



## Adult Care and Health Overview and Scrutiny Committee

<b>Date:</b>	<b>Tuesday, 27 November 2018</b>
<b>Time:</b>	<b>6.00 p.m. (or on the rising of the Adult Care and Health Call-In meeting, whichever is the later)</b>
<b>Venue:</b>	<b>Committee Room 1 - Wallasey Town Hall</b>

This meeting will be webcast at  
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### AGENDA

- 1. APOLOGIES FOR ABSENCE**
- 2. MEMBERS' CODE OF CONDUCT - 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 - 26)**

To approve the accuracy of the minutes of the meeting held on 12 September 2018 and the special meeting held on 12 November 2018.
- 4. FINANCIAL MONITORING REPORT QUARTER 2 2018/19 (Pages 27 - 56)**
- 5. MUSCULOSKELETAL (MSK) INTEGRATED TRIAGE SERVICE - UPDATE (Pages 57 - 70)**

6. ANNUAL SOCIAL CARE COMPLAINTS REPORT 2017/18  
(Pages 71 - 82)
7. LEARNING DISABILITY COMMISSIONING (VERBAL UPDATE)
8. 2018/19 QUARTER 2 WIRRAL PLAN AND HEALTH AND CARE PERFORMANCE  
(Pages 83 - 100)
9. REPORT OF THE HEALTH AND CARE PERFORMANCE PANEL  
(Pages 101 - 108)
10. ADULT CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE - WORK PROGRAMME UPDATE (Pages 109 - 114)
11. ANY OTHER BUSINESS APPROVED BY THE CHAIR

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13 **MINUTES**

**Resolved – That the minutes of the meeting of the Adult Care and Health Overview and Scrutiny Committee held on 27 June 2018 be confirmed as a correct record.**

14 **ORDER OF BUSINESS**

The Chair proposed and it was agreed that the meeting's order of business be varied and that Agenda Item 7 'Wirral Community Trust – CQC Inspection' and Item 9 'Integrated Social Care Transfer – 12 Months on Staff Perspectives' be considered before Agenda Item 4 '2018/19 Quarter 1 Financial Monitoring Reporting' to enable attending NHS representatives to speak on the items prior to leaving the meeting to attend a pre-arranged commitment.

15 **WIRRAL COMMUNITY TRUST - CQC INSPECTION**

Val McGee, Director of Integration and Partnerships introduced a verbal update on the Wirral Community Trust CQC inspection report, on behalf of Karen Howell - Chief Executive Wirral Community NHS Foundation Trust.

The report informed that 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 its last inspection in September 2014, the inspection process had changed significantly and was now much more detailed. A new inspection framework was consulted upon and launched in 2017.

Following the inspection of core services and the well-led inspection in March 2018, the Trust had received an overall rating of Requires Improvement (RI). However, the report cited many areas of Outstanding and Good practice and most importantly areas rated as Good against the key questions of effective, caring and responsive.

The Chair opened questioning on the item highlighting that given the CQC report detailed 14 'must do actions' for the Trust, none were listed in the report as presented, and the lack of detail and ownership in the document was not of a standard that Members would expect given the importance of CQC inspections and the role of the Overview and Scrutiny Committee.

Another Member also expressed disappointment at what had been presented to Members, stating that it was unusual to have such a 'light' report, adding that it held no information as to what issues the CQC had identified, and no information regarding timescales or an action plan to address required improvements. The Member asked when the Overview and Scrutiny Committee might have sight of the CQC reports.

A Member suggested that it be useful for the CQC report and improvement plan to be directed to the Health and Care Performance Panel in order to track improvement.

A Member commented that he had seen the CQC report and was extremely concerned as to its content and apparent 'disconnects' relating to certain service areas. He added that Senior Managers had also expressed concerns, and staff communications were also 'raising alarm bells' for him.

Other members of the Overview and Scrutiny Committee expressed their concerns as to why the full report and improvement plan had not been presented for review. Members supported the view that the full CQC inspection report be presented to the Health and Care Performance Panel for further review.

Val McGee, Director of Integration and Partnerships, who presented the report on behalf of Karen Howell - Chief Executive Wirral Community NHS Foundation Trust agreed, adding that the overall rating of Requires Improvement (RI) did not truly reflect the work of staff who had been instrumental in some of the positive themes identified in the CQC report.

#### **Resolved – That**

**(1) the briefing note be received; and**

**(2) a copy of the CQC inspection report and the Wirral Community Trust NHS Foundation Trust's Action Plan be provided to the Health and Care Performance Panel for review.**

#### **16 INTEGRATED SOCIAL CARE TRANSFER - 12 MONTHS ON STAFF PERSPECTIVES (VERBAL UPDATE)**

Further to Minute 5 (27 June 2018) Val McGee, Director of Integration and Partnerships Wirral Community NHS Trust and Dan Hinchell, local Unison representative provided a verbal update to the Overview and Scrutiny Committee on the perspectives of staff and Trade Unions following the integration of health and social care in the past year.

Mr Hinchell informed the Adult Health and Care Overview and Scrutiny Committee that he had been in e-mail correspondence with all staff affected by the transfer. He further informed that a number of key themes arising from the integration had been identified as a result. These included:

- Problems arising from staff now working together in key areas under two different sets of policies and procedures and two different terms and conditions (T&C). He added that this was still under review and staff would be working to NHS T&Cs once ratified.
- An ongoing bug-bear regarding the staff transfer related to the 4 days enforced unpaid leave forming part of Council Staff's existing contracts.

- Pay Dates – NHS and Council Staff were currently paid on different days, and although arrangements had been put in place for advances of pay, there still existed some hardship cases for a small number of staff.
- ICT operational issues – training on, and use of different IT systems had caused some difficulties, however a number of IT ‘clinics’ had been put in place to help address this.
- Recruitment – an ongoing issue and staff were continuing to work around a number of staffing vacancies.
- Education Grant – as part of their personal development plans, some members of staff had been awarded a sum of money to help with work related training and development. A number of staff had reported that since their transfer this sum had stopped. Mr Hinchell informed that a promise had been made to investigate this, but no answer had been received at the time of this report.

A Member thanked Ms McGee and Mr Hinchell, but requested that it would have been more helpful if Members had been provided a written report in advance of the meeting.

A Member questioned Mr Hinchell as to whether staff felt confident in approaching managers and asked if more qualitative questioning be included in future staff surveys about the transfer, encouraging staff to feel more inclined to feedback any concerns they may have.

The Chair thanked both speakers and re-iterated Member’s request for a written summary, asking that this be circulated to the Adult Health and Care Overview and Scrutiny Members after the meeting.

**Resolved - That**

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

**(2) a written report be circulated to Members of the Overview and Scrutiny Committee, summarising the points raised by Mr Hinchell in his verbal report.**

**17 FINANCIAL MONITORING - 2018/19 Q1**

Matthew Gotts, Principal Accountant Financial Management introduced the regular report of the Assistant Director: Finance and Section 151 Officer that provided Members with detail to scrutinise budget performance for the area of activity that formed part of the People Theme as at 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 provided details of the Medium Term Financial Strategy 2019/20 - 2022/23 (MTFS) and information relating to the preparation of the budget for 2019/20.

The Principal Accountant Financial Management provided Members with a summary presentation that set out the budgetary figures for 2018/19 and information regarding key areas of relevance / note i.e.

- 2017/18 Outturn;
- 2018/19 Q1 forecast and variance figures;
- 2018-19 Adult Social Care Budget & Pressures (£8.59m);
- Pooled Fund with Wirral CCG (£129.9m);
- All Age Disability Service; and
- Key Capital Schemes (2017/18 and 2018/19).

The Principal Accountant Financial Management's presentation also provided members with a further breakdown of the key budget expenditure relating to Older People (65+) Care and Complex Care (18-64) Services i.e. services user numbers and average costs as follows:

Neighbourhoods (65+) Service User Numbers					
Care Type	March '18	June '18	+/- (%)	Vol as % of service	Cost as % of budget
Long-Term Res. and Nursing Care	1,051	1,056	0.5%	29%	47%
Short-Term Care	304	252	(17.1%)	7%	11%
Community Care	1,843	1,939	5.2%	53%	34%
Direct Payments	416	409	(1.7%)	11%	8%
Total	3,262	3,292	0.9%		

Complex Care (18-64) Service User Numbers					
Care Type	March '18	June '18	+/- (%)	Vol as % of service	Cost as % of budget
Long-Term Res. and Nursing Care	308	315	2.3%	21%	31%
Short-Term Care	84	86	2.4%	6%	4%
Community Care	941	930	(1.2%)	61%	56%
Direct Payments	206	195	(5.3%)	12%	9%
Total	1,179	1,176	(0.3%)		

Members reiterated their request that any overhead slides / presentations should be circulated to the committee in advance of the meeting to enable them sufficient time to review the data content ahead of the meeting.

Members questioned Mr Gotts on the content of his presentation and the apparent disparity in the numbers relating to the increased figures in terms of

personal budgets - and reported reduction in direct payments. Members were apprised that personal budgets related to where a person was informed of their care and support service provision, and the equivalent value that they could choose to take as a Direct Payment should they wish to. Direct Payments were where a person chooses to receive the money to arrange their own care and support services, as a Direct Payment from the Council, rather than the Council arranging actual services to meet their needs. Individuals may then choose to spend the Direct Payment on a range of services to meet their specific needs.

Members requested that an update on the technology schemes (and reasons for delays) within the Adult Care and Health Capital and Revenue Budget be reported to the next meeting of the Overview and Scrutiny Committee.

The Chair thanked Mr Gotts for his report.

### **Resolved - That**

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

**(2) an update on the technology schemes within the Adult Care and Health Capital and Revenue Budgets be reported to the next meeting of the Overview and Scrutiny Committee.**

## **18 WIRRAL UNIVERSITY TEACHING HOSPITAL - CQC INSPECTION**

Janelle Holmes, Chief Executive Officer Wirral University Teaching Hospitals NHS Foundation Trust presented her report that informed that the CQC inspected the Trust between 13th March and 3rd May 2018. The report stated that the Trust was rated as 'Requires Improvement' overall due to a combination of a range of observations, that included:

- 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.

Having recently taken up her post, Ms Holmes informed that the rating had not been unexpected, but the Trust was clear in its aim to draw a line under the report and implement a number of key recommendations and actions agreed by the Trust's Board. Plans to address the requirements identified by CQC had 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 involved:

- 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 – intended 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.

Members questioned Ms Holmes on a number of key points of concern, primarily those surrounding reported issues of leadership failings and bullying culture. Members also highlighted concerns regarding the recruitment of staff, general vacancies and how certain areas of the Trust had been labelled as 'not fit for purpose'. Members further highlighted concerns that the proposals for leadership training and investment in staff development did not appear to cascade through the entire organisation and staff morale remained low. The Chair identified that the Overview and Scrutiny Committee would be keen to hear from staff, RCN and/or Union Representatives to seek reassurance and hard evidence that these particular issues were being satisfactorily addressed.

The Chief Executive Officer Wirral University Teaching Hospitals NHS Foundation Trust re-affirmed that the Trust had a zero tolerance attitude to bullying and was happy to share the organisational development plan and that there was a general view that the above mentioned issues were getting better.

She added that Members would see the changes and Members of the Overview and Scrutiny Committee were invited to view, first hand, some of the plans in action. The Chair suggested that such visits be arranged through Healthwatch Wirral.

Further questioning took place on CQC areas of concern and the Wirral University Teaching Hospital NHS Trust's Improvement Plan. Members requested that the Improvement Plan be forwarded to the Health and Care Performance Panel for ongoing review.

**Resolved – That**

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

**(2) a copy of the CQC inspection report and the Wirral University Teaching Hospital (WUTH) NHS Trust's Improvement Plan be provided to the Health and Care Performance Panel for review; and**

**(3) Overview and Scrutiny Members wishing to visit the WUTH NHS Trust liaise with Healthwatch Wirral to assist with the planning of such visits.**

19 **SEACOMBE BIRTHING CENTRE / HIGHFIELD UNIT - IMPACT (VERBAL UPDATE)**

Gary Price, Director of Women and Children - Wirral University Teaching Hospital (WUTH) NHS Trust and Debbie Edwards, Divisional Director of Nursing and Midwifery WUTH NHS Trust introduced a short video and presentation that highlighted the impact of the Seacombe Birthing Centre / Highfield Unit and the services provided in the heart of the community.

Ms Edwards informed that the Seacombe Centre had been selected as an 'early adopter' site having been the location of an unused nursery with an identified demand for locally provided midwifery care (including birthing). Funding had been identified and confirmed to help mothers to be with a service of continuity of care throughout pregnancy, birth and on to post-natal care. The service had been shown to provide a more flexible service for women, despite some initial concerns regarding staffing cover i.e. on call arrangements.

Ms Edwards' presentation informed that the National Maternity Review – Better Births had identified:

- How important it was for women to know and form a relationship with the professionals caring for them.
- A preference to be cared for by one midwife or a small team of midwives throughout the maternity journey. Providing better support for women, and enabling midwives to better meet their needs, identify problems and provide a safer service

- Team Continuity model a ‘team of 4-6’ that can operate in several ways – including examples based of annualised hours, giving midwives the flexibility to manage their own time.

Ms Edward’s reported that since its establishment in February 2018, as at the end of July 2018 the Seacombe Birthing Centre had assisted in 24 Community Deliveries – 17 Home Births, 7 Births at the Seacombe Centre, and another 8 due within next 4 weeks.

Members were informed that safeguards were in place to ensure emergency cases were properly managed and each pregnancy was risk assessed to ensure clinical risks were minimised. The service also provided reduced pressure on hospital based triage services and enabled speedier assessment for mothers to be at the Seacombe Centre, providing the service closer to home. Members were very pleased to note that there had been no complaints at all regarding the services provided.

The Chair thanked Ms Edwards and Mr Price for their presentation, noting that the content had been extremely informative and it was pleasing to note the value placed upon staff by their patients.

**Resolved – That**

**(1) the presentation be noted; and**

**(2) Overview and Scrutiny Members wishing to visit the Seacombe Birthing Centre / Highfield Unit liaise with Healthwatch Wirral to assist with the planning of such visits.**

20 **URGENT CARE CONSULTATION (VERBAL UPDATE)**

Jacqui Evans, Assistant Director Integrated Commissioning Programme introduced a high level update presentation on the Urgent care Consultation currently being undertaken. Ms Evans explained that a formal report had been planned for dissemination to the Adult Health and Care Overview and Scrutiny Committee, however due to further delays in the consultation process a verbal update had been provided instead.

The presentation informed that Provided Clinical Commissioning Groups (CCGs) had been provided with a set of standards that must be followed when providing urgent care services. Using feedback from a ‘listening exercise’, 2 options had been developed for review and public consultation would shortly begin on these options. A third option had been considered, but discounted during the process for a number of reasons. The presentation further informed that the key messages behind the Urgent Care Review and consultation were:

- the need to improve access to urgent care services across Wirral;
- an Urgent Treatment Centre based at Arrowe Park;
- no change to Wirral's only A&E or Children’s A&E services;

- the need for easier access and clearer choices for urgent care services;
- stronger links with primary care and bringing care closer to home; and
- re-design of NHS 111 to provide an improved service.

The Assistant Director Integrated Commissioning Programme informed that 2 specific options had been developed for public consultation, and opinions will be gathered on specific areas such as opening times and service offering. Members were apprised that it was important that the NHS provide services locally and the public would be asked what was important to them when considering where local services should be delivered across Wirral. The public will also be asked for their views on the current urgent care services as well as the newly proposed model.

Members questioned the Assistant Director Integrated Commissioning Programme seeking clarity on a number of points arising from her presentation. Members were informed that the planned service would provide a mixture of primary and clinical treatment i.e. urgent treatments that would be GP-led, involving senior nursing staff, therapists with access to social care and 3<sup>rd</sup> sector advice – primary and community care working together.

At the suggestion of the Chair, it was agreed that pre-scrutiny would take place on proposals at a special joint meeting of the Adult Care and Health, and Children and Families, Overview and Scrutiny Committees to be held in early November 2018. In addition, a confidential briefing note on proposals should also to be circulated to Members of the Overview and Scrutiny Committee in the week of 19 September 2018.

Given Members concerns regarding parking and transport issues relating to options for the Arrowe Park location, it was suggested that a Transport Steering Group be convened as soon as practicable.

#### **Resolved – That**

- (1) the presentation be noted;**
- (2) a special meeting of the Adult Health and Care and the Children and Families Overview and Scrutiny Committees be arranged for November 2018 to consider the proposals for Urgent Care Services; and**
- (3) a Transport Steering Group meeting be arranged at the earliest opportunity to review the options proposals.**

#### **21 PHLEBOTOMY SERVICE UPDATE**

Simon Banks Chief Officer, NHS Wirral Clinical Commissioning Group (CCG) presented his report that provided an update on the recent re-commission and implementation of the Community Phlebotomy Service, as commissioned by NHS Wirral Clinical Commissioning Group. The report informed that the new service, providing more clinics across Wirral, longer opening hours (8am -

6pm) and offering pre-booked appointments and drop in clinics, had commenced on 1 July 2018 and was available at 45 different locations across Wirral.

Mr Banks provided the Overview and Scrutiny Committee with further details on the service regarding how communications and updates were being provided to all GP practices throughout the implementation process, and how as at 31 July only 3 patient complaints had been received by NHW Wirral CCG since the launch of the service. He added that this was a significant improvement compared to the number of complaints received previously, and considering that the service manages approximately 16,000 blood tests a month.

Members noted that at this stage in the process 60% of GPs were fully conversant with the new options and that the CCG was working closely with Healthwatch Wirral to improve the figures.

Members were informed that the Community Phlebotomy Service will continue to 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, impacting upon all residents in all Wards within the Borough.

**Resolved – That the report be noted.**

## 22 **2018/19 QUARTER 1 WIRRAL PLAN AND HEALTH AND CARE PERFORMANCE**

Mr Jason Oxley, Assistant Director Health and Care introduced the report of the Director for Care and Health (DASS) that provided the 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 was included as Appendix 1, provided a description of the progress in Quarter 1 as well as providing available data in relation to a range of outcome indicators and supporting measures.

The report also included further performance information that had been requested by Members to enable effective scrutiny. Detailed graphics / information on the Adult Social Care and Health Performance Overview were also included as an appendix to the report.

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

Members were apprised of the key performance areas since the last report to the Overview and Scrutiny Committee, particularly in relation to the following:

- The employment rate for people over 50 had reached its highest rate since the plan began (38.4%). Work continued to explore ways to promote employment opportunities in later life.

- The latest figures showed that healthy life expectancy for males had increased to 61.4 up from 61.1. However in the same period healthy life expectancy for females had decreased from 61.7 to 60.3. Further analysis was being undertaken to determine the factors involved.
- The Employment rate aged 16-64 Equality Act core or Work Limiting Disabled measure had increased to its highest since the plan began at 47.5% up from 44.1% last quarter. This was an increase of 10% since the start of the plan. Wirral was 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 were in receipt of personal budgets; 616 adults (compared to 605 last Quarter. Being in receipt of personal budgets allowed people more choice and control over their lives and the support they received.
- Wirral Metropolitan College's Supported Internship Programme had now successfully supported 30 people with a Learning Disability into full time employment.
- In Quarter 1 there had been an increase in domestic abuse cases referred to the Family Safety Unit; 276 cases, compared to 238 in the previous Quarter. A seasonal spike in referrals from around May as weather conditions improve can be a catalyst for increased alcohol consumption, and the number of cases dealt with by the MARAC had also increased as a result of this, and Wirral MARAC case rates are higher than similar force and national benchmarks.

Members thanked Mr Oxley for his report, and asked if further information be provided on the definitions of healthy life expectancy vs life expectancy?

**Resolved – That the report be noted.**

## 23 **HEALTH AND CARE PERFORMANCE PANEL - TERMS OF REFERENCE**

The Chair introduced her report that sought approval for the terms of reference for the re-established Health and Care Performance Panel for the 2018/19 municipal year, and confirmation of membership of the Panel as agreed at the meeting of the Adult Care and Health Overview and Scrutiny Committee at its meeting held on 27 June 2018, and to confirm the additional nominations submitted to the Chair after that date.

It was agreed that the re-established Health and Care Performance Panel would assist in the further examination, evaluation and monitoring of the performance of health and social care providers in Wirral, and that membership for the 2018/19 municipal year would comprise of the following Members:

- Cllr Bruce Berry (Con)
- Cllr Wendy Clements (Con)
- Cllr Tony Cottier (Lab)
- Cllr Phil Gilchrist (LibDem)
- Cllr Moira McLaughlin (Lab)
- Cllr Julie McManus (Lab)
- Cllr Christina Muspratt (Lab)

**Resolved - That**

**(1) the proposed terms of reference for the Health and Care Performance Panel be approved; and**

**(2) membership of the Health and Care Performance Panel be confirmed as:**

- **Cllr Bruce Berry (Con)**
- **Cllr Wendy Clements (Con)**
- **Cllr Tony Cottier (Lab)**
- **Cllr Phil Gilchrist (LibDem)**
- **Cllr Moira McLaughlin (Lab)**
- **Cllr Julie McManus (Lab)**
- **Cllr Christina Muspratt (Lab)**

**24 ADULT CARE AND HEALTH OVERVIEW AND 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.

The Chair thanked Members who had attended the Clinical Senate Scrutiny Workshop held in July 2018, and the earlier overview of workshop outcomes, adding that she would encourage attendance at future workshops on the subject of Mental Health, and informed of the upcoming 'Risk and Scrutiny' workshop to be held on 2 October 2018.

**Resolved – That**

**(1) the proposed Adult Care and Health Overview & Scrutiny Committee work programme for 2018/19, be approved; and**

**(2) the Clinical Senate Scrutiny Workshop Report be noted, and the addition of potential Clinical Senate input to the Adult Care and Health Overview & Scrutiny Committee work programme for 2018/19 be approved.**

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# ADULT CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Monday, 12 November 2018

<u>Present:</u>	Councillor	J McManus (Chair)	
	Councillors	B Berry W Clements T Cottier S Frost P Gilchrist S Jones M Jordan	C Meaden C Muspratt T Norbury L Rennie I Williams J Walsh
<u>In attendance:</u>	Councillors	D Burgess-Joyce A Gardner P Hayes C Povall	A Brame E Grey T Usher

## 25 CHAIR'S INTRODUCTION

Prior to the commencement of business, the Chair informed the Adult Care and Health Overview and Scrutiny Committee, visiting Members of the Children and Families Overview and Scrutiny Committee, Officers and members of the public on the reason for the meeting and how the business would be conducted. The Chair further informed that a series of speakers would be given set amounts of time to present information and evidence on the subject of the Urgent Care Transformation proposals and consultation, witness statements taken, and time allowed for questions and responses.

A number of visiting Councillors questioned their voting rights in relation to the meeting's business, and the Chair advised those present that in line with governance, law and practice the meeting was that of the Adult Care and Health Overview and Scrutiny Committee and the invited members of the Children and Families Overview and Scrutiny Committee would be given ample opportunity to question and speak on the matter under consideration but 'attending' councillors would have no voting rights.

This was confirmed by the Council's solicitor, who informed that this was a meeting of, or more accurately a coming together of, two committees to discuss a matter in which they have a common interest.

26 **APOLOGIES FOR ABSENCE**

No apologies for absence were received.

27 **MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST**

Councillor Christina Muspratt	Personal interest by virtue of her daughter's employment within the NHS.
Councillor Sharon Jones	Personal interest by virtue of her employment within the NHS.
Councillor Joe Walsh	Personal interest by virtue of his daughter's employment within the NHS.
Councillor Tony Norbury	Personal interest by virtue of his daughter's employment within Adult Social Services.
Councillor Phil Gilchrist	Personal interest by virtue of his role as a Governor appointed to the Cheshire and Wirral NHS Partnership Trust.
Councillor Mary Jordan	Personal – by virtue of employment within the NHS; and involvement in Incubabies, a charity raising funds for the neonatal unit at Arrowe Park; and her son's employment within the NHS.

Individual Officers and Witnesses, either employed by the NHS and/or Clinical Commissioning Group provided personal declarations in relation to their employment or family member's associations to the NHS, CCG or partner organisations prior to presenting their reports and evidence.

28 **URGENT CARE REVIEW**

The Chair invited Dr Paula Cowan, Medical Director Wirral Clinical Commissioning Group and Eastham GP and Jacqui Evans, Assistant Director Unplanned Care and Community Care Market Commissioning to provide an overview of the Urgent Care Consultation.

Dr Cowan explained that the meeting would provide an opportunity for interested parties to receive an update on progress so far, key messages and the consultation as it stood at this moment in time. She hoped that the meeting would also inform Councillors, and dispel some of the myths being propagated in social media and the press.

Assistant Director Unplanned Care and Community Care Market Commissioning introduced a presentation that set out the background to the Urgent Care Review and methodology of the consultation process. She informed the Committee of the key messages and proposals to help alleviate pressures on the Accident and Emergency (A&E) Service at Arrowe Park and provide a better patient experience both for A&E users, Urgent Care

Treatments, and generally to help provide a consistent offer of access to NHS treatment across Wirral utilising a GP led service.

Ms Evans explained how the key drivers for change included pressures on A&E, leading to unacceptable waiting times, and the need to re-configure services as detailed in the consultation options, taking into account locality demographics and needs.

The Overview and Scrutiny Committees were apprised that one of the common themes from the CCG's engagement activities since 2009 was the view that people were confused about the range of urgent care services available due to different service offerings and opening times - further explored during focus groups and visits to urgent care venues completed in February 2018. It was highlighted that people could not always obtain an urgent appointment at their own GP practice and this, combined with the confusion about alternative services, resulted in many people choosing to attend Wirral's only A&E Department at Arrowe Park. Members were informed that Wirral was not unique in facing these issues and NHS England had mandated a number of new service developments which included an improved NHS 111 service and the introduction of Urgent Treatment Centres across the country.

Ms Evans' presentation provided further information on a wide range of issues that included:

- NHS change assurance and scrutiny of work to date;
- Internal Governance arrangements, providing oversight and information on progress;
- Independent review and EIA (equality impact assessment); and
- Meaningful consultation utilising workshops, online consultation survey, public meetings, postcard drops and information posters in GP surgeries.

The Overview and Scrutiny Committees were also provided an update on how additional independent challenge had been embedded in the process recognising points of view and comments from Healthwatch Wirral, Medical Professionals and Workforce including GP Federations.

A broad selection of statistical evidence underpinning the consultation was provided to Members as part of the presentation and associated agenda papers.

The Chair invited questions from both Overview and Scrutiny Committees. Points raised included:

- Possible issues faced through the implementation of a GP led service, given recent statements in the local media concerning GP retention;

- Transportation Issues – primarily public transport, given the relatively low number of car owners on Wirral due to high incidence of deprivation, no rail services to the Wirral University Teaching Hospital (Arrowe Park) site, and the reliance on (privatised/commercial) bus services;
- Parking issues at Arrowe Park for those who did have access to cars;
- Not being able to use bus or taxi services if a patient was bleeding, thereby relying on already pressured ambulance services;
- Limited options presented as part of the consultation;
- Clarification on the number of additionally funded GP appointments and where / how they were to be allocated;
- The need for effective communication on how people can currently access healthcare advice / treatment from pharmacies and GP surgeries – which in itself would alleviate existing pressures on A&E without the need for service re-design; and
- Existing pressures on GP surgeries and difficulty in obtaining same day appointments.

Dr Paula Cowan, Medical Director Wirral Clinical Commissioning Group and Eastham GP and Jacqui Evans, Assistant Director Unplanned Care and Community Care Market Commissioning responded to the points raised, detailing the current situation and how the consultation process underway had already generated dialogue within the NHS and other bodies including the Council and transport service providers i.e. Merseytravel.

Dr Mark Fraser (Primary Care Wirral GP Federation), Ms Natalie Young-Calvert, Dr Abhi Mantgani (GPW Federation), and patient groups representatives Mr Alan Grice and Mrs Elizabeth Hodgson addressed the Overview and Scrutiny Committee in turn providing additional information and challenge to the proposals each stating their continued support to the NHS but explaining that the current A&E waiting times were unacceptable and that the system, as it was, was not working. Views were presented on:

- A&E waiting times, and reasons;
- Siege mentality, stress and pressures on staff;
- Consistent use of trolleys and ambulances as an urgent care 'overflow';
- Limited resources and staffing;
- The need for more GPs and GP appointments;
- A hope that this was to be a meaningful consultation.

Positive comments were also expressed about NHS staff and the existing arrangements for the sharing of patient records between GP surgeries.

Dr Mantgani challenged the CCG view that patients did not know exactly where to go for treatment, explaining that very effective NHS Walk-In Services existed already in local areas, as demonstrated by statistics showing how pressures on A&E services reduced dramatically when the Walk-In centres

were open. Both he and Dr Fraser agreed that there was a need for a universal service, and that without the support of community-based services the Urgent Treatment proposals would fail too. A request was made that the Overview and Scrutiny Committee support proposals for the CCG to engage with, and have meaningful conversation with, professional groups i.e. GPs, GP Federations and Staff.

Dr Fraser provided a detailed summary of some 'myths' surrounding the NHS, and how sub-contracting, contract delivery (funding and limitations on service provision) and the knock on effects across departments when things go wrong.

Overview and Scrutiny Committee Members questioned the speakers further, on points raised, noting the inequalities across Wirral e.g. when talking about 'saving' Walk-In Centres, not all areas had such a provision.

A Member pointed out that on the face of it, spending (funding) appeared to be the same, but under both options being consulted upon, was being re-directed to Arrowe Park. She requested that an EIA be presented for the proposals under consultation, expressing a view that the proposals would result in a 2 tier service based on where a person lived.

At this point the Chair suggested a short break in proceedings. After a ten minute break, the meeting was re-convened and the Chair invited further witnesses to present information to the Overview and Scrutiny Committees.

Val McGee, Chief Operating Officer Wirral Community Trust introduced a prepared statement on her organisations role and pledged a commitment to work together with all interested parties regarding the consultation, and to provide as much information and advice as practical.

Anthony Middleton, Chief Operating Officer Wirral University Teaching Hospital informed the Overview and Scrutiny Members that he supported the clinical view of the co-location of Urgent Care Treatment at the Arrowe Park site, working alongside A&E. He welcomed the proposal stating that he viewed the Urgent Care Treatment Centre as an opportunity to bridge the gap between Arrowe Park's existing Walk-In Centre and A&E. He believed that it would help patient flow through the hospital, and provided a balanced risk, would redeploy staff to tackle need, helping to reduce ambulance queues, and improve patient care.

The Chair informed the Overview and Scrutiny Committees that Members would now hear summations from the CCG and be given the opportunity to ask further questions of the relevant Officers.

Dr Paula Cowan, Medical Director Wirral Clinical Commissioning Group thanked the Chair for the opportunity to set out the consultation proposals

before Members, with a view to helping to shape future services. She agreed with previous speakers that services should be situated where people live or could have easy access. In this regard she explained that a series of hubs / clinical wellness centres should complement the proposed Urgent Care Treatment, and that discrepancies across the borough should also be addressed. She informed that the CCG was more than happy to hear more proposals, concepts or ideas from individuals and/or organisations. Dr Cowan confirmed that other issues regarding such matters as Nursing Shortages and Transport also need to be tackled. The priority for the CCG was the need to deliver an equitable service.

Jacqui Evans, Assistant Director Unplanned Care and Community Care Market Commissioning provided additional summary of statistical information arising from earlier questioning about redirection of patients to A&E, reduced numbers of patients attending Walk-In Centres and how the expansion of GP and Nurse-led services, bookable appointments and additional same-day appointments would help improve patient access to appropriate services closer to home. Ms Evans added that the CCG continued to work with others to understand and tackle the pressures faced by the NHS and its workforce.

Simon Banks, Chief Officer Wirral CCG thanked Members for the opportunity to discuss this important issue and to help others to understand the difficult decisions faced at this time. He informed the Committees that the consultation process (running until 12 December 2018) enabled the CCG to receive alternative suggestions to the proposals, but that the present situation was unsustainable. The Urgent Care Treatment plans were nationally driven by NHS England and local planning was constrained by fixed funding (albeit with an additional £1.8million for extra GP appointment provisions).

Mr Banks informed that polarised views had been expressed by the GP Federations and that further meaningful dialogue was needed. He added that there were also other undefined issues relating to patient care and funding that also needed to be addressed e.g. Urgent Access to Mental Health Services and Management of Long-Term Conditions. Mr Banks re-iterated that consultation and information gathering regarding the Urgent Care Treatment proposals was scheduled to run until 12 December 2018.

Members of the Overview and Scrutiny Committees questioned the CCG officers further on topics that included:

- Recruitment and retention of Staff;
- Horizon scanning for sustainability of services;
- Engagement with GP Federations;
- Pressures faced by the NHS in terms of patient need and funding;
- Whether the proposed additional GP / Nurse appointments would be guaranteed to meet demand;
- Why GPs appeared to be against the UCT proposals; and

- Whether additional or improved public transport could be guaranteed.

The Assistant Director Unplanned Care and Community Care Market Commissioning informed that every effort was being made to address the points raised, and that statistical analysis indicated that the additional planned appointments would meet demand. Communications with organisations such as Merseytravel would continue, although the guarantees asked of the CCG in terms of transportation were outside of their control.

Councillor Samantha Frost moved and Councillor Tony Cottier seconded the following Motion:

“That the Adult Care and Health Overview and Scrutiny Committee re-affirm the Council resolution of 15 October 2018 that:

- (1) This Council notes the public consultation on urgent care which Wirral CCG launched on 20th September.
- (2) Council is totally opposed to any outcome which would see the closure of existing walk-in facilities and minor injury and illness facilities at current urgent care locations in Wirral. Council recognises that the existing provision was developed to meet the specific needs in local communities and fill recognised and identified gaps in services. In the case of Eastham Walk-In Centre and Clinic, following the reinstatement of the opening hours, the average monthly attendance rose to 1070 visits between May and July 2018. Prior to the restoration of the hours, the average monthly attendance was 732 between January and April 2018. Council, therefore, wishes to know how any planned replacement services can genuinely meet the pattern of local usage, especially as the services assist people from Cheshire.
- (3) Council believes that any new model of urgent care should enhance existing facilities rather than result in closures or reductions in services. Council notes the geographical distribution of the GPs' weekend and extended hours services established in September 2018. Council believes that new services have to be fully accessible to residents, that public transport links are a major concern, especially as weekend and evening services may not match daytime services and calls for the locations of services to be genuinely convenient and accessible throughout the hours of provision.
- (4) Council supports the objectives of enhancing patient safety, improving patient outcomes, making services more accessible and relieving pressure on Accident and Emergency Departments, but not with the introduction of any private healthcare provider or any of their shell companies to provide any type of service within Wirral, including walk-in provision.

- (5) Council encourages residents to have their say on the model proposed by the CCG and welcomes the CCG's offer to attend relevant Council scrutiny committees during the consultation period to allow detailed scrutiny of their proposals by members.
- (6) Any funding bids need to be scrutinised within the scrutiny process. Council also notes that on page 75 of the case for change document that a capital funding bid has commenced for an Urgent Treatment Centre. Council rejects this approach as it undermines the consultation process and believes it would have been better to have waited until the consultation is finished and the results known.
- (7) This Council is opposed to all forms of privatisation in the NHS and totally opposes the introduction of any privateers into our local health service be they based in the UK, America or domiciled elsewhere.
- (8) This Council is opposed to NHS staff being transferred to the private sector and will work to ensure that all NHS workers are employed by the NHS with their wages and conditions negotiated through collective bargaining with their employer, the NHS, and the trade unions. No contract should be signed with the CCG that leads to private, non-NHS organisations running NHS services or leads to a reduction in services at each current location.
- (9) Council believes that all health care should be free at the point of need and all services should be delivered and administered by the NHS.

In addition, the Adult Care and Health Overview and Scrutiny Committee requests that:

- (10) The Wirral Clinical Commissioning Group (CCG) cease the existing consultation process; and
- (11) The CCG come back to clinicians and patient group to discuss meaningful and open proposals to retain the existing community-based services and improve the services, not at the cost of them being subsumed into a new Urgent Treatment Centre (UTC) at Arrowe Park Hospital."

Councillor Phil Gilchrist moved and Councillor Wendy Clements seconded the following amendment:

*delete the paragraphs* "The Wirral Clinical Commissioning Group (CCG) cease the existing consultation....." *and* "The CCG come back to clinicians....." *and replace with:*

“At this stage of the process, this Committee:

- (1) Having considered the advice and information offered by the CCG understands the organisational and medical reasons for the location of the Urgent Treatment Centre (UTC) at Arrowe Park.
- (2) However, based on the information and planning outlined to date, remains unconvinced that the cessation of services at the VCH, Morton, Miriam, Parkfield and Eastham Sites, can properly be replaced by the additional GP and Nurse appointments at surgeries currently suggested.
- (3) Further consideration that, as the locations of replacement services for children remain unknown, the Committee cannot yet be assured that the replacement services are as good as or better than the present arrangements.
- (4) Committee has received some assurances that the additional funding of £1.8million is being planned to provide more appointments in the localities but remains concerned that potential patients should actually be able to get through the system to secure them.
- (5) Believes that confusion is likely to arise at locations that may be developed to serve the 0-19 age groups if services are not readily available at convenient locations for other age groups and neighbourhood services are not yet in place.
- (6) Requests that the CCG provide updated information for members as their work progresses with the aim of addressing the concerns outlined.”

The amendment was put and lost (5:8) (One abstention).

The original motion was then put and carried (8:5) (One abstention).

**Resolved (8:5) One Abstention – That the Adult Care and Health Overview and Scrutiny Committee re-affirm the Council resolution of 15 October 2018 that:**

- (1) This Council notes the public consultation on urgent care which Wirral CCG launched on 20th September.**
- (2) Council is totally opposed to any outcome which would see the closure of existing walk-in facilities and minor injury and illness facilities at current urgent care locations in Wirral. Council recognises that the existing provision was developed to meet the specific needs in local communities and fill recognised and**

identified gaps in services. In the case of Eastham Walk-In Centre and Clinic, following the reinstatement of the opening hours, the average monthly attendance rose to 1070 visits between May and July 2018. Prior to the restoration of the hours, the average monthly attendance was 732 between January and April 2018. Council, therefore, wishes to know how any planned replacement services can genuinely meet the pattern of local usage, especially as the services assist people from Cheshire.

- (3) Council believes that any new model of urgent care should enhance existing facilities rather than result in closures or reductions in services. Council notes the geographical distribution of the GPs' weekend and extended hours services established in September 2018. Council believes that new services have to be fully accessible to residents, that public transport links are a major concern, especially as weekend and evening services may not match daytime services and calls for the locations of services to be genuinely convenient and accessible throughout the hours of provision.
- (4) Council supports the objectives of enhancing patient safety, improving patient outcomes, making services more accessible and relieving pressure on Accident and Emergency Departments, but not with the introduction of any private healthcare provider or any of their shell companies to provide any type of service within Wirral, including walk-in provision.
- (5) Council encourages residents to have their say on the model proposed by the CCG and welcomes the CCG's offer to attend relevant Council scrutiny committees during the consultation period to allow detailed scrutiny of their proposals by members.
- (6) Any funding bids need to be scrutinised within the scrutiny process. Council also notes that on page 75 of the case for change document that a capital funding bid has commenced for an Urgent Treatment Centre. Council rejects this approach as it undermines the consultation process and believes it would have been better to have waited until the consultation is finished and the results known.
- (7) This Council is opposed to all forms of privatisation in the NHS and totally opposes the introduction of any privateers into our local health service be they based in the UK, America or domiciled elsewhere.
- (8) This Council is opposed to NHS staff being transferred to the private sector and will work to ensure that all NHS workers are

**employed by the NHS with their wages and conditions negotiated through collective bargaining with their employer, the NHS, and the trade unions. No contract should be signed with the CCG that leads to private, none-NHS organisations running NHS services or leads to a reduction in services at each current location.**

- (9) Council believes that all health care should be free at the point of need and all services should be delivered and administered by the NHS.**

**In addition, the Adult Care and Health Overview and Scrutiny Committee requests that:**

- (10) The Wirral Clinical Commissioning Group (CCG) cease the existing consultation process; and**
- (11) The CCG come back to clinicians and patient group to discuss meaningful and open proposals to retain the existing community-based services and improve the services, not at the cost of them being subsumed into a new Urgent Treatment Centre (UTC) at Arrowe Park Hospital.**

**29 ANY OTHER BUSINESS**

No other business considered.

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## Adult Care and Health Overview and Scrutiny Committee Tuesday, 27 November 2018

<b>REPORT TITLE:</b>	<b>Financial Monitoring Report Quarter 2 2018/19</b>
<b>REPORT OF:</b>	<b>Director of Finance &amp; Investment (S151)</b>

### 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 2 (30 September 2018).

### RECOMMENDATION/S

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**

- 3.1 This report supplies financial information in the form of revenue and capital cabinet reports for the council as a whole in a directorate structure. The quarter 2 revenue forecast is an overall overspend of £0.9 million for the year. Delivery Services and Economic & Housing Growth forecast overspends making up the majority of this.

The quarter 2 capital report recommends that Cabinet agree the 2018/19 Capital Programme of £60.9 million which takes into account re-profiling identified during 2018/19. Expenditure to date is £16.3 million.

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

The quarter 2 revenue report shows a balanced budget for Adult Care & Health. The quarter 2 capital report shows an expenditure of £381,000 on a programme of £3.5 million.

### **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. 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 2  
Appendix 2 – Capital Monitoring 2018/19 Quarter 2

## SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Budget Council	5 March 2018
Cabinet – Revenue Monitoring 2018/19 Quarter 1	16 July 2018
Cabinet – Capital Monitoring 2018/19 Quarter 1	16 July 2018
Cabinet – Revenue Monitoring 2018/19 Quarter 2	26 November 2018
Cabinet – Capital Monitoring 2018/19 Quarter 2	26 November 2018
Cabinet – Medium Term Financial Strategy 2019/20-2022/23	16 July 2018

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**CLLR JANETTE WILLIAMSON**

**CABINET**

**26 NOVEMBER 2018**

**REVENUE MONITORING 2018/19**

**QUARTER 2 (TO SEPTEMBER  
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 2 we are feeling the extent of our reduced funding with pressures already mounting in some areas as demand continues to rise. This is early and while cautious it is prudent to ensure we forecast a realistic representation, I am confident 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 2 (30 September 2018).

The forecast outturn position as at the end of Quarter 2 is a potential overspend of £0.907m. 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 2 forecast to the year-end of a £0.907m overspend which incorporates a number of adverse variances across the range of directorates, 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.
- 3 The change to the bottom line net budget in point 3.2.2 is noted and referred to Council for approval.

## 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.

## 3.1 BACKGROUND INFORMATION

### 3.2 CHANGES TO THE AGREED BUDGET

3.2.1 The 2018/19 Budget was agreed by Council on 5 March 2018. In quarter one the budget was broken down by portfolio for monitoring purposes. This was due to the Council's new directorate structure not being implemented until June 2018. For quarter two the new directorate structure has been used to present the budget and the forecast information.

3.2.2 There has been a change relating to the bottom line of the budget that requires approval at quarter two. This is:

Original Budget : £300.520 million

Change requesting approval at Quarter 2:

- Capital Receipts funding for Childrens Services transformation program brought forward from 2017/18 £1,100,000

**Table 1: 2018/19 Net Budget by Directorate**

	£000
Economic & Housing Growth	25,012
Business Management	10,953
Strategy & Partnerships	18,273
Delivery Services	65,555
Childrens Services	88,162
Adult Care & Health	93,667
<b>Total Net Budget</b>	<b>301,622</b>

### 3.3 PROJECTIONS AND KEY ISSUES

3.3.1 The projected Outturn position as at the end of September 2018 and Directorate updates are detailed in the following sections.

**Table 2: 2018/19 Projected Forecast Outturn**

Directorates	Revised Budget	Forecast Outturn	Variance £000	Variance %	Q1 Forecast Variance
Economic & Housing Growth	25,012	25,187	(175)	(0.7)	0
Business Management	10,953	10,953	0	0	88
Strategy & Partnerships	18,273	18,273	0	0	0
Delivery Services	65,555	66,287	(732)	(1.1)	(705)
Childrens Services	88,162	88,162	0	0	0
Adult Care & Health	93,667	93,667	0	0	0
<b>TOTAL</b>	<b>301,622</b>	<b>302,529</b>	<b>(907)</b>	<b>(0.3)</b>	<b>(617)</b>

### 3.4 DIRECTORATE UPDATES

#### 3.4.1 Economic & Housing Growth – Overspend of £0.175 Million

- Forecasts for the Economic and Housing Growth directorate indicate a budget pressure of £0.175m in 2018/19. Local Plan costs form part of this pressure although the total costs have been partly mitigated by use of the local plan reserve and in-year vacancy savings.
- Legal costs relating to Wirral Waters One development have presented a budget pressure which has been mitigated by in year vacancy savings and a reduction in culture event costs.

#### 3.4.2 Business Management – Balanced

- Governance & Assurance is managing a financial pressure of £0.265m in the Coroners Service. This is a result of shared service arrangements with Liverpool Council being higher than anticipated when the arrangement was first put in place and as a result of increases in the SLA with NHS.
- Customer Services is controlling a forecast overspend of £0.3m due to Summons income being less than planned. This is due to a reduced number of people not paying so less people paying Summons costs. Current forecasting indicates that employees will underspend due to vacancies and this will mitigate the financial pressure for the current year.

#### 3.4.3 Delivery Services– Overspend of £0.732 Million

- Waste & Environment faces budget pressures of £0.730m in 2018/19. Previously identified budget savings options that have not materialised account for £0.600m. this includes £0.4m budget saving relating to waste contract efficiencies that could not be found from the contracts and £0.2m of garden waste additional customers saving that has failed to acquire the numbers needed. There is also an additional pressure of £0.146m identified in relation to an under recovery of income received from the litter enforcement contract. This is due to increased compliance from members of the public changing behaviours and dropping less litter, in particular, cigarette litter, meaning a reduction in issued ticket numbers. This results in a reduces amount of income being gathered in

relation to previous years.

- There is an anticipated pressure of £0.357m relating to community services. This is predominantly due to previously identified savings of £0.4m within Sport and Recreation which will not be realised in 2018/19 due to issues in the implementation of projects including a flexible work programme at Woodchurch and new football pitches at Leasowe. Members took the decision to cancel the £0.2m approved budget savings option for more flexible ways of working at Woodchurch Leisure Centre. Works on new football pitches at Leasowe have been delayed mainly due to drainage issues at the site which have now been resolved. The project works are about to go out to tender and are expected to be completed in this financial year.
- These pressures are being mitigated from one off sources including the results from the Sporting Activities VAT exemption being higher than initially expected by £0.6m. This relates to interest on VAT back payment and the fees to PWC being less than anticipated.

#### **3.4.4 Childrens Services – 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.
- There are pressures on the Grant funded schools' budget resulting from increasing number of Special Education Needs (SEN) assessments and complexity of the children's needs, reflecting national trends. These will be mitigated by a contribution from the Dedicated Schools Grant (DSG) reserve in 2018-19, but pressures will continue in 2019-20. External consultants have been commissioned to conduct an in-depth review of SEN provision during the 2018-19 academic year, with the aim of reallocating DSG resources to better meet need.

#### **3.4.5 Adult Care & Health – Balanced**

- Adult Care and Health are currently anticipating a demand pressure 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. Additional funding of £1.8m was announced by Government in October 2018 which is intended to help alleviate winter pressures on the NHS by getting patients home quicker and freeing up hospital beds across England. This resource is to be used to fund growth in domiciliary care based upon increased demand during 2018 and expected additional demand through the winter period.

### 3.5 IMPLEMENTATION OF SAVINGS

3.5.1 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 September 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)**

<b>Portfolio</b>	<b>Number of Options</b>	<b>Approved Budget Reduction</b>	<b>Amount Delivered at Q2</b>	<b>Mitigation</b>	<b>To be Delivered</b>
Adult Care and Health	1	2,000	825	0	1,175
Children and Families	10	5,200	2,800	0	2,400
Environment	4	480	100	25	355
Finance and Resources	10	4,996	3,803	0	1,193
Highways and Transport	4	212	162	0	50
Housing and Planning	4	206	81	0	125
Law and Order	1	30	30	0	0
Leader of the Council	2	85	50	0	35
<b>Total</b>	<b>36</b>	<b>13,209</b>	<b>7,851</b>	<b>25</b>	<b>5,333</b>

### 4.0 FINANCIAL IMPLICATIONS

4.1 This is the Quarter 2 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**

<b>Council Meeting</b>	<b>Date</b>
Budget Council	March 2018
Cabinet - Revenue Monitoring 2018/19 Quarter 1	July 2018

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**CLLR JANETTE WILLIAMSON**

**CABINET**  
**26 NOVEMBER 2018**  
**CAPITAL MONITORING 2018/19**  
**QUARTER 2 (TO SEPTEMBER 2018)**

**Councillor Janette Williamson (Cabinet Member for Finance and Income Generation) 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 help improve services for local people”.

## **REPORT SUMMARY**

This is an update on the progress of the Capital Programme 2018/19 at the end of September 2018. It recommends that Cabinet agree the 2018/19 Capital Programme of £60.9 million which takes account of re-profiling identified since June together with any additional funding requirements. Expenditure to date is £16.3 million.

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

## **RECOMMENDATIONS**

- 1 To note the spend at Quarter 2 of £16.3 million.
- 2 To approve additional funding for the schemes referred to in paragraph 3.9.
- 3 To recommend that Council approves the revised Capital Programme of £60.9 million (Table 1) for 2018/19.

## 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

#### 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.

	<b>£000</b>
Programme agreed by Cabinet on 16 July 2018	86,391
Re-profiling	(26,869)
Additional requirements	2,989
Reduced requirements	(1,563)
<b>Revised 2018/19 Programme</b>	<b>60,948</b>

**Table 1: Capital Programme 2018/19 at 30 September 2018**

	Capital Strategy	June	September	Actual Spend Sept 2018
	£000	£000	£000	£000
Adult Care & Health	7,912	8,543	3,468	381
Business Management	4,990	3,729	5,489	777
Childrens Services	19,099	20,852	18,341	7,542
Delivery Services	25,775	34,280	22,724	7,435
Economic & Housing Growth	16,785	18,987	10,926	157
<b>Total expenditure</b>	<b>74,561</b>	<b>86,391</b>	<b>60,948</b>	<b>16,292</b>

**Table 2: Significant Variations (> £0.5m) to the 2018/19 Programme identified since June**

<b>Scheme</b>	<b>£000</b>
<b>Adult Care &amp; Health</b>	
Learning disability extra care housing - re-profiling	(3,000)
Extra care housing - re-profiling	(1,345)
Community Intermediate Care - re-profiling	(500)
<b>Business Management</b>	
Digital corporate storage - re-profiling	(500)
<b>Childrens Services</b>	
Schools condition and modernisation - re-profiling	(543)
School remodelling/primary places - re-profiling	(1,642)
<b>Delivery Services</b>	
Bridges - re-profiling	(551)
Dock bridges – re-profiling	(552)
Transport for Growth - re-profiling	(515)
Street lighting column upgrade/replacement and LED replacement - re-profiling	(2,790)
West Kirby flood alleviation - re-profiling	(2,335)
Clearance - reduced requirement	(767)
Clearance - re-profiling	(350)
Housing infrastructure fund - re-profiling	(1,000)
Housing Zones Marginal Viability Fund - re-profiling	(979)
<b>Economic &amp; Housing Growth</b>	
Investment in properties - re-profiling	(1,856)
Wirral Waters Investment Fund - re-profiling	(6,205)
<b>Total</b>	<b>(25,430)</b>

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 The remodelling and internal refit of Pensby Wood has been completed, providing significant benefit to service users.

3.4.2 Learning Disability extra care developers have requested funding but have never met the requirements for us to award it to them. Other developers have found their own funding. LD extra care could potentially be eligible for Transforming Care Programme Grant (NHS) and if this was to be the case could reduce the Council's overall borrowing requirement in 2019/20.

3.4.3 Regarding extra care housing there is a potential scheme with Onward Housing for £2.24 million. If approved the funding profile would need to be determined but it has been assumed that it will follow the practice of Homes England with 40% payable up front. This accounts for the majority of the re-profiling to 2019/20.

### 3.5 Business Management

3.5.1 Digital corporate storage - there are a number of solutions available with each of the main vendors, such as Dell EMC and Netapp offering various options. We are in the process of going to tender for an ICT strategic partner who will work with us to determine the best solution for the council and it is anticipated that initial expenditure will be committed around January.

3.5.2 Windows 10 rollout - the Digital team will be providing all staff with new computers featuring the latest Operating System (Windows 10), and providing additional software to make it easier for staff to work in an agile way. This process has been completed in Children's Services and will continue across the council starting in November.

### 3.6 Childrens Services

3.6.1 **Town Lane Infants (£0.800m)** : This completed scheme was required to cater for an increase in pupil numbers. It included a new class-base, extended reception, internal re-configuration of the main building and former childrens centre.

3.6.2 **Pensby High (£0.050m)**: On completion this provided improved security and safeguarding, the main entrance was re-designed to include a new reception office and secure waiting area for visitors.

3.6.3 **Heygarth Primary (£0.400m)**: This scheme, also completed, was required to provide an increase in pupil numbers. This consisted of two new classrooms, internal re-configuration of the reception class-base, improved pupil toilet facilities, additional car parking and safe standing area for parents and visitors.

3.6.4 **Higher Bebington Juniors (commitment £0.600m)** : This ongoing scheme is required to provide an increase in pupil numbers. This consisted of extending existing classrooms, new pupil toilet facilities including DDA, major internal re-configuration of 4 class-bases, re-location of staff offices and improved main entrance.

- 3.6.5 **Well Lane Primary (commitment £0.300m)** : This ongoing scheme consists of internal refurbishment of the key stage 2 areas including new pupils toilets, enlarging two classrooms, new main entrance and office accommodation.
- 3.6.6 **West Kirby Primary (commitment £0.300m)** : On completion this will provide a new main entrance with improved security, reception and head-teachers office, minor internal re-configuration, infill of a unused arear to form a new classroom in a non-traditional design.
- 3.6.7 **Improvement Programme** - this represents a continuation of the transformation funding allowed under the flexible use of capital receipts criteria. In 2018/19 it has been allocated across Children's Social care, Safeguarding, Quality, Performance and Improvement and Children with Disabilities. 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. Presently this is being monitored through revenue and will be transferred to capital at the year end.
- 3.6.8 £1.6 million funding for Primary Places has been re-profiled into 2019/20. Four feasibility studies are currently being undertaken, but if the schemes do progress they are unlikely to start until the new financial year.

### 3.7 **Delivery Services**

- 3.7.1 Dock Bridges - a further of £0.8 million has been incurred in respect of the current replacement scheme. Contract retention is due to be paid in July 2020. The Project Board meets monthly and the commercial discussions with the main contractor may result in further contract variations affecting the final price.
- 3.7.2 Highway maintenance - the most significant areas of expenditure are in respect of micro asphaltting (£0.85 million) and the programme of surface dressings (£0.40 million).
- 3.7.3 Sustainable Transport Enhancement Programme (STEP). Expenditure is focused on 2 significant schemes; Northbank East (£0.46 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 (£0.122 million) which will also improve accessibility for pedestrians and cyclists, including improved safety for cyclists through the provision of an off road route.
- 3.7.4 Transport for Growth - expenditure has been incurred on a number of schemes to date, by far the most significant being the improvements to the junction of the M53 and A554 (£0.356 million).

- 3.7.5 Grant funding of £0.563 million is available to fund pothole repairs. A further £420 million was announced in the Chancellor's October budget statement, however the details for each authority are awaited. 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. Efforts are directed both to repairs and prevention. By the end of September over 50% of the budget has been spent.
- 3.7.6 In respect of Aids, Adaptations and Disabled Facilities Grants the new home adaptation pilot commenced in August and the stair lift contract has been awarded which will facilitate their faster installation.
- 3.7.7 Discussions are currently underway regarding the most suitable way to procure the necessary works for the facility upgrade at the Tennis Centre and the reception areas at West Kirby and Guinea Gap.
- 3.7.8 Street lighting column upgrade/LED replacement - the tender will be advertised in November 2018 with an anticipated start date of January 2019. Materials will then be ordered for the first 3 months of the contract (Jan to March). It is estimated that this together with installation will cost £0.7 million with the balance re-profiled to 2019/20.
- 3.7.9 West Kirby flood alleviation - ground work investigations currently being undertaken with the tender to be issued in November. Delay to the scheme is due to waiting for the business case to be approved by the Environment Agency.
- 3.7.10 Housing Infrastructure Fund - to support new housing building through match funding to provide for an accelerated construction programme. The actual programme and sites is currently being developed but is unlikely to commence this financial year.

### **3.8 Economic and Housing 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. Cabinet on 18 December 2017 agreed the acquisition of the leasehold interest in Birkenhead Market which will be completed in February.
- 3.8.2 Wirral Waters Investment Fund - the most significant scheme, Marine Energy and Automotive Park is waiting planning submission and unlikely that funding will be required this year. Together with the Wirral Waters One Housing project they provide the catalyst for the investment fund to be utilised.

### **3.9 APPROVAL FOR ADDITIONAL FUNDING**

#### **3.9.1 Hoylake Golf Depot (£110,000)**

Revised bid (original cost £0.25 million) to replace machine shed, hard surface the yard, construct bulk storage bays. This was approved in principle by Budget Council pending further investigations which have now been concluded. Borrowing costs were already included in the Treasury Management budget.

#### **3.9.2 Landican crematoria (£280,000)**

A revised bid for improvements to the crematoria, chapel areas and the purchase of a new mapping data base has been approved by the Investment and Change Board (ICB). Borrowing costs were already included in the Treasury Management budget.

#### **3.9.3 Williamson Art Gallery creation of an online catalogue (£150,000)**

This represents a more in depth proposal compared with the original bid which focused on documenting the various collections. Once this scheme is complete the public will have 24 hour access. Borrowing costs were already included in the Treasury Management budget

#### **3.9.4 Leasowe leisure centre outdoor 3G pitches (£323,000)**

Ground investigations have revealed that additional flood protection measures need to be included to ensure the new development remains operable throughout the year. The additional drainage design has a direct impact on the installation of the 3G pitch, the additional car parking facility and the requirements of the Kingsway Academy PFI Trust management group. Planning requirements also specify additional fencing to protect the adjacent residential properties. The current budget for the scheme is £0.795 million.

#### **3.9.5 Access Wirral (£250,000)**

This is currently included in revenue and can be included in the Capital Programme which will release revenue resources.

#### **3.9.6 Early voluntary retirement/voluntary severance (£2,000,000)**

This will assist the Council in making savings that are necessary to achieve a balanced budget for 2019/20 and beyond. The "Flexible use of capital receipts" strategy will be amended to reflect this.

### **FINANCING OF THE CAPITAL PROGRAMME**

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

**Table 3: Revised Capital Programme Financing**

<b>Capital Programme Financing</b>	<b>Capital Strategy</b>	<b>Revised Programme</b>
	<b>£000</b>	<b>£000</b>
Borrowing	33,584	29,197
Capital Receipts	14,162	13,806
Grants/loans	20,815	17,945
Business Rates (Wirral Waters - ring-fenced)	6,000	0
<b>Total Financing</b>	<b>74,561</b>	<b>60,948</b>

- 3.11 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.

### **CAPITAL RECEIPTS POSITION**

- 3.12 In accordance 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 Children's Services and Early Voluntary Retirement/Severance schemes included in the Capital Programme for 2018/19 and in the associated receipts assumptions for the allowable timeframe.

- 3.13 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 below table assumes that the proposed estimates, set out at Table 1 is agreed. Receipts and funding assumptions are based upon the latest available information and estimates and are subject to change.

**Table 4: Projected Capital Receipts position**

	<b>2018/19</b>	<b>2019/20</b>
	<b>£000</b>	<b>£000</b>
Capital Receipts Reserve	1,672	1,072
Cash receipts received to date	706	0
Anticipated receipts	12,500	1,440
Required to fund Childrens improvement programme	(11,100)	N/K
Required to fund Transformation schemes	0	(1,500)
Required to fund EVR/VS scheme	(2,000)	N/K
Required to fund capital programme	(706)	0
Closing Balance	1,072	1,012

3.14 The assumption for receipts in 2018/19 is predicated on the fact that the Transformation Programme of £11.1 million (Children's Services) and the EVR/VS scheme are to be funded from allowable receipts. Critical to this assumption is the disposal of Acre Lane. If the anticipated receipts do not come to fruition, this will cause a subsequent revenue pressure of £11.4 million.

#### **4.0 FINANCIAL IMPLICATIONS**

4.1 The revised 2018/19 Capital Programme is £60.948 million and anticipated capital receipts remaining at the year-end £1.072 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

<b>Council Meeting</b>	<b>Date</b>
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	Grants £000	Total Funding £000
Heswall Day Centre	350	-	350	-	350
Extra Care Housing	1,655	-	655	1,000	1,655
Citizen & Provider Portal/I.T.	352	18	-	352	352
Assistive Technology	462	8	230	232	462
Pensby Wood re-modelling (including fit out)	649	355	649	-	649
	<b>3,468</b>	<b>381</b>	<b>1,884</b>	<b>1,584</b>	<b>3,468</b>

### Business Management

Demolish former Rock Ferry High	-	23	-	-	-
Windows 10 rollout	2,022	592	2,022	-	2,022
Digital corporate storage	1,000	-	1,000	-	1,000
Data centre	169	162	169	-	169
Creative and digital team software/hardware	48	-	48	-	48
Transformation Programme EVR/VS	2,000	-	2,000	-	2,000
Access Wirral	250	-	250	-	250
	<b>5,489</b>	<b>777</b>	<b>5,489</b>	<b>-</b>	<b>5,489</b>

<b>Childrens Services</b>	<b>Revised Programme £000</b>	<b>Spend to Date £000</b>	<b>Council Resources £000</b>	<b>Grants £000</b>	<b>Total Funding £000</b>
Condition/modernisation	4,000	1,485	-	4,000	4,000
School remodelling (Primary places)	900	121	900	-	900
Basic Needs	1,320	126	-	1,320	1,320
SEN and disabilities (new grant)	206	4	-	206	206
Healthy Pupils Capital Fund	245	-	-	245	245
SEND assisted travel (replace adult fleet)	266	256	250	16	266
Systems improvements (liquidlogic)	147	-	147	-	147
Family support	157	-	157	-	157
Improvement Programme	11,100	5,550	11,100	-	11,100
	<b>18,341</b>	<b>7,542</b>	<b>12,554</b>	<b>5,787</b>	<b>18,341</b>

<b>Delivery Services</b>	<b>Revised Programme £000</b>	<b>Spend to Date £000</b>	<b>Council Resources £000</b>	<b>Grants £000</b>	<b>Total Funding £000</b>
Building refurbishment to increase occupancy	162	142	162	-	162
Treasury building	150	19	150	-	150
Highway maintenance	2,637	1,888	-	2,637	2,637
BAMN Commercial Settlement	305	305	305	-	305
Pot hole action fund	563	300	-	563	563
Bridges	306	89	156	150	306
Dock bridges replacement	900	808	758	142	900
Coast protection	38	3	38	-	38
Transport for growth	2,803	691	1,653	1,150	2,803

<b>Delivery Services (continued)</b>	<b>Revised Programme £000</b>	<b>Spend to Date £000</b>	<b>Grants £000</b>	<b>Total Funding £000</b>
BAM vehicles purchase	145	-	-	145
Sustainable transport (STEP)	1,465	692	578	1,465
Street lighting and LED replacement	349	387	-	349
Street lighting column upgrade/replacement/LED replacement	700	-	700	700
Car parking	3	3	-	3
Illuminated lighting and street signage	250	-	-	250
New Brighton infrastructure	250	14	-	250
Thermal mapping	10	-	-	10
Key Route Network	367	-	327	367
TAG feasibility studies	210	169	210	210
Major infrastructure development/planning	200	-	-	200
Tower Rd National Productivity Fund	200	-	200	200
Highways asset management system	266	-	-	266
Cleveland St transport depot	330	-	-	330
Surface water management	160	-	160	160
West Kirby flood alleviation	699	16	615	699
Aids, adaptations and DFGs	2,000	703	2,000	2,000
Restore empty homes	60	-	60	60
Clearance	50	11	50	50
Home improvement	500	496	-	500
New house building programme	273	34	-	273
Housing Zones Marginal Viability Fund - Northbank Wirral Waters	1,032	-	1,032	1,032
CCTV cameras and other equipment	83	62	-	83

<b>Delivery Services (continued)</b>	<b>Revised Programme £000</b>	<b>Spend to Date £000</b>	<b>Council Resources £000</b>	<b>Grants £000</b>	<b>Total Funding £000</b>
Eureka	268	20	268	-	268
Hand arm vibration equipment	75	8	75	-	75
Park depots rationalisation	3	104	3	-	3
Transport museum	66	79	66	-	66
Soft play areas at leisure centres	328	-	328	-	328
West Kirby sailing centre accommodation	564	92	564	-	564
Leasowe leisure outdoor 3G	560	-	560	-	560
The Oval redevelopment	23	-	23	-	23
Beechwood recreation centre	430	35	430	-	430
Pool covers	150	-	150	-	150
Williamson Art Gallery refresh	250	-	250	-	250
Williamson Art Gallery catalogue	26	-	26	-	26
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
Hoylake golf works depot	110	-	110	-	110
Play area improvements	240	30	240	-	240
West Kirby concourse/Guinea Gap reception upgrade	180	-	180	-	180
Wirral Tennis Centre facility upgrade	390	-	390	-	390
Floral Pavilion audio desk	35	-	35	-	35
Landican Chapel improvements	330	-	330	-	330

	<b>Revised Programme £000</b>	<b>Spend to Date £000</b>	<b>Council Resources £000</b>	<b>Grants £000</b>	<b>Total Funding £000</b>
<b>Delivery Services (continued)</b>					
Beach Cleaning - replacement of equipment	175	4	175	-	175
Cemetery Extensions and Improvements	316	122	316	-	316
Wirral sailing centre boats/equipment	15	4	15	-	15
Floral Pavilion chiller units	55	44	55	-	55
The Oval grandstand structural works	55	61	55	-	55
Public toilets upgrade	50	-	50	-	50
	<b>22,724</b>	<b>7,435</b>	<b>12,150</b>	<b>10,574</b>	<b>22,724</b>
<b>Economic &amp; Housing Growth</b>					
Industrial Estates	44	35	44	-	44
Fund to assist land assembly and re-sale	246	118	246	-	246
Business Investment Fund	1,336	-	1,336	-	1,336
Investment in properties	9,300	4	9,300	-	9,300
	<b>10,926</b>	<b>157</b>	<b>10,926</b>	<b>-</b>	<b>10,926</b>
<b>Total</b>	<b>60,948</b>	<b>16,292</b>	<b>43,003</b>	<b>17,945</b>	<b>60,948</b>

## Capital Receipts 2018/19

## APPENDIX 2

<b>Cash Received</b>	<b>£000</b>
Tarran Industrial Estate	30
27 Tarran Industrial Estate	65
Glenavon Rd covenant	275
Plot 4 Harrison Estate	81
3 Oaktree Place	13
Saughall Massie fire station deposit	4
Municipal building deposit	50
24 Kylemore Drive	28
Renovation loans	160
	<b>706</b>

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## ADULT CARE AND HEALTH OVERVIEW & SCRUTINY COMMITTEE

27 NOVEMBER 2018

<b>REPORT TITLE</b>	Musculoskeletal Integrated Triage Service Overview and Update Report
<b>REPORT OF</b>	Nesta Hawker, Director of Commissioning and Transformation; and Anthony Middleton, Chief Operating Officer, Wirral University Teaching Hospital

### REPORT SUMMARY

On 1 July 2018, NHS Wirral CCG implemented a new Musculoskeletal Integrated Triage Service through a Prime Provider, NHS Wirral University Teaching Hospital (WUTH). This replaced a previously fragmented service and offers referrers and patients a streamlined process for referral and leaner diagnostic and treatment pathways.

The development of the model commenced in 2015; commissioners undertook a broad range of research and engagement comprising workshops, site visits, information sharing/networking events and desktop research. This led to agreement for a fully integrated triage service with one point of entry and strong emphasis on the right treatment at the right time.

The new service:

- Provides a single point of access
- Simplifies the referral process for GPs
- Provides a comprehensive and consistent referral and assessment process
- Reduces duplication and service waste
- Enhances the quality of patient experience and patient pathways
- Provides an appropriate mix of community and secondary based provision

The service has been in operation for 4 months. This report provides an update following launch.

Linkages to the Wirral Plan: The service supports the following Wirral Plan Pledges by integrating services, streamlining pathways and shifting traditional hospital based services into the community. The service is designed to ensure patients receive the right support, at the right time, in the best place to meet their needs.

1. Improve the quality of life of older people
6. Help more people with disabilities into work, education and volunteering
17. Make community services “joined up and accessible”

This matter affects all Wards within the Borough. This report is for information.

### RECOMMENDATION

Members note the contents of the report.

## **SUPPORTING INFORMATION**

### **1.0 REASON/S FOR RECOMMENDATION/S**

The purpose of this report is to provide members with an overview of the new MSK Integrated Triage Service and an update following implementation July 2018.

### **2.0 OTHER OPTIONS CONSIDERED**

Not applicable.

### **3.0 BACKGROUND INFORMATION**

- 3.1 Musculoskeletal (MSK) is the aggregated term for the following specialities; Physiotherapy; Podiatry; Pain Management; Rheumatology and Orthopaedics. NHS Wirral CCG implemented a new service on 1<sup>st</sup> July 2018 through a Prime Provider, Wirral University Teaching Hospital (WUTH). This replaced a fragmented service consisting of 6 providers delivering in 5 different services areas via a total of 15 contracts.
- 3.2 The new service has streamlined previously confusing, inconsistent and inefficient pathways that offered a less than ideal experience for patients. The historic pathways were cumbersome, often requiring duplicate diagnostics and multiple referrals from GP's.
- 3.3 NHS Wirral CCG is an outlier in terms of low orthopaedic surgical conversion rates, from first outpatient (OP) attendance. This excess in orthopaedic referrals puts undue pressure on to secondary care clinics, contributing to NHS Wirral CCG failing its constitutional referral to treatment target as well as impacting on the CCG's financial position.
- 3.4 The introduction of the MSK Integrated Triage Service met the requirements of NHS England's mandate for all CCGs to have MSK Triage Services in place.
- 3.5 The development of the model commenced in 2015; commissioners undertook a broad range of research and engagement comprising workshops, site visits, information sharing/networking events and desktop research. This led to agreement for a fully integrated triage service with one point of entry and strong emphasis on the right treatment at the right time.
- 3.6 The integrated service model, with an annual contract value of £25m was awarded to WUTH and launched on 1<sup>st</sup> July 2018.
- 3.7 The service:
- Provides a single point of access
  - Simplifies the referral process for GPs
  - Provides a comprehensive and consistent referral and assessment process for patients
  - Reduces duplication and service waste as following assessment patients will be referred to the most appropriate care for their needs first time

- Enhances the quality of patient experience and patient pathways, ensuring patients are receiving the most appropriate bundle of care for their needs
- Provides an appropriate mix of community and secondary based provision

### **Service Model**

3.8 The service comprises a fully integrated triaged musculoskeletal service, inclusive of Physiotherapy, Rheumatology, Podiatry, Pain Management and Orthopaedics; as depicted in Appendix 1.

3.9 Key deliverables:

- All MSK referrals to a single point of access
- Consultant physiotherapist led digital triage service
- Telephone assessment service
- Musculoskeletal Clinical Assessment Service (MCAS)
- Integration of the traditional community and secondary based care services to improve pathways and flow
- Robust patient self-management advice to support self-care and early discharge

### **Triage**

3.10 Triage is undertaken by Advanced Practitioner Physiotherapists. Upon referral in to the Triage service patients experience the following:

- If the patient would benefit from self-management, they will be given an appointment to receive a telephone call from an Advanced Practitioner Physiotherapist, and the patient's condition will be discussed in detail;
- they will be given tailored advice with references materials, including online, and discharged from the service. The accessible service standards will be considered and provisions will be granted for patients with disabilities;
- If the patient requires physiotherapy treatment, an appointment will be arranged;
- If a face to face assessment is required, an MCAS assessment will be arranged.
- If the referral information makes it clear that the patient's condition requires a consultant opinion, then the patient will be offered choice of provider and an appointment will be made

Timescales for triage are:

Urgent referrals – 24 hours

Routine referrals 48 hours

### **MSK Clinical Assessment Service**

3.11 MCAS is initially undertaken by Advanced Practitioner Physiotherapists. Highly Specialist Physiotherapists undertake MCAS clinics with supervision in attendance for education and development to become Advanced Practitioner Physiotherapists.

The main features of MCAS are:

- The patient will be physically assessed using recognised techniques;
- If the patient would benefit from self-management, they will be given tailored advice with appropriate materials;
- If the patient requires diagnostic tests, these will be ordered through the Direct Access Diagnostics Service;
- If a patient requires secondary care or a consultant opinion following MCAS, a choice of provider and consultant will be offered and a first out-patient appointment will be arranged.

### **Multi-Disciplinary Team**

- 3.12 The service includes a Multi-disciplinary team approach to consider and agree treatment pathways for complex patients.

### **Treatment**

- 3.13 All information is captured at Triage and MCAS; this forms part of the patient's personal care plan, which is shared across a system wide MSK patient administration system. Treatment commences with the benefit of the patient being directed into secondary care with a considerable level of 'work-up' and diagnostics already being available for the consultant. This ensures treatment can take place much sooner. Sub- contractors will be utilised for treatment where specialist skills are already in place, such as Wirral Community Trust's Podiatry Service and also to facilitate patient choice.

### **Education & Improvement**

- 3.14 Continuous improvement and feedback communication loops across the entire MSK system are in place. This include feedback and education for GP's to improve the patient experience, along with robust development pathways for MSK staff.

### **Pathway Re-design**

- 3.15 The service is developing an on-going transformation programme to undertake regular pathway reviews to continually improve patient pathways ensuring that the latest guidance and best practices are in place and that where appropriate, services traditionally delivered in secondary care are shifted to community settings.

### **Progress to date**

- 3.16 The service launched as planned on 1st July, prior to this extensive Communications were provided to stakeholders through bulletins, web based information, meetings and also local newspapers. Further Communications have been undertaken following implementation to further re-enforce the service offer and support referrals.
- 3.17 WUTH are the Prime Provider, responsible for all activity within the contract. WUTH have established sub-contracts in place with NHS Wirral Community Foundation Trust for Physio and Podiatry, Willaston Physio for Nerve Conductions

Studies and Spire Murrayfield for Orthopaedics. The service is actively building wider relationships in order to improve pathways, e.g. Walton now provide a clinic at Arrowe Park for Spinal Surgery, and strong links are in place to support onward referrals to diagnostics, appliances and weight management.

3.18 Information for both GPs and Patients is available on the MSK webpages of the WUTH website. For GPs this includes self-management information for patients and advise about referrals. <https://www.wuth.nhs.uk/our-departments/a-z-of-departments/musculoskeletal-service/>

3.19 In the first 4 months the priority has been to ensure that:

- the new Referral Assessment System (part of ERS) is functioning correctly to enable triage
- Referrers are able to easily make referrals and issues such as incomplete referrals and duplicate referrals are addressed
- To transfer patients for exiting providers in to the service. This phased transfer has now been completed with just under 3000 patients transferring into the service, the majority podiatry patients.
- Patient choice is offered consistently as appropriate as per constitutional choice
- Additional staff have been appointed and trained to support bookings.
- Staffs have TUPED from exiting providers.
- Additional podiatry staff have been recruited.
- Staff resources have been re-allocated in response to speciality activity.
- Work has been on-going with wider services to streamline and ensure a full understanding of the MSK pathways, for example, briefing and education for A&E staff.

### 3.20 TRIAGE ACTIVITY

<b>Triage service (No of referrals)</b>	<b>Jul-18</b>	<b>Aug-18</b>	<b>Sep-18</b>
Upper Limb	849	748	828
Lower Limb	1,380	1,208	1,217
Spinal	956	905	956
Rheumatology	175	163	160
Podiatry	798	756	755
<b>TOTAL</b>	<b>4,158</b>	<b>3,780</b>	<b>3,916</b>

The above details referrals in to the triage service, this does not include patients on historic waiting list s and those transferring from exiting providers.

### 3.21 Current Waiting Times

Specialty		Wait to be seen (August 2018)	Wait to be seen (October 2018)
Orthopaedics	Foot & Ankle	11 weeks	6 weeks
	Hip	16 weeks	18 weeks
	Knee		9 weeks
	Upper Limb	15 weeks	7 weeks
Rheumatology		10 weeks	7 weeks
Pain		17 weeks	19 weeks
Physiotherapy		6 weeks	4-6 weeks
Podiatry		3 weeks	3 weeks

3.22 In the 3 months, since launch, the service has already started to see the waiting times to see a consultant come down. The wait for physiotherapy is higher than hoped at this stage. This is because:

- 85 physiotherapy patients have transferred to us from other AQP providers
- 97 orthopaedic and rheumatology patients who were transferred to us from AQP providers are now receiving physio treatment
- Approximately 5,000 appointments have been brought forward by the elimination of the enforced six week wait for physiotherapy. The service has managed to absorb this increased demand through provision of additional clinics, but the service is still waiting for demand to activity demands to settle and stabilise.
- Patients have been successfully diverted away from secondary care services, for example orthopaedics to physiotherapy.

3.23 The service is undertaking the following actions to address current waiting times and to support patient communications where there may be delays:

- Exploring the possibility of texting patients to acknowledge that their referral has been received
- Identifying assigned resource to take patient queries
- Increased short term capacity via locums to reduce the backlog
- Exploring alternative ways of delivering MCAS clinics to increase throughput

## **Service Locations**

- 3.24 The service is operating from a mixture of community and secondary care based locations, with podiatry and physio provided within the community; and assessments, rheumatology, orthopaedics and pain management provided at Arrowe Park and Clatterbridge. The service map is available in Appendix 2.

Following launch, the service have analysed three months' of referral activity and are now able to start the next stage of the review of treatment locations. A gap has been identified in Birkenhead North and Moreton, therefore discussions are commencing to identify suitable clinic space.

The service as part of their overall Transformation Programme will review services traditionally delivered in secondary care and look for opportunities to deliver from the community setting.

## **MSK Integrated Triage Service Webpages**

- 3.25 The MSK website can be found at <https://www.wuth.nhs.uk/making-a-referral/wirral-integrated-musculoskeletal-service/>

The site will be continually developed but currently includes:

- All published newsletters
- Information about the new service
- Downloadable referral forms
- Downloadable patient leaflet
- Useful links to patient self-management advice and websites

## **Self-Management**

- 3.26 A key requirement of the service is to ensure, where appropriate, patients are encouraged to self-manage their conditions. This is built into each step of the service from triage, through to discharge. Patients are provided with advice over the phone, in appointments, and through leaflets. The service is monitoring the numbers of patients who have been supported and discharged through telephone advice alone, avoiding the need for further assessment and treatment.

## **Future Service Development**

- 3.27 The focus for the first four months has been in ensuring the service is operating smoothly.

Much work has been done on the referral pathway, electronic referral management and ensuring the triage service is effective and that referrals through to MCAS and sub-services are being undertaken effectively, clinically appropriately and in a timely manner.

- 3.28 The service has inherited historic waiting lists in the majority of its sub-services and has also managed significant numbers of patients transferring into the service from

exiting providers. The majority of this work is now complete and so activity levels are expected to stabilise.

3.29 The service has developed an improvement plan to ensure that operational issues and short term transformational activity is identified and delivery is monitored.

3.30 A medium / long term transformation plan is in draft format, for further discussion and agreement with Wirral CCG.

### **Contract Management**

3.31 Contract Review Meetings are scheduled on a monthly basis to discuss activity, service issues, funding and performance.

In recognition that the service is still developing, Design Group meetings with the Clinical Leads, Service Manager and Planned Care Commissioner provide the opportunity to discuss in detail on-going improvements to referrals processes, patient pathways and patient and GP engagement.

Data meetings with Business Intelligence teams from both the CCG and WUTH are on-going. A key benefit of the prime provider model is the potential to gather a wealth of data to inform further service enhancements and transformation. However, robust baseline data is still being developed to help inform key performance indicators and activity monitoring.

## **4.0 FINANCIAL IMPLICATIONS**

Not applicable

## **5.0 LEGAL IMPLICATIONS**

Not applicable

## **6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS**

Not applicable

## **7.0 RELEVANT RISKS**

Not applicable

## **8.0 ENGAGEMENT/CONSULTATION SERVICE DEVELOPMENT**

8.1 A wide variety of engagement was undertaken in the development of the service, below summarises key activity. Further information is available on request.

- A Value Stream Analysis Musculoskeletal event in February 2015 highlighted variation in referral and provision for MSK conditions which could be managed more

effectively by MSK triage. This service model will streamline the referral of patients, directing them quickly to the most appropriate care.

- An Engagement Event in February 2016, comprising patients, primary and secondary care providers and wider partners, discussed the challenges present in the current model and potential options for future provision.
- Options for the MSK Triage Service were shared with Clinical Senate in March 2016, resulting in a number of recommendations.
- Recommendations and progress was shared with stakeholders via a Communications Update in April 2016.
- Stakeholder mapping and analysis has been undertaken.
- Current service providers have been engaged through a variety of meetings and briefings.
- The CCG have undertaken a series of visits to understand models operating elsewhere and how these can be used to inform the Wirral model.
- Lead GPs for Planned Care and MSK have been consulted regularly.
- A series of engagement and stakeholder workshops took place August 2017 for Clinicians and patients to discuss the proposed model with the development partner, WUTH.
- The model was presented at the November 2017 “Questions and Answer” Public Forum attended by approximately 100 individuals.
- For GPs, information about the model including FAQs and a response mechanism was issued in November 2017. This is also available on the CCG website GP pages
- The Local Medical Council (LMC) received information and presentations in Autumn 2017, allowing members the opportunity to discuss the model, raise queries and support further development of the model.
- In October 2017, written dialogue took place with Wirral GP Provider (GPW-Fed) Ltd, providing a comprehensive response to a number of queries raised.
- A presentation, including a question and answer session, was given to GPs on 18th October 2017 at the full members meeting.
- For the public, information about the model including a response mechanism has been available on the Wirral CCG website throughout 2018.
- A Briefing, including a response mechanism, was provided to the Patient Participation Group in November 2017.

- Information has been sent to a wide variety of community groups along with links to the website information.

### **Post Implementation**

- 8.2 The prime provider, WUTH, is required to actively engage patients and stakeholders to ensure continuous service improvements in respect of quality, access and on-going transformation.

This requirement is set out in the service specification and is a regular agenda item at monthly Contract Review meetings.

The development of a GP Engagement plan is a key requirement of the first years CQUIN payment with an update required at the next Contract Review Meeting.

### **9.0 EQUALITY IMPLICATIONS**

Yes - EIA Available upon request.

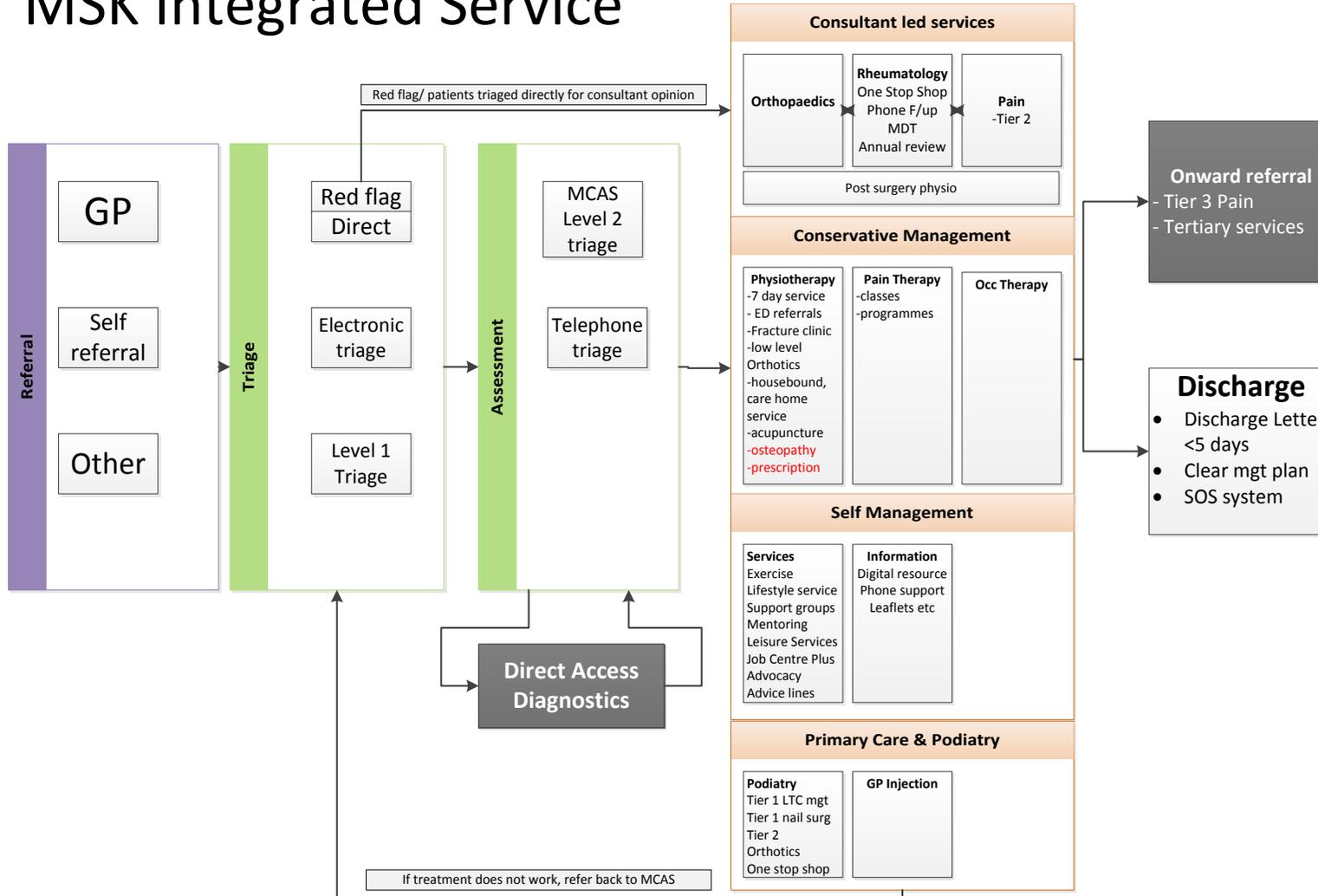
Approved by Commissioning Support Unit EIA Officer 14.2.18.

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APPENDICES

APPENDIX 1 – SERVICE MODEL

# MSK Integrated Service

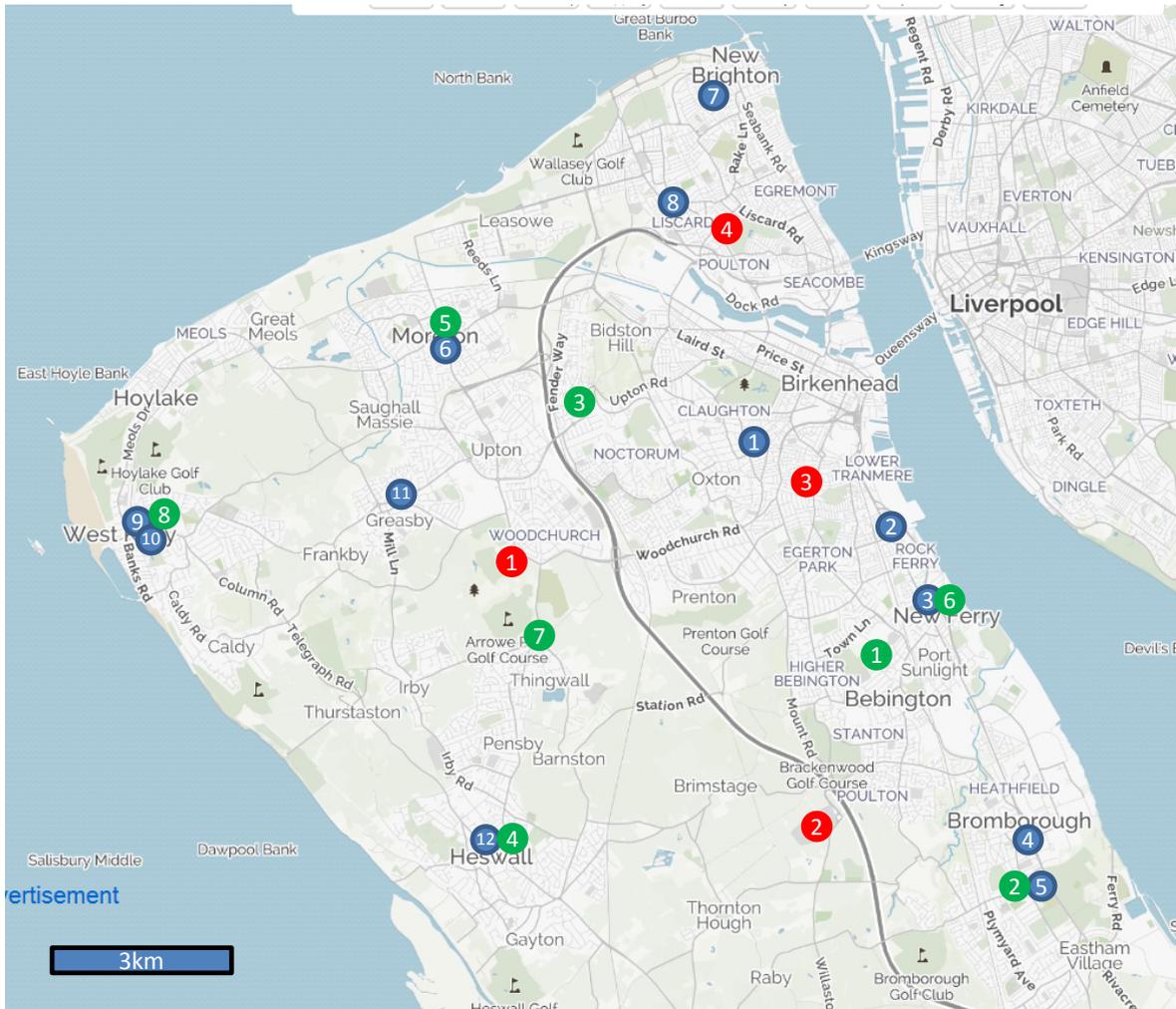


# Appendix 2 SERVICE LOCATION MAPS

## MSK Service Locations

### Main hubs

- 1** **Arrowe Park Hospital**  
Arrowe Park Rd, Upton  
**Physiotherapy, Orthopaedics, Rheumatology**
- 2** **Clatterbridge Hospital**  
Clatterbridge Rd, Bebington  
**Physiotherapy, Orthopaedics, Rheumatology, Pain Service**
- 3** **St Catherine's Health Centre**  
Derby Road, Birkenhead  
**Physiotherapy, Podiatry**
- 4** **Victoria Central Hospital**  
Mill Lane, Liscard  
**Physiotherapy, Podiatry**



- |   |   |  |  |  |
|---|---|--|--|--|
| <b>1</b> Devaney Medical Centre<br>Balls Road, Oxtun        | <b>5</b> Bridle Road Clinic<br>Bridle Road, Eastham         | <b>9</b> Marine Lake Medical Practice<br>Grange Road, West Kirby     | <b>1</b> Civic Medical Centre<br>Civic Way, Bebington          | <b>7</b> Warrens Medical Centre<br>Arrowe Park Rd, Thingwall |
| <b>2</b> Riverside Surgery<br>New Chester Rd, Rock Ferry    | <b>6</b> Moreton Health Clinic<br>Chadwick Street, Moreton  | <b>10</b> TG Medical Centre<br>Grange Road, West Kirby               | <b>2</b> Treetops Primary Care Ctr<br>Bridle Road, Bromborough | <b>1</b>   |
| <b>3</b> Parkfield Medical Centre<br>Sefton Road, New Ferry | <b>7</b> St George's Medical Centre<br>Field Road, Wallasey | <b>11</b> Greasby Group Practice<br>Greasby Road, Greasby            | <b>3</b> Fender Way Health Centre<br>Fender Way, Beechwood     | <b>Physiotherapy</b>   |
| <b>4</b> Orchard Surgery<br>Bromborough Village Rd          | <b>8</b> St Hilary Group Practice<br>Broadway, Wallasey     | <b>12</b> Heswall & Pensby Group Practice<br>Telegraph Road, Heswall | <b>4</b> Heswall Health Centre<br>Telegraph Road, Heswall      | <b>Podiatry</b>  |
|   |   |  | <b>5</b> Moreton Health Centre<br>Pasture Road, Moreton        | <b>Osteopathy</b>  |

## REFERENCE MATERIAL

### SUBJECT HISTORY (last 3 years)

Meeting	Date
Council – Not Applicable	Not Applicable
Wirral CCG:	
Clinical Senate	8.3.16
Quality & Performance Committee	28.02.17
Quality & Performance Committee	26.9.17
Governing Body	8.5.18
Finance Committee	26.4.18

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## **Adult Social Care**

# **Annual Complaints & Customer Feedback Report**

## **2017-18**

## **Contents**

1. Executive Summary
2. Background – Statutory Complaints Procedure
3. How To Make a Complaint
4. Advocacy
5. Confidentiality
6. Complaints
7. Training and Development
8. Integrated Services
9. Local Government Ombudsman Complaints
10. Looking Forward

## **1. Executive Summary**

- 1.1 It is a statutory requirement to produce an annual report about complaints made by, or on behalf of people who receive support or services from Adult Social Care. This annual report also provides a mechanism by which the Council can monitor the quality and effectiveness of services and of its complaints procedure.
- 1.2 This report provides an overview and analysis of all complaints received during the reporting period 1 April 2017 to 31 March 2018; including a summary of identified issues, examples of service improvement and details of future objectives for 2018/19. Comparisons from the previous reporting period, i.e. from 1 April 2016 to 31 March 2017 have been included where available.
- 1.3 The report will be published on the Council's website, and made available to managers and staff, elected members, residents and inspection bodies. During 2017/18, just over 11,144 service contacts were received from new clients by Adult Social Care. At the beginning of April 2017, just over 4220 people were being provided with ongoing long term support.
- 1.4 This report provides information about complaints, compliments and other feedback received by Adult Social Services for the period 1 April 2017 until 31 March 2018.
- 1.5 Under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 it is a statutory requirement to produce an Annual Report which provides information on the quantity of the complaints received and the performance of the Complaints process.
- 1.6 Each Complaint will be acknowledged within 3 days and complainants will be informed of the expected timescale at the outset. In all cases complaints should be dealt with expediently however some complaints of a more complex nature will require more time to investigate and resolve. The maximum amount of time allowed to deal with any complaint is six months. Investigations will be conducted in an impartial, reasonable and proportionate manner. Full regard will be taken of the desired outcomes of the complainant. Where mistakes have been made, we will acknowledge them, apologise and seek to rectify the situation, by prompt, appropriate and proportionate remedy.
- 1.7 Ensuring that complaints are managed effectively at all stages of the procedure by having clear and straightforward systems in place to capture complaints and that these processes are readily accessible to all users, and ensuring decisions are taken as quickly as possible and where fault is found, lessons are learnt which are then fed back into service improvements. We also seek to use our intelligence and work with operational teams to reduce the level of dissatisfaction occurring.

*'Minimise Dissatisfaction; Maximise Complaints'*

## **2. Background – Statutory Complaints Procedure**

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

### **2.6 Stage One – Local Resolution Stage**

This stage provides the opportunity for managers and staff who have responsibility for the case to try and resolve issues of dissatisfaction at a local level as early as possible. The Social Care Complaints Team provides support and guidance to both the complainant and the service manager, to help achieve early resolution and, where things have gone wrong, to ensure that matters are put right quickly with lessons learned captured and fed back into service improvements. The timescale for resolving these complaints is 15 working days.

### **2.7 Local Government Ombudsman (LGO) stage**

If a complainant remains dissatisfied after receiving a response to their complaint, they can take their complaint to the LGO. A complainant can access the LGO at any point; but the LGO normally provides the Local Authority with the opportunity to process the complaint through the statutory procedure before dealing with the complaint. The timescales for responding to the LGO's enquiries (usually 28 calendar days) are set by the LGO and the Council is required to adhere to them.

### **3. How to make a complaint**

We recognise that making a complaint can be a stressful experience and seek to minimise this stress and to make it as easy as possible to make a complaint. The Department encourages any client who has a concern to first speak to a member of staff in the relevant service area. If the problem can be solved on the spot there is no need for the issue to go through the formal complaints process. However if the complaint cannot be dealt with immediately or the client wishes to have a formal response, they can do so:

- In person
- Via our website
- By letter
- By fax
- By email
- By telephone

Full details can be found at: <http://www.wirral.gov.uk/about-council/complaints/complaints-about-adult-social-services>

### **4. Advocacy**

Advocacy in its broader sense is about empowering people to make sure that their rights are respected and that their views and wishes are fully considered and reflected in decision-making about their own lives.

In general, where service users and carers wish to use an advocate, the Council has commissioned an organisation Ncompass to provide free, confidential and independent advocacy to people who use care and community services in Wirral.

Alternatively, people can contact a relevant disability or carers' organisation for assistance; such as Age UK, Learning Disability Experience or Carers UK. The Social Care Complaints Team can put complainants in touch with advocacy organisations where requested.

### **5. Confidentiality**

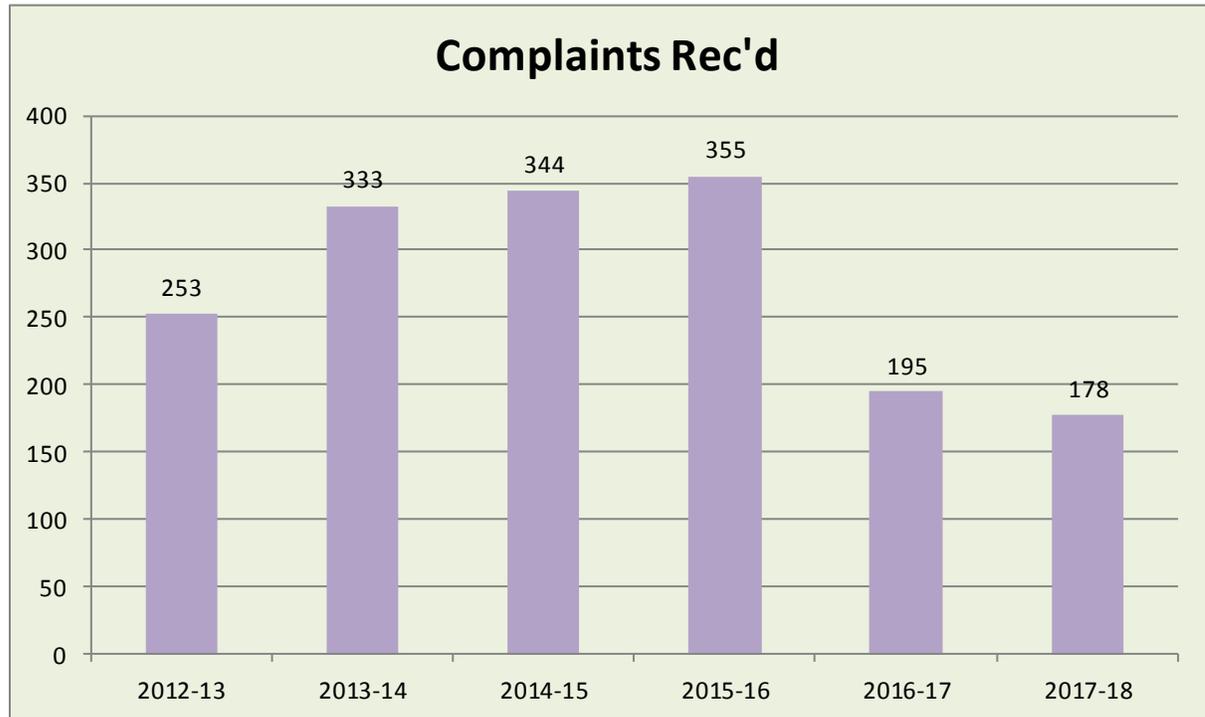
The Council recognises every complainant's right to confidentiality, requiring adherence to the following principles:

- Information given by the complainant must only be used for the purpose intended.
- Information should only be shared between agencies on a need to know basis.
- Information about the complaint and the complainant should be recorded only where it contributes to the resolution of the complaint.
- Information used for monitoring, review and analysis purposes should never be presented in a way that identifies individual complainants.
- Personal data is protected under the Data Protection Act 1998 and General Data Protection Regulations 2018, and service users have a right to see the information the directorate holds on them.

## 6. Complaints

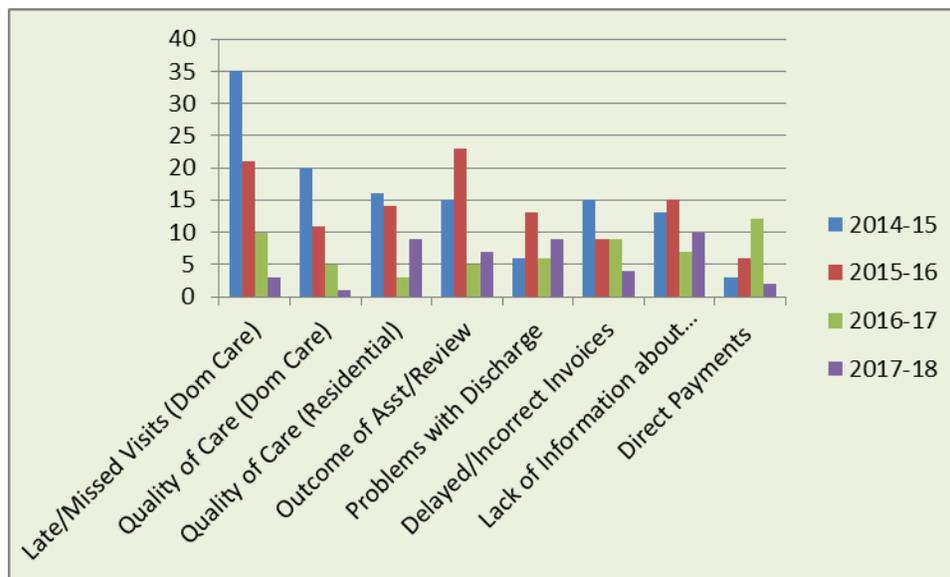
### *Complaints Received*

6.1 The total number of complaints registered in 2017-18 was 178. This is fewer than in previous years, and is explained by the transfer of operational services to the Community Trust.



6.2 The Department receives a wide range of issues across all teams. A significant number of complaints have related to commissioned services.

6.3 A more detailed analysis of the issues complained about, shows that there are some common themes which are illustrated in the table below. This is not a complete list of the issues but illustrates issues that arise regularly over a period of years.



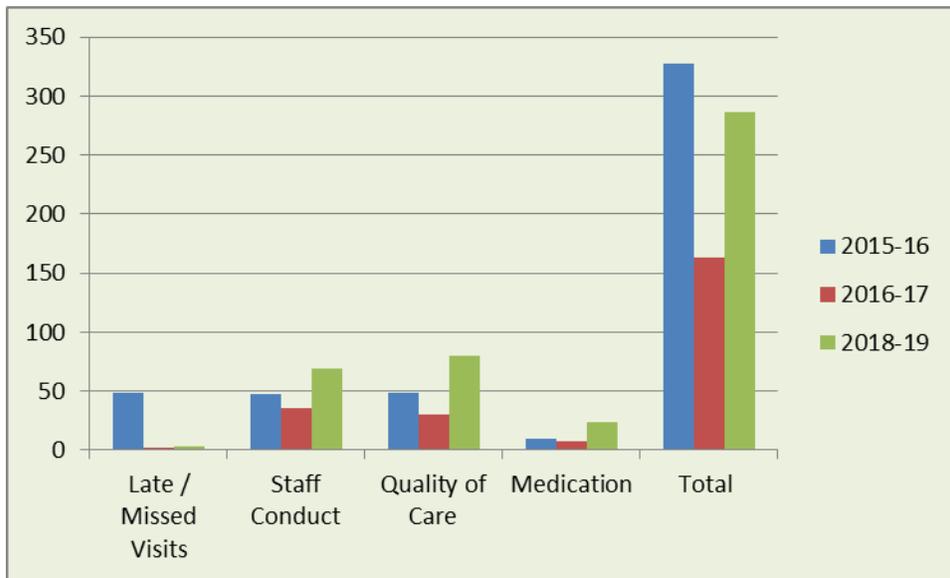
6.4 Most of the complaints received, 79 (%), were resolved at the Local Resolution Stage by Adult Social Care and did not progress to the Local Government Ombudsman. This compares to 91(%) in the previous reporting period of 2016/17.

6.5 Given the budget constraints placed upon the Council at times difficult or sensitive decisions need to be made. We therefore see a number of complaints about financial matters including disputed invoices and a perceived lack of information about charges. This continues although the recording of information provided and discussions held about charges have improved.

#### *Complaints about Care Providers*

6.6 A number of services are provided by DASS through commissioned providers. Complaints about services provided for the Department by a Commissioned Provider, may be made to that Provider in the first instance. They may then be referred to the Department if the complainant is not satisfied with the response. Alternatively a complaint about a Commissioned Provider may be made direct to the Department in the first instance. We now require the Commissioned Providers to provide a return detailing the complaints received and details of response the majority of providers have met this requirement. We are looking to implement an automated system of returns for in time for the next reporting period.

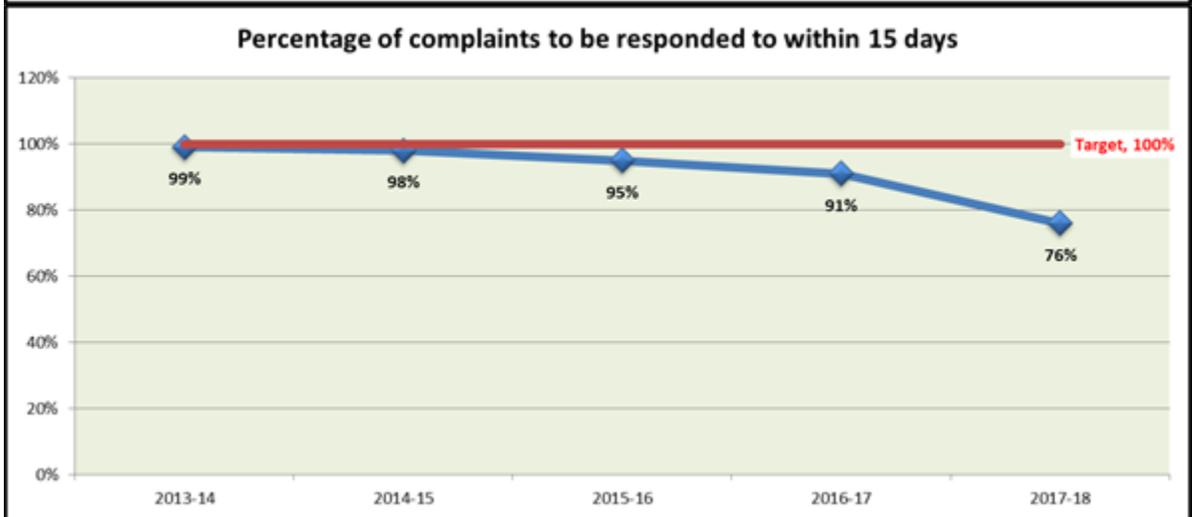
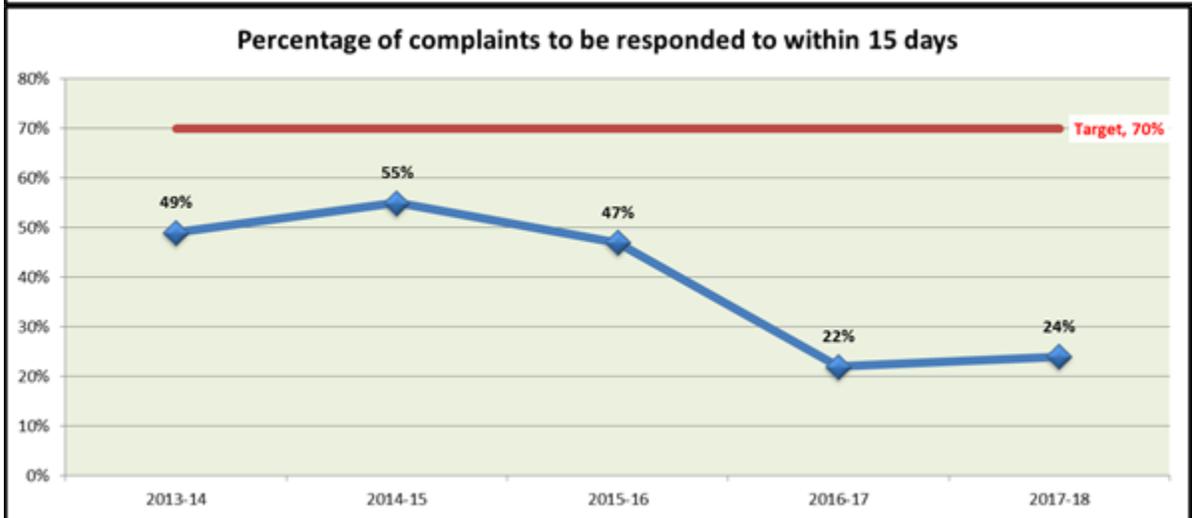
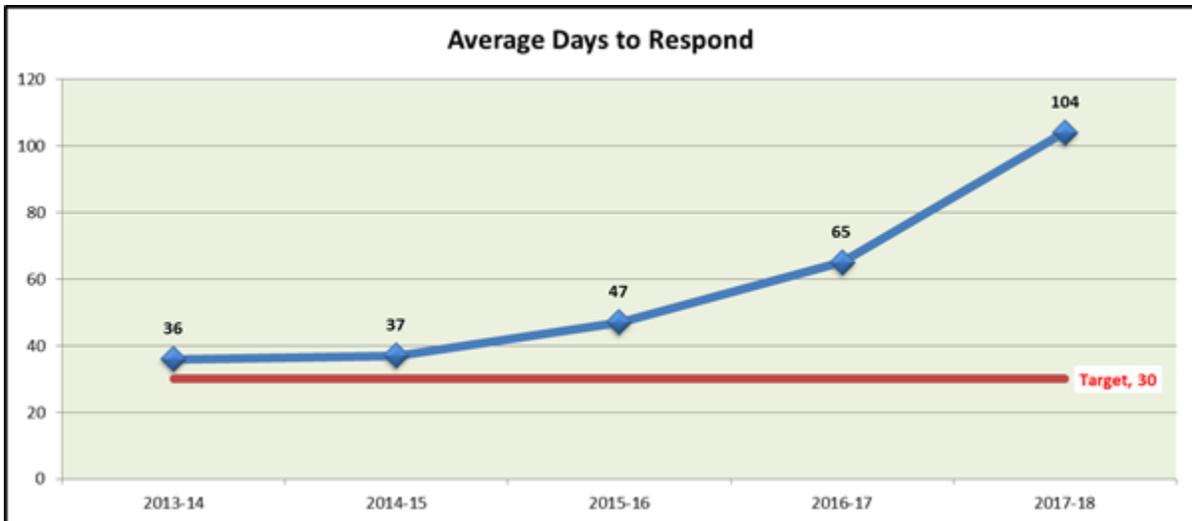
6.7 The issues complained about reflect those received directly by the Council. The number of complaints made in four key areas are shown below, the most common issues being 'Staff Conduct', or the 'Quality of Care', complaints about 'Late or Missed Visits' for domiciliary care remain at an encouraging low level. Alongside complaint Providers reported that 420 compliments were received.



### *Responding to Complaints*

- 6.8 Timescales for responding to complaints are not statutorily prescribed, however they must be as short as reasonably possible to allow for effective consideration. Departmental guidelines are in place to determine what a reasonable timeframe is in most circumstances. Our target is to respond to 70% of complaints within 15 working days and an expectation that all complaints are fully responded to within 6 months.
- 6.9 The average time to respond to complaints has significantly risen and now takes on average 104 days with only 24% responded to in the standard timescale. Also of concern is that nearly 25% of complaints take in excess of 6 months to respond to.
- 6.10 However the Annual Report last year did anticipate that there may be a falling off in complaint response times due to staffing changes in the year 2016-17. The table below demonstrates that this did happen. However if an adjustment is made to consider complaints received in year the performance improves to 36% responses within 15 days, and average time to respond of 41 days.

Response	Performance					Target
	2013-14	2014-15	2015-16	2016-17	2017-19	
Average Days to Respond	36	37	47	65	104	30
Percent of complaints to be responded to within 15 days	49%	55%	47%	22%	24%	70%
Percentage complaints fully responded to within 6 months	99%	98%	95%	91%	76%	100%



6.11 Of the Complaints responded to only one-third were fully upheld, and 50% were not upheld or we were unable to reach a finding. Where complaints were upheld appropriate apologies were made and action taken.

### *Listening to Users of Services and Learning from Complaints*

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

6.13 A number of recommendations have been made through the year as a result of the outcome of complaints:

- Improvements have been made to how complaints are handled, where the operational service has been transferred to the community trust
- Systems have been put in place to sample check on domiciliary care calls to ensure that they are been implemented in a timely manner
- Review of the call scheduling in domiciliary care to ensure that travel time is adequately allowed for
- A protocol is drawn up on dealing with family disputes where the service user lacks capacity

The Direct Payments Team to agree a process to qualify the record of their input into a care plan so there is no misleading record of their involvement as assessors.

## **7. Training and Development**

Training on complaint handling, customer care, data protection and GDPR can be accessed through the Council's Website. The Social Care Complaints Team is available to support and advise staff; to ensure that best practice is followed during a complaints investigation; and to provide targeted training with individual members of staff and managers on request. In addition in March 2017, a set of revised complaints handling procedures and processes were introduced and made available on the staff intranet.

## **8. Integrated Services**

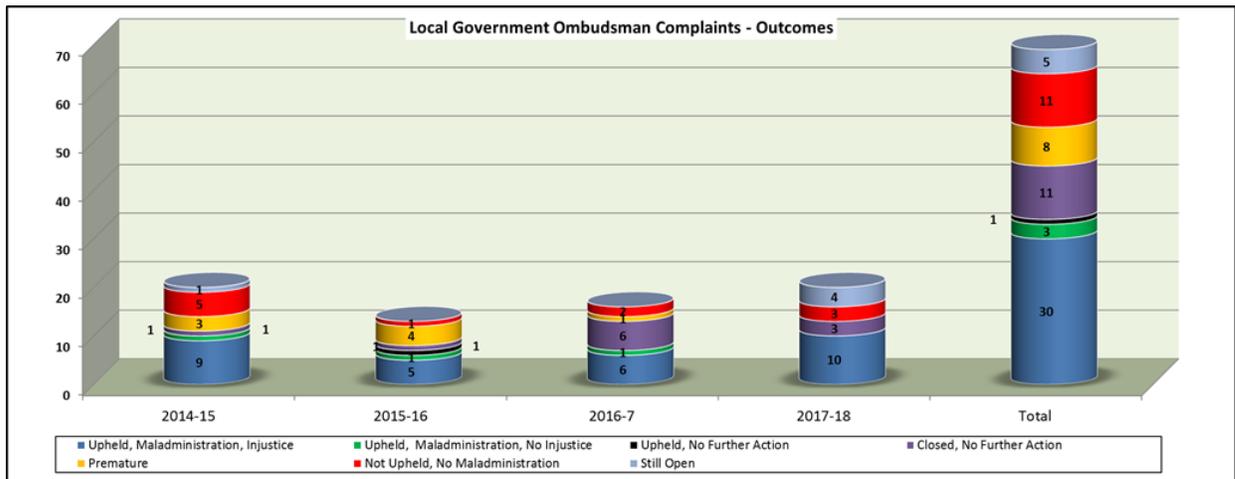
Wirral's health and social care services are provided in partnership with health agencies within the borough, Adult Social Care work in close partnership with these agencies, with many services integrated with staff from both the NHS and Wirral Council. The complaints processes are provided and managed separately for each agency, and performance information set out in this report is specifically about the Council aspect of the complaints procedure.

## 9. Local Government Ombudsman Complaints

9.1 We have received 20 complaints from the Local Government Ombudsman in the past year. We have had no Public Reports issued against the Department in the past year and only ten complaints were upheld. During the reporting period 2017/18, a total of 20 complaints were made to the Local Government Ombudsman, with 20 being investigated. Out of these, 3 were not upheld; and 4 are still under investigation.

9.2 The outcomes are shown below:

Outcome	2014-15	2015-16	2016-7	2017-18
Upheld, Maladministration, Injustice	9	5	6	10
Upheld, Maladministration, No Injustice	1	1	1	0
Upheld, No Further Action	0	1	0	0
Closed, No Further Action	1	1	6	3
Premature	3	4	1	0
Not Upheld, No Maladministration	5	1	2	3
Still Open	1	0	0	4
Total	19	13	16	20



9.3 Of those complaints that were found to be “Upheld, Maladministration and Injustice” a number had already been addressed through the Departmental Complaints process, with rectification already made. Consequently no further action was required by the Council as the Ombudsman was satisfied with steps we had already taken.

9.4 The Department, in accordance with good practice informs each complainant of the right to complain to the Local Government Ombudsman. We also seek to have a positive relationship with the Ombudsman and agree early resolution where possible.

## **10. Looking Forward**

- 10.1 Last year and this year are transitional years for complaints management. In June 2017 a section of the operational Social Work service were transferred to the Community Trust; In August this year the remainder of operational Social Work service transfers to Cheshire and Wirral Partnership Trust. This will have an impact as significant number of complaints will be dealt with by the NHS.
- 10.2 The Complaints Management function for Adult Social Care is now located in the Integrated Commissioning Hub working alongside the Clinical Commissioning Group. As part of this we have adjusted our standard timescale to 25 working days; with the target remaining at 70%.
- 10.3 Further work will be undertaken to automate how we capture complaints performance information from commissioned providers to ensure that we can identify trends and feed into the commissioning cycle

David Jones  
Complaints Manager  
August 2018



## Adult Care and Health Overview and Scrutiny Committee Tuesday, 27 November 2018

<b>REPORT TITLE:</b>	<b>2018/19 Quarter 2 Wirral Plan and Health and Care Performance</b>
<b>REPORT OF:</b>	<b>Director for Health &amp; Care (DASS)</b>

### REPORT SUMMARY

This report provides the 2018/19 Quarter 2 (July – September 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 an overview of the progress in Quarter 2 and 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 Two Wirral Plan Performance Summary

- The employment rate for people over 50 reached its highest rate since the plan began (40.6%). Work continues to explore ways to promote employment opportunities in later life.
- The Heswall Door Knock took place in August resulting in 263 people signposted to an activity by a Community Connector.
- The Employment rate aged 16-64 - Equality Act core or Work Limiting Disabled measure has increased again to 48.8% up from 47.5% last quarter. This is an increase from 37.5% at the start of the plan. Wirral is closing the gap on the North West (50.4%) and National average (53.7%) which both remained static this quarter.
- The proportion of people who are feeling supported to manage their condition has reduced to 60.1% for the period January 2018 - March 2018 from 67.2% the previous year. This reduction reflects the pattern across the rest of the country. The All Age Disability Steering Group is further developing networks to enable third sector, supported housing and statutory organisations to feedback enabling the group to act on a wider range of service user inputs in the future.
- Ensuring people with disabilities have stable and appropriate accommodation improves their safety, increases their independence and reduces their risk of

social exclusion. The Q2 figure of 83.5% has increased from last quarter but is lower than the latest North West average. 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.

- In Quarter 2 there has been a decrease in domestic abuse cases referred to the Family Safety Unit; 258 cases, compared to 276 in the previous Quarter. The percentage of referrals judged to have met the high-risk threshold has increased. The number of cases dealt with by the MARAC and repeat MARAC cases have increased, and Wirral MARAC case rates are higher than similar force and national benchmarks.

## **RECOMMENDATION**

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

## **SUPPORTING INFORMATION**

### **1.0 REASON/S FOR RECOMMENDATION**

- 1.1 To ensure Members of the Adult Care and Health Overview and Scrutiny Committee have the opportunity to scrutinise the performance of the Council and partners in relation to delivering the Wirral Plan and performance of Adult 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 2 Pledge Report

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

## **REFERENCE MATERIAL**

### **SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>
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
Adult Care and Health Overview and Scrutiny Committee	12 September 2018

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# Appendix 1

## Wirral Plan Adult Care and Health Committee 2018-19 Quarter 2 Reports

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## Older people live well

### Overview from Lead Cabinet Member

The employment rate for people aged 50+ increased to 40.6% in Q2. This is the highest recorded since the start of the Wirral Plan.

The Heswall Door Knock took place 1st August 2018. 263 people have been signposted/referred to an activity by a Community Connector. Following the door knock Community Action Wirral held a Volunteer Recruitment Fair in Heswall Hall, Heswall which unfortunately wasn't well attended. As a result it was decided that going forward resources will be better spent by concentrating on providing a volunteering presence at community events by other stakeholders. Despite this, it's encouraging that so far this year 50 people aged 50+ have signed up to the Community Action Wirral volunteers portal.

Also as a result of the Heswall door knock, Age UK have also organised a community day in October to bring the community together to have conversations with local services. The next Door Knocks are planned for West Kirby on 16th October and Claughton Village in December.

The second Companionship Evening took place 20th September aimed at giving older people the opportunity to meet new people in a safe environment. Weekly lunch corners are also taking place in four wards on a regular basis. Both aim to reduce isolation, maintain independence and choice and encourage people to make new circles of support for later life.

Marketing materials for neighbouring boroughs have been prepared to launch the Age Friendly programme across the Liverpool City Region and are now ready for distribution.

We supported the appointment of the new Chair to the Dementia Action Alliance. A local action plan was prepared and submitted as part of the 6 month review towards achieving Dementia Friendly Communities status.

Focus groups which were scheduled for 11th July to inform the development of the Mid-life Planning Resource were postponed unfortunately due to capacity issues within Age UK. As a result the planned timeline for completion is likely to be delayed. Alternative arrangements currently being explored.

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 2014-16.

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: 41.8% (Jul 2017 - Jun 2018) North West: 38.9% (Jul 2017 - Jun 2018)	37.0% (Jan - Dec 2017)	38.4% (Q1 2018-19)	40.6% (Q2 2018-19)				Better	Latest figures are for Q2 2018-19 and refer to the period July 2017-June 2018. The latest Employment rate aged 50+ measure from the Office for National Statistics is 40.6%. This is the highest recorded since the start of the Wirral Plan. It has overtaken our North West neighbours (38.9%) and has reduced the gap to 1.2 percentage points from the National average (41.8%).

## People with disabilities live independent lives

### Overview from Lead Cabinet Member

It's pleasing to see the Employment rate for people aged 16-64 who are Equality Act core or Work Limiting Disabled has increased again to 48.8% and is at its highest since the plan began, up from 37.5%. Whilst we're still below the national and North West averages we're closing the gap.

Wirral held an information event on 20th July at Birkenhead Town Hall hosted by Angela Eagle MP that gave us the opportunity to speak directly to Wirral employers and promote the Disability Confident Scheme. The event was extremely well received and 16 employers signed up on the day. We now have 72 employers in Wirral signed up to disability confident 56 at Level 1, 15 at level 2 and one at level 3.

Wirral Metropolitan College Assisted Internship programme has increased provision to 30 students from 20. The extra 10 are level 2 level 3 students with Education Health and Care Plans (EHCP's) and 25 students have now been placed.

A pilot programme aimed to deliver travel training will no longer take place due to lack of capacity. Despite this we've engaged with HCT Group who've been engaged to work in partnership with Wirral Council to develop a 'payment by results' travel training programme in conjunction with the Heritage Lottery Fund. This would be ready for September 2019 start and would support more people to travel independently to school, college, work or other activities.

The proportion of people who are feeling supported to manage their condition has reduced to 60.1% for the period January 2018 - March 2018 from 67.2% the previous year. Whilst this reduction is disappointing it reflects the sentiment across the rest of the country. As part of the All Age Disability Involvement plan, networks are being developed that will enable third sector, supported housing and statutory organisations to feed their consultation findings back in to the All Age Disability Steering Group. This will enable the group to act on a far wider range of service user inputs that will cover areas as diverse as housing provision through to the quality of day services.

The action to work with Registered Providers and private companies to deliver 300 additional Extra care homes has been identified as amber. The significant delay on the Government decision regarding funding for Extra Care schemes as part of its review of funding for supported housing schemes has had a knock on effect to our timescales for delivering original target of 300 units. Currently four schemes are either completed or onsite, providing a total of 75 units of extra care by the end of 2019/20. Another 296 units are due to be completed by the end of 2021/22.

Work is well underway to produce a guide to support people with the issues they might face when moving to supported or extra care housing. We're also exploring the feasibility of producing video based information.

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: 53.7% (Jul 2017 - Jun 2018) North West: 50.4% (Jul 2017 - Jun 2018)	44.1% (Jan - Dec 2017)	47.5% (Apr 2017 - Mar 2018)	48.8% (Jul 2017 - Jun 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 again to 48.8% up from 47.5% last quarter. It's also increased from 37.5% since the start of the plan. Wirral is closing the gap on the North West (50.4%) and National average (53.7%) 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: 59.6% (Jan-Mar 2018)	67.2% (Jan-Mar 2017)					60.1% (Jan- Mar 2018)	Worse	The proportion of people who are feeling supported to manage their condition is 60.1% for the period January 2018 - March 2018. This has reduced from 67.2% the previous year. Whilst this reduction is disappointing it reflects the sentiment across the rest of the country. The national average is 59.6%, down from 64% last year.
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 Childrens: 203 (Q4 2017-18)	Total: 831 Adults: 616 Childrens: 215 (Q1 2018-19)	Total: 779 Adults: 606 Childrens: 173 (Q2 2018-19)				Worse	52 less people are in receipt of personal budgets than the start of the year. 606 adults were reported by the Department of Adult Social Services to be in receipt of personal budgets (down from 616 last quarter). 173 young people were in receipt of personal budgets, down from 215 last quarter. This is a result of suspended payments no longer being included in the calculation going forward.
Adults with a learning disability who live in stable and appropriate accommodation	Quarterly Higher is better	(n/a)	North West: 87.8% (Q2 2018-19)	82.7% (2017-18)	82.8% (Q1 2018-19)	83.5% (Q2 2018)				Better	Ensuring people with disabilities have stable and appropriate accommodation improves their safety, increases their independence and reduces their risk of social exclusion. The Q2 figure of 83.5%, has increased from last quarter but is lower than the latest available North West average. 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

In quarter 2 the Domestic Abuse Alliance continued to deliver a zero tolerance approach to domestic abuse. The partnership group has made significant progress towards achieving the deliverables in this year's action plan. It is pleasing to report the following as evidence of progress during the quarter:

- Planning is underway for the Domestic Abuse Conference on 30 October which has been organised by the Wirral Partnership. During the conference the Wirral Domestic Abuse Alliance website – [www.itsneverokwirral.org](http://www.itsneverokwirral.org) will be launched. The website will give one portal for relevant support and advice for customers to be available.
- The conference will also see a number of large and small businesses recognised for the training they have undertaken to be awarded a Business Quality Mark. The more people businesses and individuals are able to spot the signs of domestic abuse the greater the likelihood that victims can be identified and signposted to appropriate support and advice at an early a stage as possible. Community groups/organisations who have undertaken this training as Community Champions will also be recognised.
- Social media campaigns have been delivered during the quarter as part of the domestic abuse public awareness raising campaign. These have included World Elder Abuse Day, Clare's Law and 'Busting the Myths' around domestic abuse.
- A reduction in waiting times has been noted following the extension of the commission for the Leapfrog programme. This is delivered through Involve North West and supports children and their families affected by domestic abuse.
- Involve North West has recently launched #Got the Tee Shirt campaign (#GTTS). This programme is funded by Wirral Council and aims to reduce the isolation experienced by survivors of domestic abuse and empower survivors by developing their informal support network through a community response led by the community.
- The domestic abuse peer mentor outreach programme shows encouraging outcomes with users gaining an understanding of the abuse in their relationship, reduction in social isolation, improvement in mood and well-being and increased feelings of safety.

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

- A high level of absenteeism in the Family Safety Unit has impacted on delivery in the IDVA service. This has been rated red due to the current risk level. Emergency measures have been put in place to ensure that all gold level victims receive appropriate support and the commissioner is working with senior management in the Safer Wirral Hub to build resilience into this service.
- MARAC cases have increased over the last quarter with an average of 41 cases per meeting compared to mid 20-30 in previous meetings. Improvement in IDVA service will hopefully show impact on next quarters figures.
- Insight work is being commissioned with BAME and LGBT communities. Public Health are also commissioning work in this area and it has been agreed to award one contract. This has impacted on timescales with the contract due to be awarded in the Autumn but is still on track to be delivered in the current financial year.
- We are awaiting a final specification for the independent review of the IOM programme. The Reducing Re-offending Group has been established and will now be tasked to progress this action.

We look forward to the outcome of the pan-Merseyside bid for £950k government funding to support a common approach to support children who may be adversely affected by domestic abuse at the earliest opportunity. In Wirral, if successful, the funding will be used to identify, engage and provide a bespoke support programme to children with two or more Operation Encompass alerts. The funding would also be used to support common approaches such as conflict within the home- child to adult worker to work alongside Youth Justice Service, Barnardo's impact of Domestic Abuse upon children assessment tool and common systems to evaluate impact of all interventions related to Domestic Abuse.

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 (annualised)	Quarterly	54.0 (2014-15)	Most Similar Force Group: 50.0 (Jul 2017-Jun 2018) National: 37.0 (Jul 2017-Jun 2018)	52.3 (Apr 2017-Mar 2018)	52.5 (Jul 2017-Jun 2018)	59.3 (Oct 2017-Sep 2018)				n/a	There were a total of 813 cases that were dealt with at MARAC in the 12 months prior to September 2018. This equates to 59.3 cases per 10,000 female population. There has been a high number of cases during quarter 2 (July-September) with an average of 41 cases per meeting compared to mid 20-30 in previous meetings. Due to absenteeism there has been a reduced IDVA team in the Family Safety Unit and it has not been possible to make as many contact attempts as usual. These contacts help assess, judge risk and complete safety plans. If the client is engaging and able to follow the plan, the IDVA can then make the judgement that the client's risk is reduced and therefore doesn't meet the MARAC threshold. A reduced level of contact can impact on the number of cases taken to MARAC.
Children and young people experience domestic abuse (Wirral MARAC cases)	Quarterly	1,289 (2014-15)		1,302 (2017-18)	334 (Apr-Jun 2018)	394 (Jul-Sep 2018)				n/a	Data is for the period July-September 2018. This shows a 18% increase from the previous quarter (334). The increase in the number of children is reflective of the increase in the number of MARAC cases.
Percentage of incidents of repeat domestic abuse (Wirral MARAC cases)	Quarterly Lower is better	16.0% (2014-2015)	Most Similar Force Group: 33.0% (Jul 2017-Jun 2018) National: 28.0% (Jul 2017-Jun 2018)	28.3% (Apr 2017-Mar 2018)	26.1% (Jul 2017-Jun 2018)	32.0% (Oct 2017-Sep 2018)				Worse	Data is for repeat MARAC cases over the previous 12 month period and shows an increase compared previous quarter (32% compared to 26.1% and jumped from 24% in quarter 1 to 41% in quarter 2). One meeting (26/09/18) had a particularly high repeat rate of 56.7% which has had a significant impact on the quarter. Cases from this meeting were analysed and no themes were identified to explain the high number of repeats at that meeting. We are also expecting an increase to around 40% (predicted by SafeLives) in the coming year due to a change in the criteria for repeat referrals.

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)	258 (Jul-Sep 2018)				n/a	The number of FSU referrals in this quarter (258) is lower than quarter 1 (276) but higher than the same period last year (224). In the last month the percentage of referrals judged to have met the high risk threshold has increased and the number that scored medium on the DASH risk assessment has reduced.
% of children and Young People single assessments completed with Domestic Violence (DV) related factors	Quarterly Lower is better	(n/a)		33.3% (Apr 2017-Mar 2018)	35.2% (Apr-Jun 2018)	32.4% (Apr-Sep 2018)				Better	Data is for the period April - September 2018. 2999 single assessments were completed in this period of which 972 had Domestic Violence as an assessment factor recorded which equates to 32.4%. This shows a slight improvement on the same period in the previous year (33.8%) and overall performance for 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)	3.42 (Q1 2017-18)	6.52 (Apr-Sep 2018)				Worse	Data is for the period April-September 2018. This is slightly lower when compared to the same period last year (7.49) and represents 21 referrals for Domestic Violence from a total of 1169 referrals.

**Report Key**

**Trend - Performance is shown as Better, Same or Worse compared with the last reporting period except for: % of children and Young People single assessments authorised with Domestic Violence (DV) related factors, Rate of referrals to social care presenting Domestic Violence issues (adults aged 18+ years) per 100,000 which are compared with same period the previous year.**

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

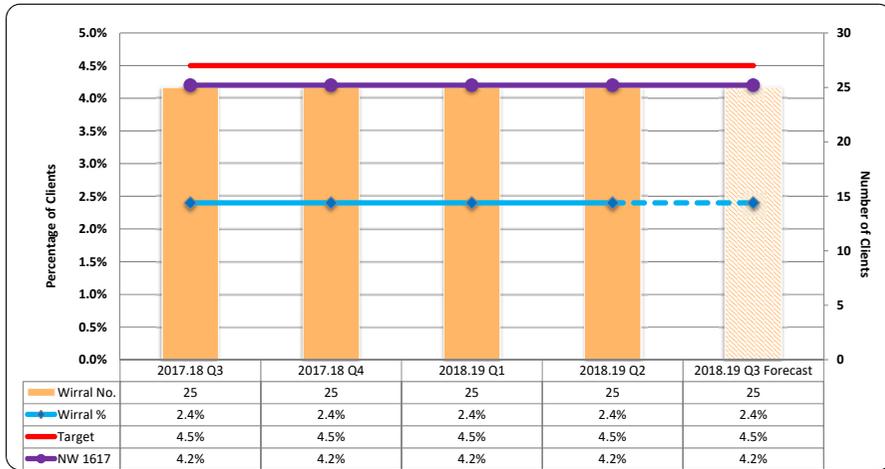
**Action - These are shown as either:**

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



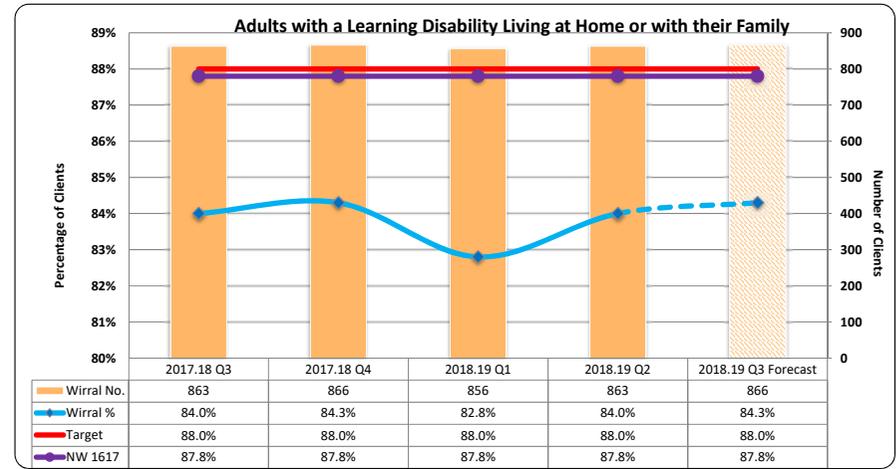
# ADULT HEALTH AND CARE PERFORMANCE OVERVIEW

## 2018/19 QUARTER 2

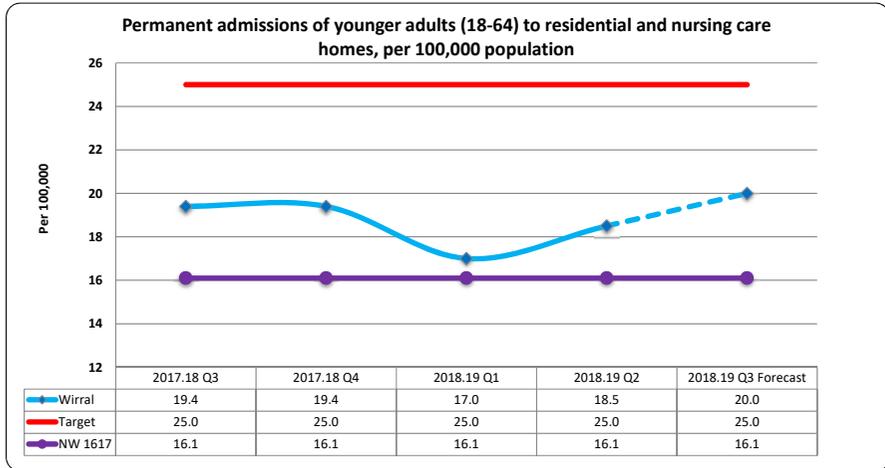


A total of 25 people (of 1,009) with a learning disability are currently in paid employment. Work is on-going with Wirral Evolutions to review the people in supported employment to check for eligibility for inclusion in this measure and to explore further opportunities to support individuals into employment.

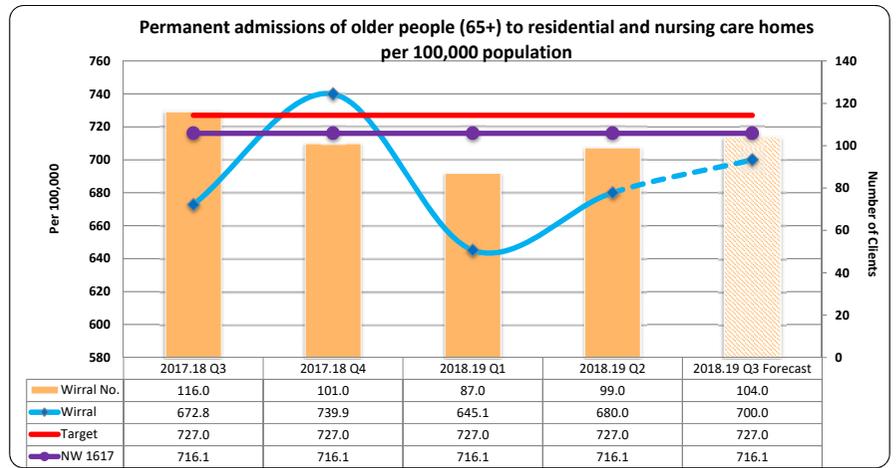
The Council has recently been awarded Disability Confident Employer status and is working towards becoming a Disability Confident Leader in conjunction with the Wirral Chamber of Commerce. A programme of internships is to be proposed with Wirral Met College and the DWP have an employment advisor working with disabled people and small businesses.



There has been a slight improvement since the last quarter. The plan to develop further extra care units for people with a learning disability will support the continued improvement on this indicator.

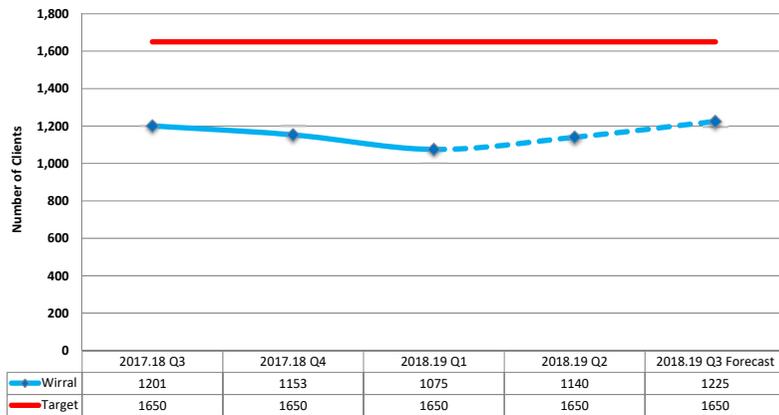


Wirral continue to focus on providing support to people in their own homes. A small number of working age adults have such complex needs that they require care home provision where we cannot meet their needs in a community setting. We continue to develop services to support people to remain in their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



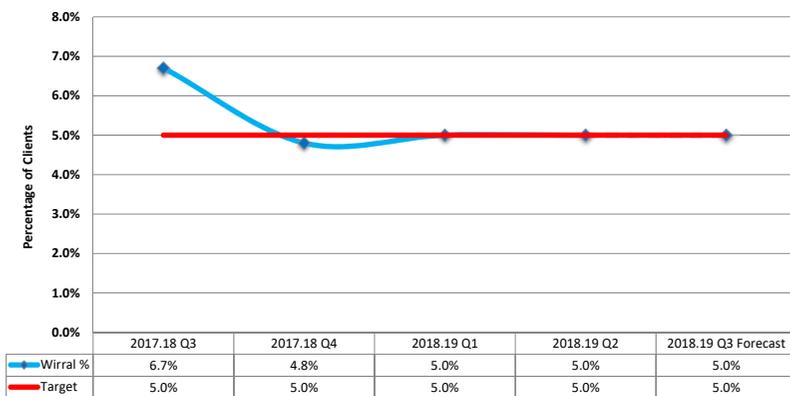
Over the last year there has been a significant reduction in permanent admissions for older people over 65 in line with plan. The council is promoting independent living increasingly, however there has been an increase over recent months which correlates with high levels of demand for all provision. 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 and continue to perform well with lower admissions than the North West average.

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



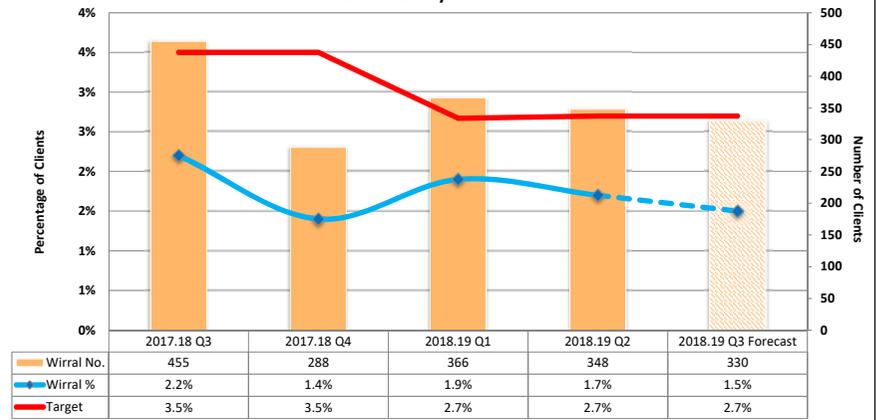
Wirral continues to focus on supporting people to remain in their own homes. Performance demonstrates a consistent picture of older people being supported in the community and fewer placements into long term care homes.

**Proportion of new requests for support resulting in long term services**



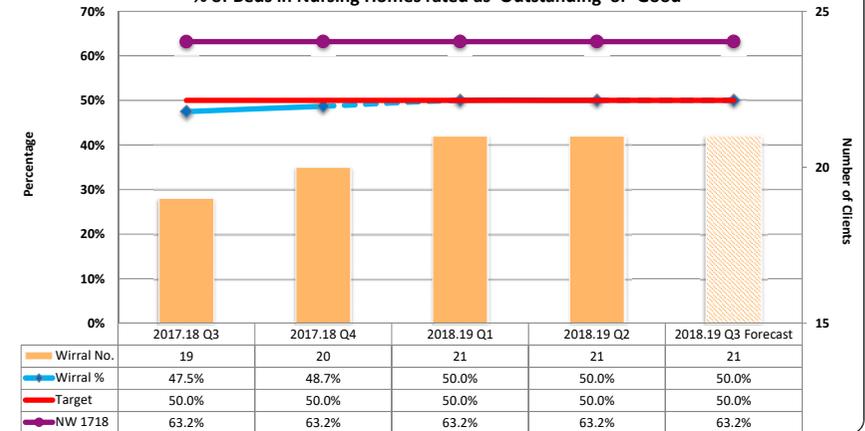
This increase reflects high levels of demand being experienced by social care services.

**DToC - Delayed Transfer of Care**



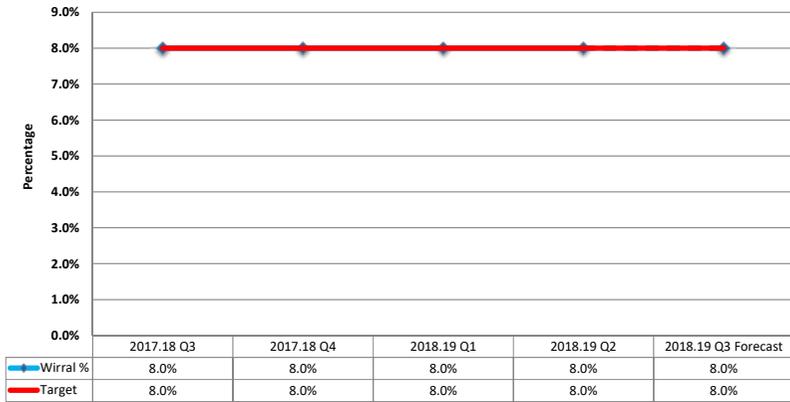
High levels of demand through the winter period can have a significant affect on DToCs. Local teams have maintained excellent performance within the upper quartile nationally during this period however it is likely that as pressures increase there will be a small shift upwards, however it is highly likely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

**% of Beds in Nursing Homes rated as 'Outstanding' or 'Good'**



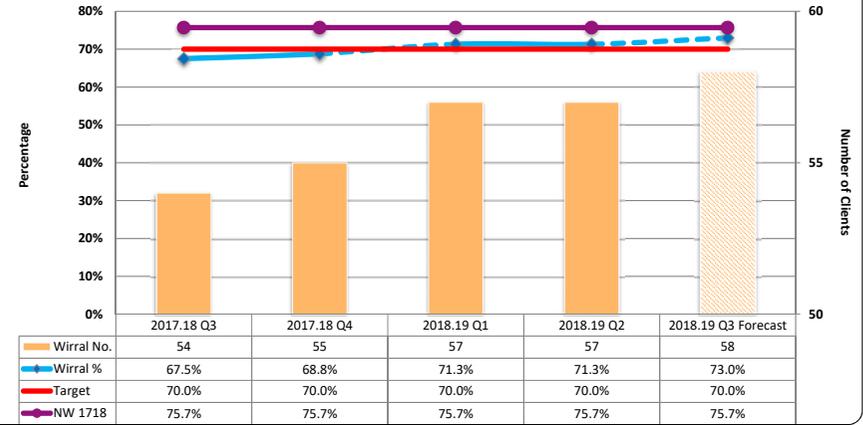
CQC inspections will continue throughout the year and we should ensure we support homes to achieve a 'Good' or 'Outstanding' grading. We continue to work with providers who require improvement and are performing to target with a sustained improvement across the sector.

**% of Beds available in Residential and Nursing Homes**



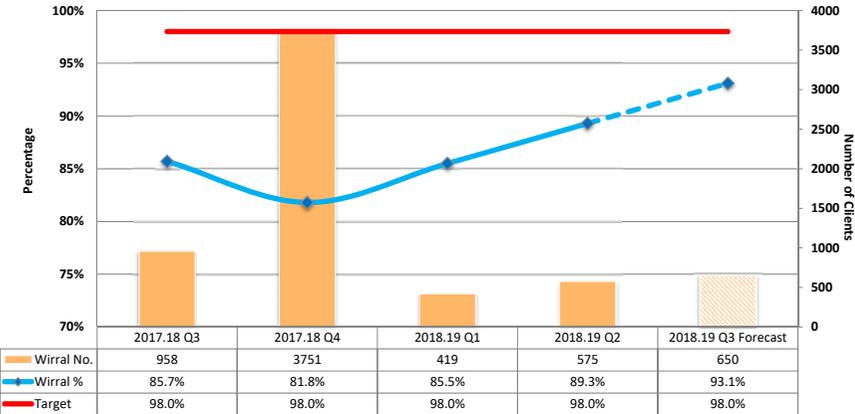
There is capacity within the system to cope with any unforeseen rise in demand, whilst maintaining a level that is sufficient to allow private establishments to remain as functioning organisations. Vacancy rates of exclusive block commissions for intermediate provision are available.

**% of Beds in Residential Homes rated as 'Outstanding' or 'Good'**



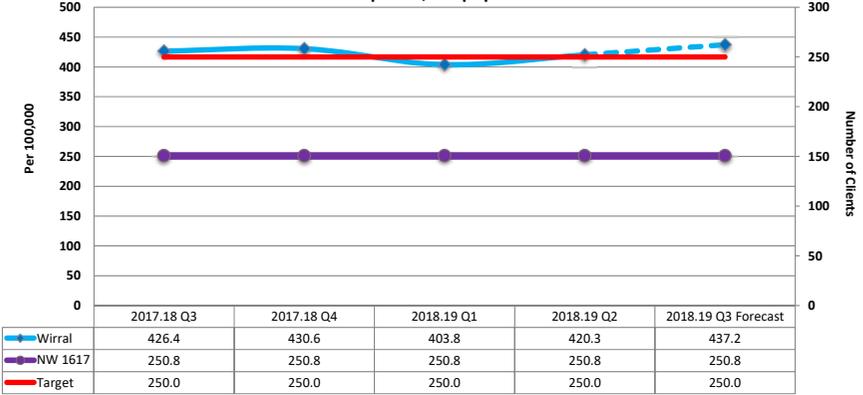
Over two thirds of the residential homes on the Wirral are now rated a 'Outstanding' or 'Good', although there is a general trend that more recent ratings have been at the lower end of the scale. CQC inspections will continue throughout the year and we should ensure we support homes to achieve a 'Good'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

**% of Safeguarding Contacts Completed within 24 Hours**

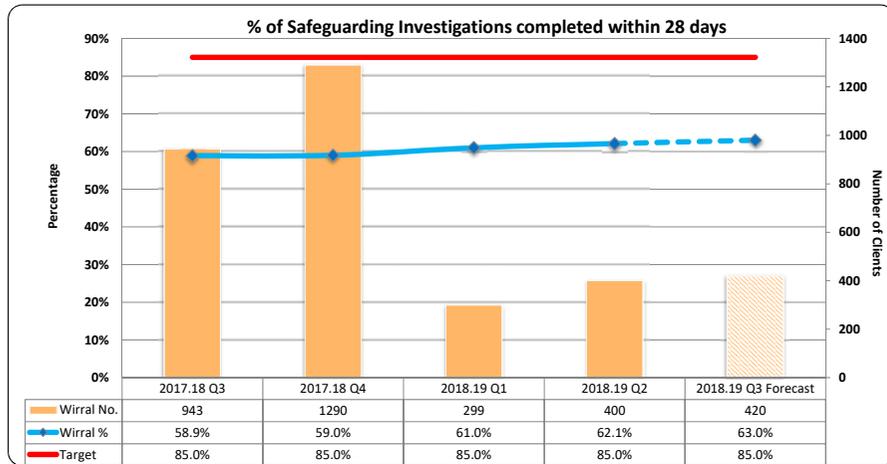


Significant work has been undertaken within Wirral Community NHS Foundation Trust to improve data recording. This has the effect of raising the performance towards achieving target. Work is underway with LCR partners to consider referral routes for safeguarding and the handling arrangements for safeguarding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

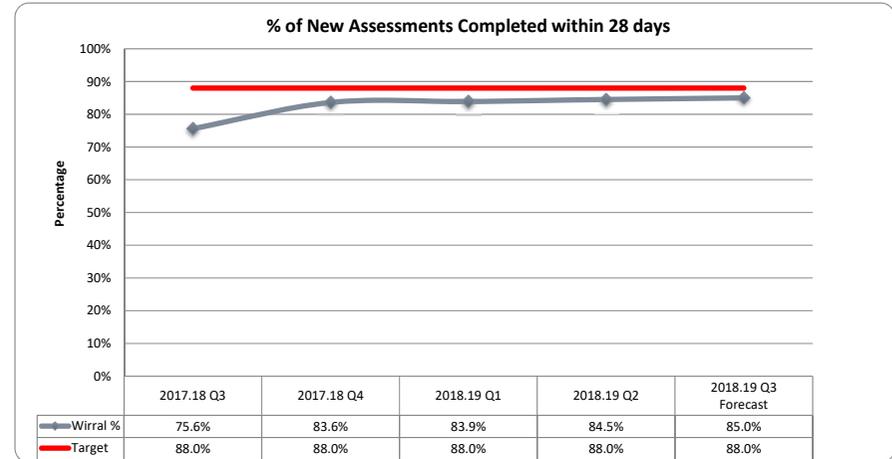
**Number of episodes of reablement / intermediate care intervention for clients aged 65+ per 10,000 population**



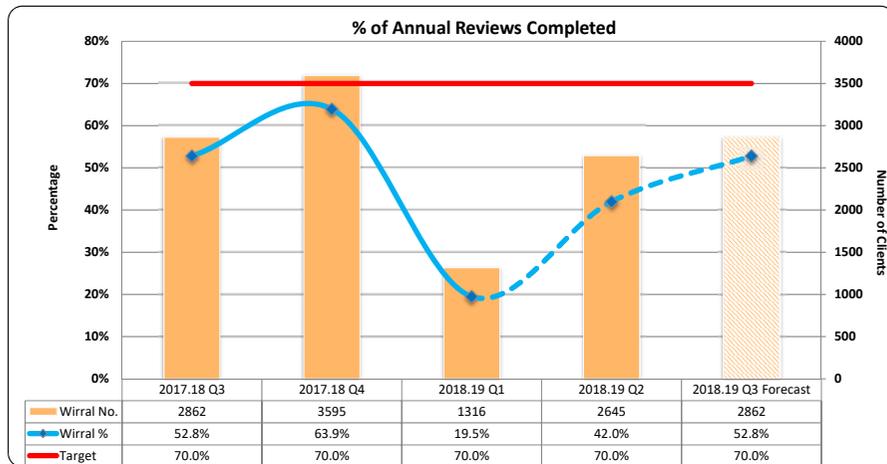
Wirral are performing significantly better than the North West average. Capacity of home based reablement has been affected by pressures within the domiciliary care market and in order to support an outcomes focussed approach the Council has agreed to pay all calls as a minimum of 30 minutes and to increase the retainer paid linked to hospital admissions from 48 hrs to 7 days. Whilst capacity and throughput remain as pressures, 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.



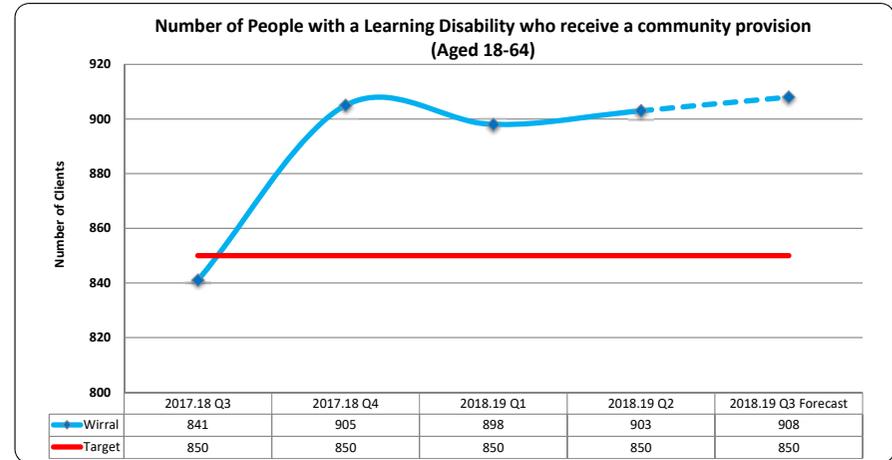
There is incremental improvement in the number of safeguarding investigations concluded within 28 days. This is mainly due to the focussed work on improving Social Work practice in this area. Safeguarding investigations can take longer than 28 days due to external factors such as police investigations.



The percentage of assessments completed within 28 days continues to increase. Focussed work in this area continues to ensure a good standard of service delivery.



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.

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## **Adult Care and Health Overview and Scrutiny Committee Tuesday 27<sup>th</sup> November 2018**

<b>REPORT TITLE:</b>	<b>Report of Health and Care Performance Panel</b>
<b>REPORT OF:</b>	<b>Chair of the Health and Care Performance Panel</b>

### **REPORT SUMMARY**

This report provides an overview of the first Health and Care Performance Panel meeting of the municipal year, which was held on 8th October 2018. The report provides feedback to members of the Adult Care and Health Overview and Scrutiny Committee around key discussions and areas of interest resulting from the meeting.

### **RECOMMENDATION/S**

Members are requested to:

- Note the contents of the report of the Health and Care Performance Panel.

## SUPPORTING INFORMATION

### 1.0 REASON/S FOR RECOMMENDATION/S

To ensure Members of the Adult Care and Health Overview & Scrutiny Committee are aware of outcomes from the Health and Care Performance Panel.

### 2.0 OTHER OPTIONS CONSIDERED

Not Applicable

### 3.0 ATTENDEES

#### Members

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

#### Other Attendees

Karen Prior (Healthwatch Wirral)  
Jacqui Evans (AD Unplanned Care and Community Care Market Commissioning, Wirral Health and Care Commissioning)  
Nancy Clarkson (Head of Intelligence, Wirral Council)  
Alex Davidson (Scrutiny Officer, Wirral Council)  
Vicki Shaw (Solicitor, Wirral Council)

#### Visitors

Mathew Gotts (Principal Accountant, Wirral Council)  
Paul Moore (Director of Quality and Governance, Wirral University Teaching Hospital)  
Karen Howell (CEO, Wirral Community Trust)  
Claire Wedge (Deputy Director of Nursing, Wirral Community Trust)

#### Apologies

Jason Oxley (AD Health and Care Outcomes, Wirral Health and Care Commissioning)

### 4.0 APPOINTMENT OF THE CHAIR

The following appointment for the municipal year 2018/19 was agreed unanimously;

Chair – Councillor Julie McManus (Proposed by Councillor Moira McLaughlin, Seconded by Councillor Wendy Clements)

### 5.0 APPOINTMENT OF THE VICE-CHAIR

The following appointment for the municipal year 2018/19 was agreed unanimously;

Vice-Chair – Councillor Wendy Clements (Proposed by Councillor Julie McManus, Seconded by Councillor Moira McLaughlin)

## **6.0 FINANCIAL MONITORING Q1 2018/19**

- 6.1 Mathew Gotts, Principal Accountant, introduced an overview of the Quarter 1 Financial Monitoring presentation that was originally presented to Members of the Adult Care and Health Overview and Scrutiny Committee on 12<sup>th</sup> September. At the request of the Chair of the OSC, the presentation was brought before the Health and Care Performance Panel in order for Members to properly scrutinise the contents.
- 6.2 Members of the Panel were advised that expected savings for 2018/19 are being met, with the total pooled budget for this year at £129.9m. Members were told that this budget was an increase from last year on both the Wirral Council and Wirral CCG side, but exact figures were not available at the Panel meeting. Members requested that these numbers were provided. There was also a need identified around how the pooled budget is presented to Members, with further discussion around this due to take place. Members have requested that staffing and funding figures are broken down across the authority, so that the Panel can be sure that there is no duplication of funding.
- 6.3 Members asked how Wirral will be affected by the recently announced £240m government emergency funding injection for social care over the winter months. Mr Gotts advised that this money is assigned according to 'relative social need'. It is a Head of Adult Social Services grant – with Wirral likely to receive around £1.8m. Members questioned whether this capital is additional funding, or an advance. The response was that, although it is difficult to say at this time, there is a certainty that the increased demand will not just be over the 'winter' months, but will carry through until Easter 2019. Jacqui Evans, Assistant Director, also advised Members that Wirral are working to improve delayed transfers of care to relieve pressure over this period. Up to the current date, and in the previous year, the nationally set target of 2.6 days has been achieved in Wirral.
- 6.4 Members asked why the Council had funded the refurbishment of Pensby Wood, when the site was understood to have been operated by an external organisation. Ms Evans advised Members that Wirral Council still have overall responsibility for ensuring that the building is fit for purpose, which it was not. Details of the building's ownership will be provided to Members at a future meeting.

## **7.0 CQC IMPROVEMENT PLAN – WIRRAL UNIVERSITY TEACHING HOSPITAL (WUTH)**

- 7.1 Paul Moore, the Director of Quality and Governance for WUTH presented the Trust's improvement plan to Members. The full plan was circulated to Members, with particular emphasis given to the preceding exception report – in order to highlight those elements of the plan that have been considered by the Board of Directors as either not on track, or at risk of not meeting the target date.
- 7.2 Mr Moore admitted that the governance system at the Trust was 'badly broken' but that, in his opinion, each aspect of improvement is rectifiable (with the exception of staffing which is problematic across healthcare organisations). Mr Moore assured Members that he is confident that the Trust will be ready for re-

inspection by spring 2019, and that 'confirm and challenge' meetings have been set up for the Board to ensure that actions are being realised. The Board expect evidence that standards are now being met, and Members were given further assurance that those that are not are escalated accordingly.

- 7.3 There were a number of issues highlighted by the CQC report that Mr Moore advised had been identified and addressed. For example, the report raised a security issue within the maternity unit at Arrowe Park Hospital; stating that a door to the labour ward was broken and that there was no monitoring of who was entering and leaving the area. Mr Moore gave assurance to Members that he has personally attempted to access this particular area since, and that it is now secure. He is confident there is no longer a risk in this area. The report also highlighted that medical care services should ensure that all venous thromboembolism (VTE) assessments are carried out within 24 hours of patient admission. The Trust have identified that this is an area that has yet to reach an acceptable level of safety, but that they are working hard to get there. Members sought assurance that standards were also met throughout the night - with Mr Moore promising that the Board were reliably informed by management feedback that standards were upheld during these periods.
- 7.4 Since the inspection, the Trust have also addressed issues relating to control of substances, and are looking into the prospect that they are potentially 'overstocked' with IT equipment, leading to increased risk of falls etc. In addition to this, Mr Moore advised Members that the Trust has now made sure that risk factors are featured more prominently on patient records on the 'Millennium' clinical information system so that they can be addressed swiftly.
- 7.5 Members questioned the perceived 'bullying culture' that has previously been alleged at the Trust, and wished to know what had been done to turn this around. Mr Moore advised Members that there seemed to have been an 'upturn in confidence' amongst staff. His personal experience as a new Board member was that he had never witnessed nor experienced the perceived bullying culture, and that staff were open and honest about any issues or problems. He assured Members that management were cascading an open culture to all staff, and that the Trust have a strong position against bullying and it is not tolerated on any level.
- 7.6 The CQC inspection findings gave particular focus to staffing issues at the Trust, with the report stating that they had 'found that there were still staffing shortages which had not improved since the last inspection'. Members questioned whether these issues were primarily caused by lack of funding or if it was a matter of employee availability. Karen Howell, CEO at Wirral Community Trust responded to this query by advising Members of a 'Wirral-wide workforce conundrum' and that, in some skilled areas, the workforce are not there regardless of how much money is available. There are a number of issues contributing to this problem, including a limited supply of clinical workers, retirement, workforce fatigue and demographic issues (an ageing workforce). Staff in Wirral can also often be tempted by positions in Liverpool or even Manchester. The Trusts are attempting to influence higher education institutions to ensure that the right training is taking place, and that potential staff are encouraged to work in Wirral.

## **8.0 CQC IMPROVEMENT PLAN – WIRRAL COMMUNITY TRUST**

- 8.1 Karen Howell, CEO at Wirral Community Trust, presented Members with a summary of the Trust's improvement plan. Ms Howell explained to the Panel that the report and its findings are very much based on 'technicalities' rather than a substandard level of care, and that many of the issues have already been addressed. An example of note was the explanation around delayed 'fit and proper person' checks. The Trust accepted that at the time of inspection there were a number of delays in DBS check completion – which Members were advised was down to the 'long winded' paperwork process. However, the Trust has now addressed the issue and introduced an electronic repository – marking a significant change to the way in which the Trust works. Alongside this, Ms Howell also advised Members that the Trust's IT infrastructure had not previously been fit for purpose, but that this has now been remedied by close communication with the IT service provider. A user group has also been set up to ensure that ongoing IT issues are flagged and dealt with efficiently.
- 8.2 Members voiced concern around one of the CQC findings that gave reference to the fact that the 'service must ensure that staff understand their role in recognising and preventing potential abuse'. Ms Howell informed Members that this conclusion was in relation to one service in particular; Sexual Health. This was an area that the Trust had already identified issues with, and had made some progress in resolving. Members were assured that audit trails within the service had been revisited to ensure there were no missed safeguarding opportunities, and that a 'multi-disciplinary and clinical' approach to protecting vulnerable young people has been established. Claire Wedge, Deputy Director of Nursing at WCT, advised Members that there had been an 'over-reliance on professional curiosity' but that any safeguarding issues have been fully corrected and supported by training.
- 8.3 The Panel requested clarification from the Trust around the CQC report's 'must do' action of ensuring there was a workable plan in place around the prevention of pressure ulcers. Members were informed that the Trust are now 'proactive' at prevention, with all procedures reviewed against NICE guidance. They closely monitor all pressure ulcer risk assessments, and there is clear improvement - with a 70% reduction in avoidable pressure ulcers.
- 8.4 Discussion took place around the staff training levels in basic and paediatric life support, as highlighted in the CQC report. Ms Howell informed Members that the training for necessary staff members had either taken place, or was due to take place shortly. There seemed to be an issue with staff being trained at a cost to the Trust, who then move employment to another area once qualified. This is something that the Trust will look at as part of a wider 'Workforce Strategy' within Wirral. Members concluded that the CQC rating is not appealing to potential staff, or encouraging a skilled workforce to settle in Wirral. The Trust responded that they are keen that the CQC rating does not demotivate current staff, as they work incredibly hard.

## **9.0 SUMMARY OF ACTIONS**

The following actions arose from the meeting;

- Members requested further detail relating to the Wirral Health and Care Commissioning pooled budget. Specifically, a breakdown of contributions from Wirral Council and Wirral CCG so that they may be sure that there is no duplication of funding. Members also requested sight of the Better Care Fund monitoring report, so that they may be more aware of where the money goes and how it is spent. It was agreed that this would be brought to a future meeting of the Health and Care Performance Panel.
- Members requested further information relating to the ownership of Pensby Wood.
- The WUTH and WCT CQC improvement plans will be added to the work programme of the Health and Care Performance Panel so that Members can monitor the progress of both Trusts throughout the municipal year.

## **10.0 FUTURE ARRANGEMENTS FOR THE HEALTH AND CARE PERFORMANCE PANEL**

Items for the agenda of the next meeting of the Panel on 3<sup>rd</sup> December 2018 are due to be discussed by the Chair and Vice-Chair during November 2018.

## **11.0 FINANCIAL IMPLICATIONS**

Not Applicable

## **12.0 LEGAL IMPLICATIONS**

Not Applicable

## **13.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS**

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

## **14.0 RELEVANT RISKS**

Not Applicable

## **15.0 ENGAGEMENT/CONSULTATION**

Not Applicable

## **16.0 EQUALITY IMPLICATIONS**

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

### **REPORT AUTHOR: Alexandra Davidson**

Scrutiny Officer

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### **APPENDICES:**

**Appendix 1:** Health and Care Performance Panel – Work Programme

### **REFERENCE MATERIAL - SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>
<b>Adult Care and Health Overview &amp; Scrutiny Committee</b>	<b>27<sup>th</sup> June 2018</b>

**HEALTH & CARE PERFORMANCE PANEL**
**WORK PROGRAMME**
**PROPOSED FUTURE AGENDA ITEMS – TO BE SCHEDULED**

Suicide Rates – Follow Up	Report	Lorna Quigley
Health and Care Integration – Update	Report	Jason Oxley
Review of health and care providers	Report	Jason Oxley
CQC ratings and compliance across care homes in Wirral, including regional and national comparators being provided.	Report	Jacqui Evans / Amanda Kelly
CQC Improvement Plan – Wirral Community Trust	Report	Karen Howell (WCT)
CQC Improvement Plan – Wirral University Teaching Hospital	Report	Paul Moore (WUTH)
Safeguarding arrangements in care homes	Report	Jacqui Evans/Amanda Kelly
Drug use in Wirral and 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 – Priorities and Performance 2018/19	Report	Graham Hodkinson
Infection Control	Report	Lorna Quigley

**OTHER WORK PROGRAMME ACTIVITIES AND TASKS**

Review Health and Care Performance Panel Terms of Reference	Report	Alex Davidson

**Future Meeting Dates**

<b>Panel Meeting Dates</b>
3 <sup>rd</sup> December 2018
4 <sup>th</sup> February 2019
11 <sup>th</sup> March 2019

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## Adult Care and Health Overview and Scrutiny Committee Tuesday 27<sup>th</sup> November 2018

<b>REPORT TITLE:</b>	<b>Adult Care and Health Overview &amp; Scrutiny Committee - Work programme update report</b>
<b>REPORT OF:</b>	<b>Chair of the Adult Care and Health Committee</b>

### 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 12<sup>th</sup> September 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.

### 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**

Since the last meeting of the Adult Care and Health Overview and Scrutiny Committee, the following work has taken place:

#### Urgent Care Consultation

A special meeting of the Adult Care and Health Overview & Scrutiny Committee was held on 12<sup>th</sup> November 2018 to scrutinise the public consultation process and proposed options put forward as part of Wirral CCG's Urgent Care Review.

#### 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. A workshop was held in October 2018 to develop Members understanding of risk, and how it might play a greater role within overview and scrutiny committees. Following a successful session, a briefing was circulated to Members with a view that risk will be incorporated into annual work programming and review scoping documentation going forward. This ensures that risk is considered as part of each piece of scrutiny work.

### **3.2 Forthcoming Activities**

#### Budget Scrutiny

In line with previous municipal years, it is anticipated that workshops will be held for Members of each of the overview and scrutiny committees, in order for them to review budget proposals within their remit for the 2019/20 municipal year. It is expected that the Adult Care and Health Overview & Scrutiny budget workshop will be held on Thursday 6<sup>th</sup> December 2018, with a full report presented to Committee in January 2019.

#### Reality Check Visits

At the last meeting of the Adult Care and Health OSC on 12<sup>th</sup> September 2018, it was suggested that Members may find value in visiting both Arrows Park Hospital and the Seacombe Birthing Centre in order to view the facilities, and to observe the experiences of both patients and staff. These visits will be co-ordinated by Healthwatch Wirral, and are expected to take place later in the municipal year.

### **3.4 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 January. This will be achieved by Committee providing delegated authority to the 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

**REFERENCE MATERIAL - SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>
<b>Adult Care and Health Overview &amp; Scrutiny Committee</b>	<b>27<sup>th</sup> June 2018</b>
<b>Adult Care and Health Overview &amp; Scrutiny Committee</b>	<b>12<sup>th</sup> September 2018</b>

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**AGENDA ITEMS – Tuesday 27<sup>th</sup> November 2018**

Item	Format	Officer
Minutes from Adult Care & Health OSC (12 <sup>th</sup> September)	Minutes	
Financial Monitoring – 2018/19 Q2	Report/Presentation	Mathew Gotts
Musculoskeletal (MSK) Integrated Triage Service – Update	Report	Sue Borrington (Wirral CCG)
Annual Social Care Complaints Report 2017/18	Report	David Jones (DASS)
Learning Disability Commissioning	Report	Jason Oxley (Wirral CCG)
Performance monitoring – 2018/19 Q2	Report	Graham Hodkinson
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: <b>Monday 12<sup>th</sup> November 2018</b>		

**Note:**

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

27<sup>th</sup> Nov 2018    Q2 2018/19

19<sup>th</sup> Mar 2019 Q3 2018/19

29<sup>th</sup> Jan 2019    No reports

**PROPOSED AGENDA ITEMS – Tuesday 29<sup>th</sup> January 2019**

Item	Format	Officer
Minutes from Adult Care & Health OSC (27 <sup>th</sup> November)	Minutes	
Local Delivery of the Five Year Forward View	Report	Mel Pickup (Cheshire and Merseyside Health and Care Partnership)
Adults Safeguarding Annual Report 2017/18	Report	Simon Garner
Integrated Commissioning Arrangements	Report	Graham Hodkinson
Assisted Technology and Telehealth update	Report	Jacqui Evans
Urgent Care Review – Post Consultation Update	Report	Jacqui Evans
Continuing Healthcare Scrutiny Review and Action Plan Follow Up	Report	Simon Banks (Wirral CCG)
Budget Scrutiny	Report	Alex Davidson (Report of the Chair)
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: <b>Monday 14<sup>th</sup> January 2018</b>		

### ADDITIONAL FUTURE AGENDA ITEMS

Item	Format	Approximate timescale	Lead Departmental Officer
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 Departmental Officer	Progress / Comments
Spotlight sessions / workshops				
Budget Scrutiny 2019/20	Workshop	December 2018	Graham Hodkinson	
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)	
Wirral Together	Workshop	To be agreed	Rachel Musgrave	
Corporate Scrutiny / Other				
Reality Check Visit – Arrowe Park Hospital (WUTH)	Member Visit	January 2019	Janelle Holmes (WUTH)	Co-ordinated through Healthwatch Wirral
Reality Check Visit – Seacombe Birthing Centre (WUTH)	Member Visit	January 2019	Janelle Holmes (WUTH)	Co-ordinated through Healthwatch Wirral
Transformation Programme	To be agreed	As and when	Tim Games	
Healthy Wirral Update	Report for information	N/A	Simon Banks (Wirral CCG)	
Commissioning and Transformation Strategy	Report for information	N/A	Nesta Hawker (Wirral CCG)	
Wirral Patient Led Ordering – Final Update	Report for information	N/A	Abbie Cowan (Midlands and Lancashire CSU)	