



Adult Care and Health Overview and Scrutiny Committee

Date:	Wednesday, 12 September 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 - 10)

To approve the accuracy of the minutes of the Adult Care and Health Overview and Scrutiny Committee meeting held on 27 June 2018.

4. FINANCIAL MONITORING - 2018/19 Q1 (Pages 11 - 42)

5. WIRRAL UNIVERSITY TEACHING HOSPITAL - CQC INSPECTION (Pages 43 - 48)

6. SEACOMBE BIRTHING CENTRE / HIGHFIELD UNIT - IMPACT (VERBAL UPDATE)

7. WIRRAL COMMUNITY TRUST - CQC INSPECTION (Pages 49 - 52)

8. URGENT CARE CONSULTATION (VERBAL UPDATE)
9. INTEGRATED SOCIAL CARE TRANSFER - 12 MONTHS ON STAFF PERSPECTIVES (VERBAL UPDATE)
10. PHLEBOTOMY SERVICE UPDATE (Pages 53 - 60)
11. 2018/19 QUARTER 1 WIRRAL PLAN AND HEALTH AND CARE PERFORMANCE (Pages 61 - 80)
12. HEALTH AND CARE PERFORMANCE PANEL - TERMS OF REFERENCE (Pages 81 - 88)
13. ADULT CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE - WORK PROGRAMME UPDATE (Pages 89 - 104)
14. URGENT BUSINESS

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

ADULT CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Wednesday, 27 June 2018

Present: Councillor J McManus (Chair)

Councillors M McLaughlin M M Jordan
B Berry C Muspratt
W Clements T Norbury
T Cottier L Rennie
G Ellis I Williams
P Gilchrist J Walsh
S Jones K Cannon (In place of S Frost)

1 APOLOGIES FOR ABSENCE

An apology for absence was received from Councillor Samantha Frost; Councillor Kate Cannon attended as deputy. Apologies for absence were also received from K Prior, Wirral Healthwatch.

2 MEMBER 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 in respect of business on the agenda generally:-

Councillor Phil Gilchrist	Personal interest by virtue of his role as a Governor appointed to the Cheshire and Wirral NHS Partnership Trust.
Councillor Sharon Jones	Personal interest by virtue of employment within the NHS.
Councillor Christina Muspratt	Personal interest by virtue of her daughter's employment within the NHS.
Councillor Tony Norbury	Personal interest by virtue of his daughter's employment within Adult Social Services.

Councillor Walsh	Joe	Personal interest by virtue of two relatives employment within the NHS.
Councillor Jordan	Mary	Personal – by virtue of employment within the NHS; of being Secretary of Incubabies, a charity raising funds for the neonatal unit at Arrowe Park; and her son’s employment within the NHS.

3 URGENT BUSINESS

The Chair advised of the acceptance onto the agenda of an urgent item of business relating to the Wirral University Teaching Hospitals NHS Foundation Trust’s financial challenges which, following a recent article published in the Wirral Globe and Liverpool Echo newspaper, was a topic of importance to all residents of the Borough. The item would be considered immediately following the consideration of agenda item 4 ‘2017/18 Quarter 4 and Year End Wirral Plan and Health and Care Performance’.

4 MINUTES

RESOLVED –

That the minutes of the meeting of the Adult Care and Health Overview and Scrutiny Committee held on 20 March 2018 be confirmed as a correct record.

5 2017/18 QUARTER 4 AND YEAR END WIRRAL PLAN AND HEALTH AND CARE PERFORMANCE

The Director for Health and Care introduced his report providing -

- the 2017/18 Quarter 4 (January - March 2018) performance report for the Wirral Plan pledges under the remit of the Committee, presenting a description of progress in Quarter 4 and available data in relation to outcome indicators and supporting measures;
- the Wirral Plan – People (Adult Care and Health) 2017-18 Year End Report summarising improvement of performance against measures and Wirral Plan delivery of Pledge strategy actions at year end; and
- the Adult Social Care and Health Performance Overview, submitted at the request of the Committee to enable effective scrutiny and presenting key performance across health and social care.

Further to the submitted report, the Director drew attention to and commented on matters addressed in the performance summary –

- the reported improvements in performance with regard to the percentage of Wirral residents aged over 50 in employment and the ‘Employment rate aged 16-64 - Equality Act core or Work Limiting Disabled’ measure were noted. The Committee was advised that work continued to improve the latter measure which fell short of national and

North West averages. Employment was noted as a key issue for health and wellbeing as people in employment were less likely to be poverty;

- The success of the Wirral Metropolitan College's Supported Internship Programme was noted, and the important links with the College were acknowledged;
- The slight decrease in the percentage of adults with a learning disability who live in stable and appropriate accommodation was noted and, while ahead of the national average, the Committee was advised that more work was to be done on this area; and
- The summary statements relating to domestic abuse issues and the Age Friendly Pilot were noted to the Committee.

The Director responded to queries from Members on matters contained within the submitted performance reports. Relating to the 'Older people live well' Pledge and issues raised by Councillor Christina Muspratt, the Director noted that information relating to the proportion of residents aged 50+ volunteering on a regular basis arose from a survey and acknowledged that some people surveyed may not regard activities they undertook as 'volunteering'. With regard to the small percentage increase in the Proportion of residents aged 50+ satisfied with housing choice in their local area, it was advised that the Council was engaged in development of extra care housing schemes that may impact on this issue. Comment was also made that the reported declining performance against the measures for people aged 50+ years who felt safe when out in the dark and for reporting as feeling healthy might be related to the severe weather conditions when surveyed in December. The Director noted comments related to health, acknowledging the need for focus on this area.

Relating to the 'People with disabilities live independent lives' Pledge and indicators, the Director acknowledged the decline in performance with regard to the 'gap in progress between pupils with a SEN statement / EHCP and their peers at Key Stage 4' measure was significant, and that work would be undertaken with Children's Services to address issues. Councillor Phil Gilchrist, in referring to the overview to this section, considered that the reference 'if' referring to progression of Extra Care housing should be reflected as 'as and when', as this provision was a key part of the strategy.

Relating to the 'Zero tolerance to domestic violence' Pledge, Councillor Moira McLaughlin sought clarification of why the number of cases referred to MARAC was considered an improvement; what was the effect of the Family Support Unit; and number of children being assessed through domestic abuse reasons, and how the figures correlated. The Director noted that No Zero Tolerance campaign had raised awareness of the issue, and so some indicators would have seen growth as a result. With regard to the specific queries, a response would be forwarded.

With regard to the reported performance in the Annual Report related to Delayed Transfer of Care, Councillor Wendy Clements noted the graph showing a real improvement, but the projection suggesting a worsening position going forward. The Director, while noting the submitted graph, advised of the expectation that the good progress would continue.

Councillor Tony Norbury reminded the Committee of a previous agreement for a trade union representative to attend the Committee to provide a different perspective on the integrated commissioning system. The Chair confirmed this would be considered in September.

RESOLVED –

That the report be noted.

6 WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST'S FINANCIAL CHALLENGES

The Chair welcomed Janelle Holmes, the recently appointed Chief Executive of the Wirral University Teaching Hospital NHS Foundation Trust, to the meeting.

The Chair introduced the urgent business by referring to a recent article in the Wirral Globe newspaper that, in reporting financial issues related to the Trust, had indicated that there was “significant doubt” about the future of the Trust. Given the importance of the hospitals coming under the Trust to the people of Wirral, it was considered appropriate for this Committee to receive a report from the Trust.

Ms Holmes thanked the Committee for the invitation to report on this issue. The Committee was advised that there were no concerns about the future operating of hospitals on the Wirral. The report in the Wirral Globe, and a like one in the Liverpool Echo, had drawn from budgetary information in published Board papers. The Board each year had to plan a financial position, and this year forecast an expected deficit of £25M on a £340M budget; nationally, 43% of acute providers were forecasting deficits. The Trust had an agreed plan with Regulators which included a need to draw down finance, and work was underway with the wider health economy, including the Clinical Commissioning Group (CCG) and other providers, to develop a local plan to address the deficit and issues leading to the deficit.

Simon Banks, Chief Officer of the Wirral CCG, advised that the position of the Trust was not unique, and that similar issues in a scenario of increasing demand for health and social care and related resources affected the whole health economy. Healthy Wirral looked across organisational boundaries to deliver services and reduce costs by closer working and integration to deliver affordable health and social care services. Mr Banks offered to attend the

Committee later in the year to report on Healthy Wirral, sustainability and delivery, and progress in addressing financial challenges.

Councillor Moira McLaughlin, noting previous financial concerns at the Trust and related recovery plan, hoped that information could be provided to the Health and Care Performance Panel for scrutiny.

Councillor Phil Gilchrist, in noting the national overspending / deficits predicted, queried whether local Trusts would be required to make good the money spent. Mr Banks reported that Regulations required health bodies to achieve a breakeven position. The financial challenges being faced meant that old ways of working were no longer appropriate and that all organisations needed to work together to make a sustainable model.

RESOLVED –

That the reports be noted, and the Committee receive a report on Healthy Wirral from Wirral Clinical Commissioning Group later in the current year.

7 URGENT CARE REVIEW - PRE CONSULTATION

Simon Banks, Chief Officer, Wirral Clinical Commissioning Group advised that it had been intended to bring the Urgent Care Review consultation paper to this meeting of the Committee. However, NHS England had a number of requirements to be fulfilled before papers could be released for consultation. Pending NHS England agreement, it was anticipated that consultation would run 17 July – 23 October 2018. The consultation paper would be brought before the Committee or the Health and Care Performance Panel, as the Council considered appropriate. In making introductory comments, Mr Banks also thanked those Members who had contributed to the prior consideration of this matter earlier in the year.

The delay had not prevented an £18M capital bid being submitted for improvements in urgent care under the Health Wirral banner that had been submitted as second of five priorities from the Cheshire and Wirral prioritisation process to NHS Improvement.

Councillor Gilchrist noted that, at the informal session held earlier in the current year, Members had been interested in an up to date picture of services, feeling this would be useful data for the consultation. Mr Banks advised that such detail had been in a consultation draft, and that NHS England's requirements for the content of consultation documents were rigorous.

RESOLVED –

That the report be noted and the Urgent Care Review consultation be considered in due course.

8 RE-ESTABLISHMENT OF HEALTH AND CARE PERFORMANCE PANEL

The Chair sought agreement to the re-establishment of, and appointment to, the Health and Care Performance Panel to enable a more detailed consideration of performance and other key matters than could be given in a Committee meeting.

RESOLVED - That

- (1) the Health and Care Performance Panel be re-established on the basis of a membership drawn from the political groups comprising four Labour members, two Conservative members and one Liberal Democrat member; and**
- (2) the following appointments were confirmed to the meeting –
Labour Group (four) – Chair, Vice-Chair, Councillors Cottier and Muspratt;
Liberal Democrat Group (one) - Councillor Gilchrist
Conservative Group (two) – to forward nominations to the Chair.**

9 CONTINUING HEALTHCARE SCRUTINY REVIEW

Councillors Moira McLaughlin and Wendy Clements introduced the report and recommendations of the Continuing Healthcare (CHC) Review Task and Finish Group. The scrutiny review had sought to understand, assess and give consideration to the CHC framework and how it was applied locally, the Task and Finish Group being established to, among other things, evaluate the impact of CHC on clients and their families, focussing on both the process and the funding outcomes.

In making their presentation, the Councillors thanked former Councillor Alan Brighthouse who had contributed much to the work of the Committee and who had chaired the Task and Finish Group; Karen Prior, Wirral Healthwatch, a member of the Group who could not be in attendance at the meeting; and to Alan Veitch, former Scrutiny Officer who had supported the Group.

CHC and NHS Funded Nursing Care (FNC) referred to services funded by the NHS due to an individual's health related needs. Under CHC, the NHS funds 100% of care and healthcare outside hospital. Under FNC, the NHS pays for the nursing element of care, but accommodation costs are met wholly or in part by the service user and / or the local authority. During 2017, members became aware that Wirral was reported to be third lowest of 32 regional

Clinical Commissioning Groups (CCGs) for numbers of people eligible for 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.

The review had not looked at the national guidelines which determine eligibility for CHC, but had examined the application of those guidelines on Wirral. It had become apparent that decisions about eligibility were difficult to make at times, highlighting the importance of training and improved communication channels between the professionals involved. The pressure to control both the cost of providing CHC and its administration was acknowledged, but regardless of such pressures, there was a clear need to ensure that all changes were adequately scrutinised both before and after implementation.

The report of the Review Task and Finish Group contained the methodology and considerations given during the review leading to the following seven 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".

Sue Wells, Chair of the Wirral CCG, thanked the Task and Finish Group for their report and recommendations, and sought agreement to take the report before the CCG Policy and Performance Committee with a view to developing an action plan to take to the Joint Strategic Commissioning Board and the respective parent bodies.

The Director for Health and Care advised that a key change impacting on this area was the pooling of Council and CCG resources for disabled children in transition and adults with learning disabilities. The approach was intended to prevent people getting caught in the system and that future considerations should be around eligibility, rather than cost. For older people's services, these would remain in the current form; that is, funded by the CCG rather than through the pooled fund.

RESOLVED: - That

- (1) the report be noted and the findings and recommendations of the Continuing Healthcare Review Task and Finish Group be endorsed;**

- (2) **the indication of the Clinical Commissioning Group as to the development of an action plan arising from the findings of the Task and Finish Group be welcomed;**
- (3) **the members of the Continuing Healthcare Review Task and Finish Group be thanked for their work;**
- (4) **the report and recommendations of the Continuing Healthcare Review Task and Finish Group be forwarded to the Cabinet for their consideration.**

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

The Chair introduced her report considering the work programme for the Adult Care and Health Overview and Scrutiny Committee that 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, and reflect the health scrutiny functions delegated to the Committee.

Members noted those matters considered within this meeting of the Committee and agreed for future consideration –

- Urgent Care Review – consideration of the consultation document (minute 7 refers);
- Urgent Care Review – report from the Wirral Clinical Commissioning Group (CCG) on Healthy Wirral and related matters (Minute 7 refers);
- Continuing Healthcare Review – demonstration and assurance from the CCG relating to the Dynamic Purchasing System (Minute 9 refers);
- Continuing Healthcare Review – As the All-age Disability Strategy develops, this Committee consider the exploration of the experience of young people moving into adulthood as a future review (Minute 9 refers); and
- Continuing Healthcare Review – the CCG action plan to be submitted for consideration by this Committee and to receive a six monthly update thereafter (Minute 9 refers).

Further to the proposed item relating to the Seacombe Birthing Centre scheduled currently for the September meeting of the Committee, Mr Banks, Wirral Clinical Commissioning Group, suggested that the presentation might best be provided by the Hospital Foundation Trust / Birthing Centre Management Team as service provider. The Chair further suggested that Members might like to hear from a service user at the Centre to gain an understanding of their experience. Mr Banks undertook to co-ordinate the suggested presentation of the item.

DECIDED – That

- (1) the proposed Adult Care and Health Overview and Scrutiny Committee work programme for 2018/19, to be amended with the inclusion of the above matters considered at this meeting, be approved;**
- (2) a dedicated work programme planning session be convened for the Chair, Vice-Chair and Party Spokespersons to give further detailed consideration to the Committee work programme prior to the next scheduled meeting of the Committee.**



Adult Care and Health Overview and Scrutiny Committee Wednesday, 12 September 2018

REPORT TITLE:	Financial Update 1. Financial Monitoring Report Quarter 1 2018/19 2. Budget 2019/20
REPORT OF:	Director of Finance & Investment (S151)

REPORT SUMMARY

This report is coming to this committee to update on the financial position of the Council.

The following report and appendices sets out the projected revenue and capital monitoring position for 2018/19 as at the close of quarter 1 (30 June 2018).

The report also provides details of the Medium Term Financial Strategy 2019/20-2022/23 (MTFS) and preparation of the budget for 2019/20.

RECOMMENDATION/S

- 1 That members note the report and appendices.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 Overview and Scrutiny Committees receive regular financial updates throughout the year. These allow Committees to understand the financial position of the council and to scrutinise decisions and performance as required.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 Not applicable

3.0 BACKGROUND INFORMATION

Financial Monitoring Report Quarter 1 2018/19

- 3.1 This report supplies financial information in the form of revenue and capital cabinet reports for the council as a whole in a portfolio structure. The quarter 1 revenue forecast is an overall overspend of £0.6 million for the year. Environment and Leisure and Recreation Services forecast overspends making up the majority of this.

The quarter 1 capital report recommends that Cabinet agree the 2018/19 Capital Programme of £86.4 million which takes into account re-profiling identified during the 2017/18 final accounts process together with any additional grant funding notified to the Council. Expenditure to date is £5.0 million.

- 3.2 The detail for the portfolio Adult Care & Health within the reports is the key information for this scrutiny committee.

The quarter 1 revenue report shows a balanced budget for Adult Care & Health. The quarter 1 capital report shows an expenditure of £143,000 on a programme of £8.5 million.

Budget 2019/20

- 3.3 In July the Cabinet agreed a new MTFs covering the period 2019/20 – 2022/23 during which the Council will continue to implement the pledges contained in the Wirral Plan whilst operating in a challenging financial environment.

Budget Projections 2019/20-2022/23: Budget Gap Forecast

PROJECTIONS	2019/20 £m	2020/21 £m	2021/22 £m	2022/23 £m
Cumulative Budget Gap	45	62	65	67
Annual increase in the Budget Gap	45	17	3	2

During this period Council continues to face financial constraints and pressures. The medium term financial planning period to 2023 will see continued grant funding reductions and financial pressures as a result of increasing demand. Aligned to this the Council will in 2020, assume full responsibility for the raising and collection of income generated locally that will be used to fund the services accessed by Wirral residents.

3.4 The MTFs from 2019 to 2023 describes the way that Council will address these challenges via a three phased approach:

- The Medium Term Financial Strategy describes what the future financial position of the Council will look like, what our challenges are and how we will allocate our resources to meet our corporate priorities and achieve the outcomes of the Wirral Plan. Working through strategies to resource Council priorities through additional income. Strategies such as the Growth Strategy, Income Strategy, Commercial Strategy will all lead to greater income in the future.
- The Medium Term Financial Plan describes how we are currently financed and future changes to this, our approach to meeting the financial challenges and how we will measure this.
- The Financial Resilience plan describes how we can evidence our financial sustainability over the medium term to provide assurance to local taxpayers that we are providing value for money, our process for decision making is robust and we are safeguarding public funds.

3.5 Over the period the Council will seek to achieve the following to resolve the funding gap:

Short Term

Growth in income sources will make a limited contribution with the amount of council tax growing through new homes being built. Business rates are also expected to increase along with fees and charges increasing too. Saving proposals will have to make up a significant part of the resolving of the funding gap.

Medium to Long Term

In the long term the Councils plan is to change approaches so that it can raise or generate more income itself and be less reliant on central government. This will be through:-

- Income and investments. Aiding local economic development so that the area becomes more self-sufficient through economic growth, community involvement and social action.
- Transform how the Council works and operates to improve service and pledge outcomes and reduce costs.
- Working with partners and residents to provide the tools to get people into employment and improve health. Through this route there will be better life outcomes and a reduced need for social care.

3.6 Role of Overview and Scrutiny Committees

Each year the Council is legally bound to set an annual budget, agreed by Full Council. The process for budget setting for each year 2019 – 2023 is a continuous one with activities taking place all year round to ensure a balanced annual budget can be set. The development of financial proposals for future years will take place via a Cabinet Portfolio aligned approach to action planning and budgeting. Budget proposals are encouraged organisation wide. Overview and Scrutiny Committees activities focus on the consideration and response to draft budget proposals for the coming financial year as proposed by Cabinet. All Committees are involved and may propose financial proposals, making any comments and recommendations, including in relation to the draft budget considered by Cabinet.

- 3.7 The Council is currently working on setting a balance budget and work has commenced on this. The key dates and timeline are as follows:

Event	Date
Cabinet agree draft budget proposals for formal consideration	November/December 2018
Overview and Scrutiny Committees consider and review draft budget proposals	Various dates in December 2018
Comments on draft budget proposals to Cabinet	January 2019
Cabinet approve budget 2019/20 and an updated MTFS to 2023 taking account of Overview and Scrutiny recommendations and make Council Tax recommendations to Council.	18 February 2019
Full Council consider budget and Council Tax	4 March 2019

4.0 FINANCIAL IMPLICATIONS

4.1 The Financial implications are contained within the report and appendices. These explain the revenue budget and forecast spend positions and the capital programme budget and spend to date. The budget setting and planning process is integrated with the Wirral Plan. Further resource implications are detailed within the Medium Term Financial Strategy and these implications are reviewed by the reports revising the financial position submitted to Cabinet throughout the year.

5.0 LEGAL IMPLICATIONS

5.1 There are none arising directly from this report.

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

6.1 There are no implications arising directly from this report.

7.0 RELEVANT RISKS

7.1 There are none directly relating to this report. The monitoring of financial performance is important to ensure robust financial control procedures are in place. This report outlines the MTFs 2019/20-2022/23 considered by Cabinet. The council faces financial challenges in this period as it seeks to increase income, reduce costs whilst transforming its approach to services. There is a risk in future years that the Council does not achieve a planned approach.

8.0 ENGAGEMENT/CONSULTATION

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

9.0 EQUALITY IMPLICATIONS

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

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APPENDICES

Appendix 1 – Revenue Monitoring 2018/19 Quarter 1
Appendix 2 – Capital Monitoring 2018/19 Quarter 1

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Budget Council	5 March 2018
Cabinet – Revenue Monitoring 2017/18 Quarter 1	16 July 2018
Cabinet – Capital Monitoring 2017/18 Quarter 1	16 July 2018
Cabinet – Medium Term Financial Strategy 2019/20- 2022/23	16 July 2018

**CLLR JANETTE WILLIAMSON****CABINET****16 JULY 2018****REVENUE MONITORING 2018/19****QUARTER 1 (TO JUNE 2018)****Councillor Janette Williamson, Cabinet Member for Finance and Resources, said:**

“The Council set a balanced, sustainable and fair budget in March 2018, despite significant government cuts and increasing demand for costly, specialist children’s social care services. No additional funding from government has been forthcoming to support this national crisis. Setting the budget for 2018/19 under such difficult circumstances was tough but we continued to protect those services most important to our most vulnerable and target our resources to the areas that matters most to our communities.

Already during Quarter 1 we are feeling the extent of our reduced funding with pressures already mounting in some areas as demand continues to rise. We have a robust programme of recovery with intervention and demand management taking shape to ensure we can mitigate pressures in year.

At the end of Quarter 1 we are forecasting an overspend of 0.2% of the net budget. This is early and while cautious it is prudent to ensure we forecast a realistic representation, I am confident that the plans and restrictions we have in place will once again enable us to deliver a balanced budget for the coming year.”

REPORT SUMMARY

This report sets out the projected revenue position for 2018/19 as at the end of Quarter 1 (30 June 2018).

The forecast outturn position as at the end of Quarter 1 is a potential overspend of £0.617m. It is anticipated that mitigating savings can be identified to offset the potential overspend, however as these are yet to be formalised, it is prudent to report an overspend position.

Since the 2018/19 budget was set in March 2018, there are several areas of significant pressure across the Council as a result of increasing demand and there is a robust mitigation programme in place to ensure these pressures do not materialise.

The report provides an update on the achievement of savings proposals for 2018/19, some of which are currently not being realised, however areas to offset these via other means are being explored so that the total savings target can be met by the end of the year.

In addition to formal Quarterly reporting to Cabinet, the budget position is reported monthly at Directorate Management Team meeting and the Strategic Leadership Team. This is to ensure any early warning highlighting pressures can be collectively resolved. The outcome of the quarterly monitoring and any medium to long term effects is fed into the Medium Term Finance Strategy to ensure the impact can be assessed against the council's future financial sustainability

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

RECOMMENDATIONS

- 1 The Quarter 1 forecast to the year-end of a £0.617m overspend which incorporates a number of adverse variances across the range of portfolios, be noted.
- 2 To note that Officers continue to identify actions and take measures to effectively manage the overall budget and reduce the impact of any adverse projected pressures that may result in overspends.

1.0 REASONS FOR RECOMMENDATIONS

- 1.1 The Council, having set a Budget at the start of the financial year, needs to ensure the delivery of this Budget is achieved. Consequently there is a requirement to regularly monitor progress so corrective action can be taken when required which is enhanced with the regular reporting of the financial position.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 This is a monitoring report but any options to improve the monitoring and budget accuracy will be considered.

3.0 BACKGROUND INFORMATION

3.1 CHANGES TO THE AGREED BUDGET

- 3.1.1 The 2018/19 Budget was agreed by Council on 5 March 2018. There have not been any changes to the budget since it was agreed. The budget by Portfolio for the year is included below:

Table 1: 2018/19 Net Budget by Portfolio

	£000
Adult Care and Health	90,068
Children and Families	80,992
Environment	28,868
Finance and Resources	9,983
Highways and Transport	39,085
Housing and Planning	19,396
Jobs and Growth	1,107
Law and Order	4,398
Leader of the Council	8,891
Leisure and Recreation Services	17,732
Total Net Budget	300,520

- 3.1.2 For this report the budget has been analysed between the new Cabinet Portfolios confirmed at Council on 15 May 2018. Once the new Senior Management structure takes effect from 1 July, the following reports will be structured in this way.

3.2 PROJECTIONS AND KEY ISSUES

3.2.1 The projected Outturn position as at the end of June 2018 and Portfolio updates are detailed in the following sections.

Table 2: 2018/19 Projected Forecast Outturn

Portfolio	Revised Budget	Forecast Outturn	Variance £000	Variance %
Adult Care and Health	90,068	90,068	0	0
Children and Families	80,992	80,992	0	0
Environment	28,868	29,243	-375	-1.2
Finance and Resources	9,983	9,895	88	0.9
Highways and Transport	39,085	39,085	0	0
Housing and Planning	19,396	19,396	0	0
Jobs and Growth	1,107	1,107	0	0
Law and Order	4,398	4,398	0	0
Leader of the Council	8,891	8,891	0	0
Leisure and Recreation Services	17,732	18,062	-330	1.9
TOTAL	300,520	301,137	-617	-0.2

3.3 PORTFOLIO UPDATES

3.3.1 Adult Care and Health – Balanced

- Adult Social Care and Health are currently anticipating a demand pressures of £3m to the year end.
- The pre-agreed 4-year learning disability and mental health savings targets set in April 2017 aim to offset £2m of this pressure and a detailed project plan including arrangements for consultation and engagement where this is required, is being developed. To manage the range of complex projects, a Programme Lead Commissioner has been appointed, on a joint funded basis with the CCG to lead on the coordination and delivery of the efficiencies.
- The remaining £1m will be delivered through Wirral Community Foundation Trust, via a combination of existing packages of care reviews and an offer for appropriate levels of care in the community that will promote independence for service users.

3.3.2 Children and Families – Balanced

- The cost of Looked After Children (LAC) continues to present a pressure for the Directorate. The number of LAC has stabilised over the past 6 months with only a small number of new placements agreed. However, the increasing complexity of needs still represents a challenge in reporting a balanced budget.
- The investment provided in the 18/19 budget is taking shape with new practices embedded within the Directorate creating efficiencies and enabling reactive expenditure to be diverted to prevention.

3.3.3 Environment – Overspend of £0.375 Million

- Within the Waste & Environment contract a £0.4 million anticipated saving on establishment costs has not materialised and alternative areas are being explored and recovery plans being developed to offset the saving. The overspend is currently being offset by one-off underspends elsewhere within the Directorate and every effort is being made to mitigate this pressure for 2019/20.

3.3.4 Finance and Resources– Underspend of £0.088 Million

- An underspend of £0.5m is forecast on the cost of borrowing due to a lower than anticipated schedule for financing the capital programme. The programme however is not static and there could be further projects that require capital financing during the year. It is expected that any new projects are self-financing but as there is often a lead in time for benefits to be realised, there is a risk that this underspend could reduce in the event of any new major capital initiatives.
- The underspend is being offset in part by a pressure within the Council contribution to the Coroners Service which is part of a shared service hosted by Liverpool City Council. Dialogue will take place with Liverpool City Council to establish what plans they have for mitigating the pressures. Minor areas of underachievement of income from traded services is also offsetting the overspend.

3.3.5 Highways and Transport – Balanced

- The Portfolio is currently experiencing a pressure as a result of an underachievement of car parking income which is being offset by the management of Commissioning Support budgets to prioritise and streamline highway maintenance works. It is anticipated that this an in-year pressure that will be fully resolved in 2019/10.

3.3.6 Housing and Planning – Balanced

- Within the buildings service a potential overspend on rent and rates and other associated premises costs is currently being offset by efficiencies on plant, property and machinery expenditure and income receivable from Design Consultancy.

3.3.7 Law and Order – Balanced

- Community Safety is currently forecasting expenditure pressures that are anticipated to be offset by future restructuring proposals.

3.3.8 The Leader of the Council – Balanced

- A review of Communication, Marketing Press & PR budgets is being undertaken with a view to 'right-sizing' these budgets to offset historic income pressures. This will be undertaken by Quarter 2 and should alleviate any future pressures in this area.

3.3.9 Leisure and Recreation Services– Overspend of £0.33 Million

- The 2018/19 budget was predicated on the expectation that savings options relating to a more flexible work programme at Woodchurch and new football pitches would be fully achieved. However, continuing delays in the implementation of both of these projects will mean that not all these savings will come to fruition in 2018/19. Alternative areas to achieve these income targets are being explored with a view to offsetting the overspend by the end of the year.

3.4 IMPLEMENTATION OF SAVINGS

- 3.4.1 As part of the budget setting process for 2018/19 a range of savings options were agreed. These are monitored monthly to ensure their achievement is progressing. A summary of the position of 2018/19 savings at 30 June 2018 is below. It is anticipated that all savings either via the original proposal or via other means will be realised by the end of the year

Table 3: Savings Implementation 2018/19 (£000's)

Portfolio	Number of Options	Approved Budget Reduction	Amount Delivered at Q1	Mitigation	Unachivable awaiting mitigation	To be Delivered
Adult Care and Health	1	2,000	0	0	0	2,000
Children and Families	10	5,200	0	0	0	5,200
Environment	4	480	100	25	0	355
Finance and Resources	10	4,996	3,803	0	0	1,193
Highways and Transport	5	457	37	0	100	320
Housing and Planning	4	206	51	0	0	155
Law and Order	1	30	0	0	0	30
Leader of the Council	2	85	50	0	0	35
Total	37	13,454	4,041	25	100	9,288

4.0 FINANCIAL IMPLICATIONS

- 4.1 This is the Quarter 1 budget monitoring report that provides information on the forecast outturn for the Council for 2018/19. The Council has robust methods for reporting and forecasting budgets in place and alongside formal Quarterly reporting to Cabinet, the financial position is reported monthly at each Directorate Management Team and corporately at the Strategic Leadership Team (SLT). In the event of any early warning highlighting pressures and potential overspends, the SLT take collective responsibility to identify solutions to resolve these to ensure a balanced budget can be reported at the end of the year.

5.0 LEGAL IMPLICATIONS

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

6.0 RESOURCE IMPLICATIONS; ICT, STAFFING AND ASSETS

6.1 There are no implications arising directly from this report.

7.0 RELEVANT RISKS

7.1 The possible failure to deliver the Revenue Budget is being mitigated by:

- Senior Leadership / Directorate Teams reviewing the financial position.
- Availability of General Fund Balances.

8.0 ENGAGEMENT/CONSULTATION

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

9.0 EQUALITIES IMPLICATIONS

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

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SUBJECT HISTORY

Council Meeting	Date
Budget Council	5 March 2018

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CLLR JANETTE WILLIAMSON

CABINET

16 JULY 2018

CAPITAL MONITORING 2018/19

QUARTER 1 (TO JUNE 2018)

Councillor Janette Williamson, Cabinet Member for Finance and Resources, said:

“We are making major investments in Wirral this year – improving infrastructure, the public realm and the local environment which residents are rightly proud of.

This report demonstrates this investment, it provides a helpful summary of our progress, and makes it clear that we are using the resources available to us to their best effect to improve services for local people.”

REPORT SUMMARY

This report provides an update on the progress in delivering the Capital Programme 2018/19 at the end of June 2018. It recommends that Cabinet agree the 2018/19 Capital Programme of £86.4 million which takes into account re-profiling identified during the 2017/18 final accounts process together with any additional grant funding notified to the Council. Expenditure to date is £5.0 million.

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

RECOMMENDATIONS

- 1 To note the spend at Quarter 1 of £5.0 million, with 25% of the financial year having elapsed.
- 2 To approve additional funding for the 7 schemes referred to in paragraph 3.10.

- 3 To agree and refer to Council the revised Capital Programme of £86.4 million (Table 1).
4. To agree the additional grants detailed in section 3.1.2.

SUPPORTING INFORMATION

1.0 REASONS FOR RECOMMENDATIONS

1.1 Regular monitoring and reporting of the Capital Programme enables decisions to be taken faster which may produce revenue benefits and will improve financial control of the Programme.

2.0 OTHER OPTIONS CONSIDERED

2.1 No other options have been considered.

3.0 BACKGROUND INFORMATION

ORIGINAL AND PROPOSED CAPITAL PROGRAMME FOR 2018/19

3.1 The Programme for 2018/19 is subject to change. It presently reflects the following changes which are then detailed in Tables 1 and 2.

	£000
Programme agreed by Cabinet on 19 February 2018	74,561
Year end re-profiling for 2017/18	10,482
Additional grants and contributions	7,740
Additional requirements	1,142
Reduced requirements	(2,700)
Net re-profiling to 2019/20	(4,834)
Revised 2018/19 Programme	86,391

Table 1: Capital Programme 2018/19 at 30 June 2018

	Capital Strategy	Revised Programme	Actual Spend June 2018
	£000	£000	£000
Adult Care & Health	7,912	8,543	143
Children & Families	19,099	20,852	2,200
Environment	225	50	0
Finance and Resources	5,213	4,287	130
Highways & Transport	13,787	20,409	1,954
Housing & Planning	7,542	7,791	375
Jobs & Growth	16,785	18,697	0
Law & Order	0	83	38
Leisure & Recreation	3,998	5,679	117
Total expenditure	74,561	86,391	4,957

3.2 Followings reviews reported and agreed by the Investment and Change Board and the Technical Design Authority a number of schemes that were previously classed as deferred are now included in the Capital Strategy figure above.

These total £3.7 million. The other significant variances which have arisen since the Budget was set are shown in Table 2.

Table 2: Significant Variations (> £0.2m) to the 2018/19 Programme

Scheme	£000
Adult Care & Health	
Pensby Wood - re-profiling from 2017/18 £0.310m; additional requirement £0.172m.	482
Children & Families	
Primary Places - re-profiling from 2017/18	742
Healthy Pupils Fund - additional grant allocation	245
Special Educational Needs and Disabilities (SEND) - additional grant allocation.	206
Improvement Plan funded by the flexible use of capital receipts - re-profiling	1,100
Environment	
Cemetery extensions and improvements - re-profiling from 2017/18	226
Finance and Resources	
Windows 10 rollout - re-profiling - £0.1m carried forward from 2017-18 and £1.0m brought forward from 2019/20	1,100
Data Centre - re-profiling from 2017/18	339
Improvement Plan - originally to be funded from capital receipts but now from revenue	(2,700)
Fund to assist land assembly - re-profiling from 2017/18	246
Highways & Transport	
Bridges - re-profiling from 2017/18 £0.707m and additional grant notification £0.150m.	857
Dock bridges – re-profiling from 2017/18 £0.610m; additional private sector contribution £0.142m	752
Sustainable Transport Enhancement Programme (STEP) schemes - re-profiling from 2017/18	702
Transport for Growth - re-profiling £2.168m and grant confirmation £1.150	3,318
Street lighting and LED replacement - re-profiling from 2017/18	349
Transport Advisory Group feasibility studies - additional grant notification	245
BAMN Commercial settlement	305
Housing & Planning	(1,899)
Aids/adaptations/disabled Facilities Grants- re-profiling into 2019-20 £5.797m; grant confirmation £3.858m	2,011
Housing Zones Marginal Viability Fund (Northbank Wirral Waters) - grant notification	

Jobs & Growth	
Business Investment Fund - re-profiling from 2017/18	551
Investment in properties - re-profiling from 2017/18	1,156
Wirral Waters Investment Fund - re-profiling from 2017/18	205
Leisure & Recreation	
Soft Play Areas Leisure Centres - re-profiling from 2017/18	410
Beechwood Recreation Centre - additional requirement	430
Total	11,378

3.3 Schemes will be subject to an ongoing review to ensure that a deliverable Programme is in place, that they are compatible with the 2020 Vision and to try and identify any savings. Current progress on the more significant areas of spend to date is provided in the following sections.

3.4 **Adult Care & Health**

3.4.1 Work is continuing to remodel Pensby Wood with a further £0.13 million spent in 2018-19. Completion is expected early July.

3.5 **Children & Families**

3.5.1 Meadowside Special School (£0.172 million) - work has recently been completed on the construction of new hydrotherapy pool and changing facilities. The pool will be ready to use in July after having undergone a full commissioning process.

3.5.2 Heygarth Primary School (£0.050 million) - this project is part of the pupil place planning strategy that links to area regeneration. The project is due for completion in October 2018. It provides the school with two additional classrooms, internal re-configuration to two areas within the school, new resource spaces, and improved outdoor space.

3.5.3 Improvement Programme - £6.8 million has been committed in respect of the Children's Services allocation and £0.3 million in respect of HR and Legal. This commitment has been allocated across Children's Social care, Safeguarding, Quality, Performance and Improvement and Children with Disabilities as well as in Corporate Services. The funding will be used to improve social work practices and outcomes for children, reduce numbers of Children Looked After and establish a stable workforce and reduce reliance on agency workers.

3.6 Highways and Transport

- 3.6.1 Dock Bridges - a further of £0.5 million has been incurred in the first quarter in respect of the current replacement scheme. The bridge has now re-opened.
- 3.6.2 Sustainable Transport Enhancement Programme (STEP). Expenditure is focused on 2 significant schemes; Northbank East (£0.320 million) which will provide increased accessibility for pedestrians and cyclists to the Wirral Waters West Float development and increased attractiveness of the area for businesses and investors; The Croft Retail Corridor (£0.114 million) which will also improve accessibility for pedestrians and cyclists, including improved safety for cyclists through the provision of an off road route.
- 3.6.3 Transport for Growth - expenditure has been incurred on 4 schemes to date, by far the most significant being the improvements to the junction of the M53 and A554 (£0.112 million).
- 3.6.4 Grant funding of £0.563 million is available to fund pothole repairs. There is a risk-based approach to decisions on maintenance interventions, having regard for both public safety and budget availability. Dangerous potholes are treated as a priority for action. A number of different techniques are applied in an effort not to just to repair individual potholes, but also to prevent them occurring again. These works have either already started or are scheduled to begin in the coming weeks. By the end of October it is estimated that 75% of the budget will have been spent on repairs, with the remainder being spent by March 2019.

3.7 Housing & Planning

- 3.7.1 The largest areas of spend so far this year relate to Aids, Adaptations and Disabled Facilities Grants (£0.2 million) and Home Improvements (£0.12 million). The Council has received a further grant allocation of £3.8 million for 2018/19. The most realistic estimate is that we will process applications of £2 million therefore the balance of £1.8 million together with unused grant at the beginning of the year will be available in 2019/20.

3.8 Jobs & Growth

- 3.8.1 Within the Programme is an allocation of £11.1 million for investment in properties. This is closely linked to the progressing Wirral Growth Company and is intended to fund potential acquisitions which will, in turn, provide a revenue income stream to the Council.

3.9 Leisure & Recreation

- 3.9.1 The various works required at the Transport Museum have been completed this year. These were the creation of a new entrance hall, reception area, shop, café and kitchen alongside improved museum display areas. The facility is also now DDA compliant.

3.10 APPROVAL FOR ADDITIONAL FUNDING

3.10.1 There are seven new schemes to be considered for inclusion in the 2018/19 programme

3.10.2 Pensby Wood fit out costs (£172,000)

Discussions have previously taken place at the Wirral Evolutions Project Board regarding the need for additional capital investment in the form of specialist equipment to complete the fit out at Pensby Wood. This will enable those individuals with physical and learning disabilities to fully utilise the potential offered by this redesigned facility.

3.10.3 Beechwood Recreation Centre (£430,000)

In order to ensure that the centre would be fit for purpose a condition survey had previously been undertaken which identified a number of additional works that would be required. These included re-roofing, upgrading the electrical infrastructure, alterations to and renewal of boilers and renewal of the showers.

3.10.4 Frankby Cemetery Extension (£90,000)

Additional work has been required to renew the access track to the depot and out of the cemetery. Ground conditions and drainage issues have proved to be worse than anticipated. Environmental issues resulted in the need to install over 200 metres of fencing which was not part of the original scheme. This extension is necessary as the current cemetery is running out of capacity.

3.10.5 Floral Pavilion Audio Mixing Desk Replacement (£35,000)

The current mixing desk is a valued resource for users in order to deliver high quality performances. It enhances the overall offer to potential customers and results in attracting a large market with an income of £2.2 million. The console is 11 years old and displaying potentially critical faults which could result in complete failure resulting in a possible loss of income. The manufacturer will no longer provide a support and repair package after September 2018 and therefore its replacement is the only feasible option.

3.10.6 BAMN Commercial Settlement (£305,000)

As part of the BAMN commercial settlement, which is currently being negotiated, there are a number of capital costs which will need to be funded. In the main these relate to depot premises, including value of upgrades that BAMN have undertaken, all equipment at the engineering workshop at Cleveland St, street lighting HIAB vehicle and a gully cleansing vehicle.

3.10.7 Floral Pavilion Chiller Unit (£55,000)

The main chiller unit had failed to the point that unless immediate action was taken with regards to undertaking large scale replacement of major components, the theatre would have to close due to the building becoming too hot, with no air control. Closing the building would cause severe financial loss with potential claims for cancellations, notwithstanding the reputational damage.

3.10.8 The Oval Grandstand Structural Works (£55,000)

Essential health and safety works are required.

3.11 NEW GRANT ALLOCATIONS

3.11.1 Since the budget was agreed a number of additional grants have been made available to the Council. Details are below and Members are asked to note these for inclusion in the capital programme

3.11.2 Housing Zones Marginal Viability Fund (£6,004,000)

The Council has successfully secured £6 million in government funding which will be used for a package of infrastructure works including land remediation, public realm works and utilities provision at Northbank, Wirral Waters. The funding will bring forward 5 housing development parcels within Wirral Waters including the 3 sites at Northbank East and 2 sites at Northbank West. The funding will support the delivery of 1,106 units, for which planning permission has already been secured in 2012. There are delays in the Government finalising the funding offer so it is not possible to give an accurate profile of when the funding will be released. The latest estimate is 2018/19 £2 million, 2019/20 £2.6 million, 2020/21 £1.4 million.

3.11.3 Healthy Pupils Capital Fund (£245,000)

This fund is intended to improve children's and young people's physical and mental health by improving and increasing availability to facilities for physical activity, healthy eating, mental health and wellbeing and medical conditions.

3.11.4 Transport Advisory Group Feasibility Fund (£245,000)

Funding to undertake transport studies to support the delivery of the Connecting Wirral Transport Strategy and the Wirral Growth Plan. Specifically the grant relates to the A41 corridor, Saughall Massie infrastructure improvements and Wirral Waters Gateways infrastructure.

3.11.5 Special Educational Needs and Disabilities (£206,000)

To enable local authorities to invest in new places and improvements to facilities for pupils with education, health and care (EHC) plans in mainstream and special schools, nurseries, colleges and other provision.

FINANCING OF THE CAPITAL PROGRAMME

3.12 Table 3 summarises the financing sources for the original and latest Programme.

Table 3: Revised Capital Programme Financing

Capital Programme Financing	Capital Strategy	Revised Programme
	£000	£000
Borrowing	33,584	45,306
Capital Receipts	14,162	11,806
Grants	20,815	23,074
Business Rates (Wirral Waters - ring-fenced)	6,000	6,205
Total Financing	74,561	86,391

- 3.13 Any re-profiling that reduces borrowing will produce one-off revenue savings. A permanent saving only occurs if schemes cease, otherwise the full budget will be required in 2019/20 when the re-profiled expenditure is incurred.

PROJECTED LONGER TERM CAPITAL PROGRAMME

- 3.14 Funding for the 2018/19 to 2020/21 Programme is in Table 4. This reflects the 2018/19 Capital Programme agreed by Cabinet on 19 February 2018 with subsequent amendments for re-profiling, revised grant notifications, approval for previously deferred schemes and additional requirements.

Table 4: Capital Programme Financing 2018/19 to 2020/21

Capital Programme Financing	2018/19 Revised Programme	2019/20 Programme	2020/21 Programme	Total Programme
	£000	£000	£000	£000
Borrowing	45,306	16,515	4,226	66,047
Capital Receipts	11,806	-	-	11,806
Grants	23,074	18,806	5,295	47,175
Business Rates (Wirral Waters - ring-fenced)	6,205	5,000	4,450	15,655
Total Financing	86,391	40,321	13,971	140,683

SUPPORTED AND UNSUPPORTED BORROWING AND THE REVENUE CONSEQUENCES OF UNSUPPORTED BORROWING

- 3.15 Based on current cost, £1 million of Prudential Borrowing would result in additional revenue financing costs of approximately £62,000 per annum in the following year. As part of the Capital Strategy 2018/19 to 2020/21 the Council has included an element of Prudential Borrowing and presently there is £66 million included over the three years, which will result in approximately £4.0 million of additional revenue costs as detailed at Table 5.

Table 5: Unsupported Borrowing Forecasts & Revenue Costs

	2018/19	2019/20	2020/21	2021/22
	£000	£000	£000	£000
New Unsupported Borrowing	45,306	16,515	4,226	0
Cumulative	45,306	61,821	66,047	66,047
Annual Revenue repayment costs				
Cumulative	500	2,990	3,880	4,095

CAPITAL RECEIPTS POSITION

- 3.16 In accord with the Capital Receipts flexibilities introduced by the Government capital receipts generated between 1 April 2016 and 31 March 2022 can be used to support Transformation. This has been reflected in the Capital Programme for 2018/19 and in the associated receipts assumptions for 2018/19.
- 3.17 The Capital Programme is partly reliant on the generation of receipts to finance future schemes. Available receipts at 1 April 2018 were £1.67 million with £0.97 million available to fund the Transformation Programme and £0.7 million to fund the ongoing Capital Programme. The table assumes that the proposed spend, set out at Table 1 is agreed. Receipts and funding assumptions are based upon the latest estimates.

Table 6: Projected Capital Receipts position

	2018/19	2019/20
	£000	£000
Capital Receipts Reserve	1,672	2,266
In - Receipts Assumption	12,400	N/A
Out - Funding assumption	-11,806	N/A
Closing Balance	2,266	2,266

- 3.18 The assumption for receipts in 2017/18 is predicated on the fact that the Transformation Programme of £11.1 million (Children's Services) is to be funded from allowable receipts generated between 2017/18 and 2021/22. Critical to this assumption is the disposal of Council assets such as Acre Lane. If the anticipated receipts do not come to fruition, this will cause a subsequent revenue pressure of £9.6 million.

4.0 FINANCIAL IMPLICATIONS

- 4.1 The revised 2018/19 Capital Programme is £86.391 million and anticipated capital receipts remaining at the year-end £2.26 million.

5.0 LEGAL IMPLICATIONS

- 5.1 There are none arising directly from this report.

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

6.1 There are none arising directly from this report.

7.0 RELEVANT RISKS

7.1 The possibility of failure to deliver the Capital Programme will be mitigated by the monthly review by a senior group of officers, charged with improving performance.

7.2 The generation of capital receipts may be influenced by factors outside the authority's control e.g. ecological issues. Lambert, Smith, Hampton are providing external support to maximise the Council's income and advise on strategy.

8.0 ENGAGEMENT/CONSULTATION

8.1 There has been no specific consultation with regards to this report.

9.0 EQUALITY IMPLICATIONS

9.1 There are none arising directly from this report

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APPENDICES

Appendix 1 – Capital Programme and Funding 2018/19

Appendix 2 – Capital Receipts 2018/19

SUBJECT HISTORY

Council Meeting	Date
Capital monitoring reports presented to Cabinet	Various
Capital Programme – Council	6 March 2017
Capital Programme – Council	5 March 2018

Capital Programme and Funding 2018/19

APPENDIX 1

Adult Care & Health	Revised Programme £000	Spend to Date £000	Council Resources £000	Business Rates £000	Grants £000	Total Funding £000
Heswall Day Centre	350	-	350	-	-	350
Extra Care Housing	3,000	-	2,000	-	1,000	3,000
LD Extra Care Housing	3,000	-	2,000	-	1,000	3,000
Community Intermediate Care	500	-	500	-	-	500
Citizen & Provider Portal/I.T.	352	6	-	-	352	352
Assistive Technology	462	3	230	-	232	462
Pensby Wood re-modelling	707	134	707	-	-	707
Pensby Wood fit out costs	172	-	172	-	-	172
	8,543	143	5,959	-	2,584	8,543
Children & Families						
PFI	85	-	85	-	-	85
Condition/modernisation	4,543	306	-	-	4,543	4,543
Primary Places	2,542	23	2,542	-	-	2,542
Basic Needs	1,577	96	-	-	1,577	1,577
SEN and Disabilities (SEND)	206	-	-	-	206	206
Healthy Pupils Capital Fund	245	-	-	-	245	245
SEND Assisted Travel - replace adult vehicle fleet	250	-	250	-	-	250
Systems Improvements (Liquidlogic)	147	-	147	-	-	147
Family Support	157	-	157	-	-	157
Improvement Programme	11,100	1,775	11,100	-	-	11,100
	20,852	2,200	14,281	-	6,571	20,852

Environment	Revised Programme £000	Spend to Date £000	Council Resources £000	Business Rates £000	Grants £000	Total Funding £000
Public Toilets Upgrade	50	-	50	-	-	50
	50	-	50	-	-	50
Finance & Resources	Revised Programme £000	Spend to Date £000	Council Resources £000	Business Rates £000	Grants £000	Total Funding £000
Building refurbishment to increase occupancy	162	47	162	-	-	162
Fund to assist land assembly and re-sale	246	47	246	-	-	246
Demolish former Rock Ferry High	-	20	-	-	-	-
Treasury building	150	16	150	-	-	150
Windows 10 rollout	1,842	-	1,842	-	-	1,842
Digital corporate storage	1,500	-	1,500	-	-	1,500
Data centre	339	-	339	-	-	339
Creative and digital team software/hardware	48	-	48	-	-	48
	4,287	130	4,287	-	-	4,287
Highways & Transport						
Highway maintenance	2,637	158	-	-	2,637	2,637
BAMN Commercial Settlement	305	-	305	-	-	305
Pot hole action fund	563	33	-	-	563	563
Bridges	857	55	707	-	150	857
Dock bridges replacement	1,452	658	1,310	-	142	1,452
Coast protection	255	2	255	-	-	255
Transport for growth	3,318	323	2,168	-	1,150	3,318

Highways & Transport (continued)	Revised Programme £000	Spend to Date £000	Council Resources £000	Business Rates £000	Grants £000	Total Funding £000
Coastal parking pay and display machines	350	-	350	-	-	350
Sustainable transport (STEP)	1,465	564	887	-	578	1,465
Street lighting and LED replacement	1,839	56	1,839	-	-	1,839
Street lighting column upgrade/replacement	2,000	-	2,000	-	-	2,000
Car parking	10	3	10	-	-	10
Illuminated lighting and street signage	250	-	250	-	-	250
New Brighton infrastructure	250	-	250	-	-	250
Thermal mapping	10	47	10	-	-	10
Key Route Network	329	-	33	-	296	329
TAG feasibility studies	245	55	-	-	245	245
Major infrastructure development/forward planning	200	-	200	-	-	200
Tower Rd National Productivity Investment Fund	200	-	-	-	200	200
Highways asset management system	350	-	350	-	-	350
Cleveland St transport depot	330	-	330	-	-	330
Surface water management	160	-	-	-	160	160
West Kirby flood alleviation	3,034	-	84	-	2,950	3,034
	20,409	1,954	11,338	-	9,071	20,409

Housing & Planning	Revised Programme £000	Spend to Date £000	Council Resources £000	Business Rates £000	Grants £000	Total Funding £000
Industrial estates	44	35	44	-	-	44
Aids, adaptations and DFGs	2,000	204	-	-	2,000	2,000
Restore empty homes	302	15	-	-	302	302
Clearance	1,167	-	632	-	535	1,167
Home improvement	947	121	947	-	-	947
New house building programme	320	-	320	-	-	320
Housing infrastructure fund	1,000	-	1,000	-	-	1,000
Housing Zones Marginal Viability Fund - Northbank Wirral Waters	2,011	-	-	-	2,011	2,011
	7,791	375	2,943	-	4,848	7,791
Jobs & Growth						
Business Investment Fund	1,336	-	1,336	-	-	1,336
Investment in properties	11,156	-	11,156	-	-	11,156
Wirral Waters Investment Fund	6,205	-	-	6,205	-	6,205
	18,697	-	12,492	6,205	-	18,697
Law & Order						
CCTV cameras and other equipment	83	38	83	-	-	83
	83	38	83	-	-	83

Leisure & Recreation	Revised Programme £000	Spend to Date £000	Council Resources £000	Business Rates £000	Grants £000	Total Funding £000
Eureka	268	20	268	-	-	268
Hand arm vibration equipment	75	-	75	-	-	75
Park depots rationalisation	3	7	3	-	-	3
Transport museum	66	80	66	-	-	66
Soft play areas at leisure centres	410	-	410	-	-	410
West Kirby sailing centre accommodation	564	6	564	-	-	564
Leasowe leisure outdoor 3G	795	-	795	-	-	795
The Oval redevelopment	23	-	23	-	-	23
Beechwood recreation centre	430	4	430	-	-	430
Pool covers	150	-	150	-	-	150
Williamson Art Gallery refresh	250	-	250	-	-	250
Arrowe park machine shed/wash bay	200	-	200	-	-	200
Arrowe park depot resurfacing, bays etc	200	-	200	-	-	200
Birkenhead park depot resurfacing	164	-	164	-	-	164
Play area improvements	240	-	240	-	-	240
West Kirby concourse/Guinea Gap reception upgrade	360	-	360	-	-	360
Wirral Tennis Centre facility upgrade	780	-	780	-	-	780
Floral Pavilion audio desk	35	-	35	-	-	35
Landican Chapel improvements	50	-	50	-	-	50

Leisure & Recreation (continued)	Revised Programme £000	Spend to Date £000	Council Resources £000	Business Rates £000	Grants £000	Total Funding £000
Beach Cleaning - replacement of equipment	175	-	175	-	-	175
Cemetery Extensions and Improvements	316	-	316	-	-	316
Wirral sailing centre boats/equipment	15	-	15	-	-	15
Floral Pavilion chiller units	55	-	55	-	-	55
The Oval grandstand structural works	55	-	55	-	-	55
	5,679	-	5,679	-	-	5,679
Total	86,391	4,957	57,112	6,205	23,074	86,391

Capital Receipts 2018/19

APPENDIX 2

Cash Received	£000
Tarran Industrial Estate	30
Glenavon Rd covenant	275
Plot 4 Harrison Estate	81
3 Oaktree Place	13
Saughall Massie fire station deposit	4
Municipal building deposit	50
Renovation loans	61
	514

WIRRAL BOROUGH COUNCIL
ADULT CARE & HEALTH OVERVIEW SCRUTINY COMMITTEE MEETING
12/09/2018

1. Executive Summary

The CQC inspected the Trust between 13th March and 3rd May 2018. The Trust is rated 'Requires Improvement' overall as a combination of a range of observations, including: instability in the Executive Team and turnover of senior leaders; compliance with Fit & Proper Persons Requirement; ineffective governance (including risk management, quality monitoring, quality of information, concerns around culture, assessment of competence and skills, incident handling arrangements); environmental cleanliness; assessment of falls and pressure ulcer risk; access to Children's Emergency Department 24 hours per day; transfer of patients out of hours; and use of Deprivation of Liberty Safeguards.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ May 2018	Requires improvement ↓ Mar 2018	Good ↔ May 2017	Requires improvement ↔ May 2017	Inadequate ↓ May 2018	Requires improvement ↔ May 2018

The report is attached to enable the Board to consider and discuss the findings in full. By way of a summary to assist the Board:

Are services safe?

The CQC rating of safe stayed the same. CQC rated 'Safe' as requires improvement because:

- *Systems, processes and standard operating procedures were not always reliable or appropriate to keep people safe.*
- *There were periods of understaffing or inappropriate skills mix which were not always addressed quickly enough.*
- *There was a high number of bank and agency staff used.*
- *Information on patient safety was not always timely. Risk assessments were not always being completed in some service areas.*
- *Incidents were not always being recorded or investigated in a timely way and in line with national guidance and trust policy. People did not always receive a timely apology when something went wrong.*
- *Major incident equipment had not always been checked regularly and was not always easily accessible should it be required in an emergency situation and unanticipated event.*
- *There were times when areas were being used to care for patients which were not always fit for purpose and the appropriate equipment and facilities always available.*
- *There was insufficient attention to keep patient records safe.*

However, good practice points were identified as follows:

- *There were systems and processes in place to keep people safe from abuse and safeguarding policies were in line with best practice guidance;*
- *Staff could access patient information when they needed it to plan and deliver care, treatment and support; and*
- *People received their medicines when required.*

Are services effective?

CQC rating of effective deteriorated since last inspection. CQC rated 'effective' as requires improvement because:

- *Staff did not always adhere to the Mental Capacity Act 2005 principals and guidance was not always effective. There were times when deprivation of liberty safeguards applications had not been made in a timely way which meant there was a risk that patients were being detained unlawfully.*
- *In some services outcomes for patients who used services were sometimes below expectations when compared with similar services.*
- *There was limited evidence of monitoring adherence to national guidelines to ensure care pathways were up to date and appropriate.*
- *Not all staff had the right skills and experience to fulfil their roles. There was limited leadership development in services and some services were not able to evidence staff competencies to fulfil additional roles. There were gaps in support arrangements for staff for professional development.*

However, good practice points were identified as follows:

- *People's care and treatment was planned and delivered based on national guidance and standards.*
- *Pain relief was effectively managed.*
- *There was participation in relevant local and national clinical audits together with external reviews where appropriate to help improve standards of care.*

Are services caring?

CQC rating of caring stayed the same. CQC rated 'caring' as good because:

- *Feedback from people who used the services and those close to them were positive about the way staff treated people.*
- *People were treated with respect and kindness during all interactions we observed. People felt supported and said staff cared for them.*
- *Staff supported people and those close to them to manage their emotional responses to care and treatment. Personal, cultural, social and religious needs were understood.*
- *People said staff spent time with them and provided information in a way they could understand. Staff responded compassionately when people needed help and supports.*
- *People's privacy and confidentiality was respected the majority of times.*

However, improvement opportunities were identified as follows:

- *CQC did observe that people's dignity was not always maintained and there were occasions when the facilities provided in certain areas did not always promote privacy and dignity.*

Are services responsive?

CQC rating of responsive stayed the same. CQC rated 'responsive' as requires improvement because:

- *There were shortfalls in how the needs of different people were taken into account on the grounds of protected characteristics under the Equality Act. There were no network groups for patients.*
- *Information was not always accessible for people and not readily available in different languages.*
- *Complaints were not always being responded to in a timely way and there was little evidence of the learning applied to practice within services*
- *Not all services had been planned and provided that met the needs of the local people, for example the children's department was not open 24 hours a day.*
- *People did not always receive treatment in a timely way. This was because the urgent and emergency service had continually failed to meet the target to transfer, admit or discharge patients.*
- *Access and flow continued to be a challenge for the trust and there were significant patient moves out of hours, a high number of delayed discharges and patients being cared for on a ward that did not meet their speciality.*
- *Medical certification of death continued to be a long standing issue and there were not always available in the required timeframe.*

However, good practice points were identified as follows:

- *Services had responded to individual needs. For example, areas designed to help people living with dementia and a bereavement room for families and loved ones of patients who had passed away.*
- *There was a translation service in place and there was access to a psychiatric liaison service when required.*
- *There was a rapid discharge team in place to help facilitate patients who were end of life to die in their preferred place of care where appropriate.*

Are Services well-led?

CQC rating of well-led deteriorated since the last inspection. CQC rated 'well-led' as inadequate because:

- *The leadership, governance and culture did not always support the delivery of high quality person-centred care.*
- *Not all leaders had the necessary experience, knowledge and capacity to lead effectively. There were unstable leadership teams throughout the trust. The need to develop leaders had not always been identified and action was only just beginning to be taken. There was little attention to succession planning and board development.*
- *In some services there was limited evidence of a strategy and workable plans to make improvements. There was no effective approach to monitoring or providing evidence of progress against delivery of the strategy or plans on a regular basis.*
- *Managers across the trust had not always promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Some staff informed us that they had witnessed or experienced bullying or harassment and we found that when concerns had been raised, they had not always been dealt with in a timely manner.*
- *People did not always receive a timely apology when something went wrong in line with national guidance and regulation.*
- *The trust did not always ensure that all recruitment checks had been completed for senior leaders in line with national guidance and regulation.*
- *Equality and diversity were not consistently promoted and there were no specific network groups available for staff with particular protected characteristics under the Equality Act.*
- *The governance arrangements and their purpose were unclear and did not always operate effectively. There had been a recent governance review but staff were not always clear about their role and what they were accountable for.*
- *Risks were not always dealt with appropriately and the risk management approach was not applied consistently. Risk registers and actions were not always regularly reviewed and*

there was no evidence that the corporate risk register had been regularly reviewed and updated before the inspection.

- Information that was used to monitor performance or make a decision could not be relied on to be accurate or reliable. For example, workforce information. Required data to be submitted to external organisations was not always reliable.*
- There was little recent innovation or service development and there were a number of policies and standard operating procedures that were overdue for review.*

However, good practice points were identified as follows:

- Senior leaders had recognised that improvement had to be made and had begun to involve staff in the review of the strategy and review of the trust values.*
- The executive team had begun to visit service areas to help improve the accessibility and visibility of the team.*
- The risk registers across the trust did show that most risks had controls in place to reduce the level of risk.*
- There was evidence of collaborative working with other NHS organisations and stakeholders and there was recognition that there was a need to work in a more integrated way for the benefit of patients.*

2. Conclusion

The CQC inspection identified no material improvement in ratings since 2015. The ratings overall stayed the same; but there was deterioration in both the effective and well-led domains. The Board of Directors have considered and reflected carefully on the findings of the CQC's inspection. The Board is disappointed at the overall lack of progress since 2015 and recognise this will be a concern for primary stakeholders and service users. The Board accept that the degree of senior leadership instability, internal control challenges, and local problems concerning patient flow have contributed to identified problems in the safe, effective, responsive and well-led domains. The findings of the report, and the recommendations contained therein, are accepted in full. 102 recommendations have been made by the CQC to comply with the requirements of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. Plans to address those requirements, and other quality priorities, have been drawn up by the Board.

3. Action Agreed by the Board

Plans to address the requirements identified by CQC have been submitted to the Chief Inspector of Hospitals, NHS Improvement (NHSI) and NHS England (via Wirral Health & Care Commissioning). The immediate steps initiated by the Board involve:

- action to stabilise and transition rapidly towards a substantive leadership team and Board of Directors;
- the appointment of an executive lead for quality & governance. Paul Moore joined the Board on 9th July 2018. He will provide the leadership to transform quality governance, and drive on behalf of the CEO and Board the Quality Improvement Plan in concert with the Executive Medical Director and Executive Director of Nursing;
- allocation of dedicated PMO support to accelerate and manage delivery of quality improvement actions;
- the Board refreshing its strategy, vision and organisational priorities to reflect more directly its ambition of safe, high quality and sustainable clinical services for patients, and its dedication towards providing outstanding care;
- initiation of a wide-ranging organisational development programme to strengthen and promote effective leadership at all levels – and we intend to continue to drive the programme to develop organisational culture;

- the executive lead for quality & governance has undertaken a initial review of quality governance capacity and capability within the Trust. He has put forward a series of recommended immediate improvements, which have been wholly supported by the Board, to simplify, rationalise and strengthen oversight and control of quality, safety and risk management. Over the coming months, the executive lead for quality & governance will lead on behalf of the Board the delivery of the CAC action plan, changes to the Board's committee structure, the approach to risk management and learning, and specifically target improvements in serious incident handling. This will focus on addressing better internal control, assurance and accountability for quality, risk management and exemplary corporate governance; and
- the Trust's full participation in enhanced monitoring by NHS Improvement and Wirral Health & Care Commissioning. The Trust is committed to working closely with all stakeholders to achieve system level improvement that will enable and support safe, high quality and sustainable clinical services now and in the future.

4. Action Required by the Overview & Scrutiny Committee

The Committee are invited to:

- Note and support the actions initiated by the Board.

Janelle Holmes
Chief Executive Officer
Wirral University Teaching Hospitals NHS Foundation Trust
23/08/2018

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Briefing Paper – OSC 12th September 2018

CQC Inspection – Key Findings

Background

The CQC is the independent regulator of health and adult social care in England, which monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety.

Since our last inspection in September 2014, the inspection process has changed significantly and is now much more detailed. A new inspection framework was consulted upon and launched in 2017.

Inspection framework

There is a specific framework for community health services which sets out the areas the CQC will inspect and their inspection methods.

The CQC still asks the same 5 key questions of all care services.

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive?
- Are they well-led?

The frequency of inspections is based on the latest information the CQC has on a provider BUT under the new inspection regime they will inspect the Well-Led key question on an annual basis.

Findings

Following the inspection of core services and the well-led inspection in March 2018, the Trust has received an overall rating of Requires Improvement (RI).

However, the report cites many areas of Outstanding and Good practice and most importantly we were rated as Good against the key questions of effective, caring and responsive.

Whilst the overall rating is deeply disappointing the CQC has advised that that we were extremely close to receiving an overall rating of Good and acknowledged that we have firm foundations already in place to improve our position.

We are in RI because technically, if CQC apply a RI rating to two or more areas in two or more domains, their ratings principles direct that the overall position becomes RI. I can confirm that we only just tipped into this level and that the majority of services were rated Good across all domains.

The report details 14 MUST DO actions for the Trust. The majority of these actions have already been completed and the remaining all have action plans in place.

Common themes

There are many positive themes throughout the report including;

- people had good outcomes
- people were supported and treated with dignity and respect
- people's needs were met

Areas for improvement included;

Ensuring out of date paper copies of policies, SOPs and PGDs are removed from shelves (housekeeping) – only one sited

Ensuring effective record keeping

All staff understand the demographics of our local population and the potential impact on our services

All services ensure the de-escalation of operational risks raised and are able to evidence appropriate mitigation

Overall message

The CQC has advised that the bandwidth for RI is extremely large and we are at the top of this rating and were very close to being rated as Good.

We have invited the CQC to return to inspect the Trust in the next 12 months, the minimum time allowed.

We continue to be a high performing Foundation Trust organisation with a strong track record, committed and highly professional staff and a determination to learn and improve.

Relationships with Commissioners and Provider Colleagues

They have all expressed, without exception, their continued support for the Trust and recognise us as a high-performing and trusted partner in the local health and social care system.

Karen Howell
Chief Executive
29 August 2018

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ADULT CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

12 SEPTEMBER 2018

REPORT TITLE	Community Phlebotomy Service Update
REPORT OF	Chief Officer, NHS Wirral Clinical Commissioning Group (CCG)

REPORT SUMMARY

This report provides an update on the recent re-commission and implementation of the Community Phlebotomy Service, commissioned by NHS Wirral Clinical Commissioning Group.

The new service commenced on 1 July 2018 and is available at 45 different locations across Wirral.

The Community Phlebotomy Service will support the *Healthy Wirral* agenda as part of the Wirral Plan 2020 by helping to support Wirral residents to keep as healthy as possible and reduce health inequalities.

This new service has an impact upon all residents in all Wards within the Borough.

RECOMMENDATION

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

SUPPORTING INFORMATION

1.0 INTRODUCTION

- 1.1 In December 2017, NHS Wirral Clinical Commissioning Group's (CCG) Governing Body approved the proposal of a GP practice led service delivery approach. This was following clinical and patient engagement which highlighted a high level of interest for a GP practice-led delivery model.
- 1.2 NHS Wirral CCG has contracted with all 51 Wirral GP practices for them to provide a Community Phlebotomy Service on behalf of their patient population.
- 1.3 The new service commenced on 1 July 2018. The key changes to the service are;
 - More clinics available across Wirral
 - Longer opening hours from 8am to 6pm
 - Offer of pre-booked appointments and drop-in clinics

2.0 SERVICE IMPLEMENTATION

- 2.1 Overall, there are 7 providers, either delivering the service independently or as a Federation on behalf of their member practices. These are as follows;

GP Provider (GPW-Fed) Ltd
Primary Care Wirral Federation (PCW)
St Catherine's Surgery
Heatherlands Medical Centre
Hamilton Medical Centre
Liscard Medical Centre

TCG Medical Services comprising of;

- TG Medical Centre
- Leasowe Primary Care Centre
- Townfield Health Centre
- Woodchurch Medical Centre
- Prenton Medical Centre

- 2.2 All implementation plans received from interested practices/federations provided NHS Wirral CCG with assurance on their ability to meet all service requirements in line with the service specification.
- 2.3 A three month mobilisation period commenced in April 2018 in the lead up to 1 July 2018 commencement date.
- 2.4 The service is now available at 45 different locations across Wirral, offering a combination of drop-in and pre-bookable appointments to patients. Please see Appendix 1 for clinic locations.

2.5 Communications

2.6 To ensure upon a smooth service transition, communications and updates were provided to all GP practices throughout the implementation process.

2.7 Uniform patient and the public communications advising of the changes commenced one month prior to service launch. To minimise any disruption and confusion, patients were advised to contact their respective GP practice for further details on how they access the service from 1 July 2018. This was due to the variety of clinics available.

2.8 Communications included;

- Verbal updates to patients by Wirral Community NHS Trust staff (at previous hub locations)
- Posters and leaflets displayed within GP practices
- GP practice Patient Participation Group involvement
- Wirral Community NHS Foundation Trust website
- GP practice websites
- CCG website and social media
- Article in the Wirral Globe and on social media

2.9 Wider stakeholder communications were also issued to Wirral University Teaching Hospital NHS Foundation Trust, Patient Advice and Liaison Service (PALS), WIRED, Healthwatch and Cheshire & Wirral Partnership Trust to advise of the changes and to raise awareness.

2.10 Complaints

2.11 As at 31 July 2018 only 3 patient complaints have been received by NHS Wirral CCG since the launch of the service. This is a significant improvement compared to the number of complaints received previously, and considering the service manages approximately 16,000 blood tests a month.

2.12 Of these complaints, 2 were in regards to there not being a clinic in Heswall, and 1 was in regards to the clinic information detailed on a practice's information leaflet. Providers have been made aware of the issues raised so the necessary action can be taken.

2.13 GP practices are also receiving positive feedback from their patients.

2.14 Performance Management

2.15 Monthly performance reporting is required from all providers. Any issues in service delivery will be raised as part of the formal contract monitoring process.

3.0 FINANCIAL IMPLICATIONS

3.1 The annual budget of £798,709 has been disaggregated to all 51 individual member practices using a fair share approach, via a NHS standard contract. This budget includes the provision of all consumables and transport of blood samples to the laboratories.

4.0 LEGAL IMPLICATIONS

4.1 NHS Wirral CCG sought formal legal advice on the chosen commissioning approach prior to final approval by its Governing Body. There are no ongoing or new legal implications.

5.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

5.1 PCW Federation is working in collaboration with the previous provider - Wirral Community NHS Foundation Trust, and have co-designed their delivery model.

5.2 No staff have been made redundant as a result of this sub-contract arrangement. This has also mitigated against any potential financial risk to the wider health care economy.

6.0 RELEVANT RISKS

6.1 Risks and mitigating actions will be monitored and reviewed throughout the contracting period.

7.0 EQUALITY IMPLICATIONS

An Equality Impact Statement (Stage 1) has been completed and is embedded: -



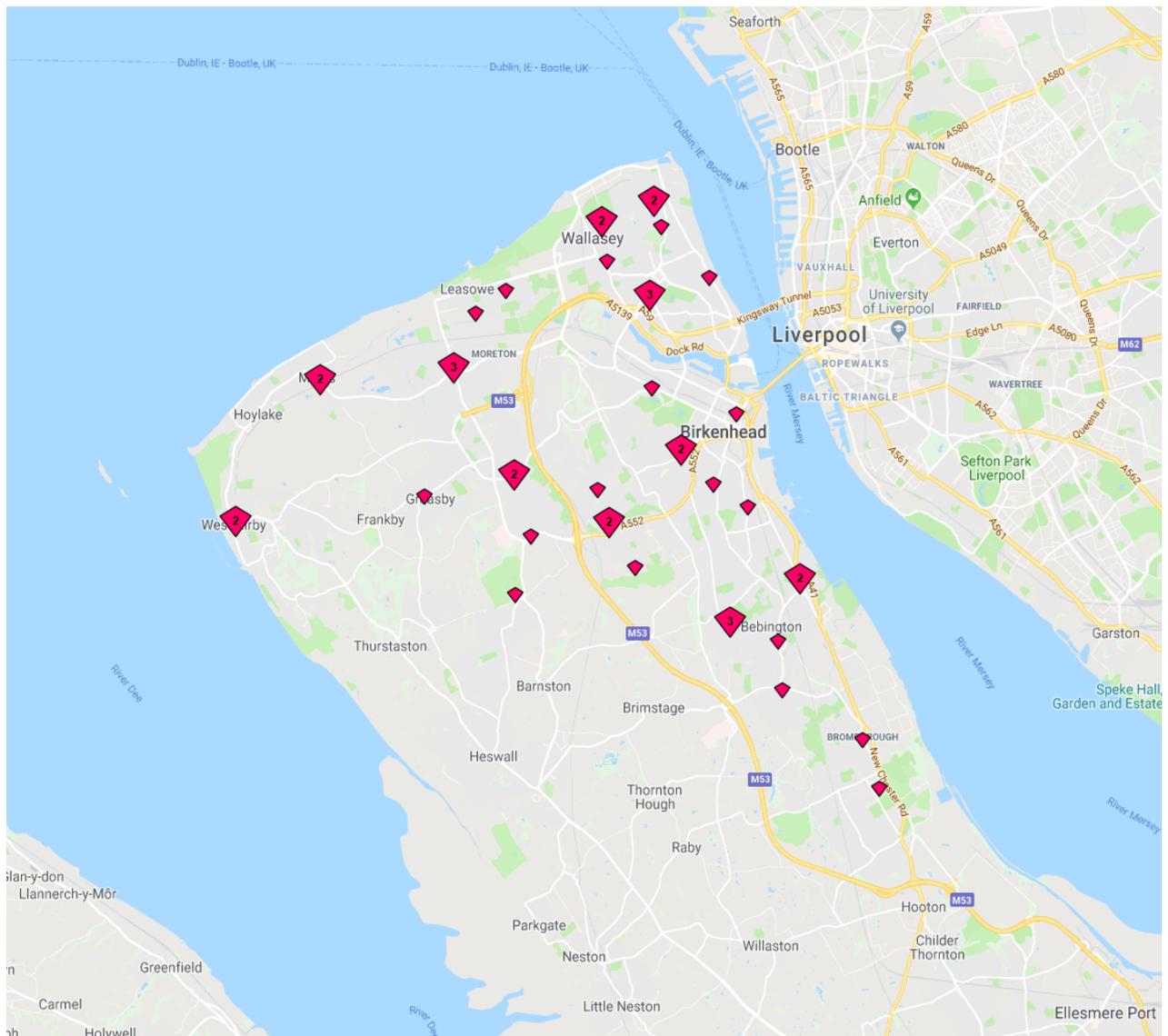
Stage 1 EIA
SCREENING TOOL Co

REPORT AUTHOR: *Nesta Hawker*
(Director of Commissioning, Wirral CCG)
telephone: (0151 651 0011)
email: nesta.hawker@nhs.net

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Overview and Scrutiny Committee	20 March 2018

Locations of phlebotomy clinics held across Wirral



NB: Pins with a number denote the number of clinic locations within that area i.e. there are 2 in West Kirby.

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EQUALITY IMPACT & RISK ASSESSMENT STAGE 1 SCREENING TOOL



Organisation:	NHS Wirral CCG	Service:	Community Phlebotomy Service
Project Lead:	Sarah Boyd-Short	Service Area:	Primary Care
Person responsible for this Assessment:	Sarah Boyd-Short	Date of Review:	15.11.2017

Brief explanation of what is happening / being assessed (MAX 1000 CHARACTERS)
 To consider the most suitable procurement options for the re-commissioning of the Community Phlebotomy Service following patient and GP Member practice engagement. Proposal is to disaggregate the budget to all member practices to deliver the service in-house, which will include the delivery of drop-in slots. This is in line with both member practices and patient outcomes.

QUESTION No.	EQUALITY IMPACT	type y or n	Comments (provide example)
1	Does this issue plan to withdraw a service, activity or presence?	N	Example (click for examples) 1. This service is a re-commission of the pre-existing service for all patients (adults and children) in Wirral. 2. No, patient and clinical engagement will be undertaken to inform the service specification. 3. There is no charge for the service to patients. 4. The service will be re-designed to enhance service delivery based on patient and clinical feedback. 5. The service will be delivered within GP practices therefore booking processes may change. There will be no changes to clinical procedures. 6. No. 7. Yes, the service will have longer opening hours to accommodate working patients etc. 8. Staff employed by the incumbent provider may be affected in the form of potential posts lost. This is being mitigated with the current provider working closely with the new provider to maximise the use of resources and reduce potential redundancy implications. Update 1.7.2018. No redundancies have been made as a result of sub-contracting arrangements with new provider. 9. The service will be delivered to all patients referred for a blood test. 10. Appreciation and modifications will be given to individual patient needs as appropriate.
2	Does this issue plan to reduce a service, activity or presence?	N	
3	Does this issue plan to introduce or increase a charge for Service?	N	
4	Does this issue plan to change to a commissioned service?	N	
5	Does this issue plan to introduce, review or change a policy, strategy or procedure?	N	
6	Does this issue plan to introduce a new service or activity?	N	
7	Is this primarily about improving access to, or delivery of a service?	Y	
8	Does this affect employees or levels of training for those who will be delivering the service?	Y	
9	Does this issue affect Service users?	N	
10	Can you foresee a negative impact on any Protected Characteristic Group(s)? If YES please state what these could be.	N	

	EQUALITY RISK		Comments (provide example)
11	Have you got any general intelligence (research, consultation, etc.)? If YES please list any related documents.	Y	Clinical and patient engagement has been undertaken to inform service design. This has been gathered by surveys, stakeholder group sessions and patient feedback and complaints. Seeking legal advice regarding the equality impact of this service is not appropriate. All reports presented at CCG committees are available for wider/public viewing. The service is available to all ages and genders. The provider is responsible for providing translation and service literature in other languages. Public engagement has been undertaken as part of this commission. It is not appropriate for NHS Wirral CCG to engage in communications with current provider staff around the proposal for the re-commissioning of this service. The current provider will liaise with existing staff as appropriate. Further patient communications will be undertaken by existing and new providers to their patient population as part of service implementation, in addition to NHS Wirral CCG stakeholder communications.
12	Have you got any specific intelligence (research, consultation, etc.)? If YES please list any related documents.	Y	
13	Have you taken specialist advice? (Legal, E&I Team, etc). If YES please state.	Y	
14	Have you considered your Public Sector Equality Duty? Please provide a rationale.	Y	
15	Do you plan to publish your information? Include any "Decision Reports"	Y	
16	Can you minimise any negative effect? Please state how.	Y	
17	Do you have any supporting evidence? If YES please list the documents.	Y	
18	Have you/will you engage with affected staff and users on these proposals?	N	

IMPACT		There is likely to be some impact. You should consider a Stage 2 assessment
RISK		There will be some risk

HUMAN RIGHTS IMPACT			Comments (provide example)
19	Will the policy/decision or refusal to treat result in the death of a person?	N	There are no impacts upon human rights. Appropriate adaptations can be taken to undertaken phlebotomy depending upon clinical/patient needs as appropriate and necessary.
20	Will the policy/decision lead to degrading or inhuman treatment?	N	
21	Will the policy/decision limit a person's liberty?	N	
22	Will the policy/decision interfere with a person's right to respect for private and family life?	N	
23	Will the policy/decision result in unlawful discrimination?	N	
24	Will the policy/decision limit a person's right to security?	N	
25	Will the policy/decision breach the positive obligation to protect human rights?	N	
26	Will the policy/decision limit a person's right to a fair trial (assessment, interview or investigation)?	N	
27	Will the policy/decision interfere with a persons right to participate in life?	N	

RISK  There is little chance of Human Rights breach. There is no requirement to carry out a Stage 2 assessment

PRIVACY IMPACT			Comments (provide example)
28	Will the project involve the collection of new information about individuals?	N	No changes will be made to the collection of patient information. Information exchange will be between providers and the laboratory via electronic and paper based referral methods. Blood results will be obtained as a key element of the service as part of a patient care delivery. Blood test results will be communicated between the laboratory and the patient's GP practice. Any ongoing communications following receipt of the blood results will be between the patient and their GP regarding their physical health. NHS No patient information will be collected by NHS Wirral CCG.
29	Will the project compel individuals to provide information about themselves?	N	
30	Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information?	N	
31	Are you using information about individuals for a new purpose or in a new way that is different from any existing use?	N	
32	Does the project involve you using new technology which might be perceived as being privacy intrusive? For example, the use of biometrics or facial recognition.	N	
33	Will the project result in you making decisions about individuals in ways which may have a significant impact on them? e.g. service planning, commissioning of new services.	N	
34	Is the information to be used about individuals' health and/or social wellbeing?	Y	
35	Will the project require you to contact individuals in ways which they may find intrusive?	N	

RISK  There is some chance of a Privacy breach. You should contact your IG Support Officer

PLEASE SEND YOUR COMPLETED STAGE 1 SCREENING TOOL TO THE EQUALITY & INCLUSION TEAM EMAIL: equality.inclusion@nhs.net

GENERAL GUIDANCE

Please use the comments section to explain any 'RED' scores or to further elaborate what is being assessed is necessary

All 'RED' scores will require further action in future planning regardless of the requirement to carry out Stage 2 approaches.

Signature of person completing the screening tool:

Sarah Boyd-Short

Comments (MAX 250 CHARACTERS)

Reviewed 1.7.2018 (SBS)

Signature of Equality & Inclusion Business Partner & Date

Nicola Griffiths 11/04/2018

Comments (MAX 250 CHARACTERS)



Adult Care and Health Overview and Scrutiny Committee Wednesday, 12 September 2018

REPORT TITLE:	2018/19 Quarter 1 Wirral Plan and Health and Care Performance
REPORT OF:	Director for Health & Care (DASS)

REPORT SUMMARY

This report provides the 2018/19 Quarter 1 (April – June 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 1 as well as providing available data in relation to a range of outcome indicators and supporting measures.

The report also includes further performance information that has been requested by Members to enable effective scrutiny. The Adult Social Care and Health Performance Overview is included as Appendix 2. This report has been developed following Member feedback and includes key performance across health and social care.

Quarter One Wirral Plan Performance Summary

- The employment rate for people over 50 reached its highest rate since the plan began (38.4%). Work continues to explore ways to promote employment opportunities in later life.
- The latest figures show that healthy life expectancy for males has increased to 61.4 up from 61.1. However in the same period healthy life expectancy for females has decreased from 61.7 to 60.3. Further analysis is being undertaken to determine the factors involved in the decrease to take positive action going forward.
- The Employment rate aged 16-64 Equality Act core or Work Limiting Disabled measure has increased to its highest since the plan began at 47.5% up from 44.1% last quarter. This is an increase of 10% since the start of the plan. Wirral is closing the gap on the North West (49.5%) and National average (53.9%) which both remained static this quarter.
- In Quarter 1 23 more disabled people are in receipt of personal budgets; 616 adults (compared to 605 last Quarter. Being in receipt of personal budgets allows people more choice and control over their lives and the support they receive.

- Wirral Metropolitan College's Supported Internship Programme has now successfully supported 30 people with a Learning Disability into full time employment.
- In Quarter 1 there has been an increase in domestic abuse cases referred to the Family Safety Unit; 276 cases, compared to 238 in the previous Quarter. There can be a seasonal spike in referrals from around May as weather conditions improve as this can be a catalyst for increased alcohol consumption. The number of cases dealt with by the MARAC has also increased as a result of this, and Wirral MARAC case rates are higher than similar force and national benchmarks.

RECOMMENDATION/S

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

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

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

2.0 OTHER OPTIONS CONSIDERED

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

3.0 BACKGROUND INFORMATION

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

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

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

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

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

3.8 An additional report is included at Appendix 2 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 – 2018/19 Quarter 1 Pledge Report

Appendix 2: Adult Social Care and Health Performance Overview – Quarter 1
2018/19

REFERENCE MATERIAL

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
People Overview and Scrutiny Committee	8 September 2016
People Overview and Scrutiny Committee	28 November 2016
People Overview and Scrutiny Committee	23 March 2017
Adult Care and Health Overview and Scrutiny Committee	28 June 2017
Adult Care and Health Overview and Scrutiny Committee	13 September 2017
Adult Care and Health Overview and Scrutiny Committee	28 November 2017
Adult Care and Health Overview and Scrutiny Committee	20 March 2018
Adult Care and Health Overview and Scrutiny Committee	27 June 2018

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Appendix 1

Wirral Plan Adult Care and Health Committee 2018-19 Quarter 1 Reports

Page 67



Older people live well

Overview from Lead Cabinet Member

It's encouraging that the latest available public health data (2014-16) shows the healthy life expectancy for males has increased to 61.4 up from 61.1. However in the same period healthy life expectancy for females has decreased from 61.7 to 60.3. Further analysis is being undertaken to determine the factors involved in the decrease with a view to taking positive action going forward.

In Quarter 1, the employment rate for people aged 50+ reached its highest rate since the plan began (38.4%). Work continues to explore ways to promote employment opportunities in later life.

The next Great Wirral Door Knock is planned for Heswall alongside by a number of events aimed to bring communities together, identify those who are socially isolated and provide information about various services and how people can help their communities through volunteering.

Age UK have expanded their Lunch Corner offer by arranging Companionship Evenings, the first of which has been introduced in Port Sunlight. This particular event is looking to engage with older men in the area.

We're advancing the adoption of the Age Friendly programme across the Liverpool City Region through the recently established Liverpool City Region Dementia Group. Marketing materials have been prepared for each area and larger retailers notified of this launch.

We've completed resident survey analysis which in conjunction with police data analysis will feed into the Safer Wirral Hub to help direct targeted, multi-agency work in areas where older people feel less safe in their homes.

The Partnership is currently at the halfway review point of a 12 month action plan, submitted by the Dementia Action Alliance to Alzheimer's Society. If successful after 12 months, Wirral will achieve 'Working to become Dementia Friendly' accreditation.

Wirral Plan Indicator	Indicator	Wirral Plan Start	Benchmark Data	Year End 2017-18	2018-19 Q1	2018-19 Q2	2018-19 Q3	2018-19 Q4	Year End 2018-19	Trend (See Key)	Comment
Proportion of residents aged 50+ volunteering on a regular basis	Annual Higher is better	26% (Oct 2015)		26% (Dec 2017)						n/a	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)						n/a	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: 63.3 (Jan 2014 - Dec 2016) North West: 60.9 (Jan 2014 - Dec 2016)	61.1 (Jan 2013 - Dec 2015)					61.4 (2014-16)	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 2014-16.
Healthy Life Expectancy at birth: Females	Annual Higher is better	61.8 (Jan 2011- Dec 2013)	England: 63.9 (Jan 2014 - Dec 2016) North West: 62.0 (Jan 2014 - Dec 2016)	61.7 (Jan 2013 - Dec 2015)					60.3 (2014-16)	Worse	It's disappointing to see that the healthy life expectancy at birth for females has worsened. The healthy life expectancy at birth for females also decreased across the North West and the rest of the Country. 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 2017-18	2018-19 Q1	2018-19 Q2	2018-19 Q3	2018-19 Q4	Year End 2018-19	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)						n/a	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)						n/a	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)						n/a	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: 41.9% (Apr 2017 - Mar 2018) North West: 38.8% (Apr 2017 - Mar 2018)	37.0% (Jan - Dec 2017)	38.4% (Q1 2018-19)					Better	Latest figures are for Q1 2018-19 and refer to the period April 2017-March 2018. The latest Employment rate aged 50+ measure from the Office for National Statistics is at 38.4%. This is the highest recorded since the start of the Wirral Plan. It is 0.4% lower than North West neighbours (38.8%) and 3.5% lower than England (41.9%).

People with disabilities live independent lives

Overview from Lead Cabinet Member

It's really encouraging to see the Employment rate aged 16-64 - Equality Act core or Work Limiting Disabled measure from the Office for National Statistics has increased to its highest since the plan began. 47.5% people in Wirral who are Equality Act core or Work Limiting Disabled are in employment up from 44.1% last quarter. This is an increase of 10% since the start of the plan. Wirral is closing the gap on the North West (49.5%) and National average (53.9%) which both remained static this quarter.

23 more disabled people are in receipt of personal budgets this quarter. 616 adults (up from 605 last quarter) and 215 young people (up from 203 last quarter) were in receipt of personal budgets. Being in receipt of personal budgets allows people more choice and control over their lives and the support they receive.

The full business case for the All Age Disability and Mental Health service is now approved by both parties. The final arrangements are now being progressed through the approvals process for the planned service transfer during August 2018. Staff consultation will run up until the transfer date.

Annual Health Checks continue to be a main focus for people with Learning disabilities and or Autism. The Clinical Commissioning Group (CCG) monitor and share activity with health facilitators and GP Practices to enable providers to focus on outliers and identify patients whose health checks are outstanding. The CCG feels that this more proactive approach with real time data will continue to increase the number of Annual Health Checks as it aspires to achieve 80%. Cheshire and Wirral Partnership health facilitators continue to offer health passports at the time of patient's assessment.

Our clear extra care housing strategy and local needs analysis provides our approach to housing, care and support and directs decisions regarding the type, size and location of schemes. Together with our extra care model this sets out clearly what we expect in terms of housing partners and care providers who want to develop schemes in Wirral. Using evidence gathered and working with partners we have started to design and develop these schemes and have worked with social work managers to ensure there are appropriate processes in place to access them in a timely way.

Wirral Metropolitan College have continued to focus on their Assisted Internship programme and have increased provision to 30 students from 20.

Wirral currently has 37 Small to Medium sized Enterprises (SMEs) signed up to Disability Confident including 1 at Level 3. Merseyside Department of Work and Pensions have launched 'Challenge 300'. (300 SME employers in Merseyside to sign the pledge).

We've met with 'Voices R Us' to hear the voices of tenants living in supported accommodation, 'Together all Are Able' to discuss how we can improve consultation methods with people with disabilities and options for Supported Living to discuss producing updated information for parents, carers and service users when they are considering moving in to supported accommodation. An improved Involvement Plan has been created and approved and arrangements have been initiated to get feedback from existing service user groups that will be fed into the All Age Disability Steering Group.

Wirral Plan Indicator	Indicator	Wirral Plan Start	Benchmark Data	Year End 2017-18	2018-19 Q1	2018-19 Q2	2018-19 Q3	2018-19 Q4	Year End 2018-19	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)	0.700 (Jan-Mar 2017)						n/a	Health-related quality of life for people with long-term conditions improved to 0.700 in Jan-Mar 2017 compared to 0.695 the previous period but falls short of the average for the rest of England (0.737). This data is captured by NHS England through the GP Patient Survey and reported as part of the NHS Outcomes Framework.
Employment rate aged 16-64 - Equality Act core or Work Limiting Disabled	Quarterly Higher is better	37.5% (Jul 2014 - Jun 2015)	England: 53.9% (Apr 2017 - Mar 2018) North West: 49.5% (Apr 2017 - Mar 2018)	44.1% (Jan - Dec 2017)	47.5% (Apr 2017 - Mar 2018)					Better	It's really encouraging to see the Employment rate aged 16-64 - Equality Act core or Work Limiting Disabled measure from the Office for National Statistics has increased to 47.5% up from 44.1% last quarter. It's also increased 10% since the start of the plan. Wirral is closing the gap on the North West (49.5%) and National average (53.9%) which both remained static this quarter.

Supporting Measure	Indicator	Wirral Plan Start	Benchmark Data	Year End 2017-18	2018-19 Q1	2018-19 Q2	2018-19 Q3	2018-19 Q4	Year End 2018-19	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)	1.21 (2016-17 Acad Year)						n/a	Latest update available: 1.21 (2016-17) Next data to become available is for 2017-18 - Provisional figure will be available in October 2018; Final figure will be available in February 2019.
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)	67.2% (Jan-Mar 2017)						n/a	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 66.7% at the start of the plan and also 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)		Total: 808 Adults: 605 Children: 203 (Q4 2017-18)	Total: 831 Adults: 616 Children: 215 (Q1 2018-19)					Better	23 more people are in receipt of personal budgets than the start of the year. 616 adults were reported by the Department of Adult Social Services to be in receipt of personal budgets (up from 605 last quarter). 215 young people were in receipt of personal budgets which includes 204 direct payments, 3 Education, Health and Care Plan and 8 personal budgets (up from 203 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)	82.7% (2017-18)						n/a	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

The Wirral Domestic Abuse Alliance continues to drive forward the Partnership campaign to eradicate Domestic Abuse. I have requested officers to facilitate at the Wirral Domestic Abuse Conference later this year so we can highlight progress to date and describe future activity. I am pleased to report the following as evidence as progress to date:

- Repeat incidents of domestic abuse (Wirral MARAC cases) at 26.1% which is lower than the same period last year (31.1%).
- The first public awareness campaign of 2018-19 for Zero Tolerance to Domestic Abuse commenced in June to highlight the anticipated increase in domestic abuse during the World Cup season and to emphasise that such behaviour will not be tolerated in Wirral.
- A young person's domestic abuse support service has been commissioned though Involve North West which will allow additional capacity to deliver the Leapfrog programme to children affected by domestic abuse and significantly reduce the waiting times to access courses.
- 20 or more volunteers expressed an interest to become domestic abuse peer mentors and 3 new mentors have been trained. Service users have reported a reduction in social isolation, increased feelings of safety, improvement in mood and wellbeing alongside gaining an understanding of the abuse in their relationship.

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

- Referrals to the Family Safety Unit (FSU) have increased significantly in June increasing from an average of 22 to 37 in the last week in June and this has impacted upon MARAC figures which are likely to result in excess of 50 cases heard in one week. A seasonal spike in referrals is expected from around May as weather conditions improve as this can be a catalyst for increased alcohol consumption. Domestic abuse was predicted to increase during the World Cup however this is not evident as a trigger within referrals. All in FSU are working incredibly hard to meet current demand.
- The Independent Domestic Violence Advocacy (IDVA) service is experiencing high demand coupled with a number of staff on long term sick leave. A step down process to partner agencies at point risk is reduced has been embedded into daily IDVA service practice, however restricted by low provision of domestic abuse services.
- Part of our 2018-19 action plan was to encourage businesses and community groups to commit to the Zero Tolerance to Domestic Abuse pledge but it has become apparent that this project should aim towards a more comprehensive 'Quality Mark'. This has delayed achievement of some of the milestones but the project will still launch at the Domestic Abuse Conference in October.

Wirral Plan Indicator	Indicator	Wirral Plan Start	Benchmark Data	Year End 2017-18	2018-19 Q1	2018-19 Q2	2018-19 Q3	2018-19 Q4	Year End 2018-19	Trend (See Key)	Comment
Number of domestic abuse Wirral MARAC cases per 10,000 adult females	Quarterly	54.0 (2014-15)	Most Similar Force Group: 49.0 (2017-18) National: 37.0 (2017-18)	52.3 (Apr 2017-Mar 2018)	52.5 (Jul 2017-Jun 2018)					n/a	There were a total of 720 cases that were dealt with at MARAC in the 12 months prior to June 2018. This equates to 52.5 cases per 10,000 female population. There has been an increased volume of referrals into FSU, this was most notable in the last week of June and this has impacted upon MARAC figure and is likely to result in excess of 50 cases heard at MARAC in the following week. There is no obvious trigger for the increase in referrals but domestic abuse was predicted to increase during the World Cup however this is not evident as a trigger within referrals.
Children and young people experience domestic abuse (Wirral MARAC cases)	Quarterly	1,289 (2014-15)		1,302 (2017-18)	334 (Apr-Jun 2018)					n/a	This shows a 6% decrease from the same period last year (355).
Percentage of incidents of repeat domestic abuse (Wirral MARAC cases)	Quarterly Lower is better	16.0% (2014-2015)	Most Similar Force Group: 33.0% (2017-18) National: 28.0% (2017-18)	28.3% (Apr 2017-Mar 2018)	26.1% (Jul 2017-Jun 2018)					Better	Repeat incidents of domestic abuse (Wirral MARAC cases) are lower than the same period last year (31.1%). It is anticipated that this figure will increase in the coming months due to a national change in repeat criteria.

Supporting Measure	Indicator	Wirral Plan Start	Benchmark Data	Year End 2017-18	2018-19 Q1	2018-19 Q2	2018-19 Q3	2018-19 Q4	Year End 2018-19	Trend	Comment
Number of Domestic Abuse cases referred to the Family Safety Unit (FSU)	Quarterly	949 (2014-15)		928 (2017-18)	276 (Apr-Jun 2018)					n/a	This is higher than last quarter (238) and typically there is a seasonal spike in referrals from around May as weather conditions improve as this can be a catalyst for increased alcohol consumption. In the last week of June there was a significant increase in the volume of referrals into the FSU. Typically the FSU would receive around 22 cases per week; in the week commencing 25/6/18 the Family Safety Unit (FSU) received 37 referrals. There is no obvious trigger for the increase in referrals and this could not have been pre-empted. All in FSU are working incredibly hard to meet current demand.
% of Children and Young People single assessments authorised with Domestic Violence (DV) related factors	Quarterly Lower is better	(n/a)		33.3% (Apr 2017-Mar 2018)	35.2% (Apr-Jun 2018)					Better	Data is for April-June 2018 and shows a slight improvement when compared to the same period last year (35.5%), it is however higher than overall performance in 2017-18 (33.3%).
Rate of referrals to social care presenting Domestic Violence issues (adults aged 18+ years) per 100,000	Quarterly Higher is better	(n/a)		21.30 (Apr 2017-Mar 2018)	3.52 (Apr-Jun 2018)					Better	Data is for the period April-June 2018. This is slightly higher when compared to the same period last year (3.15) and represents 9 referrals. This 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. The exceptions to this are: Percentage of Children and Young People single assessments authorised with Domestic Violence (DV) related factors, and the Rate of referrals to social care presenting Domestic Violence issues, which compare to the same period in the previous year.

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

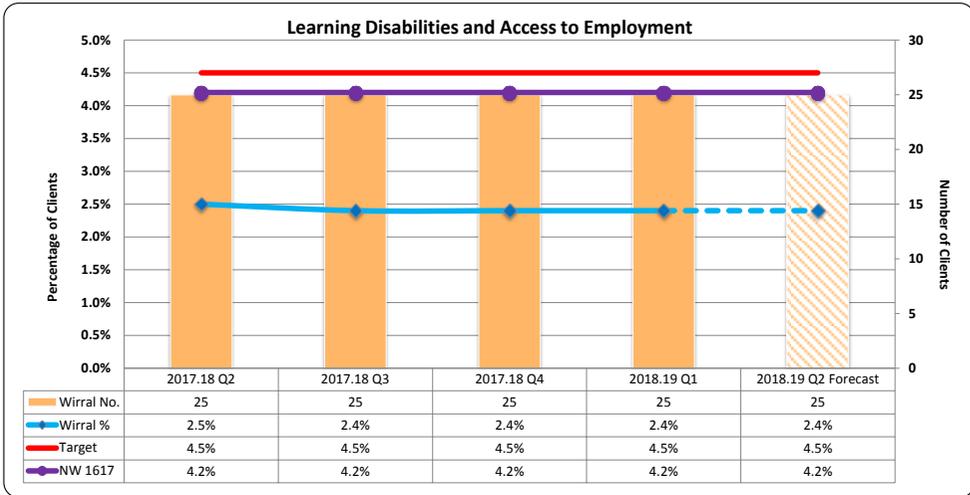
Action - These are shown as either:

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

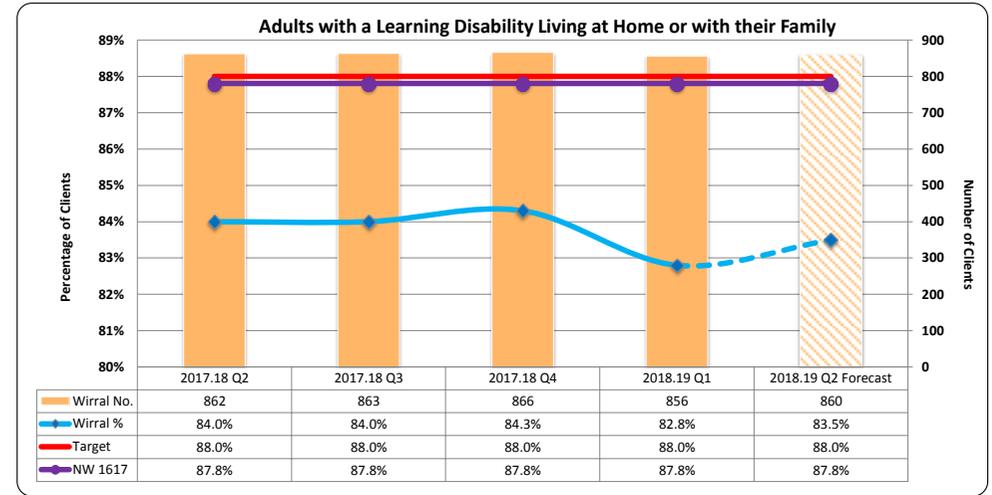


ADULT HEALTH AND CARE PERFORMANCE OVERVIEW

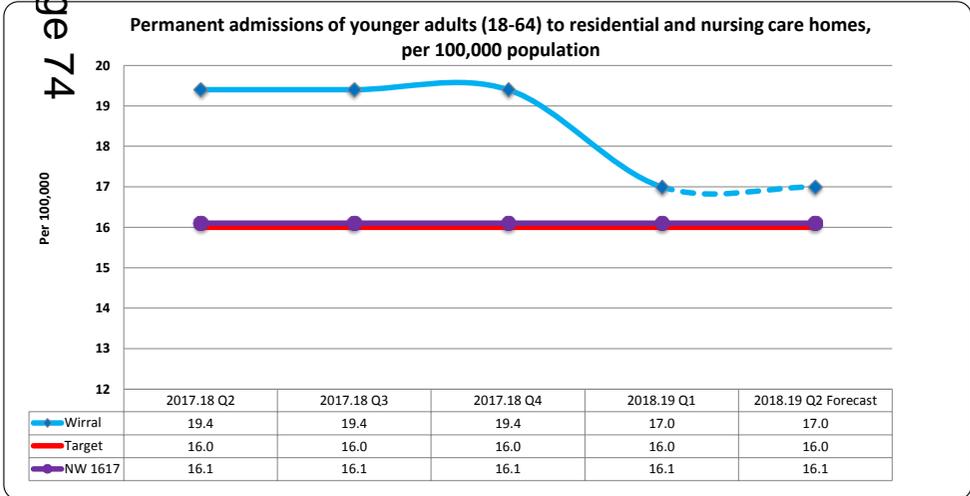
2018/19 QUARTER 1



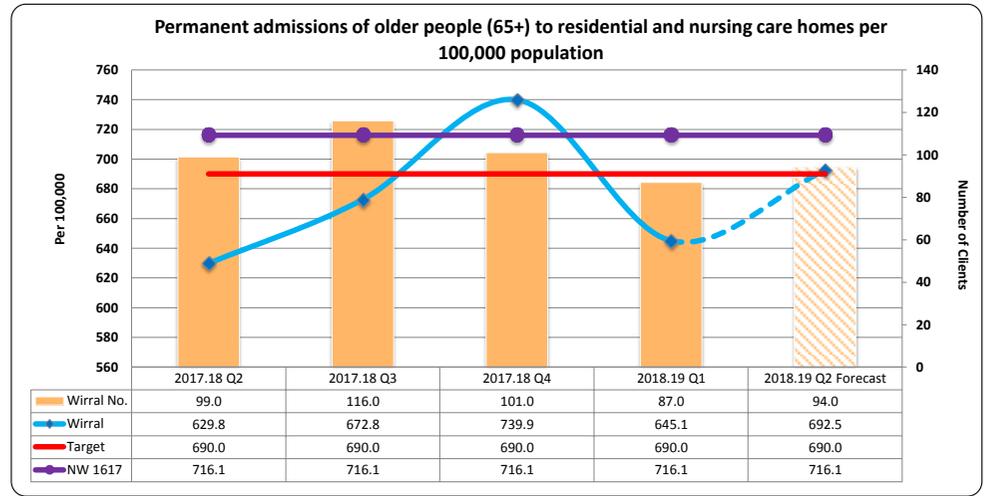
A total of 25 people (of 1,009) with a learning disability are currently in paid employment. Work is on-going with Wirral Evolutions to review the people in supported employment to check for eligibility for inclusion in this measure and to explore further opportunities to support individuals into employment. 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.



The reduction in performance can be linked to a small number of permanent admissions which is representative of an ageing population of people with a learning disability. 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.

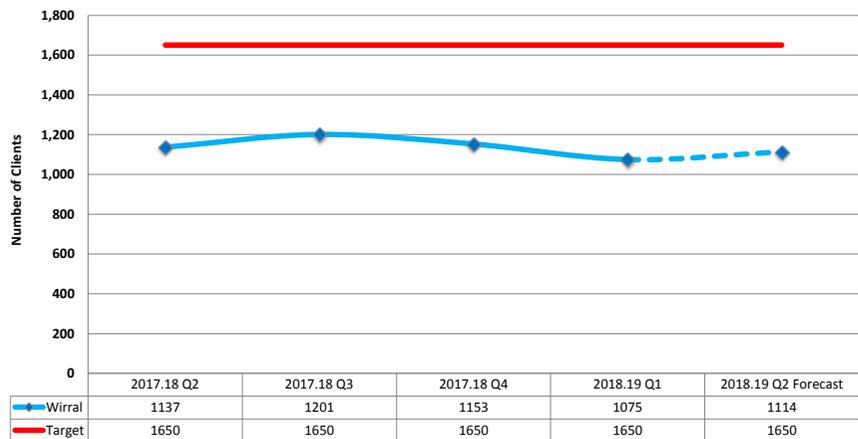


Wirral continue to focus on providing support to people in their own homes. A small number of working age adults have such complex needs that they require care home provision where we cannot meet their needs in a community setting. We continue to develop services to support people to remain in their own homes.



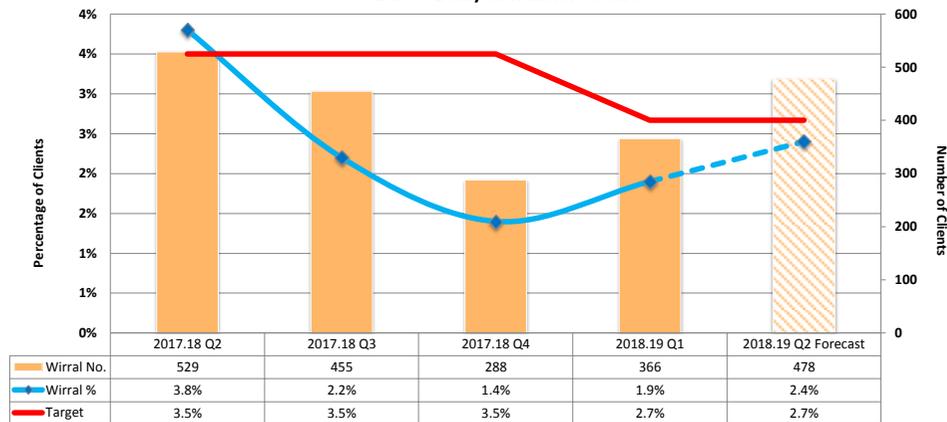
Over the last year there has been a significant reduction in permanent admissions for older people over 65 in line with plan. The council is promoting independent living increasingly, however there has been an increase during the winter period which correlates with very high levels of demand for all provision. This forecasted upward trend also relates to this increase in demand. We continue to invest in intermediate and reablement services to maximise individual opportunities to return home. We have agreed a 5% reduction target during 18/19.

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



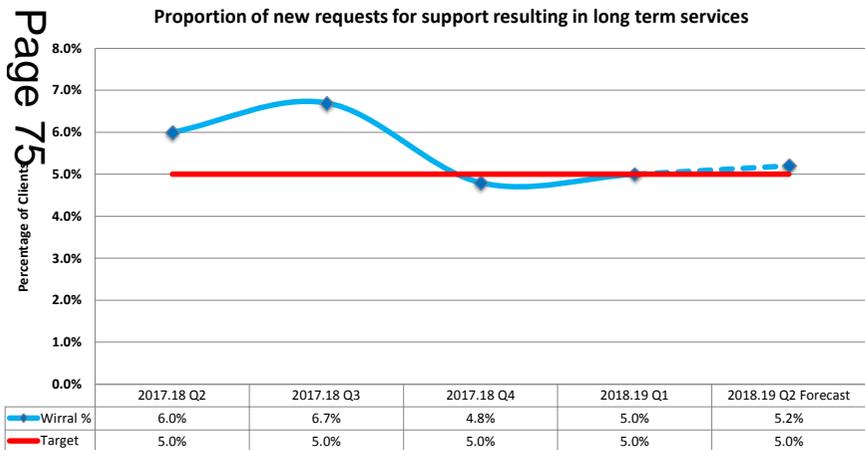
Wirral continues to focus on supporting people to remain in their own homes. Performance demonstrates a consistent picture of older people being supported in the community and fewer placements into long term care homes.

DToC - Delayed Transfer of Care



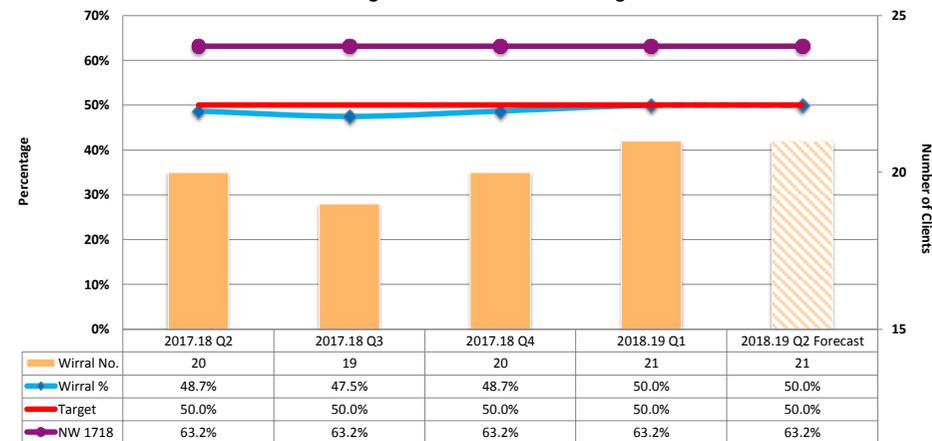
High levels of demand through the winter period can have a significant affect on DToCs. Local teams have maintained excellent performance within the upper quartile nationally during this period however it is likely that as pressures increase there will be a small shift upwards, however it is highly likely that the target will be met.

Proportion of new requests for support resulting in long term services

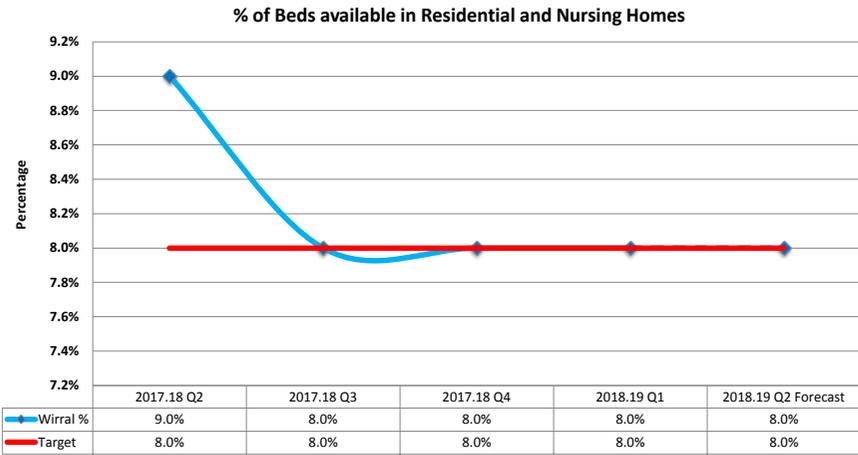


This increase reflects high levels of demand being experienced by social care services.

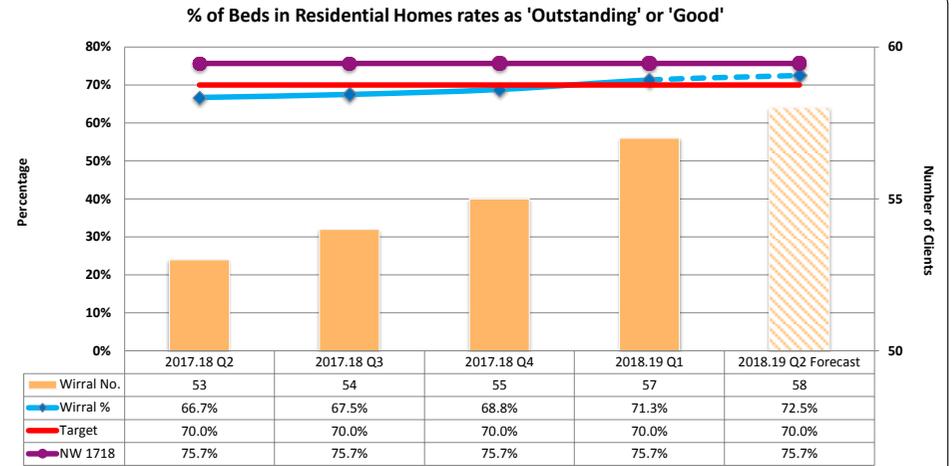
% of Beds in Nursing Homes rates as 'Outstanding' or 'Good'



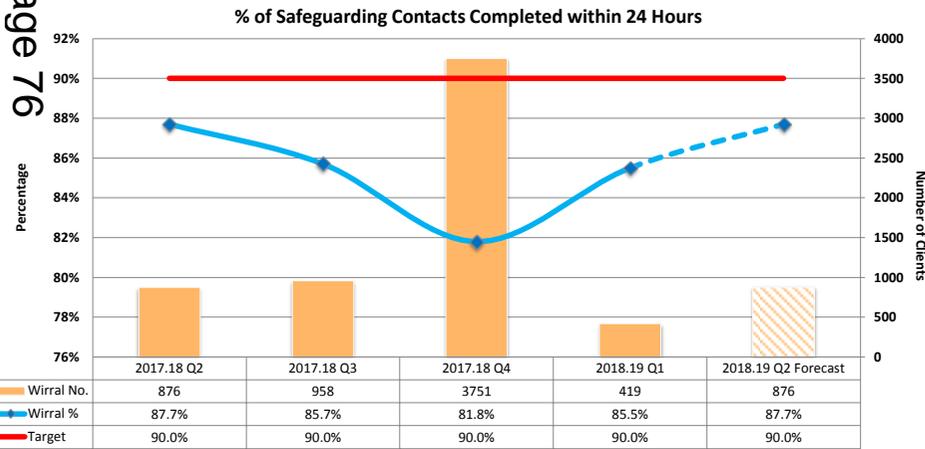
Half of the nursing homes on the Wirral are 'Outstanding' or 'Good' and, again the pattern is that inspections towards the end of the reporting period are generally less positive in nature. CQC inspections will continue throughout the year and we should ensure we support homes to achieve a 'Good' or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



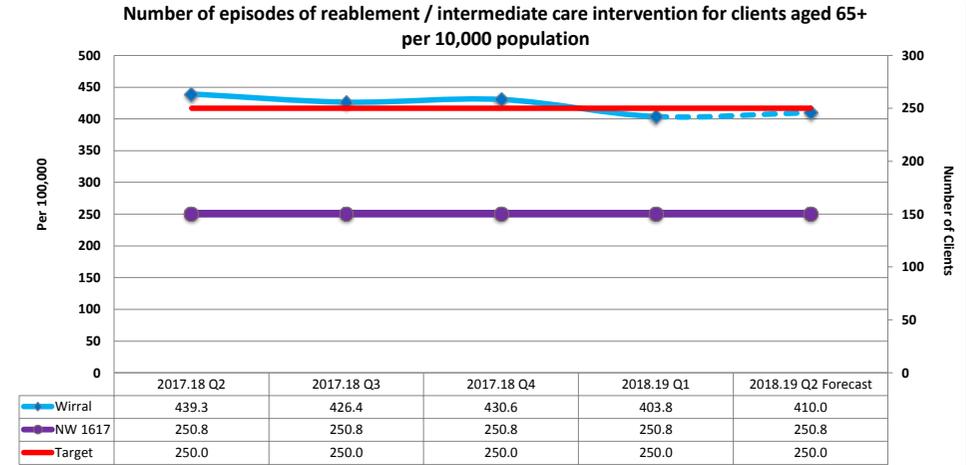
There is capacity within the system to cope with any unforeseen rise in demand, whilst maintaining a level that is sufficient to allow private establishments to remain as functioning organisations. Vacancy rates of exclusive block commissions for intermediate provision are available.



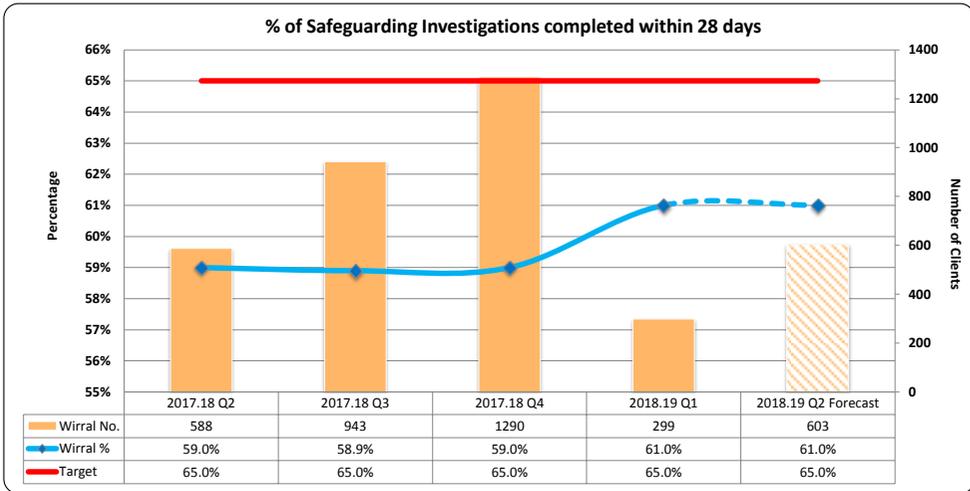
Over two thirds of the residential homes on the Wirral are now rated a 'Outstanding' or 'Good', although there is a general trend that more recent ratings have been at the lower end of the scale. CQC inspections will continue throughout the year and we should ensure we support homes to achieve a 'Good'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



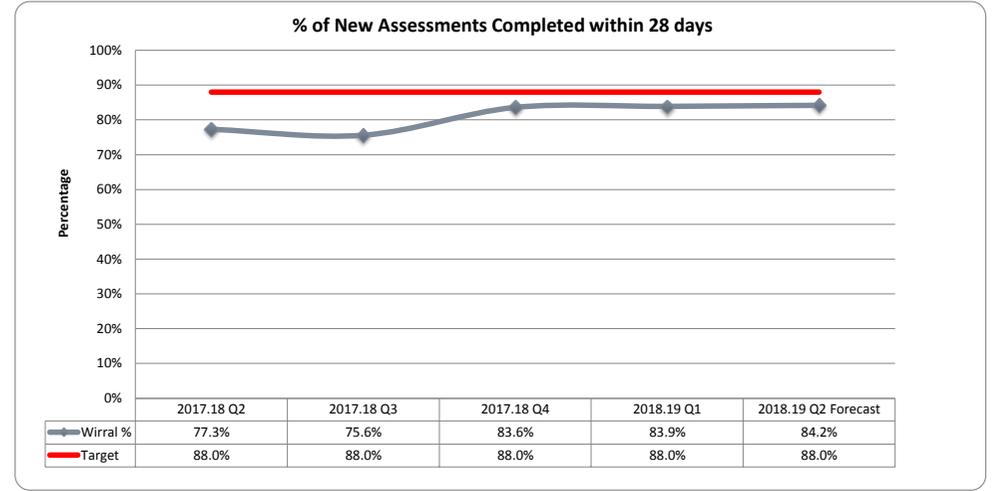
Significant work has been undertaken within Wirral Community NHS Foundation Trust to improve data recording. This has the effect of raising the performance towards achieving target. Work is underway with LCR partners to consider referral routes for safeguarding and the handling arrangements for safeguarding concerns.



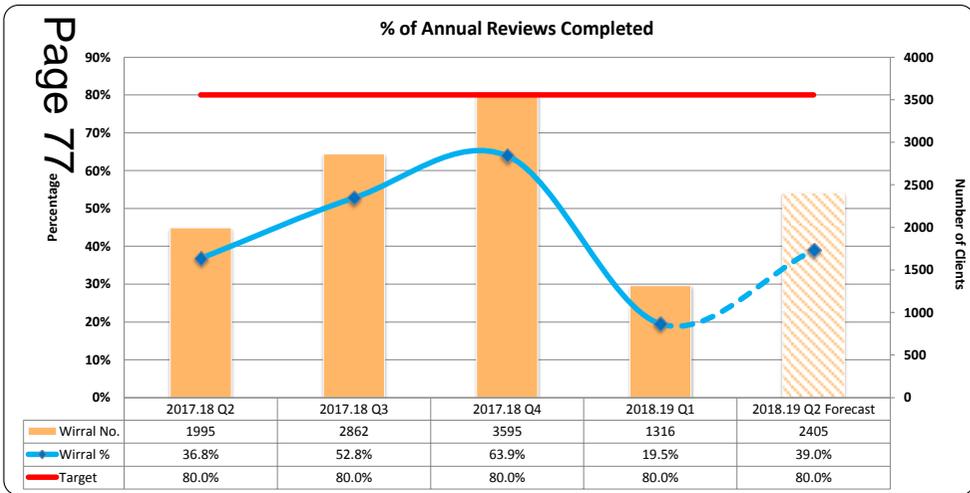
Despite a reduction in activity reported levels are significantly higher than the North West average. Capacity of home based reablement has been affected by pressures within the domiciliary care market. Providers are experiencing capacity issues and have cited particular issues with regards rostering staff associated with 15 minute calls and keeping packages open if an individual has been placed in hospital. In order to support an outcomes focussed approach the Council has agreed to pay all calls as a minimum of 30 minutes and to increase the retainer paid linked to hospital admissions from 48 hrs to 7 days. Whilst capacity and throughput are an area of concern the continuing positive outcomes of individuals who receive reablement should be noted. Revised pathways are in place to ensure individuals have access to home or bed based reablement or intermediate care services for both admission avoidance and discharge.



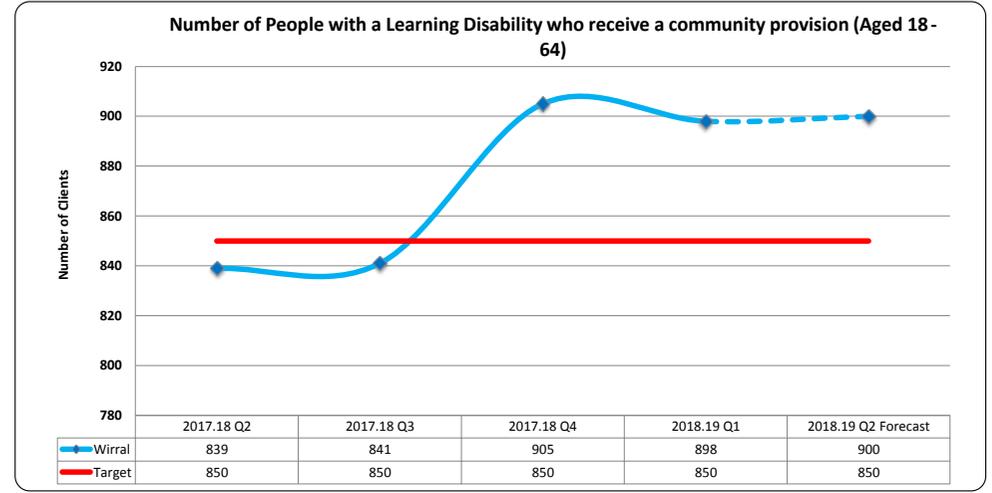
There is a general downward trend in this indicator in terms of current performance, as well as projected figures. There are several investigations which are taking significantly longer than the requisite 28 days, which could be as a result of data entry errors and should be reviewed as part of the data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



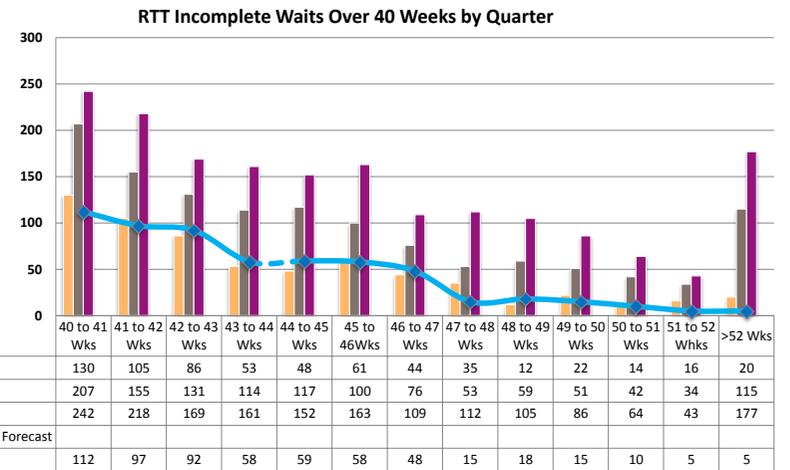
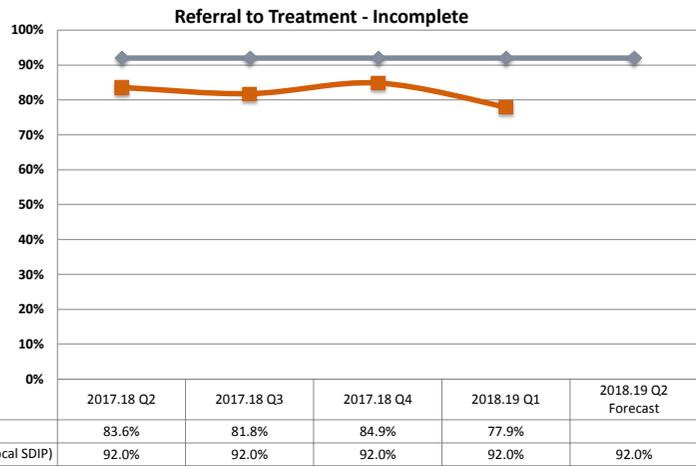
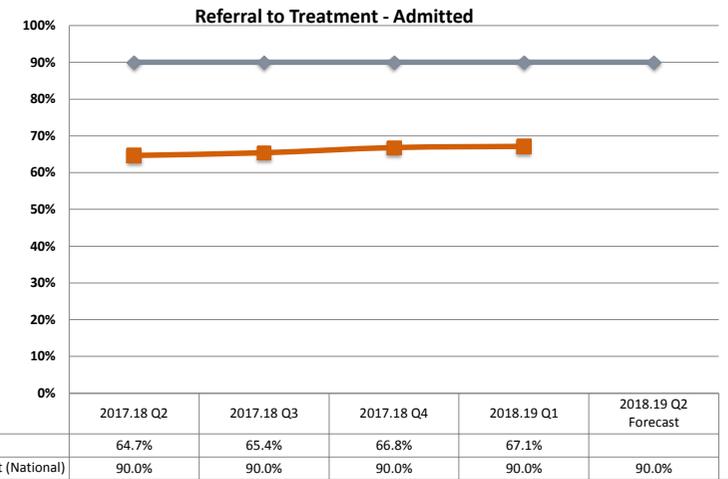
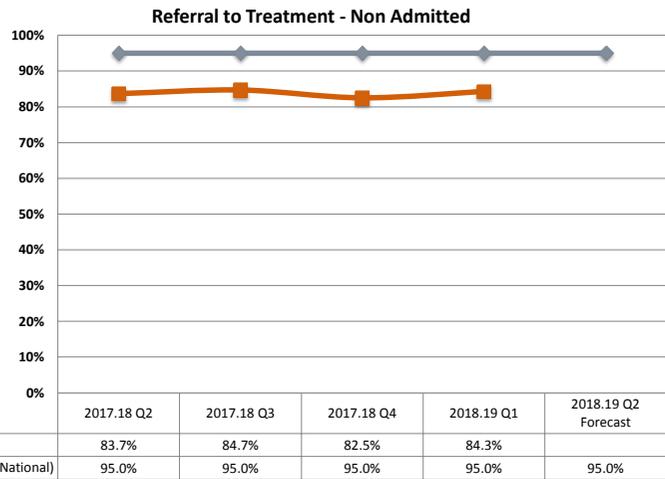
The percentage of new assessments completed within 28 days generally decreases throughout the year, and 2017/18 has followed this trend. At present, this will leave the council a long way short of the target, as well as the performance in 2016/17.



This performance measure increases throughout the year, up to a value of 63.9% in 2017/18. This is some way short of the target, however, and shows the pressures on teams when it comes to managing challenging workloads.

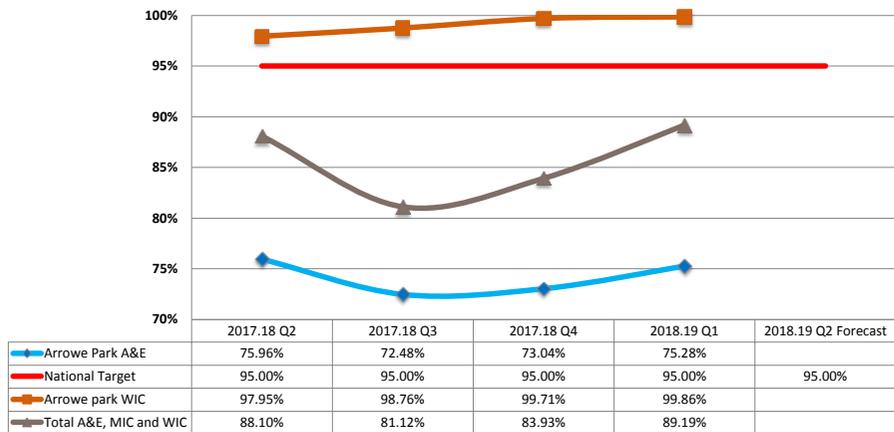


The number of people with learning disabilities who are receiving a community provision has increased, resulting in less pressure being put on residential and nursing homes, thereby reducing costs to the council. This also increases independent living, a key cornerstone of current council policy.



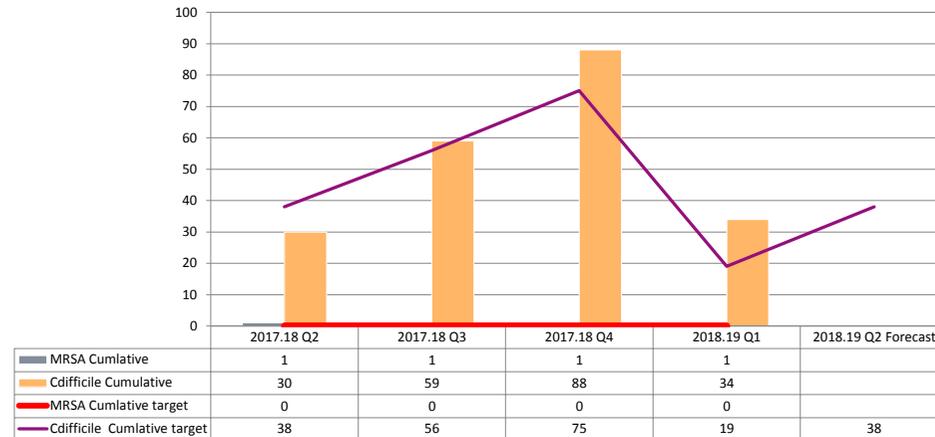
No Local SDIP trajectory for 2017-18. 2018-19 trajectory shown.

A&E Waiting Times

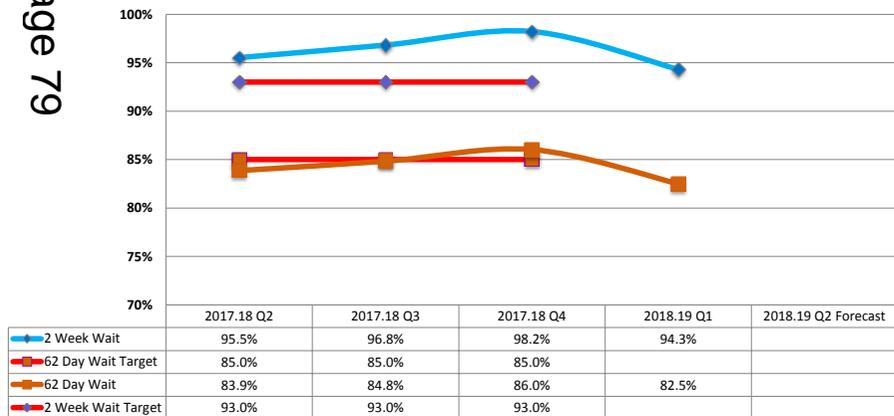


Significant focus to deliver 4 hour stranded as a system, revised trajectory for target set by NHSI. Systems expected to deliver 95% by March 19. Wirral has seen broadly a 5% improvement during Q4/Q1

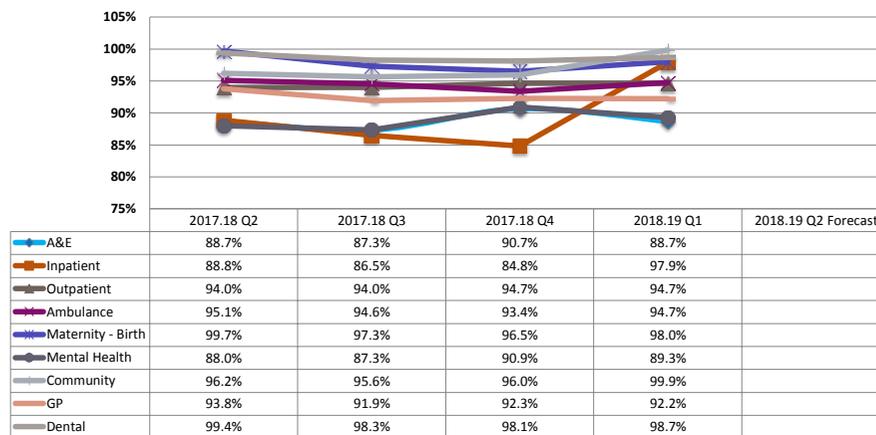
HealthCare Acquired Infections



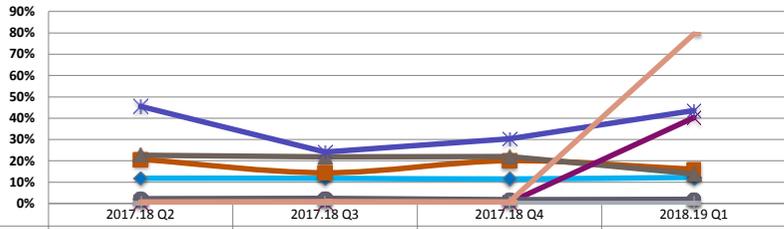
Cancer



Friends and Family Test Net Promoter Scores



Friends and Family Test Response Rates



	2017.18 Q2	2017.18 Q3	2017.18 Q4	2018.19 Q1
A&E	11.8%	11.8%	11.5%	12.3%
Inpatient	20.7%	14.4%	20.1%	16.0%
Outpatient	22.7%	21.8%	22.1%	13.9%
Ambulance	0.4%	0.4%	0.4%	40.2%
Maternity - Birth	45.6%	24.1%	30.3%	43.7%
Mental Health	2.2%	2.4%	1.8%	2.0%
Community	0.0%	0.0%	0.0%	0.0%
GP	0.0%	0.0%	0.0%	0.0%
Dental	0.8%	0.9%	0.7%	79.6%



Adult Care and Health Overview and Scrutiny Committee Wednesday 12th September 2018

REPORT TITLE:	Health and Care Performance Panel – Terms of Reference
REPORT OF:	Chair of the Adult Care and Health Overview & Scrutiny Committee

REPORT SUMMARY

This report requests that Members approve the terms of reference for the re-established Health and Care Performance Panel for the 2018/19 municipal year, and that the nominations for membership of the Panel be agreed.

RECOMMENDATION/S

Members are requested to:

- Approve the proposed terms of reference for the Health and Care Performance Panel.
- Agree the membership of the Health and Care Performance Panel.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

The recommendations will ensure that Committee Members continue to fulfil their statutory health scrutiny role.

2.0 OTHER OPTIONS CONSIDERED

Not Applicable

3.0 CONTEXTUAL INFORMATION

3.1 The Health and Care Performance Panel was originally convened in 2014, following the recommendation of a scrutiny review entitled 'The Implications of the Francis Report for Wirral'. The Panel was established to fulfil health scrutiny's role of holding providers to account.

3.2 It has been agreed that the Health and Care Performance Panel be re-established for the current municipal year, in order to further examine, evaluate and monitor the performance of health and social care providers in Wirral.

4.0 OTHER INFORMATION

4.1 The Panel will be established on a politically proportionate basis. This means that Membership for the 2018/19 municipal year will consist of four Labour; two Conservative and one Liberal Democrat Member. The Chair and Vice Chair will be nominated at the first meeting of the Panel. Membership for the 2018/19 municipal year will comprise of the following Members, following nomination and agreement at the meeting of the Adult Care and Health Overview and Scrutiny Committee held on 27th June 2018:

Cllr Julie McManus
Cllr Moira McLaughlin
Cllr Christina Muspratt
Cllr Tony Cottier
Cllr Wendy Clements
Cllr Bruce Berry
Cllr Phil Gilchrist

The Panel will engage appropriately with partners from across the Health & Social Care sector, and be supported by officers from the Council and partner agencies as and when required.

4.2 It is proposed that the first meeting of the Panel take place in October 2018, with meetings held approximately every 8 weeks thereafter. The Panel will regularly report to the Adult Care and Health Overview & Scrutiny Committee.

4.3 The terms of reference for the Panel for the municipal year 2018/19 are attached as Appendix 1 to this report.

5.0 FINANCIAL IMPLICATIONS

Not Applicable

6.0 LEGAL IMPLICATIONS

The terms of reference for the Panel are attached to this report.

7.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

The formation and output of the Health and Care Performance Panel, including officer support, will be met from within existing resources.

8.0 RELEVANT RISKS

Not Applicable

9.0 ENGAGEMENT/CONSULTATION

Not Applicable

10.0 EQUALITY IMPLICATIONS

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

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APPENDICES:

Appendix 1: Health and Care Performance Panel – Terms of Reference

REFERENCE MATERIAL - SUBJECT HISTORY (last 3 years)

Council Meeting	Date
People Overview and Scrutiny Committee	14th July 2016
Adult Care and Health Overview and Scrutiny Committee	27th June 2018

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Adult Care and Health Overview & Scrutiny Committee

HEALTH AND CARE PERFORMANCE PANEL

TERMS OF REFERENCE

1. BACKGROUND

The Chair of the current Adult Care and Health Overview & Scrutiny Committee has established the need to reinstate the former Health and Care Performance – last convened in April 2017.

2. PURPOSE & FUNCTION

The Health and Care Performance Panel will support the Adult Care and Health Overview & Scrutiny Committee by examining, evaluating and monitoring health and social care performance issues and themes across the Borough and beyond (as is considered appropriate).

The Panel's work programme will primarily comprise of items that require detailed examination, either by means of pieces of work that are tasked to the Panel through the Adult Care and Health Overview & Scrutiny Committee agenda setting meetings, or by the Panel's own discretion. Members of the Panel have the authority to collectively propose any areas of interest relating to health and social care that they may wish to explore.

The Panel shall report its findings and make recommendations to the Adult Care and Health Overview & Scrutiny Committee as it considers necessary and appropriate, by way of a written report presented by the Chair and/or Members of the Panel.

The Panel shall also undertake such other work / tasks as are allocated to it by the Adult Care and Health Overview & Scrutiny Committee.

3. MEMBERSHIP

Membership of the Panel will be drawn from members of the Adult Care and Health Overview & Scrutiny Committee.

Panel membership will consist of 7 non-Executive Elected Members and seats will be allocated in accordance with the political proportionality of the Council.

3.1 CHAIR AND VICE CHAIR

The Chair and Vice Chair of the Panel will be agreed by the Panel at its first meeting. The appointment of the Chair and Vice-Chair shall be for the duration of the Municipal Year, unless otherwise changed by the Panel.

The Chair will be responsible for reporting the Panel's findings to the Adult Care and Health Committee.

3.2 DEPUTIES

Deputies for members of the Panel may be appointed up to a maximum of eight for each political group, and such deputies shall be authorised to deputise for any member of their group who is unable to attend a meeting.

3.3 OTHER MEMBERS

Other key members of, and contributors to the Panel will include representatives from:

- Wirral Clinical Commissioning Group (CCG)
- Department of Adult Social Services (DASS)
- Wirral Healthwatch
- Public Health

The Panel will also engage appropriately with other partners from across the Health & Social Care sector, and be supported by officers from the Council and partner agencies as and when required.

4. KEY RESPONSIBILITIES

The Health and Care Performance Panel will provide oversight, support and challenge to the activities of Wirral Council and its partners. In order to deliver this function, the Panel will:

- Scrutinise the draft Quality Accounts of health service providers; this will include reviewing evidence that priorities are being delivered and offering feedback to providers.
- Oversee CQC Ratings across Wirral, and determine the need for follow up enquiries and actions.
- Examine quality framework and performance measures for the health sector in Wirral.
- Scrutinise the general performance of NHS Providers, escalating issues to the Adult Care and Health Overview & Scrutiny Committee as appropriate.
- Establish an effective flow of information and identify health service indicators alongside other bodies, such as Wirral Healthwatch and Wirral CCG.
- Review the performance of social care providers as appropriate.

5. FREQUENCY OF MEETINGS

Panel meetings will take place approximately every 8 weeks.

Additional meetings may be scheduled as and when required by the Panel.

6. DELEGATED AUTHORITY

The Chair (or Vice-Chair) of the Panel will have authority to respond to issues on behalf of the Panel.

7. REVIEW OF TERMS OF REFERENCE

The Terms of Reference for the Health and Care Performance Panel will be reviewed annually.

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Adult Care and Health Overview and Scrutiny Committee Wednesday 12th September 2018

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

REPORT SUMMARY

The Adult Care and Health Overview & Scrutiny Committee, in cooperation with the three other Overview & Scrutiny Committees, are 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.

This report supports Members in developing and managing the scrutiny work programme for the municipal year 2018/19.

The report provides an update regarding progress made since the last Committee meeting held on 27th June 2018. The current work programme is made up of a combination of scrutiny reviews, workshops, standing items and requested officer reports. This update report provides the Committee with an opportunity to plan, review and evaluate its' work across the municipal year.

The work programme for the Adult Care and Health Overview & Scrutiny Committee for the municipal year 2018/19 is attached as Appendix 1 to this report.

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. Note the Clinical Senate Scrutiny Workshop Report and authorise the addition of potential Clinical Senate input to the Adult Care and Health Overview & Scrutiny Committee work programme for 2018/19.

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 SCRUTINY WORK PROGRAMME ITEMS

A number of work programme items have recently been concluded. Members may wish to note the following in particular:

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 took place on 25th July 2018, with a repeat session being held on 1st August 2018.

The purpose of the workshop was to involve members in the proposed 'Improving Access to Psychological Therapies' (IAPT) re-tender, and the future overall mental health procurement exercise. The sessions proved to be very insightful and helped both Members and commissioners to gain a deeper understanding of the current challenges and improvements needed in the service. There were a number of areas where attending Members were able to provide comments and suggestions to Wirral Health and Care Commissioning, which ultimately helped to shape the look of the new service specification.

Clinical Senate Workshop

Clinical Senates are forums of multi-disciplinary clinical leadership, which work 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.

A joint workshop for members of both the Adult Care and Health Overview & Scrutiny Committee, and the Children and Families Overview & Scrutiny Committee took place on 18th July 2018, so that Members were able to gain an understanding of the Clinical Senate and how it may benefit future work programme items.

A detailed overview of the workshop, and how the Clinical Senate may assist Members in future decision making, is attached as Appendix 2 to this report.

3.2 Forthcoming Activities

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 'Risk and Scrutiny' workshop will be delivered for all Overview and Scrutiny Members in October 2018. Proposals for how scrutiny considers risk as part of the scrutiny work programme can then be developed through Member feedback.

3.3 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 November. 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.

REPORT AUTHOR: **Alexandra Davidson**
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APPENDICES:

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

Appendix 2: Clinical Senate – Scrutiny Workshop Report

REFERENCE MATERIAL - SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Care and Health Overview & Scrutiny Committee	27th June 2018

PROPOSED AGENDA ITEMS – Wednesday 12th September 2018

Item	Format	Officer
Minutes from Adult Care & Health OSC (27 th June)	Minutes	
Financial Monitoring – 2018/19 Q1	Report / Presentation	Mathew Gotts
Wirral University Teaching Hospital – CQC Inspection	Report	Janelle Holmes (WUTH)
Seacombe Birthing Centre/Highfield Unit – Impact.	Report	Janelle Holmes (WUTH) / Gary Price (WUTH)/Debbie Edwards (WUTH)
Wirral Community Trust – CQC Inspection	Report	Karen Howell (Wirral Community Trust) / Val McGee (Wirral Community Trust) / Paula Simpson (Wirral Community Trust)
Urgent Care Consultation	Report	Jacqui Evans
Integrated Social Care transfer – 12 months on staff perspectives.	Verbal Update	Val McGee (Wirral Community Trust) / Dan Hinshall (UNISON rep)
Phlebotomy Service Update	Follow Up Report	Sarah Boyd-Short (Wirral CCG)
Performance Monitoring – 2018/19 Q1	Report	Jason Oxley
Terms of Reference - Health and Care Performance Panel	Report	Alex Davidson (Report of the Chair)
Work programme update	Report	Alex Davidson (Report of the Chair)
Deadline for reports to be with Committee Services: Tuesday 28th August 2018		

Note:

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

12th Sept 2018 Q1 2018/19

29th Jan 2019 No reports

27th Nov 2018 Q2 2018/19

19th Mar 2019 Q3 2018/19

PROPOSED AGENDA ITEMS – Tuesday 27th November 2018

Item	Format	Officer
Minutes from Adult Care & Health OSC (12 th September)	Minutes	
Financial Monitoring – 2018/19 Q2	Report/Presentation	Mathew Gotts
Performance monitoring – 2018/19 Q2	Report	Graham Hodkinson
'Healthy Wirral' Update	Report	Simon Banks (Wirral CCG)
Draft Commissioning Strategy	Report	Nesta Hawker (Wirral CCG)
Annual Social Care Complaints report 2017/18	Report	David Jones (DASS)
Learning Disability Commissioning	Report	Jason Oxley (Wirral CCG)
Local Delivery of the Five Year Forward View	Follow Up Report	Mel Pickup (Cheshire and Merseyside Health and Care Partnership)
Musculoskeletal (MSK) Integrated Triage Service – Update	Follow Up Report	Sue Borrington (Wirral CCG)
Wirral Patient Led Ordering – Final Update	Follow Up Report	Abbie Cowan (Midlands and Lancashire CSU)
Feedback report from Health & Care Performance Panel	Report	Alex Davidson (Report of the Chair of the HCPP)
Work programme update	Report	Alex Davidson (Report of the Chair)
Deadline for reports to be with Committee Services: Monday 12th November 2018		

ADDITIONAL FUTURE AGENDA ITEMS

Item	Format	Approximate timescale	Lead Departmental Officer
Adults Safeguarding Annual Report 2017/18	Report	January 2019	Simon Garner
Continuing Healthcare Scrutiny Review and Action Plan Follow Up	Report	January 2019	Simon Banks (Wirral CCG)
Social care and Health integration for older people	Report	January 2019	Val McGee (Wirral Community Trust) and Jason Oxley
Clinical Senate – Possible Report	To be agreed	To be agreed	Caroline Baines (NWCS)
Respite Services Scrutiny Review	Report	To be agreed	Alex Davidson (Report of the Chair of Task & Finish group)
Extra Care Housing Strategy	To be agreed	To be agreed	To be agreed

WORK PROGRAMME ACTIVITIES OUTSIDE COMMITTEE

Item	Format	Timescale	Lead Department Officer	Progress / Comments
Task and Finish work				
Quality of care in Wirral	To be agreed	To be agreed	Jacqui Evans	Assigned to Health and Care Performance Panel
Spotlight sessions / workshops				
Risk Awareness Session	Workshop	October 2018	Mike Lane	All OSC Members
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	Mike Chantler (Wirral CCG)	
Single Commissioning arrangements	Workshop/ Report	To be agreed	Graham Hodkinson	
Wirral Together	Workshop	To be agreed	Rachel Musgrave	
Hospital Transport Routes	To be agreed	To be agreed	Merseytravel	
Corporate scrutiny / Other				
Transformation Programme	Workshop	To be agreed	Michelle Duerden	

HEALTH & CARE PERFORMANCE PANEL
AGENDA
Proposed Date: Monday 8th October 2018

Item		
1	Appointment of Chair for the 2018/19 municipal year	All
2	Appointment of Vice-Chair for the 2018/19 municipal year	All
3	Suicide – Follow-up report	Lorna Quigley
4	Care Home strategy	Jacqui Evans
5	Health and Care Integration	Jason Oxley
6	Review of health and care providers	Jason Oxley
7	Health & Care Performance Panel - Work Programme and future meetings	All
8	Any Other Business -Task & Finish; Quality of care in Wirral	All

Proposed future agenda and work programme items

Care-related levels of bad debt and barriers to recovery	Report	To be agreed
CQC ratings across care homes in Wirral, including regional and national comparators being provided.	Report	Jacqui Evans / Amanda Kelly
CQC Improvement Plans	Report	To be agreed
Safeguarding arrangements in care homes	Report	Jacqui Evans/Amanda Kelly
Drug use in Wirral (plus an update regarding the number of deaths in service in the drug and alcohol treatment - service managed by Change, Grow, Live (CGL).	Report	Julie Webster
Better Care Fund – Plans and priorities 2018/19	Report	Graham Hodkinson/Jacqui Evans
Avoiding Admissions Review – Follow Up	Briefing Note/Officer Report	To be agreed
Care Homes Review – Follow Up	Briefing Note/Officer Report	To be agreed



Clinical Senate Scrutiny Workshop Report

July 2018



Contents

Introduction.....	3
Background Information.....	3
Members’ Workshop – Summary of Discussion.....	4
Potential areas of Clinical Senate involvement in Wirral	5
Conclusion - How can the Clinical Senate assist in good scrutiny?.....	6
Appendix 1 - Workshop Attendance	7

Introduction

Members of the Adult Care and Health Overview & Scrutiny Committee and the Children and Families Overview & Scrutiny Committee were invited to attend a joint workshop in July 2018, hosted by the North West Clinical Senate. The objective of this workshop was to provide training and information to Overview & Scrutiny Members on the role of the Clinical Senate, and the potential input that they could have within the work of scrutiny committees.

The workshop was led by Caroline Baines (Clinical Senate Manager, North West), and Dr Cecil Kullu (Chair, Cheshire and Merseyside Clinical Senate).

Background Information

How do Clinical Senates work?

There are 12 Clinical Senates in England, all of which are 'hosted' by NHS England. They provide independent advice and strategic guidance to commissioners, to bring about the best decisions about healthcare for the populations they represent.

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. Clinical Senates provide a clinically led and strategically focussed space for commissioners and providers to come together and determine the most clinically appropriate way to configure services in the area.

Clinical Senates do not focus on a specific health condition; instead they bring together professionals from a wide range of different health and care specialisms with the aim of improving the overall healthcare provided in the region. This is achieved through collaborating with, and providing strategic advice to commissioning organisations on improving and developing healthcare provision. Professionals sitting on Clinical Senates do so as independent advisors, and do not represent an employer or professional body.

Purpose of Clinical Senates

Clinical Senates aims are;

- To provide a level of clinical scrutiny and transparency to processes, 'sense check' thinking and challenge assumptions.
- To provide additional and important assurance to stakeholders, in readiness for consultation.
- To hold an awareness of the wider strategic context and ensure plans align with this.
- To help to provide clinical consensus where this may be lacking.

Previous Reviews

There have been a number of Clinical Senate reviews undertaken in recent times which may be of interest to Members. For local context, the Clinical Senate recently published a review of the Liverpool Women's Hospital Services, which provides a report based on service provision in a neighbouring area, and that Members may remember was an area of some debate. The full review is available via the [Clinical Senate website](#). Members attending the workshop in July were also keen to find out more about the Clinical Senate's Urgent Care Review for North Tyneside, given the similar review due to take place in Wirral in coming months. The North Tyneside review can also be found via the [Clinical Senate website](#).

Members' Workshop – Summary of Discussion

The Member workshop was presented by Caroline Baines (Clinical Senate Manager, North West), and Dr Cecil Kullu (Chair, Cheshire and Merseyside Clinical Senate), and provided an insightful look at the role of Clinical Senates across the country, as well as discussion around the potential for Senate involvement in scrutiny work. Alongside this, the workshop presentation gave an opportunity for Members to gain an understanding of reviews previously carried out by Clinical Senates.

One of the key aims of the workshop was to ensure Members were equipped with the skills and knowledge to identify pieces of local work that might benefit from a Clinical Senate review (either on a formal or informal basis).

Members asked how the Clinical Senate ensured that its members remained impartial.

Members were assured that the Clinical Senate was 'organisationally agnostic' and provides a clear senior clinical appreciation of options without fear of partisan bias. In addition to this, professionals sitting on Clinical Senates do so as independent consultants, and do not represent an employer or professional body. Clinical members of the Senate Council and Assembly are not financially compensated by NHS England, and mainly commit their time voluntarily and for no fee. It was also noted that the members who make up the Clinical Senate Council to undertake a piece of work are not drawn from the locality under review.

Members asked at which stage of the commissioning process the Clinical Senate become involved.

Members were advised that the Clinical Senate can be engaged with at any point in the commissioning timeline, although it is suggested that a review takes place prior to any public consultation in order for the most feasible options to be taken into the public domain. Due to time constraints, there have been many occasions when the timeline of review has not taken place in this manner. However, this does not serve to impede the review in any way and the Senate's report will still be delivered in accordance with the best interests of the local population.

Members asked if Clinical Senates take the financial viability of commissioning plans into account when reviewing services, or making recommendations.

Members were advised that, when reviewing a large project, the Clinical Senate will generally become involved when a formulation of ideas has already taken place – and a number of financially viable plans have already been put forward. Although it is inevitable that there is some background

thought into the costings of a project (for example, demolition and construction of buildings may be economically unsuitable – a concept that is understood by the Senate), once a review is underway – the best option for patients and the Public will take precedence over any assumed financial gain or saving. The funding of the potential provision will always lie with the commissioning body and has no bearing on the outcome of the Clinical Senate review.

Members asked if the commissioning body have any influence over the final review report.

Members were assured that, although the commissioners are able to fact check the final report for accuracy, they have no authority to change the findings or recommendations of a Clinical Senate review – due to the independent status of the Clinical Senate.

Members asked if the commissioning body are obligated to accept and act on the Clinical Senate's review recommendations.

Members were advised that commissioners are not obliged to accept the findings of the Clinical Senate review and ultimately, any decision making is at the discretion of the governing body. However, if any subsequent decisions are subject to a judicial review, the Clinical Senate report information can be called on, and the commissioners may require a robust argument behind their reasoning for not accepting the recommendations of the Senate, if that is the case.

Although Clinical Senate advice and recommendations are not mandated, and consequently commissioners are not obliged to act upon them, previous examples including the Greater Manchester Healthier Together Judicial Review and the Cumbria Success Regime referral to IRP, demonstrate that Clinical Senate advice and recommendations are trusted and respected. Challenges against commissioner decisions in both of these cases were thrown out, in part due to commissioners having invited Clinical Senate reviews and then acted in accordance with the findings. This was seen, in both cases, to demonstrate a well-run and robust process involving independent expert clinical advice and challenge.

Potential areas of Clinical Senate involvement in Wirral

Following the workshop, discussion took place with officers representing Wirral Health and Care Commissioning around future commissioning plans, and where the Clinical Senate could provide expertise to assist the scrutiny of such projects.

There are a number of proposed areas where the Clinical Senate may support Members of the Overview & Scrutiny Committee in effectively analysing the planned work of health and care commissioners. Future long term commissioning plans in the Borough include the forthcoming review of the Wirral Drug and Alcohol Service, currently provided by Change, Grow, Live. The current contract is due to end in February 2020. The review of this service is currently in the early stages of intelligence gathering and insight collection, but there is an appetite for the Clinical Senate to contribute and provide Members with their strategic and clinical input to enable more efficient pre-decision scrutiny.

The 0-19 Health and Wellbeing Service for children and young people is also due for review by February 2020. At the time of publication, discussion with the Clinical Senate was ongoing as to whether these areas would be suitable for Clinical Senate study; however, Members will be kept up to date on the outcomes of these considerations.

Members at the workshop will also be aware that the Cheshire and Merseyside Clinical Senate is currently undertaking an assessment of services alongside the Wirral CCG's Urgent and Emergency Care review. Members commented that they are looking to the Clinical Senate to provide some assurance around the options being offered to residents as part of the Urgent Care Review, so welcome their involvement in 'stress-testing' or challenging the possibilities on offer. At the time of publication, the Urgent Care Review public consultation had been further delayed, but Members recognised the need for an early view of the Senate's findings and look forward to the possibility of the review being presented to the Adult Care and Health Overview & Scrutiny Committee at the earliest possibility.

Conclusion - How can the Clinical Senate assist in good scrutiny?

There hasn't yet been a precedent for Clinical Senates working directly with Overview and Scrutiny Committees, however there is enthusiasm from the Scrutiny Team and the local Clinical Senate lead to look at this and see how it can be progressed. The idea of clinical expertise in the field of scrutiny means there is an opportunity for real innovation, and a new way of scrutinising health and care commissioning and provision. The complexity of the health and care sector means that independent support from clinicians for Members of the Adult Care and Health Overview & Scrutiny Committee could add real value to the outcomes of scrutiny discussions and recommendations.

Clinical Senates, by their very nature, have a more clinical focus than Overview and Scrutiny Committees and can therefore work in partnership to allow clinical impartiality and expertise. Clinicians from across different professions work together with patients and the Public to provide leadership and advice at both a local and wider geographical area – this kind of contribution will be necessary if commissioners are going to be supported to make decisions that will transform healthcare. Clinical Senates will allow Members to take a broader and more strategic view of health and social care as a whole within Wirral. Use of the Clinical Senate will enhance the value of scrutiny work by providing a vital link to in depth clinical viewpoint to many areas of interest within health and social care.

Recommendation - It is proposed that potential use of Clinical Senates is added to the work programme for the Adult Care and Health Overview & Scrutiny Committee, in order to keep potential Senate input at the forefront of planning around future commissioning, and recommendations from scrutiny Members.

Appendix 1 - Workshop Attendance

Members

CLlr Julie McManus
CLlr Tom Usher
CLlr Moira McLaughlin
CLlr Mary Jordan
CLlr Wendy Clements
CLlr Phil Gilchrist
CLlr Christina Muspratt
CLlr Liz Grey
CLlr Anita Leech
CLlr Chris Carubia
CLlr Tony Cottier

Clinical Senate

Caroline Baines – Manager, North West
Cecil Kullu – Chair, Cheshire and Merseyside Clinical Senate

Officers

Paula Cowan – Medical Director, Wirral Health and Care Commissioning
Elspeth Anwar – Public Health Consultant, Wirral Health and Care and Commissioning
Nancy Clarkson – Head of Intelligence, Wirral Council
Alexandra Davidson – Scrutiny Officer, Wirral Council
Anna Perrett – Scrutiny Officer, Wirral Council

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