residents:

- Wirral Community NHS Foundation Trust;
- Cheshire & Wirral Partnership NHS Foundation Trust;
- Clatterbridge Cancer Centre NHS Foundation Trust;
- Wirral University Teaching Hospital NHS Foundation Trust;

3.6 Transfer of Scrutiny Work Programme Items

A number of work programme items for previous municipal year(s) have been carried over onto the work programme for 2018/19. The following may be of interest to members:

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. Further work will now take place in order to complete this review. A questionnaire is in development which will be used to assess the satisfaction of service users and families/carers towards the new service provision, and the transition process to that service. Subsequently, focus groups with a number of families/carers and service users will be held.

Urgent Care Review

A Spotlight session was held on 21st February 2018, at which Wirral Clinical Commissioning Group (CCG) provided members with background information relating to a forthcoming review of Urgent Care services in the Borough. Wirral CCG will be developing potential options for future service delivery which will be subject to a Public consultation during 2018. A full report regarding the Urgent Care Review is expected to be presented to members of the Adult Care and Health Overview & Scrutiny Committee at a future meeting.

3.7 Forthcoming Activities

Mental Health Commissioning Workshop

A joint workshop for members of both the Adult Care and Health Overview & Scrutiny Committee, and the Children and Families Overview & Scrutiny Committee is planned for a future date (the original workshop date of 7th June 2018 was postponed at the requested of Wirral Clinical Commissioning Group (CCG) stating that further discussions regarding the procurement process were required in advance of the workshop).

The purpose of the workshop will be to involve members in the proposed 'Improving Access to Psychological Therapies' (IAPT) re-tender, and the future overall mental health procurement exercise. A feedback report on this workshop will be presented to Members at a future meeting.

Clinical Senate

Clinical Senates are forums of multi-disciplinary clinical leadership working with patients and the Public to provide independent advice on issues that will transform healthcare, better integrate services and ensure future clinical configuration of services based on the considered views of local clinicians and the best interest of patients.

It is proposed that members of both the Adult Care and Health Overview & Scrutiny Committee and the Children and Families Overview & Scrutiny Committee take part in a joint workshop to gain an understanding of the Clinical Senate and how it may benefit future work programme items. This joint workshop is proposed to take place during July 2018.

3.8 SCRUTINY OF RISK

In the previous municipal year, a number of Members highlighted the need for scrutiny to consider risk as part of the scrutiny work programme. To develop Members' understanding of risk and risk management, a number of 'risk awareness sessions' will be delivered early in the municipal year. Proposals for how scrutiny considers risk as part of the scrutiny work programme can then be developed through Member feedback.

3.9 FURTHER DEVELOPMENT OF THE SCRUTINY WORK PROGRAMME

In line with the remit of the Committee and the principles for prioritisation, as described above, Members are requested to suggest possible topics for inclusion in the work programme. Committee Members should also consider how best to further develop the work programme in advance of the next scheduled Committee meeting in September. This could be achieved by Committee providing delegated authority to the Chair, Vice Chair and

Spokespersons to provide further detailed input to the work programme's development.

4.0 FINANCIAL IMPLICATIONS

Not Applicable

5.0 LEGAL IMPLICATIONS

Not Applicable

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

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

7.0 RELEVANT RISKS

Not Applicable

8.0 ENGAGEMENT/CONSULTATION

Not Applicable

9.0 EQUALITY IMPLICATIONS

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

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APPENDICES:

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

REFERENCE MATERIAL - SUBJECT HISTORY (last 3 years)

Council Meeting	Date

**ADULT CARE AND HEALTH OVERVIEW & SCRUTINY COMMITTEE
WORK PROGRAMME**

AGENDA ITEMS – Wed 27th June 2018

Item	Format	Officer
Minutes from Adult Care & Health OSC (20 th March)	Minutes	
Financial Monitoring – 2017/18 Q4	Report / Presentation	Matt Gotts to provide report
Performance monitoring – 2017/18 Q4	Report	Nancy Clarkson to provide report
Integrated Social Care transfer – 12 months on staff perspectives.	Report	Val McGee (Wirral Community Trust)
Urgent Care Review - Update	Verbal Update	Simon Banks (Wirral CCG)
Re-establishment of Health and Care Performance Panel	Verbal Update	Chair of the Adult Care and Health OSC
Continuing HealthCare Scrutiny Review	Report	Report of the Task & Finish group (Alex Davidson to provide report)
Work programme update	Report	Report of the Chair (Alex Davidson to provide report)
Deadline for reports to be with Committee Services: Monday 11th June 2018		

PROPOSED AGENDA ITEMS – Wed 12th September 2018

Item	Format	Officer
Minutes from Adult Care & Health OSC (27 th June)	Minutes	
Financial Monitoring – 2018/19 Q1	Report / Presentation	Matt Gotts to provide report
Performance monitoring – 2018/19 Q1	Report	Nancy Clarkson to provide report
Phlebotomy Service Update	Report	Sarah Boyd-Short (Wirral CCG)
Mental Health Commissioning / IAPT – Deferred from June meeting	Report	Jo Watts (Wirral CCG)
Draft Commissioning Strategy	Report	Nesta Hawker (Wirral CCG)
Learning Disabilities Commissioning	Report	Jason Oxley
Annual Social Care Complaints report 2017/18	Report	David Jones (DASS)
Urgent Care Review - Update	Report	Simon Banks/Michael Chantler (Wirral CCG)
Seacombe Birthing Centre/Highfield Unit - Impact	Possible Report	Simon Banks – at request of Chair
Adopting of Terms of Reference for Health and Care Performance Panel	Verbal Update	Report of the Chair (Alex Davidson to provide report)
Work programme update	Report	Report of the Chair (Alex Davidson to provide report)
Deadline for reports to be with Committee Services: Tuesday 28th August 2018		

ADDITIONAL FUTURE AGENDA ITEMS

Item	Format	Approximate timescale	Lead Departmental Officer
Respite Services Review	Report	November 2018	Report of the Task & Finish Group (Alex Davidson to provide report)
Local delivery of the Five Year Forward View	Follow-up report	November 2018	Mel Pickup, Cheshire and Merseyside Health and Care Partnership Lead
Musculoskeletal (MSK) Service	Possible Report	November 2018	Suggested by Sue Borrington, Wirral CCG
Repeat order prescription scheme – progress including communications, controlled drugs and impact on vulnerable groups, especially the elderly (as agreed by Adult Care & Health OSC, 28/06/17 and 20/03/18)	Report	November 2018	Abbie Cowan (Midlands and Lancashire CSU)
Public Health Annual report	Report	November 2018	Fiona Johnstone / Julie Webster
Adults Safeguarding Annual Report 2017/18	Report	Expected Jan 2019	Simon Garner will provide contact as Adult Safeguarding Board is now on LCR basis.
Social care and Health integration for older people	Report	Expected Jan 2019 (Last updated – Jan 2018)	Val McGee (Wirral Community Trust) and Jason Oxley

Note:

It is expected that both Performance Monitoring and Financial Monitoring reports will be reported to committee on the following basis:

27th June 2018 Q4 2017/18

29th Jan 2019 No reports

12th Sept 2018 Q1 2018/19

19th March 2019 Q3 2018/19

27th Nov 2018 Q2 2018/19

WORK PROGRAMME ACTIVITIES OUTSIDE COMMITTEE

Item	Format	Timescale	Lead Departmental Officer	Progress / Comments
Task and Finish work				
Quality of care in Wirral (as proposed at OSC on 20/03/18) to be combined with issues raised with the workforce in the care home sector	To be agreed	To be agreed	Jacqui Evans	Possible referral to Health and Care Performance Panel – to include discharge from hospital/intermediate care in care homes.
Spotlight sessions / workshops				
Mental Health Commissioning	Workshop	July 2018	Jo Watts (Wirral CCG)	Joint workshop with members of Children & Families OSC
Specialist Transport	Workshop	To be agreed	Julie Barnes	Potential joint workshop with members of Children & Families OSC
Urgent Care Review - Housing & Population Growth	Spotlight Session	To be agreed	Michael Chantler (Wirral CCG)	
Key Issues for Health and Care - Overview	Possible Workshop	To be agreed	Graham Hodkinson	Potential joint workshop with members of Children & Families OSC
Single Commissioning arrangements	Workshop/ Report	To be agreed	Graham Hodkinson	
Risk Awareness Session	Workshop	To be agreed	To be agreed	
Corporate scrutiny / Other				
Transformation Programme – business cases	Workshop	As and when required	Michelle Duerden	
Budget scrutiny 2018 / 19	Workshop	9 th January 2018		Complete

HEALTH & CARE PERFORMANCE PANEL – Pending agreement by Members for Panel to be reinstated.

OUTSTANDING WORK PROGRAMME ITEMS

(To be reviewed at first Panel meeting if agreed)

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
Drug use in Wirral (as agreed by Adult Care & Health OSC, 28/06/17) plus an update regarding the number of deaths in service in the drug and alcohol treatment service managed by Change, Grow, Live (CGL).	Report	To be agreed	Julie Webster
Better Care Fund – Plans and priorities 2018/19	Report	Last updated - Sept 2017	Graham Hodkinson / Jacqui Evans
Quality of care in Wirral	To be agreed	To be agreed	Jacqui Evans