



Adult Care and Health Overview and Scrutiny Committee

Date:	Tuesday, 29 January 2019
Time:	6.00 p.m.
Venue:	Committee Room 1 - Wallasey Town Hall

This meeting will be webcast at
<https://wirral.public-i.tv/core/portal/home>

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AGENDA

1. **APOLOGIES FOR ABSENCE**
2. **DECLARATIONS OF INTEREST**
3. **MINUTES** (Pages 1 - 18)

To approve the accuracy of the minutes of the Adult Care and Health Overview and Scrutiny Committee meeting held on 27 November 2018, and the Call-In meeting held on 27 November 2018.
4. **WINTER PRESSURE ARRANGEMENTS AT CLATTERBRIDGE** (Pages 19 - 22)
5. **LOCAL DELIVERY OF THE FIVE YEAR FORWARD VIEW** (Pages 23 - 32)
6. **ADULTS SAFEGUARDING ANNUAL REPORT 2017/18** (Pages 33 - 46)
7. **LEARNING DISABILITY COMMISSIONING** (Pages 47 - 60)
8. **POOLED FUND ARRANGEMENTS SCRUTINY WORKSHOP REPORT** (Pages 61 - 74)

9. **ADULT CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE BUDGET SCRUTINY WORKSHOP REPORT**
(Pages 75 - 88)
10. **REPORT OF THE HEALTH AND CARE PERFORMANCE PANEL**
(Pages 89 - 98)
11. **ADULT CARE AND HEALTH OVERVIEW & SCRUTINY COMMITTEE WORK PROGRAMME UPDATE**
(Pages 99 - 104)

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ADULT CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Call-In meeting Tuesday, 27 November 2018

Present: Councillor J McManus (Chair)

 Councillors B Berry C Muspratt
 W Clements T Norbury
 T Cottier L Rennie
 A Gardner (In place I Williams
 of G Ellis) KJ Williams (In
 P Gilchrist place of S Frost)
 M Jordan J Walsh
 C Meaden

Children and Councillors D Burgess-Joyce AER Jones
Families OSC
Members in
attendance:

Also in attendance: Councillors B Mooney P Stuart
 J Bird

Witnesses: Councillors K Cannon C Jones

30 APOLOGIES FOR ABSENCE

Apologies for absence were received Councillors Gerry Ellis and Samantha Frost, and from Karen Howell, Chief Executive Wirral Community Health NHS Trust and Karen Prior, Chief Officer Healthwatch Wirral.

31 MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST

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

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

The following declarations were made.

Councillor Chris Meaden	Personal interest by virtue of her daughter's employment within the NHS.
Councillor Christina Muspratt	Personal interest by virtue of her daughter's employment as a GP.
Councillor Sharon Jones	Personal interest by virtue of her employment within the NHS.

Councillor Tony Norbury	Personal interest by virtue of his daughter's employment within Adult Social Services.
Councillor Joe Walsh	Personal interest by virtue of his daughter's employment within the NHS.
Councillor Tony Cottier	Personal interest by virtue of his daughters' employment within the NHS.
Councillor Phil Gilchrist	Personal interest by virtue of his role as a Governor appointed to the Cheshire and Wirral NHS Partnership Trust, and as a member of the Health and Wellbeing Board.
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 as a GP.
Councillor Adrian Jones	Personal – by virtue of marriage to Councillor Christine Jones (decision taker and Call-In witness).
Councillor Jerry Williams	Personal - By virtue of his membership of Merseytravel Committee of the Liverpool City Region Combined Authority.

32 **CALLED-IN BUSINESS - WIRRAL HEALTH AND CARE COMMISSIONING POOLED FUND ARRANGEMENTS**

Chair's Opening Remarks.

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 meeting's 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 Wirral Health and Care Commissioning Pooled Fund Arrangements and that witness statements would be taken in the order detailed in the agenda papers. Time would also be allowed for questions and responses, and once final statements had been delivered, the Adult Care and Health Overview and Scrutiny Committee would debate the matter.

For clarity, the Chair also advised the Adult Care and Health Overview and Scrutiny Committee that any points of order raised by Members during the meeting would require reference to the relevant supporting Standing Order within the Council's Constitution.

Explanation of Call-In by the Lead Signatory.

Councillor Kate Cannon set out the reasons for bringing this matter before the Adult Care and Health Overview and Scrutiny Committee. She informed that it was her view that inadequate, limited or no consultation had taken place with the electorate, and questioned why proposals for the Pooled Fund Arrangements were judged to be in the best interests of the Wirral residents.

Councillor Cannon believed that the decision taken was undemocratic - stating that the Clinical Commissioning Group (CCG) was not an elected body - and requested that the matter also be referred to the Children and Families Overview and Scrutiny Committee and/or referred to experts to look at the contract in detail. Councillor Cannon requested that she be allowed to share a document containing information relevant to the matter under consideration, and with the consent of the Chair and Members of the Committee this was agreed. The Chair suspended proceedings for five minutes to allow Members opportunity to review the document contents.

Overview and explanation of the decision taken by the relevant Cabinet Member.

Councillor Chris Jones, Cabinet Member Adult Care and Health set out the background to the decision, taken by Members of the Cabinet Committee and the CCG Board, sitting in common as the Wirral Joint Strategic Commissioning Board (JSCB).

Councillor Jones explained that the decision was planned for to deliver the best possible services for residents, given the budgetary restraints imposed from Central Government. The associated service redesign would allow patients / service users to tell their story once - enabling money to go further i.e. a better return on investments, and how suggestions that the plan supported privatisation of the NHS was ludicrous. She added that NHS and Social Care Staff agreed that the integration of care (and joined-up funding) was needed, particularly when it came to those with disabilities.

Members of the Committee questioned Councillor Jones, in particular regarding the absence of opportunity to scrutinise the documentation relating to risk prepared by the Independent Auditors, PWC. Councillor Jones responded, informing that the report originally referred to earlier plans when more funding had been proposed, since amended, negating the identified risk.

Councillor Jones also informed how the JSCB had been structured to allow the Council Cabinet Committee one vote, and the CCG Board one vote, and how – only those decisions approved by both bodies would be allowed to progress.

Evidence from Call-In witnesses.

Dr Derek Timmins GP (retired) informed the Overview and Scrutiny Committee that it was his belief that the recent signing of the agreement was against the public interest. He also stated that MP's had advised against its signing and that there had been a breach of duty of care in doing so.

Dr Timmins questioned how a reported £19 million CCG deficit would be managed under the joint arrangement and that with no legal power of veto, no public consultation, and the use of unproven models compounded his view that the agreement and pooled funding was unlawful, unnecessary and a deliberate 'hoodwinking' of Members. He believed that the decision had not been thought through correctly and informed that the experiences of Manchester and the NHS had resulted in acrimonious relations between Elected Members and NHS Partners.

Members questioned Dr Timmins, with some Councillors believing that they had been mis-led, others disagreeing vehemently with a suggestion that the complexity of documents made it difficult for the lay person to understand.

Ms Yvonne Nolan, former Deputy Director Social Services at Manchester City Council introduced herself, declaring herself as a Labour Member and Candidate in the forthcoming Local Elections. Ms Nolan informed that her experience of a similar situation in Manchester where Partner Organisations were in a healthy financial state, and the CCG was in a strong position to assist the City Council in a number of ways. However even in this instance, it had been hard to balance parity and esteem and the model used had taken two years of negotiation and a further year to implement. Ms Nolan pointed out that it was important in any such arrangement to take full account of the Council's statutory duties and budgetary responsibilities by ensuring a right of veto.

When questioned, Ms Nolan confirmed that given the circumstances that existed in Wirral, she would have advised caution and in her view, although not privatisation per se, this model could pave the way in future. Ms Nolan responded to further questions from Members indicating that joint working between the Council's Social Services and the NHS could still work without the need for pooled funding and that the biggest risk would be ensuring adequate arrangements for safeguarding, with possible exposure to challenge from the Ombudsman. Ms Nolan also expressed concern that NHS England could step in and Cap the CCG Budget.

Evidence from decision-taker's witnesses.

Graham Hodkinson, Director Adult Care and Health, and Statutory DASS since 2012 informed Members of the Overview and Scrutiny Committee that three Section 75 arrangements were currently in place, namely:

- Integrated Commissioning – which includes the Pooled Funding, the subject of Call-In;
- S.75 for Delivery of Statutory Health and Care Assessment with Cheshire Wirral Partnership – All Age Disability Service; and
- S.75 with Wirral Community Foundation Trust – for the delivery of Statutory Assessment i.e. Nurses and Social Workers working together in a single organisation.

Mr Hodkinson informed that since 2014 there had been a statutory duty through the Care Act to integrate services, this was not a choice, and it had also been proven that 'partial' integration did not work. He added that proper Constitutional process had been followed through decisions of Cabinet and via Scrutiny at key stages, with Members being kept informed of developments. In Summer of 2018 the establishment of the JSCB had taken place and the Council's Constitution updated accordingly (including responsibilities of the key Elected Member). Mr Hodkinson further informed that Members still retained absolute control of veto regarding matters relating to Social Care, and how without a Section 75 agreement in place the Council would not have had access to Better Care Funding.

Mr Hodkinson concluded his evidence, confirming that the funding arrangement was not a precursor to privatisation, but a direct provision of care packages.

Members questioned Mr Hodkinson on aspects of a lack of time to scrutinise documentation relating to the process and access to advice from experts. Mr Hodkinson responded, referring to the timeline, consultations and budget setting processes. He re-iterated that access to the Better Care Fund was dependent on a Section 75 agreement being in place.

Mr Hodkinson provided clarity in so far as the CCG deficit was not part of the pooled funding arrangement or the Section 75 agreement, and that the pooled funds were ring-fenced for service delivery.

Dr Sue Wells, Wirral GP working within the NHS for 30 years and Chair of Wirral CCG thanked the Committee for the opportunity to speak.

Dr Wells informed that in her role as a GP she often dealt with elderly, frail or disabled people who needed a joined up approach to treatment i.e. taking account of social determinant and health conditions. She further informed that the NHS could not manage the complexity of cases on its own and needed to work with the Council (Social Care provider) to avoid 'fragmented' care. People did not want to contact multiple places or to tell their story multiple times, and since the introduction of joint working arrangements, as a GP, she had already noticed improvements in terms of admin, provision and commissioning. She added that the JSCB was working well and the input from Elected Members played a key role in its decisions.

In response to questions from Members Dr Wells explained that the JSCB met in public and Councillors views were considered and the Board (Council and NHS) came together in reaching a decision. Dr Wells also informed that, contrary to what may have been said elsewhere, the CCG was not in special measures, and that the figure of £19 million had been identified as a target for savings under legal directions from NHS England.

Summary of the lead signatory.

Councillor Kate Cannon requested that the evidence provided had confirmed initial concerns and requested that the existing contract be reviewed but should not continue in its current format. Cllr Cannon appreciated the need for a Section 75 agreement but had concerns that the Council had given over a lot of democratic control to the CCG.

Summary of the decision-taker.

Councillor Chis Jones, Cabinet Member Adult Health and Care countered stating that collaborative working between the Council and the NHS/CCG under the Section 75 agreement actually increased democratic control and was in the public's best interest, providing accountability.

Councillor Jones informed that joined up care works better, allowed one process for procurement, and was not privatisation or a precursor to privatisation.

Committee debate and decision.

A Member stated the importance of the Section 75 agreement, believing that she would look to move a Motion in support of its retention, upholding the original decision of the JSCB.

Another Member advised that the matter should be taken back to Council for a variety of reasons, namely:

- Concern over the Council's Statutory Duties;
- Lack of clarity on budgetary matters; and
- Councillors had not been provided sufficient time to scrutinise the matter (i.e. pre-decision).

Councillor Christina Muspratt moved, and Councillor Tony Norbury seconded the following Motion:

"That the matter be referred to Council to review and reconsider the proposed contract with the Clinical Commissioning Group (CCG), to ensure that the Council retains control of its statutory duties, and that the Council's budgetary position is protected".

The Council Solicitor and Deputy Monitoring Officer advised of three options available to the Committee, whereby it may decide to:

- A. Refer the matter to the Cabinet Committee for reconsideration;
- B. Refer the matter to Council (noting that Council has no further powers, than those of this Committee); or
- C. Agree to uphold the original decision.

At this point in proceedings the Chair suggested a short break to enable legal advice to be sought. After a short break, and having consulted with the Council's Solicitor and the Director Adult Care and Health, the Chair reconvened the meeting and invited Members to continue their deliberations. With the agreement of the mover and seconder the Motion, previously tabled, was withdrawn.

Councillor Julie McManus (Chair) then moved, and Councillor Phil Gilchrist seconded, the following Motion:

"This matter be referred to Council because the committee has the following concerns:

- (1) *The Cabinet Committee needs to review and reconsider the developing and proposed contract with Wirral CCG to ensure:*
 - a. *that the Council retains control of its statutory duties*
 - b. *the Council's budgetary position is protected;*
- (2) *In view of the substantial funds pooled and managed by the new organisation further channels of communication need to be developed with Adult's Overview and Scrutiny Committee - so that they might have*

more insight and make more meaningful contributions to the oversight of that body;

- (3) *Similar parallel arrangements be made for Children and Families Overview and Scrutiny Committee; and*
- (4) *In addition work on the preparation of the system sustainability plan shall be placed before members at the earliest opportunity”.*

Councillor Wendy Clements moved and Councillor Mary Jordan seconded the following Amendment:

“Committee moves that this decision is upheld and implemented without delay.

In the light of the considerable funds involved the Chair and Party Spokespersons will bring forward further scrutiny of the developing arrangements and legal agreement to ensure council fulfils its statutory duties and its budgetary position is protected so that members might have more insight and make more meaningful contributions to the oversight of the body”.

The amendment was put and lost (5:10) (no abstentions).

The original motion was then put and carried (10:5) (no abstentions).

Resolved (10:5) No abstentions - This matter be referred to Council because the Committee has the following concerns:

- (1) **The Cabinet Committee needs to review and reconsider the developing and proposed contract with Wirral CCG to ensure:**
 - a. **that the Council retains control of its statutory duties**
 - b. **the Council’s budgetary position is protected;**
- (2) **In view of the substantial funds pooled and managed by the new organisation further channels of communication need to be developed with Adult’s Overview and Scrutiny Committee - so that they might have more insight and make more meaningful contributions to the oversight of that body;**
- (3) **Similar parallel arrangements be made for Children and Families Overview and Scrutiny Committee; and**
- (4) **In addition work on the preparation of the system sustainability plan shall be placed before members at the earliest opportunity.**

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ADULT CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Tuesday, 27 November 2018

Present: Councillor J McManus (Chair)

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

33 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Gerry Ellis and Karen Prior, Chief Officer Healthwatch Wirral.

34 MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST

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

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Councillor Joe Walsh	Personal interest by virtue of his daughter's employment within the NHS.
Councillor Tony Cottier	Personal interest by virtue of his daughters' employment within the NHS.

Councillor Phil Gilchrist	Personal interest by virtue of his role as a Governor appointed to the Cheshire and Wirral NHS Partnership Trust, and as a member of the Health and Wellbeing Board.
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 as a GP.

35 **MINUTES**

Reference Minute 28 (special meeting 12 November 2018) – Urgent Care Review – a Member requested that reference be included to the break in proceedings where consultation on legal advice was sought, and that after a short break, and having consulted with the Council’s Solicitor and the Director Adult Care and Health, the Chair reconvened the meeting and invited Members to continue their deliberations.

Resolved – That, subject to the above amendment, minutes of the meeting of the Adult Care and Health Overview and Scrutiny Committee held on 12 September 2018, and the minutes of the special meeting held on 12 November 2018, be confirmed as a correct record.

36 **FINANCIAL MONITORING REPORT QUARTER 2 2018/19**

Peter Molyneux, Senior Manager Corporate Finance introduced the regular report of the Assistant Director: Finance and Section 151 Officer that provided Members with detail to scrutinise budget performance and updated the Overview and Scrutiny Committee on the financial position of the Council. The attached Cabinet reports set out the projected revenue and capital monitoring position for 2018/19 as at the close of quarter 2 (30 September 2018).

The Senior Manager Corporate Finance 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.

- The quarter 2 capital report recommended 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 was £16.3 million.
- The quarter 2 revenue report showed a balanced budget for Adult Care & Health. The quarter 2 capital report showed an expenditure of £381,000 on a programme of £3.5 million.
- Savings being delivered ahead of schedule
- New: Winter Pressures Grant (£1.8m)
- Creation of All-Age Disability Service
- Capital: £3.4m programme, £0.4m spend to date

The Senior Manager Corporate Finance's presentation also provided members with a further breakdown of the key budget expenditure relating to 2018-19 Adult Social Care Budget & Pressures, a summary of the All-Age Disability Service, Pooled Budget with Wirral Clinical Commissioning Group (CCG) and the Committee's role in the 2019/20 Budget process and associated key dates, namely:

- 26 November 2018 – Cabinet agree budget proposals.
- 6 December 2018 - Adult and Health Overview and Scrutiny Workshop on budget options.
- 18 February 2019 – Cabinet Approval budget and updated Medium Term Financial Strategy.
- 4 March 2019 – Full Council consider budget and Council Tax.

In response to Member questions, the Director for (Adult) Care & Health informed that budget pressures on the service were carefully managed, being directly related to levels of demand and assessed need.

Resolved – That the report be noted.

37 **MUSCULOSKELETAL (MSK) INTEGRATED TRIAGE SERVICE - UPDATE**

Mr Simon Banks, Chief Operating Officer Wirral Clinical Commissioning Group (CCG) introduced a report of the Director of Commissioning and Transformation and the Chief Operating Officer Wirral University Teaching Hospital that provided an update on the Musculoskeletal (MSK) Integrated Triage Service.

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

Mr Banks informed the Overview and Scrutiny Committee that development of the model had commenced in 2015; commissioners had undertaken a broad range of research and engagement comprising workshops, site visits, information sharing/networking events and desktop research. This in turn had 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. Members noted that the new service had been in operation for 4 months, and:

- Provided a single point of access
- Simplified the referral process for GPs
- Provided a comprehensive and consistent referral and assessment process
- Reduced duplication and service waste
- Enhanced the quality of patient experience and patient pathways
- Provided an appropriate mix of community and secondary based provision

Dr Sue Wells, Chair Wirral CCG provided a GP's perspective of the new procedures and expressed her support to the new systems which enabled single referral for patients with complex needs, dramatically reducing waiting times if being transferred between different departments. Dr Wells added that the patient experience had dramatically improved as a result.

Resolved – That the report be noted.

38 ANNUAL SOCIAL CARE COMPLAINTS REPORT 2017/18

David Jones, Complaints Manager introduced his report that informed that it was 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. His annual report also provided a mechanism by which the Council could monitor the quality and effectiveness of services and of its complaints procedure.

The report provided 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 had been included where available.

Members noted that the report was to 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 had been received from new clients by Adult Social Care. At the beginning of April 2017, just over 4220 people had been provided with ongoing long term support.

The report provided information about complaints, compliments and other feedback received by Adult Social Services for the period 1 April 2017 until 31 March 2018.

Members were apprised that each Complaint is 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. In response to a Member question Mr Jones informed that some complaints, of a more complex nature, would require more time to investigate and resolve and that the maximum amount of time allowed for dealing with any complaint was six months. Investigations were conducted in an impartial, reasonable and proportionate manner.

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. Mr Jones explained that the Council also

sought to use its intelligence and work with operational teams to reduce the level of dissatisfaction occurring.

Mr Jones informed how transfers of social workers had seen challenges for the NHS (timetable for dealing with complaints 45 days), but these issues were being monitored regularly and contractually.

Resolved – That the report be noted.

39 **LEARNING DISABILITY COMMISSIONING (VERBAL UPDATE)**

In advance of a formal written report scheduled for the January meeting of this Committee, Jason Oxley, Assistant Director Health and Care Outcomes provided a verbal update on the commissioning of support for people with a disability which supports the pledges and priorities of the Wirral Plan and All Age Disability Strategy.

Mr Oxley informed of the commissioning plan for people with learning disabilities that sets out the Council's commitment to protect the most vulnerable people and the need to commission a varied range of services to support them. He further informed of the national Transforming Care programme that aimed to support people closer to their homes, or in their own homes rather than outside of the Borough and in hospital settings. Mr Oxley apprised Members of the cost pressures being faced by the Council and the Clinical Commissioning Group (CCG) for people with increasingly complex needs.

Members were informed of the availability and location of new extra-care housing, supported living and residential care arrangements. Mr Oxley apprised Members that it was Council's practice that payments to Supported Living service providers were now based on the services they had actually provided, and not the amount of services originally requested, with payments also based on outcomes. He added that re-commissioning was underway for respite care and retendering procedures were actively seeking to improve standards.

The Adult Care and Health Committee received an update on work underway in respect of Transforming Care that aimed to ensure timely, supported discharge from care and also focussed on avoiding admissions in the first instance. The primary aim being to provide a range of services / activities in a positive fashion, flexible with better outcomes and efficiencies.

Members requested that Mr Oxley's notes be circulated to the Committee.

Resolved – That the verbal report be noted.

40 **2018/19 QUARTER 2 WIRRAL PLAN AND HEALTH AND CARE PERFORMANCE**

Graham Hodgkinson, Director for Health & Care (DASS) introduced his report that provided 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 provided 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 included further performance information that had been requested by Members to enable effective scrutiny. The Adult Social Care and Health Performance Overview was included as Appendix 2 to the report and had been developed following Member feedback to include key performance data across the health and social care service.

Mr Hodgkinson's report informed of a number of key points, namely:

- The employment rate for people over 50 had reached its highest rate since the plan began (40.6%). Work continued to explore ways to promote employment opportunities in later life.
- The Heswall Door Knock had taken 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 had increased again to 48.8% up from 47.5% last quarter. This was an increase from 37.5% at the start of the plan. Wirral was 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 were feeling supported to manage their condition had reduced to 60.1% for the period January 2018 - March 2018 from 67.2% the previous year. This reduction reflected the pattern across the rest of the country. The All Age Disability Steering Group was 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 had stable and appropriate accommodation improved their safety, increases their independence and reduced their risk of social exclusion. The Q2 figure of 83.5% had increased from last quarter but was lower than the latest North West average. There had been an increase in Extra Care schemes throughout the borough, which aimed to increase the number of adults with a learning disability who live in stable and appropriate accommodation.

- In Quarter 2 there had 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 had increased. The number of cases dealt with by the MARAC and repeat MARAC cases had increased, and Wirral MARAC case rates were higher than similar force and national benchmarks.

Mr Hodgkinson responded to a number of questions from Members seeking clarity on information gathering methods and variance between the presentation of statistical evidence in regard to domestic violence occurrence. Mr Hodgkinson informed that he would seek clarification on these matters for future reporting.

Resolved – That the report be noted.

41 **REPORT OF THE HEALTH AND CARE PERFORMANCE PANEL**

Councillor McManus introduced her report as of Chair of the Health and Care Performance Panel that provided an overview of the first Health and Care Performance Panel meeting of the municipal year, which was held on 8th October 2018. The report provided feedback to Members of the Adult Care and Health Overview and Scrutiny Committee around key discussions and areas of interest resulting from the meeting, namely:

- Financial Monitoring Q1 2018/19
- CQC Improvement Plan – Wirral University Teaching Hospital (WUTH)
- CQC Improvement Plan – Wirral Community Trust

The report also included a summary of actions:

- Members had 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 was 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 was 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.

Resolved – That the report be noted.

42 **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 report provided an update regarding progress made since the last Committee meeting held on 12 September 2018. The current work programme was made up of a combination of scrutiny reviews, workshops, standing items and requested officer reports. The update report provided Members with an opportunity to review and evaluate the Committee's work throughout the Municipal Year.

The Chair highlighted two specific areas of work to be addressed in the forthcoming months, namely:

- Budget Scrutiny - In line with previous Municipal Years, it was anticipated that workshops would 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 was expected that the Adult Care and Health Overview and Scrutiny budget workshop was to be held on Thursday 6 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 held on 12 September 2018, it had been suggested that Members may find value in visiting both Arrowe 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 were to be co-ordinated by Healthwatch Wirral, and were expected to take place later in the Municipal Year.

A Member requested that the Clinical Senate report findings relating to the review of Urgent Care services on Wirral be brought before Members of the Committee at the earliest possibility.

Members were requested to forward their expressions of interest in attending the Reality Check Visits to the Committee's Scrutiny Officer.

Resolved –

That the proposed Adult Care and Health Overview and Scrutiny Committee work programme for 2018/19, be noted.

43 **URGENT BUSINESS APPROVED BY THE CHAIR - WINTER PRESSURES**

The Chair informed that it had been brought to her attention that an extra Ward had been opened at Clatterbridge Hospital to deal with additional Winter pressures should it be needed. The Chair added that she had been advised that the hospital did not have sufficient staffing resources to manage this, and staffing had been outsourced. She believed that this should have brought to the attention of the Overview and Scrutiny Committee, and that if this was the case the matter should be reported to the Adult Care and Health Overview and Scrutiny Committee at its next meeting in January.

The Director for Health & Care (DASS) provided a brief update to Members on the matter, informing that Arrowe Park Hospital had directly commissioned additional beds at Clatterbridge for sub-acute patients with Four Seasons Healthcare, and a request made to Social Care for funding had been refused.

A Member provided first-hand experience of how Arrowe Park Hospital had provided additional Wards for sub-acute patients, and did not believe that a) the Ward would not exclude patients requiring quite high levels of care and that b) agency staff would not necessarily have the levels of skills required to provide the level of care needed.

Resolved –

That a report on the matter of Winter Care provision be presented to the next meeting of the Adult Care and Health Overview and Scrutiny Committee in January 2019.

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Provision of a managed service contract to run a 30 bed Transfer to Assess Unit sited at Clatterbridge Hospital

Report of:	Anthony Middleton, Chief Operating Officer
Purpose of paper:	To appraise the Adult Care and Health oversight and scrutiny committee of the rationale and construct of the service.

1. Introduction

This paper summarises the process and activities undertaken to identify a supplier to provide the managed service contract for the provision of T2A services to the Trust. The report details the major milestones in the tender process and the key factors that led the project group to recommend the award of the contract to Cedar Court (Tamaris Healthcare - Four Seasons Group Holdings Ltd).

2. Background

The Care Act 2014 and the DH Guidance 'Simple Guide to the Care Act and Delayed Transfers of Care' set out the principle that people should not stay in an acute setting any longer than is necessary, and that when a patient is 'medically optimised' i.e. 'that point at which care and assessment can safely be continued in a non-acute setting' that they should be discharged.

'Medical optimisation' is the point at which care and assessment can safely be continued in a non-acute setting. It is a decision that balances the acute care requirements of the patient, the typical desire of individuals to return to their home environment at the earliest opportunity, the potential harm associated with staying in hospital and the needs of other more acutely ill patients." (NHS England Monthly delayed transfer of care sitrep definitions and guidance)

In Wirral we have a total of 102 'Transfer to Assess' (T2A) beds across 7 sites. The purpose of the beds is to provide assessment and therapy services for those patients who may require longer term support upon leaving hospital. The beds are also a step up provision for the community to avoid unnecessary hospital admissions.

In Wirral there is a commitment from key partners to integrate health and social care services and the beds provide opportunity to integrate further with providers.

3. Rational for non NHS Solution

The rationale for the creation of this additional bed capacity is to maintain patient safety not only for patients requiring emergency care, but also to add resilient capacity in the system for those awaiting planned procedures. Last year's the winter pressures which tested the health and social care systems nationwide, resulted in over 2000 Wirral residents having their elective operations cancelled.

The Wirral health and social care system has been at the forefront of capacity and demand modelling over the past 12 months, indeed the approach is now being rolled out to other areas of the country; and what this presented in Spring/Summer of 2018 was that despite major investments in out of hospital services over the years, demand continues to outstrip supply. The final assessment for the winter of 2018 is that 48 additional beds would be needed in the acute hospital as well as a further 20 beds in the community to provide safe, sustained services.

It is highly frustrating both for patients and the clinical teams employed at Wirral University Teaching Hospitals that at any one point in time there are over 100 patients who are medically optimised and therefore able to be discharged from an acute medical bed, but due to capacity constraints elsewhere these patients remain in hospital.

With the above in mind Wirral Hospitals determined that the model for the 48 bed requirement would be one of additional provision of acute medical and surgical capacity to the tune of 18 beds as well as a new model for 30 beds that would allow a clinical staffing solution matched to the conditions of the medically optimised patients. The latter would operate along similar lines to that of care homes provision but with additional therapy, GP and community geriatrician input. What was not needed was the hospital consultant medical staff, nor registered acute nursing staff who are needed for those patients with the most acute needs. Therefore with full knowledge of commissioners, as well as that of both NHS England and NHS Improvement the Trust commenced a tendering exercise for a provider of those services in July 2018 with the aim of becoming operational in November 2018.

4. Process Undertaken – OJEU Open Tender

The formal tendering process was undertaken to identify potential suppliers for the provision of T2A Services, which involved a pre-market engagement session (market consultation meeting with interested providers) which was conducted with potential suppliers on 11th July to gain a better understanding about the market and to motivate suppliers to participate in the tendering process. 6 suppliers participated in the pre-market engagement session. The OJEU contract notice was published on 4th August 2018 via the Trust’s tender management portal Pro-Contract. 2 suppliers submitted tender bids.

5. Contract Award Criteria

Table below illustrates the contract award criteria used for the tender.

Criteria	Criteria Weightings	Section number in the Spec	Sub Criteria	Sub Criteria Weightings
Compliance to Specification	60%	1	Transfer to assess Operational model	4%
		2	Service provision	5%
		3	Complex nursing needs	4%
		4	Multi-Disciplinary Working	4%
		5	Staffing and Leadership	4%
		6	Organisational Policies	3%
		7	Clinical Governance	4%
		8	Equipment	3%
		9	Documentation	3%
		10	Discharge Planning	4%
		11	Patient Experience	3%
		12	Business Continuity Plan and Assurance of Supply	3%
		13	Innovation / Sustainability / Environmental Policy / Local Economy	2%
		14	IM&T	3%
		15	Workforce and Organisational HR Policies	4%
		16	Estates and facilities management	3%
		17	Performance Framework	4%
Cost	40%		Cost	40%
TOTAL	100%			100%

6. Recommendation

On the basis of the tender analysis and as a result of the evaluation process, the Trust board of directors awarded the contract for the provision of Managed Service Contract for Transfer to Assess (T2A) Services be awarded to Cedar Court (Tamaris Healthcare - Four Seasons Group Holdings Ltd).



ADULT CARE AND HEALTH OVERVIEW & SCRUTINY COMMITTEE

29TH JANUARY 2019

REPORT TITLE	An update on the work of Healthy Wirral and the wider Cheshire and Merseyside Health and Care Partnership
REPORT OF	Cheshire and Merseyside Health and Care Partnership

REPORT SUMMARY

The Committee has asked for an update of the work of the Cheshire and Merseyside Health and Care Partnership. This report will bring the Committee up to date with the work of Healthy Wirral in Wirral, which is one of the nine place partnerships that make up the overall Cheshire and Merseyside Health and Care Partnership, as well as work taking place elsewhere.

RECOMMENDATION/S

To note the work of the Healthy Wirral partnership and the Cheshire and Merseyside Health and Care Partnership.

1.0 REASON/S FOR RECOMMENDATION/S

n/a

2.0 OTHER OPTIONS CONSIDERED

n/a

3.0 BACKGROUND INFORMATION

Some highlights of the work of the Health and Care Partnership include:

1. Pop up' community birthing centre

Expectant mums in Wirral now have access to a new team of midwives dedicated to women choosing to have their babies at home or in the 'pop up' birth unit opening at Seacombe Children's Centre.

The unit will encourage women with a low risk of complications (something established clinically during discussions between a woman and her midwife) to give birth in a non-medicalised setting where wrap around services are also available to support families postnatally and beyond.

As the first birthing centre nationally to launch in a multi-purpose community setting like a children's centre, the new facility will provide key insight into the cultural effectiveness and uptake of more community-focused birthing options.

2. Headache pathway reduces referrals by 20%

The Walton Centre and Neuro Network headache pathway for primary care was designed to support and empower front-line GPs to diagnose and treat most patients with headache or simple migraine.

The aim of the new pathway was to help reduce referrals to secondary care and attendances at A&E for severe headaches, which were growing at five thousand a year. The results have shown a 20% drop in referrals over one year. A pathway for use in acute hospitals has also been developed and launched

3. Primary Care

General practice and wider primary care is a fundamental element of the Cheshire & Merseyside Health & Care Partnership's strategy for improving health and outcomes and the services delivered to our population.

The Health & Care Partnership and NHS England (Cheshire and Merseyside) created a £4m Primary Care Network Development Fund for 2018/19 to support the development and implementation of Primary Care Networks across the area.

Primary Care Networks are groups of general practices who will join together to deliver services across a wider footprint. This would allow the network to share services like community nursing, mental health, and clinical pharmacy teams, expand diagnostic facilities, and pool responsibility for urgent care and extended access.

4. Transforming Care Programme

Cheshire and Merseyside Transforming Care Partnership (TCP) is aiming to make change across the whole system to the way services for people with learning disabilities and/ or autism are delivered to help people live in homes, not hospitals and improve people's health, quality of care and quality of life.

This will mean that fewer people in Cheshire and Merseyside will need to go into hospital for their care. To do this we are making sure that services in the community are better able to meet people's needs, particular those who might need additional support. For people who do need to go into hospital though we want to make sure that they are as close to where they live as possible

5. Estates Strategy

Our Partnership has developed a five year Estates Strategy setting out how the health and care estate across Cheshire and Merseyside needs to develop to keep pace with the transformation in how care is delivered in each of the nine places that make up our area.

NHS buildings in Cheshire and Merseyside account for 1.6 million square metres of floor space and cost nearly £500 million a year to run. The Estates Strategy sets out how the Partnership will make the best use of its assets over the next few years.

The priority will be to ensure that our estate is configured and used appropriately to support more care closer to home – whether that’s providing facilities to neighbourhood teams to work out of or places that allow people to be treated round the corner from where they live.

Similarly, as we concentrate more care outside of hospital, this will have implications for how acute hospitals and also mental health providers use the buildings they own to provide care. And we also want to make sure that we run our estate as efficiently as possible, making the most of the assets we own but also finding ways of releasing more funds to invest in patient care.

Finally, we want to reduce the backlog of repairs by 35%, making sure more patients are treated in modernised facilities.

6. Launch of Digit@ll - Cheshire and Merseyside Digital Roadmap

Following great engagement and feedback across Cheshire and Merseyside, on Thursday 5 July we launched our single digital roadmap for the C&M Partnership.

There are many examples of great work underway across our geography. Digit@ll is the latest example of how we are pooling our expertise and 'can do' attitude to continue to deliver high quality care for all. Cheshire and Merseyside is already one of the best places in the country for the way we are harnessing technology to improve patient care. But we want to go even further.

For our frail and elderly, digital will have a critical role in supporting diverse teams of professionals to treat more patients in or closer to home, and supporting more patients to self-care.

And for the wider population, used to booking anything from holidays to hair appointments online, we want to meet their expectations of health and care services that keep pace with

modern life, providing more support and care on demand and online to fit in with their increasingly busy lives.

Finally, by reducing variation and making sure all our places are making the best use of digital technology in the day to day care they deliver, we can reduce costs, improve standards and deliver the best possible care.

Our relationships, collaboration and achievements to date are significant and we are excited to take these to the next level over the next five years, working together to support our population to live longer, healthier lives.

7. Workforce Programme

There have been significant improvements in the NHS and social care over the past 15 years in Cheshire and Merseyside. Survival from cancer and heart disease has increased, waits for some treatments are shorter and the quality of care is higher.

More people are cared for in their homes and extra support has been provided to families with children. These gains have been achieved thanks to the commitment of health and social care staff.

But if we are to continue to deliver high quality care for local people we need the right number of staff with the right skills in the right roles. These are the challenges the Partnership's Workforce programme has set itself and all health and care organisations in Cheshire and Merseyside.

Getting our workforce fit for purpose is also good for the wider economy. We employ about 70,000 staff in the NHS and 75,000 staff in care across Cheshire and Merseyside. This is around 15% of all jobs in the region, and that's before you include our GPs and Primary Care staff. We do have some real challenges. For example, the number of district nurses has dropped by a quarter since 2012 and the number of learning disability nurses has dropped by more than a third.

We have a high turnover of staff with more choosing to leave health and social care jobs than ever before, but also staff moving between NHS organisations. We will support our staff to get the most rewarding career across health and care in Cheshire and Merseyside by working together .

Demand currently exceeds supply. Up to 60% of graduates who study in Cheshire and Merseyside are retained in the area post qualification. At the same time we have an ageing workforce – more than half of staff are over the age of 40.

The workforce programme is developing a strategy for the next 5 years focusing on the following areas:

- Creating a sustainable supply of staff – ideally from within our communities and supporting local people to have a career in health and care .
- Working with schools and colleges to encourage young people to consider a career in health and care
- Ensuring that we look after our staff – with a real focus on keeping our staff well , feeling valued and having the skills and equipment they need .
- Promoting Cheshire and Merseyside as a great place to live and work
- Using digital technology
- Ensuring that we have high quality clinical and non clinical leaders of the future.

8. Prevention framework launched across Cheshire and Merseyside

Recognising the need to take a population health approach and embed prevention in everything we do, the Partnership asked the Prevention Board to consider the development of a framework that would consider evidence based practice and support the work happening locally.

The 'Population Framework' sets out evidence based guidelines that partners can use to create a transformational and sustainable shift in the health and wellbeing of the Cheshire and Merseyside population. The framework has been co-produced with Public Health England, the NHS and the voluntary and third sector.

Recognising that respective systems are at different stages of development the framework is a helpful signpost and can be adapted and adopted to suit local circumstances.

The framework provides practical suggestions for each Place Based Care System for working on population health with:

- Local system leaders
- Local communities
- General Practices and/or Primary Care Hubs
- Local tertiary and acute providers.

9. Transformation Fund

To accelerate the pace at which each of the nine places across Cheshire and Merseyside can transform the way in which health and care is delivered locally, they can access a Transformation Fund over the next three years.

Places submitted their plans for 2018/19 on how they would invest their share of the fund to improve the quality of care, improve the health of their population and also deliver care more efficiently.

Wirral was been successful in securing funding to enhance its ‘Neighbourhood’ teams with staff who will be working out ways of improving how services can be delivered. Their initial focus will be reducing unplanned hospital admissions amongst people over the age of 50 by 12% during 2018/19, creating significant savings for the NHS.

Places have already begun to submit their plans for 2018/19 on how they would invest their share of the fund to improve the quality of care, improve the health of their population and also deliver care more efficiently. Each place has been provided with an initial £100,000 this year to help their work, and in June’s bulletin there will be more detail on place plans as they emerge.

Over the last 12 months, the work of the Cheshire and Merseyside Health and Care Partnership in Wirral, through the Healthy Wirral Partnership, has included the following:

Programmes	Achieved in 2018/19	Planned for 2019/20
Place Programme Development and Governance	<ul style="list-style-type: none"> • Programme Structure Establishment • Appointment of Independent Chair and Programme Team • MOU for <i>Healthy Wirral</i> Partners 	<ul style="list-style-type: none"> • Review and implementation of revised governance • Enhancing workforce and public communication and

	<ul style="list-style-type: none"> and sign up to CEP-Lite • Programme structure, executive sponsorship and system leadership 	engagement with the Place Programme
Integration of Commissioning	<ul style="list-style-type: none"> • Establishment of WHACC • Integrated Commissioning Board • Pooled Budgets 	<ul style="list-style-type: none"> • Consolidation of arrangements and further work with elected members.
Integration of Health and Care Provision	<ul style="list-style-type: none"> • Embedding of Adult Social Care into Community Trust • Transfer of All Age Disability Services into Mental Health Trust 	<ul style="list-style-type: none"> • Further embedding of integrated health and care teams linked to the neighbourhood target operating model
Primary Programme Development	<ul style="list-style-type: none"> • Planned Care <ul style="list-style-type: none"> • Implementation of new MSK pathway • Engagement of Right Care in programme priority mapping • Heart Failure re-design • Urgent Care <ul style="list-style-type: none"> • Design process for urgent care transformation • Extensive Public Consultation on model options • Capacity and Demand Modelling • Establishment and Delivery of Tele-triage for all Wirral Care Homes • Review of Single Integrated Gateway • Mental Health <ul style="list-style-type: none"> • Procurement of new primary mental health and IAPT service • Learning Disabilities <ul style="list-style-type: none"> • Delivery of an Independence based care and support model including housing and employment support • Delivery of significant financial efficiency savings 	<ul style="list-style-type: none"> • System implementation of NHS Operating Plan requirements for planned and emergency care elements including cancer, mental health, learning disabilities and RTT • Additional Planned Care Actions including: <ul style="list-style-type: none"> • Respiratory Re-design and transformation • Falls Pathway redesign • CVD Redesign • Additional Urgent Care actions <ul style="list-style-type: none"> • Agreement of final model and implementation of Urgent Care transformation programme
Neighbourhood Development	<ul style="list-style-type: none"> • Establishment of multi-agency Neighbourhood teams with the appointment of Neighbourhood Coordinators • Creation of detailed neighbourhood population profiles to support decision making and prioritisation • Neighbourhood Plans established and being implemented, supported by transformation resources • Significant work on a shared target operating model for neighbourhoods • Building of system partnerships to support neighbourhoods, including third sector, acute, community, medicines optimisation and mental health provider involvement 	<ul style="list-style-type: none"> • Implementation of Target Operating Model • Further establishment and embedding of neighbourhood teams • Third Sector engagement pathway development to support frail and vulnerable groups, and focus on preventative support and social prescribing
Workforce & Leadership	<ul style="list-style-type: none"> • Establishment of integrated workforce strategy team covering statutory health and care providers, independent care providers, third 	<ul style="list-style-type: none"> • System implementation of NHS Operating Plan requirements for Primary Care Networks • Implementation of the Aligning

	<p>sector and education providers for Wirral</p> <ul style="list-style-type: none"> • Identification of key strategic priorities • Successful bid to Local Workforce Advisory Board (LWAB) to implement an aligning capabilities model of people and organisational development for Wirral, working in partnership with Cheshire West Place colleagues • Engagement with NW Leadership Academy to deliver a Neighbourhood Leadership Development programme to support integrated system leadership and co-production, and develop leadership skillset for neighbourhood leaders 	<p>Capability Model to support the development of Neighbourhood Workforce, People and Organisational planning</p> <ul style="list-style-type: none"> • Delivery of Leadership Programme
Medicines Optimisation	<ul style="list-style-type: none"> • Establishment of Wirral –wide Medicines Optimisation Programme • Integrated Neighbourhood Pharmacist Programme delivering benefits of integrated working with GP Practices • Bio-similars programme delivering significant system cost benefits 	<ul style="list-style-type: none"> • Further integration of Medicines Optimisation for Wirral • Extension of Neighbourhood Pharmacist Programme • Identification of further Bio-similars efficiencies
Population Health Management	<ul style="list-style-type: none"> • Population Health Intelligence Governance establishment. Population Health Intelligence Group establishing Wirral Population Health Strategy. System workshop held to identify the key strategic questions • Work to develop integrated analytics and business intelligence for Wirral, including a comprehensive skills audit. • Implementation of Health Information Exchange (HIE) allowing clinician viewing of live clinical information across providers • Population Health Management System (Wirral Care Record) integration, standardisation and merging of data for primary and secondary care, including validation and testing of data. • Development and implementation of the five initial registries (Adult and Paediatric Diabetes, Adult and Paediatric Asthma and COPD) together with two additional registries for frailty and end of life. 	<ul style="list-style-type: none"> • Further information integration into the intelligence system to expand scope of Wirral Care Record and HIE • Wider adoption of Wirral Care Record across system allowing the embedding of population health registries supporting the care management of specific cohorts of patients and the development of new models of care. Practice registries will allow the identification of gaps in care and clinical benchmarking • Integration of Wirral intelligence and analytics offer • Completion of Wirral Population Health Intelligence Strategy

4.0 FINANCIAL IMPLICATIONS

n/a

5.0 LEGAL IMPLICATIONS

n/a

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

n/a

7.0 RELEVANT RISKS

n/a

8.0 ENGAGEMENT/CONSULTATION

n/a

9.0 EQUALITY IMPLICATIONS

No because there is no relevance to equality.

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APPENDICES

REFERENCE MATERIAL

SUBJECT HISTORY (last 3 years)

Council Meeting	Date



Merseyside Safeguarding Adults Board

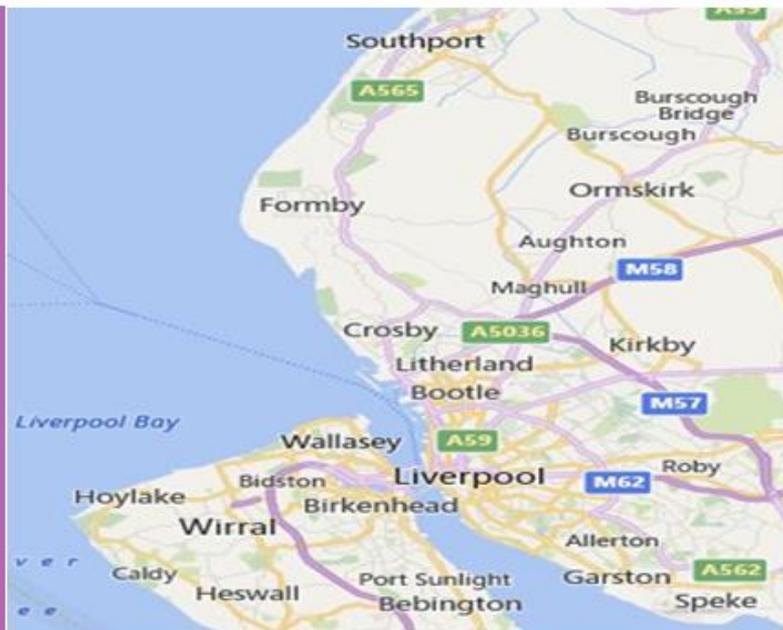
Annual Report 2017 -2018

Merseyside Safeguarding Adults Board

(Knowsley, Liverpool, Sefton and Wirral)

Annual Report 2017-2018

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SAFEGUARDING IS EVERYBODY'S BUSINESS



Membership

The following statutory organisations are represented on the MSAB:

Knowsley Borough Council

Liverpool City Council

Sefton Borough Council

Wirral Council

Merseyside Police

NHS Knowsley Clinical Commissioning Group

NHS Liverpool Clinical Commissioning Group

NHS South Sefton Clinical Commissioning Group

NHS Southport and Formby Clinical Commissioning Group

NHS Wirral Clinical Commissioning Group

Terms of Reference

The board meets on a quarterly basis and has two development sessions a year . In order to be quorate the board must include no less than two of the statutory partners and no less than 75% of the agreed membership.

The non-statutory organisations include:

Merseyside Fire and Rescue Service

Healthwatch

Sefton CVS

Merseyside Community Rehabilitation Company

National Probation Service

HM Prisons

NWAS

Elected members for each constituent local authorities also sit on the board



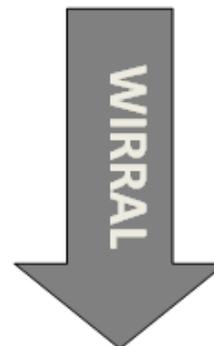
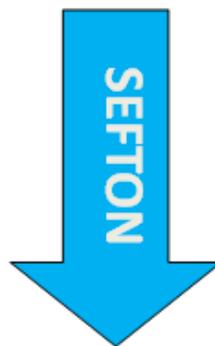
About the board



The MSAB agreed a number of sub groups to take forward various work streams

The subgroups of the MSAB are as follows:

1. Safeguarding Adults Review Sub Group
2. Communication and Engagement Sub Group
3. Policy, Procedure and Practice Sub Group
4. Performance and Audit Sub Group
5. Quality Assurance Sub Group
6. Work Force Development Sub Group



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MERSEYSIDE SAFEGUARDING ADULTS BOARD

Safeguarding
Adult Review
Sub-group

Communication &
Engagement Sub-
group

Policy, Proce-
dure & Practice
Sub-group

Performance
& Audit
Sub-group

Quality
Assurance
Sub-group

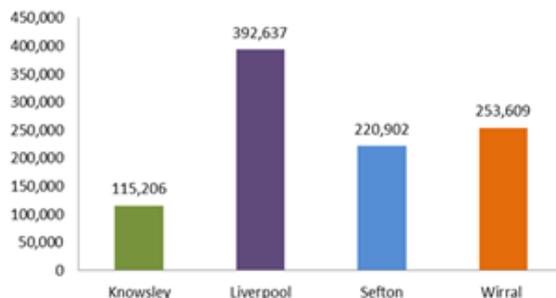
Workforce
Development
Sub-group



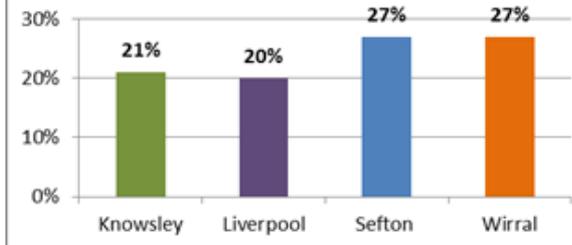
Who lives in our areas ?

The adult population across the geographical areas of Knowsley, Liverpool, Sefton and Wirral is approximately 982,354. This is broken down into Knowsley (115,206), Liverpool (392,637), Sefton (220,902) and Wirral (253,609). Of all four areas Sefton and Wirral have the highest numbers of residents aged 85+.

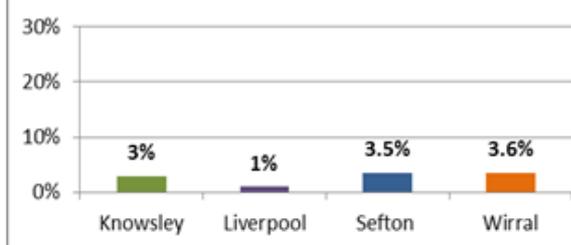
Number of Population Per Area 18+



% 65+

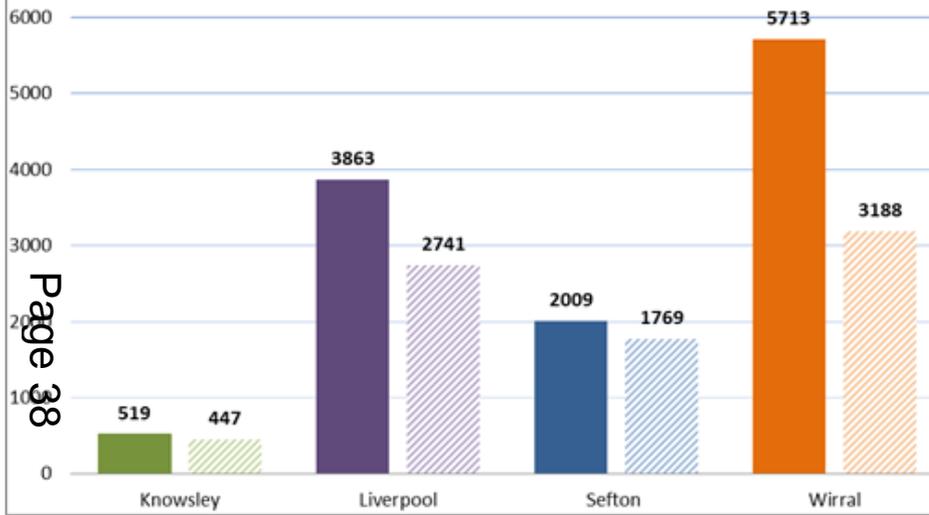


% 85+



Safeguarding Concerns

Total number of concerns raised versus the total number of individuals involved in those concerns



Key:  Solid block shows the number of concerns raised
 Patterned block shows the number of individuals for whom concerns were raised

From 1st April 2017 to 31st March 2018 there were 12,104 adult safeguarding concerns received with the Adult Social Care departments across our 4 constituent Local Authority areas.

It is clear from the accompanying chart that there are significant differences between the four areas with Knowsley showing a significantly lower number of concerns received than the other 3 areas and Wirral showing the highest. This is representative of the national picture which shows the same differentials between Local Authorities across the country.

The board has recognised that there are differences in the way in which each component Local Authority classifies and records data. This is being further considered via the Performance & Audit sub group with the aim of working towards a more consistent approach in the classification and recording of information.

It is important to note that the Front Door arrangements for all 4 Local authorities were reviewed by the board during this time period and there was no indication that these figures highlighted a deficiency in the way that individuals were being safeguarded or that adults with care & support needs were being left at risk. The board were assured that this is a counting and classification issue and highlighted differences in pathways. The front door work also developed a good practice pathway for all councils to follow and work will be ongoing in 2018/19 to assure the board that the recommendations are being implemented.

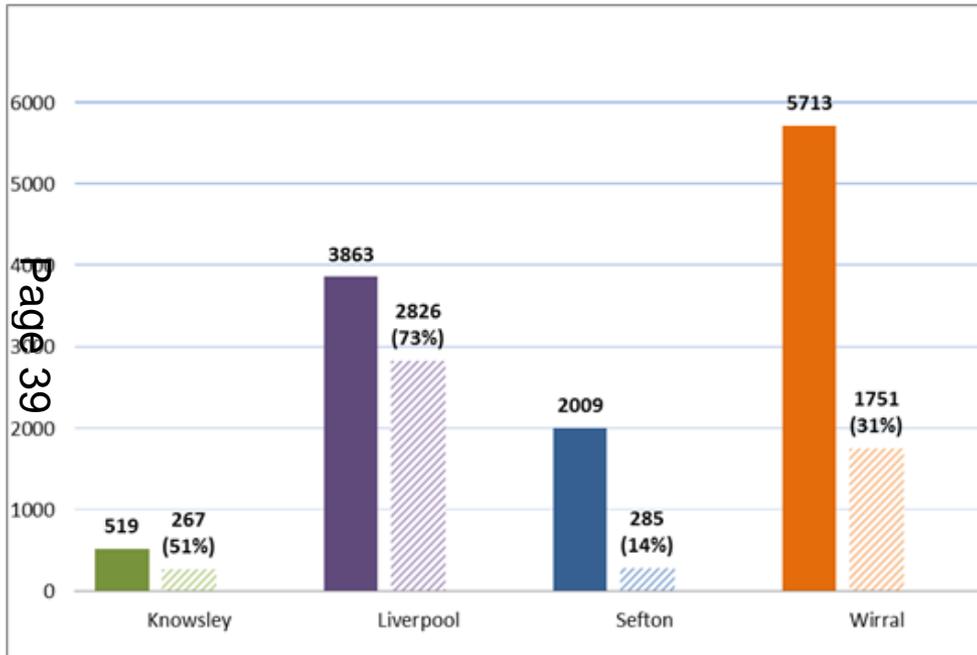


Safeguarding Data



Safeguarding Concerns and Enquiries

Total number of Safeguarding concerns raised compared to the total number that progressed to some form of Safeguarding Enquiry



Key: Solid block shows the number of concerns raised
 Patterned block shows the number and % of concerns raised which progressed to an enquiry

The total number of concerns which progressed to an enquiry across all 4 areas from April 2017 to March 2018 was 5,129.

The conversion rate across our 4 areas varied between 14% and 73%. In the Northwest as a region the lowest conversion rate was 14% and the highest was 100%. Nationally the lowest conversion rate was 3.9%.

Once again the differences in conversion rates have been investigated and the board were assured that locally defined practices, pathways and triage points could explain the differentials.

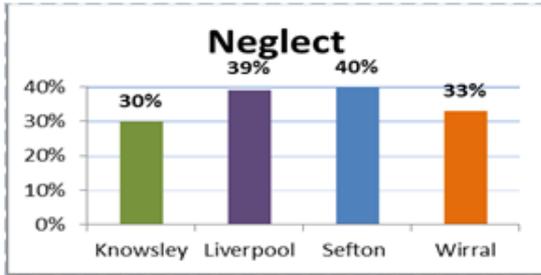
A piece of working moving forward for the board is to determine whether the variances are acceptable given their reflection of the national picture or whether a move towards more consistent application of criteria and pathways would better enable the board and partners to understand the adult safeguarding landscape across the areas.



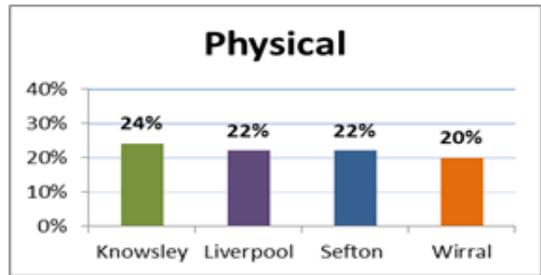
Safeguarding Data



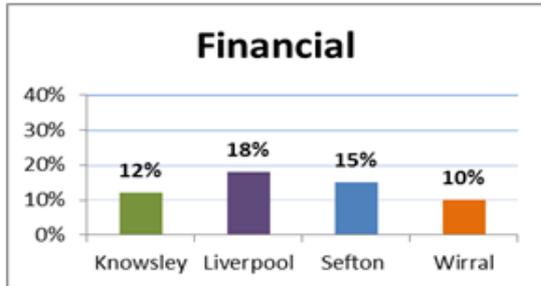
What were the most prevalent types of abuse ?



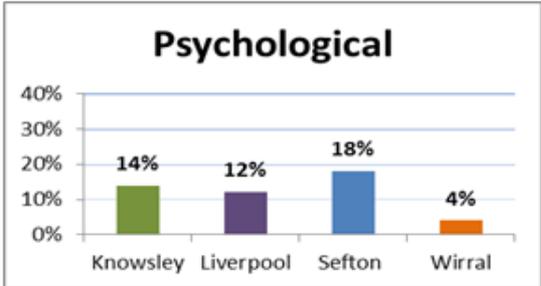
Includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, nutrition and heating.



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



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



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

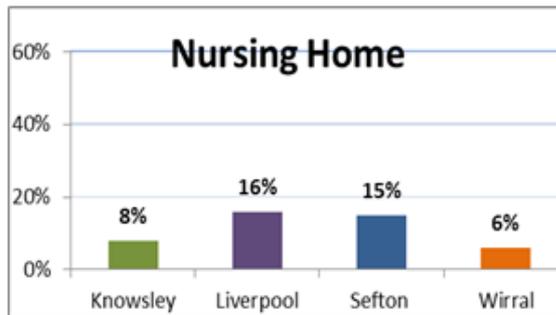
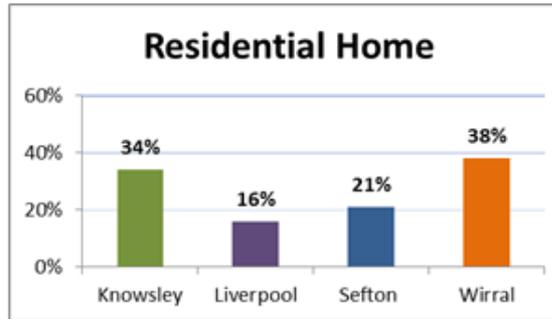
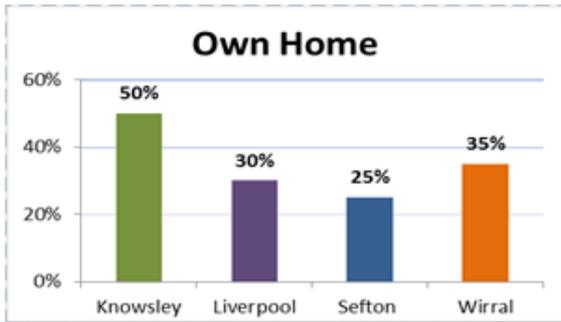
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Neglect and acts of omission were the main forms of abuse experienced by adults at risk during 2017/2018 across all four local authority areas. This is in line with national reporting for the same time period and accounted for 32.1% of abuse nationally. The same trend followed nationally with Physical abuse at 22.2%, Financial abuse at 14.6% and Psychological abuse equating to 13.1% of all abuse. The lower percentage of Psychological abuse in Wirral is noted but on investigation it is believed that this is due to a more frequent use of the 'Organisational' abuse category.

Safeguarding Data



Where did the Safeguarding incidents take place ?



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The accompanying charts show the locations in which the alleged incidents of abuse and/or neglect took place.

From April 2017 to March 2018 the location most frequently recorded across all four areas was 'Own Home' and 'Residential Home' and once again this reflects the national picture.

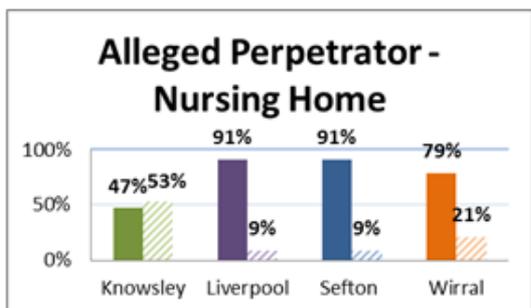
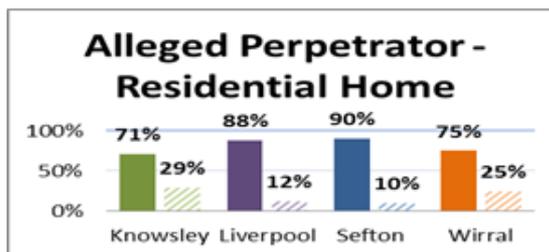
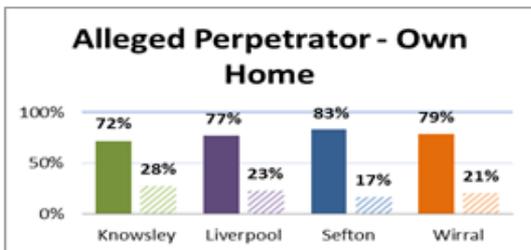
It is important to note however that an incident may have occurred in another location but was only identified in these locations. An example of this could be an individual receives unexplained bruising whilst out with family or at a day centre but they are only noted when they return home (own home/ residential or nursing home). It is also important to note that CQC reporting requirements and general surveillance within Nursing and Residential homes can increase the identification and levels of reporting of incidents from those locations.



Safeguarding Data



Who were the alleged perpetrators of the abuse ?



The accompanying charts show the location of the abuse and whether the alleged perpetrator was known to the individual.

Regardless of the recorded location of the abuse the majority of alleged perpetrators were known to the individual either personally or professionally.

Once again this is line with national reporting showing an approximate 80/20 split between own home/ nursing/ residential care against 'Other' locations such as hospitals and community services.

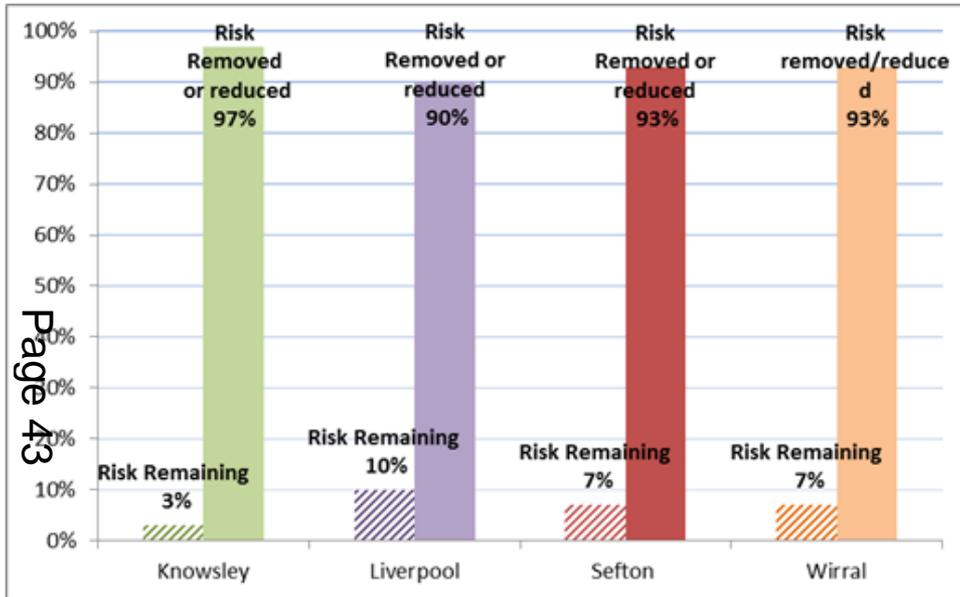
Key:  Solid colour indicates the % of alleged perpetrators known to the individual

 Patterned block shows the % of alleged perpetrators not known to the individual

NB. Not known categorisation is also used when the alleged perpetrator has not been recorded



How were the risks managed ?



Key:  Solid block illustrates the % of cases in which identified risks were removed or reduced
 Patterned block illustrates the % of cases in which identified risks remained

The adjacent chart illustrates the outcomes of all safeguarding enquiries between April 2017 and March 2018 and whether the risk posed to the individual was reduced or removed.

In all four geographical areas the risks in over 90% of cases were removed or reduced. Whilst this does indicate that a small number of risks remained those risks may remain at the request of the individual or will have been mitigated against in consultation with the individual. This can happen in cases whereby the alleged perpetrator is a family member whom the individual wishes to remain in contact with or doesn't wish to implement safety measures. An individual has the right, with support where appropriate, to determine the most appropriate course of action for them. This is central to personalisation within adult safeguarding.



Safeguarding Data



What have people told us ?

At most board meetings we have heard directly from people who have experience of services about what matters to them.



We are making it our top priority for the coming year to hear more from people directly and to work with them to make a difference.



What have we achieved?

1. We have heard the experiences of people who use our services
2. Established a sub-group structure that reports to and from board
3. Held a Self-Neglect workshop in collaboration with Liverpool John Moores University
4. Reviewed and drafted Board Policies and Procedures
5. Undertook a review of the Front Door arrangements across the four areas and recommended a good practice model
6. Established a performance framework through the collation of performance data for the four Local Authorities
7. Reviewed the Toward Excellent for Adult Social Care (National Dataset) submission's for all four areas
8. Established a directory of Service User groups and forums
9. Developed an online Safeguarding self –assessment tool for completion annually
10. Undertook a joint Domestic Homicide Review and Safeguarding Adults Review (DHR, SAR) with Liverpool Council
11. Received four completed SAR reports and recommendations
12. Developed a Board Members Handbook
13. Developed a Suite of E-Learning courses made available through the Workforce Development sub-group
14. Visited and established links with all four Safer Communities Partnerships
15. Attended Police Community Action Groups to publicise the work of the board
16. Contributed to Northwest ADASS policy development
17. Linked in with wider forums i.e. PVP group and sub groups
18. Developed a Board Website www.merseysidesafeguardingadultsboard.co.uk

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What have we achieved ?





Merseyside Safeguarding Adults Board Strategic Plan 2018 – 2020

The vision of the Merseyside Safeguarding Adults Board is that all citizens live their lives free from violence, abuse, neglect and exploitation and their rights are protected. All safeguarding work is sensitive to and firmly rooted in respect for differences in race, ethnicity, culture, ability, faith and sexual orientation. Engaging with and being responsive to the needs of all stakeholders, including adults at risk, carers, service providers and the wider community, is essential to promote the Board's vision.

Our Aims

Priority 1

The views and experiences of those who use services, their significant others and the people who work directly with them will be heard. They will inform the work of the board and the development of policy and practice.

Priority 2

The MSAB will be assured of the quality of Safeguarding and related services in each of its geographical areas. It will challenge partners to continue to improve the delivery of services and the experiences of those requiring services.

Priority 3

A robust approach to the undertaking of Safeguarding Adult Reviews will be developed. It will ensure the delivery of a consistent approach across all geographical areas and offer the broadest opportunity for learning.

Priority 4

The MSAB will develop effective communication methods to support those working with adults who may be at risk of abuse and / or neglect and to increase the knowledge of adult safeguarding within local communities.

Priority 5

The MSAB will develop as an entity to ensure it effectively meets its duties under 'The Care Act 2014'.

What we will do

1. Commission a 12 month engagement project to capture the voice of those who use services and frontline workers and act on what they tell us
2. Root the work of the board in the experiences of those who use our services, and those who work with them, through board member visits to frontline services and spotlight sessions at every board meeting

1. Undertake a range of assurance activities including self-assessment and multi-agency audits
2. Use a range of intelligence to help us understand what is happening in our areas, to inform standardisation activities and drive improvements in practice and workforce development
3. Develop good practice resources drawing from local, regional and national sources of excellence

1. Encourage a culture of learning and reflection in all reviews undertaken by the board
2. Establish a single Safeguarding Adult Review Group
3. Write and publish a MSAB Safeguarding Adult Review Procedure
4. Embed a comprehensive approach to the dissemination of learning encouraging a culture of learning transfer across all agencies

1. Establish effective sharing of information at all levels of board work
2. Drive a preventative approach to safeguarding adults in its broadest sense
3. Share the work of the board and its partners across a range of media platforms

1. Undertake development activities as a board to build a common approach and sense of purpose
2. Adopt an ethos of continuous evaluation and improvement underpinned by transparency and accountability
3. Take a proactive approach to the satisfying all statutory responsibilities and requirements



Strategic Plan 2018-2020





ADULT CARE AND HEALTH OVERVIEW & SCRUTINY COMMITTEE

29TH JANUARY 2019

REPORT TITLE	Commissioning Plan for the support of People with a Disability 2019/20.
REPORT OF	Jason Oxley (Assistant Director Health and Care, Wirral Council).

REPORT SUMMARY

This report describes the commissioning plan for health, care and support services for people with a disability in Wirral for 2019/20. It follows a verbal update to the Adults Care and Health Overview and Scrutiny Committee in November 2018.

The plan supports the commitment to protecting the most vulnerable, and to Wirral residents who have a disability.

The Wirral Plan Pledges “People with disabilities live independently”, “Wirral residents live healthier lives”, “Vulnerable children reach their full potential”, and “Older people live well” underpin the commissioning plan.

The Transforming Care Programme describes the need to develop alternative support for people with a disability in order that they can receive the support that they need to live independently in their own homes and within their own communities, with person centred care, rather than receiving hospital care or care in a clinical environment where this is not appropriate. The commissioning plan for people with a disability will contribute to the Transforming Care Agenda.

Wirral Health and Care Commissioning will ensure that the Council and the CCG effectively deliver their Health and Care functions and duties in a more joined up way, with services commissioned for people with a disability being funded from a pooled budget and commissioned jointly where this makes sense to do so.

The work to deliver better outcomes for people with a disability, and specifically with a learning disability, is brought together under a single work stream as part of the Healthy Wirral Plan and associated programme management. The commissioning plan forms a key part of this.

RECOMMENDATION/S

It is recommended that the Adult Care and Health Overview and Scrutiny Committee note this report and the commissioning plan for people with a disability.

SUPPORTING INFORMATION

1 REASON/S FOR RECOMMENDATION/S

N/A

2 OTHER OPTIONS CONSIDERED

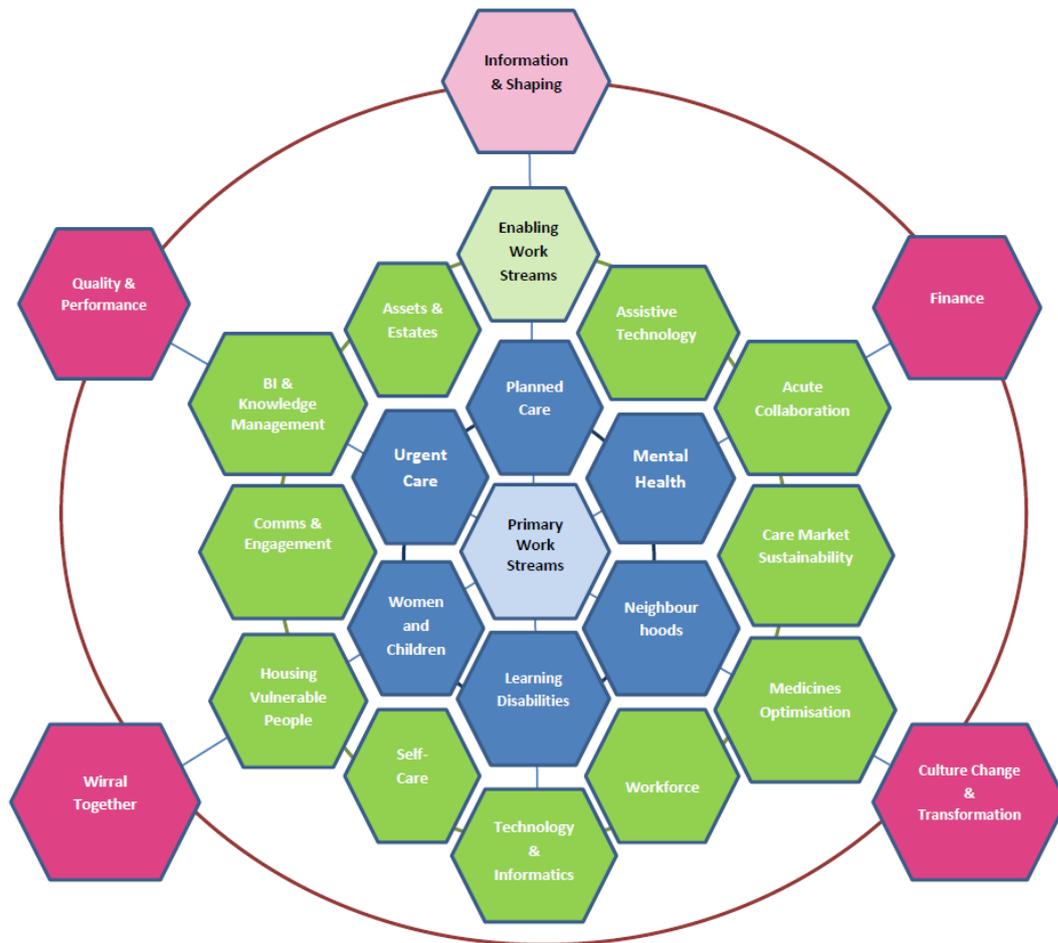
N/A

3 BACKGROUND INFORMATION

- 3.1 Health and social care services play an important role in enabling people with a disability to maintain independence and keep well in Wirral. The inter-dependency between health and care systems has become increasingly clear over recent years. Nationally, Councils are faced with increasing demand on social care services which presents as a challenge to meet within the available resources. Local Authorities and NHS providers are increasingly working to integrate social care and health services locally to provide both sustainability and a better experience for people who use those services.
- 3.2 Wirral Council currently supports over 700 people who have a learning disability.
- 3.3 Wirral Health and Care Commissioning, as a single commissioner, will enable the health and care system to use Wirral's resources to jointly create a sustainable health and care system for people with a disability.
- 3.4 As an integrated commissioning body, this offers the opportunity to deliver a single comprehensive commissioning plan, and to make commissioning decisions that are in the interests of the whole system.
- 3.5 Both the Council and CCG face financial pressures and require efficiencies to be delivered in 2019/20. The Council's Medium Term Financial Strategy requires a further £2M of efficiencies to be made in 2019/20, the third year of a four year efficiency target for disability services. The CCG will continue to require efficiencies

as part of the Quality Improvement Performance and Prevention (QIPP) programme.

3.6 Learning Disability is a key workstream in the Healthy Wirral Plan and the commission plan for people with a disability contributes to the delivery of the Healthy Wirral objectives.



The programme of work in relation to disability commissioning is monitored through the healthy Wirral Programme Management Office and the related documentation is contained within the project management system used, VERTO. The “plan on a page” for learning Disability is attached for reference in Appendix 1.

3.7 The Commissioning plan for people with a disability for 2019 includes the following planned activity with estimated efficiencies;

Commissioning Accommodation-Based Support (£0.6m)

The following four schemes create efficiencies by promoting accommodation-based support as a more independence-focused and cost-effective alternative to traditional residential and nursing care:

- Extra Care development at Old Chester Road (20 units; estimated start date October 2019). This will create a part-year efficiency in 19/20 and a full-year saving thereafter.
- Spital Road development (6 high-dependency placements, expected to deliver a full-year saving in 19/20)
- Fusion Centre (8 units; currently in discussion with CQC regarding registration requirements).
- Use of Assistive Technology as an enabler to independence and consequently reductions in care provision.

Improving Performance and Promoting Independence (£0.4m)

These four schemes are designed to ensure that complex cases are reviewed on a regular basis, to ensure that people are receiving the right level of care:

- Wider roll-out of outcome-based commissioning of supported living
- Ensuring all packages of care are reviewed annually, in line with Care Act duties
- Review of commissioning of block hours
- Use of Assistive Technology as an enabler to independence and consequent reductions in care provision.

Standardising Practice and System Integration (£0.2m)

Ensuring that best practice is delivered consistently across the department will deliver further efficiencies in 2019/20; this includes the roll-out of Trusted Assessor in the domiciliary care market:

- Implementing a core-and-spot model of care provision across all supported living providers
- Implementation of 'payment on actuals' across all accommodation-based services
- Provider-led review of provision of additional hours of flexible support within residential and nursing settings.

Commissioning Preventative Services to Maximise Wellbeing (£0.1m)

Preventative services are a key element of delivering affordable care and ensuring that care costs are kept at a manageable level in the future, as well as helping to reduce pressure on the NHS. The following schemes have been proposed in order to help achieve this:

- Effective commissioning of preventative services for complex individuals (Supporting People)

- Home-sharing pilot
- Use of Assistive Technology as an enabler to independence and consequent reductions in care provision.
- Development of a Community Learning Disability Intensive Support Services.
- Ensuring a sustainable planned and unplanned respite care offer for people with a disability.

4 FINANCIAL IMPLICATIONS

4.1 The Council's budget for Learning Disability as part of the pooled budget arrangement in 2018/19 is £39.3M. The commissioning plan for people with a disability will contribute towards the delivery of £2M efficiencies for the Council in 2019/20, the third year of a four year efficiency target totalling £16M. The remainder of the required efficiencies will be achieved through a variety of demand management measures undertaken by provider social care delivery partners. The plan will also contribute to the CCG's QIPP requirement for 2019/20

5 LEGAL IMPLICATIONS

5.1 The statutory duties placed on the Council will continue to rest with the Council and with the Council's Director of Health and Care, Director of Public Health and Director of Children's Services.

6 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

N/A

7 RELEVANT RISKS

N/A

8 ENGAGEMENT/CONSULTATION

8.1 The Wirral Plan, All Age Disability Strategy and Transforming Care Programme have been subject to significant engagement and consultation. The arrangements for commissioning of services for people with a disability do not require consultation in themselves.

9 EQUALITY IMPLICATIONS

- 9.1 There is no relevance to equality as the arrangements for commissioning services for people with a disability will achieve an overall improvement in the experience of people who use services.

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APPENDICES

Appendix 1: Healthy Wirral Plan on a Page: Learning Disability

REFERENCE MATERIAL

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Joint Strategic Commissioning Board (Report)	4 December 2018
Health and Wellbeing Board (Report)	14 November 2018
Care and Health Overview and Scrutiny Committee (Report)	20 March 2018
Care and Health Overview and Scrutiny Committee (Verbal Update)	27 November 2018
Care and health Overview and Scrutiny Committee Budget Workshop	6 December 2018

Healthy Wirral Programme Delivery Summary



Programme Title	Learning Disabilities		
Brief Description of Programme	Review of full all age learning disability programme to deliver positive outcomes for Wirral residents and produce financial efficiencies.		
Work stream Programme/ Project Initiation Document (PID) in place?	Yes	No	If Yes please describe Project Management System being used
		x	Programmes to be recorded via VERTO and overseen by the programme manager Donna Dean.
Link to CEP-Lite 10 Point Plan (Choose from drop down menu)	Financial Accountability and Discipline		
Executive Sponsor	Graham Hodkinson		
System Programme Lead	Jason Oxley		
Clinical Lead	No defined clinical lead at this stage.		
Team Members	Donna Dean, Jayne Marshall, Norma Currie, Matthew Gotts, Rob Davies		
Approved by all system partners?	Y	N	Date of Approval
		N	
Please Indicate how your work stream will ensure patient/ carer and third sector engagement	Transforming learning disabilities care has been informed by the results of national consultation and local engagement feedback. This has included market management events which have been scheme specific. The 'All age partnership disability board,' is in place that reviews options to transform care related to learning and disability care.		
Will This work require formal consultation?: Staff, Unions, Public	Y	N	Details
		N	Proposed changes are to develop different types of services to reflect current needs, rather than to reduce services. Staff consultation will not be required, however there may be a need for engagement or consultation with service users and their representatives.
In-Programme Scope	All commissioned and non-commissioned all age learning disabilities services. Including commenced schemes to date which include; Extra care housing, supported living reviews, Spital Road and the Fusion centres, transitions and supporting people, outcome based commissioning and provider payments by actuals programmes.		
Programme Dependencies (Other Work Streams, Programmes, Projects)	Wirral Community Foundation Trust and Cheshire and Wirral Partnership Foundation Trust are commissioned to deliver social work services for older people, learning and disability services and mental health services where there are dependencies on a collaborative approach. We would also have interdependencies with Wirral Borough Council's planning department and general corporate departments. Programme reports to Pooled Fund Executive Group within Wirral Health and Care Commissioning and also to the Council's Senior Leadership Team which enables scrutiny and gives the ability to highlight any potential links to other work streams.		

Split	Estimated Financial Opportunity		
	2018/19	2019/20	2020/21
Targeted	£3,867,500	£632,500	
Identified to date (July 2018)	£1,460,900	£632,500	

	Quality and Risk Impact Analysis	
	Positive	Negative
Political Impact	Wirral Council's 'Oveview and Scrutiny committee' and Cabinet member briefings will operate to enable the political impacts and risks to be minimised.	
Patient Impact	Patient impact will be reviewed and planned for on an individual scheme by scheme basis.	
Impact on Delivery of Performance/ Policy	Having an effective contract monitoring process in place will enable issues to be fed back and resolving in a time efficient manner.	Delays in commissioning and achieving the numbers desired to achieve savings.
Deliverability for Current Financial Year	Unit cost of extra care housing is lower than existing care packages of residential care and supported living. To mitigate risks, there is a 'risk share' agreement in place for the Pooled Fund element of the savings. Whilst demand management reviews are operational ly with Wirral Community Foundation Trust.	Delays in completion of move in dates, availability of capital funding, housing developments and commissioning delays will minimise savings delivered.
Please identify any opportunities to use national tools or policy to address efficiencies or unwarranted variation	Benchmarking has been performed at a Liverpool City Region level and market analysis on a North West footprint will inform decision making.	
Describe any impact on or requirements of the Wirral Care Record and associated registries/ products	Information sharing agreements are in place with partners.	

Equality Impact Assessment	Y/N	Date of Approval	Quality Impact Assessment	Y/N	Date of Approval
Stage 1	Awaiting VERTO system to be accessible by commissioning team				
Stage 2					

Privacy Impact Assessment completed?	Y/N	Date of Approval

Programme Enablers	Programme Barriers
System buy-in to vision - Wirral system is bought into vision and organisations within are supportive of delivery as evidenced by 'All age disability strategy,' and Wirral Plan.	Funding - Any future change in services may not be possible with the current resource and could require additional funding or resources
Engagement - Good stakeholder engagement and willingness to support programme	Incentives - Current organisational performance targets and payments do not encourage genuine system-wide improvement- mitigated within the learning and disability programme by transforming to applying outcomes based commissioning and payment being based on achievement.
Neighbourhood network - Contracts with Wirral Community Foundation Trust and Cheshire and Wirral Partnership Foundation Trust have been developed to include a focus on the 'Place based care' model.	Resistance to change - There may be some resistance amongst staff to future potential change
Intelligence & robust evidence base - Any proposed change is underpinned by evidence	Political - Potential political (Local MP & Councillor) queries- mitigated by Overview and Scrutiny review and cabinet member briefings.
Resource & capability - Right resource available to support programme delivery	Time constraints - ability of all partners to commit capacity to delivery of the programme.
Technology - Existing technology initiatives including Wirral Care record registries	Inability to collaborate - Inability for all system organisations to work effectively together

Programme Action Plan

Action	Expected Outcomes	Delivery Milestones	Responsible Officer
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Several schemes with varying programme plans within the scope of delivering effective learning and disability services. At present we are grouping the programme streams within VERTO so that they report as a combined comprehensive report.

Benefits

Description	Baseline	Target	Comments
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Better Health	The aim is to deliver a preventative model which supports independence and enables unnecessary care admissions. These intentions strive to enable people to live longer and healthier lives. Wirral Health and Care Commissioning (WHCC) are promoting services with a focus on increasing the employment rate for disabled people with an eligible need, which will support their health. WHCC will work collaboratively to support the development of a range of self care options for people with a disability.		
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Better Care	Wirral aims to achieve 'Better care' as per the objectives of the 'All age disability strategy,' and Wirral Plan. Which includes focusing on; all people with disabilities are well and live healthy lives; all young people and adults with disabilities have access to employment and are financially resilient and all people with disabilities have choice and control over their lives. WHCC will work collaboratively to support the development of personalised care and support, including personal budgets and personal health budgets which maximise the access to the universal and community offer.		
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Better Value	Financial reviews have been done that evidence that the cost difference between residential care and Extra Care Housing is £277.99; the cost difference between supported living and ECH is £70.00 per week and the cost avoidance is based on the difference in cost between Supported Living and ECH which is £70.00 per week. Regular contract meetings are undertaken to review financial performance and pressures within the health and care system, to ensure that best value is being obtained.		
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Acting as One

Wirral has contractual relationships with Wirral Community Foundation Trust and Cheshire and Wirral Partnership Foundation Trust following the respective transfer of staff to the NHS organisations. Contractual relationships with non-NHS providers are monitored in detail in parallel with the annual fee setting process.

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Adult Care and Health Overview and Scrutiny Committee Tuesday 29th January 2019

REPORT TITLE:	Pooled Fund Arrangements - Scrutiny Workshop Report
REPORT OF:	Chair of the Adult Care and Health Committee and Chair of the Children and Families Committee

REPORT SUMMARY

This report provides feedback from the joint workshop of the Adult Care and Health Overview & Scrutiny Committee and the Children and Families Overview & Scrutiny Committee held in January 2019. The workshop was convened to allow Members to undertake pre-decision scrutiny on proposals regarding the section 75 funding arrangements for the period of April 2019 to March 2020.

RECOMMENDATION/S

Members are requested to:

1. Approve this report and its recommendations.
2. Request that the Joint Strategic Commissioning Board consider this report as part of their process of decision-making regarding the pooled fund arrangements for 2019/20.

1.0 REASON/S FOR RECOMMENDATION/S

To enable the feedback and recommendations of the Adult Care and Health Overview & Scrutiny Committee and the Children and Families Overview & Scrutiny Committee to be considered as part of the decision-making process for the pooled funding arrangements for 2019/20.

2.0 OTHER OPTIONS CONSIDERED

Not Applicable

3.0 BACKGROUND INFORMATION

3.1 As part of the Adult Care and Health Overview & Scrutiny Committee and Children and Families Overview & Scrutiny work programmes, it was agreed by the Chair and Party Spokespersons that a joint workshop be convened to consider the developing pooled funding arrangements for 2019/20.

3.2 The workshop also served to honour the recommendations agreed by Council in December 2018 in relation to the 'called-in' decision of the Joint Strategic Commissioning Board regarding the pooled fund arrangements for 2018/19.

3.3 The joint workshop was held on 9th January 2019, and aimed to illustrate the proposed pooled funding arrangements for April 2019 to March 2020, enable scrutiny of these arrangements and ensure that Members questions were fully responded to. In turn, it was anticipated that this workshop would contribute to more transparent working arrangements with commissioners of local health and care services.

4.0 FINANCIAL IMPLICATIONS

Not Applicable

5.0 LEGAL IMPLICATIONS

Not Applicable

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

Not Applicable

7.0 RELEVANT RISKS

Not Applicable

8.0 ENGAGEMENT/CONSULTATION

Not Applicable

9.0 EQUALITY IMPLICATIONS

There are no direct equality implications of this report.

REPORT AUTHOR: Alexandra Davidson

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APPENDICES:

Appendix 1: Pooled Funding Arrangements Scrutiny Workshop Report

REFERENCE MATERIAL - SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Care and Health Overview & Scrutiny Committee	27th November 2018
Council	10th December 2018

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Pooled Funding Arrangements Scrutiny Workshop

Report of Adult Care and Health Overview & Scrutiny Committee and Children and Families Overview & Scrutiny Committee

January 2019



Contents

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1. INTRODUCTION

A meeting of the Adult Care and Health Overview & Scrutiny Committee was held on 27th November 2018 to consider the decision taken by the Joint Strategic Commissioning Board (JSCB) on 16th October 2018 in relation to 'Wirral Health and Care Commissioning Pooled Fund Arrangements'. This decision had been called-in in accordance with Council procedure rule/standing order 35. The Committee had a number of concerns, and resolved that the matter should be referred to Council in order that further discussions could take place around the proposed contract.

At the full Council meeting of 10th December 2018, a motion was passed which agreed that Council would not cause further delay in developing arrangements to enter into the Section 75 agreement for the 2018/19 year, but that there was a 'need to secure open and transparent working arrangements with the commissioners of local health and related services.' In addition, Council endorsed the view that there should be 'improved and early dissemination of information to elected Members, especially to the two Overview and Scrutiny Committees most closely involved.' Council also agreed that 'members of the Joint Strategic Commissioning Board ensure that a meaningful dialogue is established with Councillors and that the mechanisms requested be established.'

It was agreed by the Chair and Party Spokespersons of both the Adult Care and Health Overview & Scrutiny Committee, and the Children and Families Overview & Scrutiny Committee that a joint workshop be convened to undertake pre-decision scrutiny on the developing pooled funding proposals for the period covering April 2019 to March 2020.

2. SECTION 75 POOLED FUNDING PROPOSALS – OVERVIEW

It was proposed at the start of the workshop by the Chair of the Adult Care and Health Overview & Scrutiny Committee that any recommendations that arose as a result of the workshop would be agreed by the Chair and Party Spokespersons of both the Adult Care and Health Overview & Scrutiny Committee and the Children and Families Overview & Scrutiny Committee. In addition, the workshop report and any accompanying recommendations would then be approved by the Adult Care and Health Overview & Scrutiny Committee on 29th January 2019 in order to fit into the timeline of the decision making process for the proposed plans. Following a show of hands, the majority of Members in attendance agreed to this statement. Cllr Muspratt and Cllr Norbury did not agree to this course of action and requested that this be noted.

The Director of Care and Health introduced his presentation on the proposed Section 75 funding arrangements covering April 2019 to March 2020. The aims of the workshop were clearly set out as part of the presentation, with Members informed that the purpose of the session was to illustrate proposed arrangements for 2019/2020, enable scrutiny of the proposed pooled fund and ensure that Member questions and concerns were comprehensively responded to. In direct response to the Council motion, the workshop also aimed to contribute to more transparent working arrangements with the commissioners of local health and related services and to support improved and early dissemination of information to elected members.

The scope of the pooled fund for the 2018/19 period will remain unchanged, with only minor changes generated by a small increase to the Better Care Fund (BCF) and inflationary fluctuations etc. Another amendment to the previous contract will be that shadow funding reporting will no longer be included. The agreement for 2018/19 included wider NHS budget information as the initial proposal for a pooled fund was intended to encompass a

much larger budget. As the scope for 2019/20 will follow the previous outline, there is no requirement for shadow funding to be included. In addition, it is hoped that this will allow for a better understanding of the arrangement.

It was made clear to Members that the arrangements presented are for 2019/20 only; following this period the BCF will cease, and with no replacement funding announced as yet, it is not prudent to speculate on future plans at this stage. Social care funding issues affect all local authorities across the country and the future of social funding is universally uncertain. For this reason proposals do not go beyond March 2020.

The total value of the BCF for this period (subject to confirmation) is £57m, with many joint services free at the point of delivery, and over 2000 people in Wirral supported each day. The pooling of resources is a legal requirement in order to be able to access BCF funding and a wide range of services can be delivered as a result of this money; from assistive technology to home care support and the mobile nights scheme. Members were informed that pooled resources would also include funding for those with complex learning disabilities and mental health needs to a value of £49.3m in total, along with £3m to provide care for children.

To ensure a focus on wellbeing and early intervention, a total of £13m of public health money will be included in the pooled fund. Public health services are at the centre of the 'Healthy Wirral' plan to address health inequality and provide an inclusive approach to health and care for local residents.

As concerns had previously been raised regarding the governance arrangements for the JSCB, attention was given to this during the presentation. Members were informed that elected members and the CCG Governing Body each have one vote, with the latter not voting on 'Council only' decisions and vice versa. In addition, elected members are able to influence key decisions relating to health services through debate, and potentially impact on decisions made exclusively by the CCG Governing Body prior to the formation of the JSCB.

3. SUMMARY OF MEMBER COMMENTS AND WORKSHOP DISCUSSIONS

- Members asked if it would be possible to review alternative Section 75 arrangements in place at other local authorities such as Manchester City Council.
Members were informed that other local authorities such as the example given of Manchester, have very different operations to those on Wirral. Specifically, Manchester has a devolved health and social care system which affects which services are operated locally, and how, and impacts on their ability to make such arrangements. For this reason, it is not practical to make a comparison due to the differences in setup and development. The process of constructing the proposed arrangement for Wirral has included extensive legal input from both Wirral Council and Wirral CCG. As part of this process, a number of different arrangements were reviewed to ensure that the right case for Wirral was put forward.
- Members questioned whether it would be possible to abstain from signing a Section 75 agreement and still secure the BCF programme money.
The Director of Care and Health advised that in order to draw down the BCF funding, there is a legal requirement to pool resources. It is not, however, mandatory to include the Public Health and complex disability elements –these have been incorporated to ensure a better system for Wirral.

- Members asked for clarification around governance arrangements for the JSCB. It was stated that constitutionally a Cabinet decision is approved by Council – Members questioned where the JSCB fits in with this process, and sought assurance that there was a line through to Council and scrutiny.
Members were assured that arrangements for JSCB work in the same way as they would for a Council cabinet decision. Reports are administered through the 'ModGov' system and available in advance. Decisions made by JSCB are open to scrutiny as well as 'call in', and the Council constitution was updated in summer 2018 to include this.
- Members asked for examples of joint social care services that were free at the point of delivery, and how pooled resources assist with facilitating this.
Members were advised that in the case of home adaptations, BCF funding is issued directly to the Housing Team who carry out the work – following this, an eligibility assessment is made to consider the cost to the resident, without delay to necessary adaptations. For intermediate care requirements, such as a patient leaving hospital and receiving residential care in order to prepare them for returning home, the cost will be funded by the pooled resource as this clearly sits between health and social care. In both of these cases, the pooled fund facilitates the provision of care at the point that it is needed, without interruption caused by the issue of financial responsibility. Prior to the setup of the pooled fund, health and social care teams would have needed to establish who would fund this care – thus resulting in delays to the timely delivery of care.
Frontline officers in attendance advised Members that in their experience, the inclusion of public health and wellbeing services in pooled funding can also be invaluable; it enables care to cut across health and social care boundaries rather than having a defined role for each.
- Members asked where responsibility lies for the sign off of high cost care packages – specifically those for children where weekly costs across the region can spiral into the thousands of pounds.
The Director of Care and Health informed those in attendance that the DASS has the ultimate responsibility for care spending, but that there is a robust process of sign off and decision making in place. Social workers and team managers can agree to costs for care packages, with higher spends and complex cases approved at Director level. There was assurance given that these decisions are always based on need, and are made regardless of the budgetary position at the time.
Frontline officers supported this claim, and gave insight into previous experiences where protracted referrals to health care practitioners have taken place in order to identify medical needs. Often where cases involve complex needs or high costs, this results in a dispute between services which ultimately impedes how quickly a decision can be made. The integrated Disability Service care team manager advised Members that he has worked extensively both within and out of a Section 75 arrangement and that, in his opinion, care is uniformly better when an agreement is in place. It facilitates straightforward conversations about the best outcomes for the person, without blame or responsibility that ultimately impacts the pathway of care for a person and their family.
- Members questioned how Continuing Healthcare funding fits into the pooled fund arrangements.
Officers advised that there is a national framework for Continuing Healthcare (CHC) eligibility, and this process will continue. The pooled fund enables people to receive the care they need when they need it, whilst allowing time for the process of eligibility to be considered without delay to care provision. Members expressed an interest in reviewing

how CHC packages of care are impacted by the pooled fund arrangements. Although not all CHC funding has been included in the pooled fund (such as Older People's CHC and end of life CHC pathways), it was agreed that the production of performance figures for future Scrutiny meetings would allow Members to have sight of the bigger picture of CHC in Wirral.

- Members queried how they could easily access information relating to waiting times for social care services and home adaptations in particular, in order to assist their constituents with concerns and queries as well as ensuring that potential issues are identified. This suggestion was welcomed by officers, and Members were informed that this data is not currently published. Consideration was given to whether it may be beneficial to develop a service level agreement with partners involved in this home adaptations process and to ensure performance (such as average waiting times) is reported in future.

- Members questioned how funding is allocated for home adaptations; and how the relationship between the Council's housing team and social housing providers operates. In addition, a Member wished to ascertain whether the funding limit for adaptations was likely to change. Although this service is not directly provided by social care, but rather through a delegated arrangement with the Council's housing team, the query was welcomed by officers. There was discussion as to whether it may be useful for the relevant housing department to bring a report before a future scrutiny meeting in order to allay any concerns and questions.

- Members questioned whether the legalities and 'terms and conditions' of the Section 75 agreement would be renegotiated based on concerns voiced at previous meetings on the subject. The Director of Care and Health advised Members that there will be no renegotiation of the contract for 2019/20 as the scope of the pooled fund will remain unchanged from that agreed by Council in December 2018. The arrangements have in essence been agreed by JSCB and Council, as well as being subjected to scrutiny through the call-in process. Members were asked if they had any specific concerns that they wanted to raise or recommendations they would like to make about the 'terms and conditions' of the Section 75 agreement. None were put forward at the workshop.

- Members requested clarification on the role of the social care precept within pooled funding arrangements. Members were advised that the social care precept was not included in the pooled fund, but was spent immediately on annual fee uplifts and used solely for care purposes.

- Concerns were raised around the future of social care funding following the cessation of the BCF in 2020. All local authorities are currently awaiting publication of the social care green paper due in spring 2019 to ascertain what plans are in place for the future of social care funding. It was suggested that scrutiny examine the recently published NHS Long Term Plan in the new municipal year in order to prepare for possible changes and potential future arrangements. Members also queried whether the Section 75 agreement means the Council is tied into a contract where funding implications are uncertain beyond 2020. In response, it was made clear that this agreement runs only to March 2020 and that the contract is due to be reviewed annually.

- Members requested that governance procedures are made clearer, and that all-encompassing guidance is provided to Members (ideally in flow chart format) to

demonstrate the decision making process for the JSCB. It was envisaged that this would include detail on the call in procedure and the course of action were there to be disagreement between the JSCB and the Wirral CCG Governing Body.

- There were discussions around the use of the term 'Accountable Care Organisation' (ACO) in the PCW 'Financial Risks and Mitigations' document, an issue previously discussed at the call in meeting of the Adult Care and Health Overview & Scrutiny Committee. The Director of Care and Health categorically stated that the pooled fund arrangements do not relate to the formation of an ACO, and the focus and outcome is solely to allow better partnership working and more effective joined up services. Assurance was given to Members that the agreement is based on care provision and not privatisation. In addition, Members requested clarification relating to the tendering of services - specifically how Wirral CCG is affected by the Section 75 agreement and if the legislation requires commissioners to set out to tender services that could be delivered by any organisation other than the NHS. Members were concerned that if this was the case, it might give private providers an advantage, due to the fact that they are more experienced in winning tenders. Officers assured Members that this was not the case. With the Section 75 agreement in place, the council could deal only with the CCG if it so wished, and approach them to deliver a service within partnership. The Head of Operations at Cheshire and Wirral Partnership assured Members that the 'Wirral approach' is based on partnership and integration. Although Trusts have experience of bidding on and winning contracts successfully, the proposed agreement ensures that the focus is on delivery of care as opposed to the wasted effort put into processes. The Section 75 assists with joining up services and providing continuity and stability of care.
- There was broad agreement that, although there is no control at a local level of the decisions that will be made by central government around social care funding, focus should be placed on providing care for those that need it now – the most vulnerable need to be protected. However, it is vital to be mindful of future changes and the direction that the health and social care system will take in future.
- Members noted that having frontline practitioners at the workshop gave them a direct account of the practical implications a Section 75 agreement had on services.

4. CONCLUSIONS AND RECOMMENDATIONS

Recommendation 1; Pooled fund budget performance reporting

A more transparent and detailed financial reporting process should be established in order that Scrutiny Members may have sight of the full budgetary position, pooled budget performance and funding breakdowns. It is suggested that monitoring reports are brought before scrutiny on a regular basis, and that Members are alerted to upcoming changes in funding.

Recommendation 2; Explore the development of performance reporting on waiting times for social care services

Members welcome the inclusion of average waiting times for services such as home adaptations and care packages in the quarterly Health and Care Performance report brought before the Adult Care and Health Overview and Scrutiny Committee, so that they may maintain an awareness of performance statistics and be better able to advise the residents that they represent. In addition, it is suggested that a scrutiny report detailing the funding and allocation of home adaptations is brought before the Adult Care and Health OSC at a future meeting.

Recommendation 3; Continuing Healthcare monitoring

It is suggested that CHC performance data is provided to scrutiny; including numbers of CHC assessments carried out, funding allocations and outcomes. In addition, it is requested that comparative data be provided so that Members are able to see the impact of the pooled fund on CHC care package provision.

Recommendation 4; The production of clear guidelines outlining governance and decision making processes

Members request that guidance is provided in 'flow chart' format that plainly illustrates the proposed process for dispute resolution between the Joint Strategic Commissioning Board and Wirral Clinical Commissioning Group Governing Body, alongside the 'call in' procedure.

Recommendation 5; Consideration is given to holding a scrutiny session to examine 'The NHS Long Term Plan'

It is suggested that scrutiny work is undertaken to explore the NHS Long Term Plan in order to anticipate the direction of future health and care arrangements and ensure they can work well for Wirral.

Recommendation 6; Improved engagement with service users or those close to service users, and continued use of external stakeholders where relevant

Members welcome the opportunity to engage with those affected by services that are included in the pooled funding arrangements, and are keen that they play a fundamental role in ensuring legitimate scrutiny. Participation will be encouraged by way of Member visits, involvement in advocacy sessions or (where possible) through service user attendance at Overview & Scrutiny Committees.

Appendix 1 – Workshop Attendance

Members:

Cllr Bruce Berry
Cllr Kate Cannon
Cllr Chris Carubia
Cllr Wendy Clements
Cllr Tony Cottier
Cllr Samantha Frost
Cllr Phil Gilchrist
Cllr Liz Grey
Cllr Mary Jordan
Cllr Moira McLaughlin
Cllr Julie McManus (Chair of the Adult Care and Health OSC)
Cllr Chris Meaden
Cllr Christina Muspratt
Cllr Tony Norbury
Cllr Leslie Rennie
Cllr Jean Robinson
Cllr Tom Usher (Chair of the Children and Families OSC)
Cllr Gillian Wood

Officers:

Graham Hodgkinson, Director for Care and Health
Jason Oxley, Assistant Director Health and Care Outcomes
Alexandra Davidson, Scrutiny Officer
Anna Perrett, Scrutiny Officer

Visitors:

Patricia McCormack, Head of Operations – Cheshire and Wirral Partnership NHS Foundation Trust
Paul Carr, Team Manager - Integrated Care
Clifford Mukumbira – Advanced Practitioner – Integrated Care

Apologies:

Cllr Gerry Ellis
Cllr Sharon Jones
Cllr Irene Williams
Cllr Jerry Williams
Suzanne Edwards, Associate Director - Cheshire and Wirral Partnership NHS Foundation Trust

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Adult Care and Health Overview and Scrutiny Committee Tuesday 29th January 2019

REPORT TITLE:	Budget Scrutiny Report 2019/20
REPORT OF:	Chair of the Adult Care and Health Overview and Scrutiny Committee

REPORT SUMMARY

This report provides feedback from the Adult Care and Health Overview and Scrutiny Committee workshop held on 6th December 2018 to review budget proposals for 2019/20 that fall under the remit of the Committee.

RECOMMENDATION/S

Committee is requested to:

- Acknowledge this report as its response to the 2019/20 budget proposals, making any necessary amendments.
- Refer this report to Cabinet as part of its consideration in developing any budget recommendation to Council.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

To enable the Adult Care and Health Overview and Scrutiny Committee's comments in relation to the 2019/20 budget proposals to be referred to Cabinet for consideration.

2.0 OTHER OPTIONS CONSIDERED

Not Applicable

3.0 BACKGROUND INFORMATION

3.1 A consistent approach for the scrutiny of the 2019/20 budget proposals was agreed by the Chairs of each of the Overview and Scrutiny Committees. It was proposed that the previous format used for the 2018/19 budget scrutiny workshops would be continued, with a separate workshop arranged for each of the four Committees.

3.2 The list of budget proposals that fall under the remit of the Adult Care and Health Overview & Scrutiny Committee were considered by the Chair and Party Spokespersons of the Committee, with agreement that all proposals put forward would be examined during the workshop.

3.3 The workshop findings are attached as Appendix 1 to this report.

4.0 FINANCIAL IMPLICATIONS

Not Applicable

5.0 LEGAL IMPLICATIONS

Not Applicable

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

Not Applicable

7.0 RELEVANT RISKS

Not Applicable

8.0 ENGAGEMENT/CONSULTATION

Not Applicable

9.0 EQUALITY IMPLICATIONS

Not Applicable

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APPENDICES:

Appendix 1: Budget Scrutiny Workshop Report

REFERENCE MATERIAL - SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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2019/20 Budget Proposals

Report of Adult Care and Health Overview & Scrutiny Committee

January 2019



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1. INTRODUCTION

A dedicated scrutiny workshop was convened for Members of the Adult Care and Health Overview and Scrutiny Committee on Thursday 6th December 2018 in order to discuss the budget proposals for 2019/20. This workshop provided committee members with an opportunity to examine in greater detail the budget proposals and saving plans affecting services that fall under the remit of the committee. Both budget proposals put forward were selected for further examination by the Chair and Party Spokespersons. This report summarises the proposals considered and the comments and suggestions of attending Members.

It was agreed that, following the workshop, a report summarising any recommendations would be produced by the Committee. Following approval, this report will be presented to the next meeting of the Adult Care and Health Overview & Scrutiny Committee in January 2019.

2. BUDGET PROPOSALS – OVERVIEW

2.1 Use of Grant Funding

Summary of Proposal

A review of contractual obligations in order to identify financial savings in current public health contracts to find approximately £800,000 for reinvestment into other Council services that deliver public health outcomes.

The Acting Director for Health and Wellbeing provided an overview of the current Public Health budgetary position alongside the proposed reviews into contractual obligations in order to identify efficiencies. The majority of Public Health funding is used to commission services – with £20 million of the budget being used to fund current contracts. The proposal put forward to Members of the Adult Care and Health OSC was that savings would be found within current contracts funded through grant money, and these savings re-invested into other Council services that have clear public health outcomes. It is proposed that there will be a re-allocation of grant funding to deliver one-off benefits for the next financial year.

The Public Health budget (less staffing costs) stands at £28.7m for 2019/20 – with all funding a result of the government grant for public health. This total has not changed from the previous year. However, Members were informed that uncertainty exists around the future funding of the public health function and it is therefore not practical to forecast savings beyond the life of the current grant funding which is due to end on 31st March 2020.

Members were informed that the current drug and alcohol treatment contract will finish on 31st January 2020. Following this, it is the intention to recommission this

service to create a two month period from February to March 2020 where an efficiency of £350,000 can be achieved. Although there was consideration given to delaying the recommissioning of this service, the risk to the service user was deemed to be too great - with any gap in provision affecting those accessing drug and alcohol treatment services.

It is also expected that smaller Public Health schemes will be reviewed as part of the budget setting process for 2019/20, with a view to achieving a further efficiency of £500,000.

This total of £850,000 will be used to fund other Council services and will allow more flexible use of Council resources towards meeting the budget deficit.

The Public Health grant is awarded on acceptance of a condition that the money received will be used against services that improve public health and have clear outcomes for population wellbeing. For this reason, the money that is reallocated will be used for services such as Housing, Licensing, and Environmental Health.

Summary of Member Comments and Workshop Discussions

- Members were keen to seek assurance that the contract efficiencies found would not be at the expense of Wirral residents.

Members were advised that efficiencies would be achieved through recommissioning and would not affect service delivery. Furthermore, the Acting Director stated that linking with other services with clear benefits to population health and wellbeing (such as Housing and Licensing) fits well with the public health agenda and this should be the approach that is encouraged.

- Members asked if the reallocation of public health money could inadvertently end up subsidising services that should be funded by central corporate resources.

Members were informed that funding would be reinvested so that there could be an opportunity for central resources to be used for alternative purposes, thus positively impacting on the Council wide budget deficit.

- Members sought clarity on the role of GP funding within public health.

The Acting Director stated that, although GPs provide support for individuals, a more meaningful dialogue must be entered into with general practice in order to focus on a more collaborative partnership approach. In particular, users of the drug and alcohol service can be a challenging client group, and engagement can be difficult as they tend not to be forthcoming in accessing GP support for their wider health needs. This is an area where Public Health and general practice could provide a more complete service across Wirral.

- Members asked if it would be beneficial for Public Health to align more closely with NHS colleagues.

Members were advised that, although perhaps it may make financial sense for public health and general health services to be closely affiliated, the public health approach should be more holistic. Providing support for other Council services such as Housing and Licensing will result in better outcomes for Wirral residents.

2.2 Mitigating Adult Social Care demand through maximising independence and wellbeing

Summary of Proposal

A number of savings plans and mitigations have been formulated to meet the cumulative gross budget deficit of £7.8m forecast for Adult Social Care in 2019/20. This includes a focus on service delivery efficiencies, service quality improvements and income generation, as well as use of national grants and funding.

The Director of Care and Health introduced a presentation that provided a breakdown of the Adult Social Care budget; how the budget is made up, sources of income, the key areas of expenditure and how people receive support. The budget for 2018/19 is £148.7m – with the majority of this money providing services based on formal assessments of need. The Director assured Members that these services are ‘demand-led’ and not dictated by budget, and gave an overview of types of services that benefit from Adult Social Care funding – such as reablement, Shared Lives services, domiciliary care and supported living. Over recent years, there has been a shift of focus to community based care such as domiciliary support; with £59.4m directed towards community care services in 2018/19.

The Assistant Director for Health and Care Outcomes provided more detail on how proposed efficiencies in 2019/20 would lead to budget savings. Alongside a breakdown of expected grant funding and income, there will be clear focus on improving current performance and promoting independence and wellbeing in order to deliver further efficiencies.

Wirral’s Better Care Fund allocation for 2019/20 is scheduled for a net increase of £3.5m, which will primarily be used for the protection of social care services. It is also expected that efficiency targets of £2.3m will be achieved for 2019/20 through delegated arrangements with Wirral Community Foundation Trust and Cheshire and Wirral NHS Partnership Trust. Discussions are set to continue with these partners to ensure this target is achievable. Members were informed of Adult Social Care’s intention to use the £1.8m government ‘winter pressures’ grant in order to cover the costs of increasing demand for domiciliary care. This additional funding will contribute to reducing pressures on primary NHS services over winter.

In addition to this, further efficiencies will be realised by the promotion of supported accommodation as an alternative to residential and nursing care. This move will encourage more independence and achieve cost effectiveness, with a projected saving of £600,000. It is also envisaged that complex care packages will be reviewed on a regular basis to deliver savings of approximately £400,000. Ensuring that best practice is delivered consistently will result in further efficiencies in 2019/20; this includes use of the ‘Trusted Assessor’ in domiciliary care alongside implementation of improved models for supported living, accommodation based services and flexible support. Alongside this, a predicted saving of £100,000 will be

realised by effective commissioning of preventative services for complex needs, and use of assistive technology as well as a Homesharing pilot scheme.

Members were advised that there are a number of cost pressures and potential challenges associated with the budget for 2019/20, although these reflect similar issues that have affected Adult Social Care in previous years and will present expected risks that can be mitigated.

Notably, consideration was given to the impending increase in the National Living Wage (NLW) and the subsequent effect on service provider fees. Members were informed that in order to keep fee rate increases in line with the 4.9% NLW increase, an investment of approximately £4m would need to be found as opposed to the £3m built into the forecast. Alongside this, there is also some uncertainty around further funding streams; including a reduction to the Independent Living Fund Grant and the potential cessation of the Adult Social Care Grant, of which Wirral received £1.1m in 2018/19.

Summary of Member Comments and Workshop Discussions

- Members requested clarification around how nursing homes are funded.
The Director of Care and Health provided an overview of how NHS funded nursing care functions. Members were advised that nursing homes are part-funded by the NHS – with a standard weekly rate of funding across England. Adult Social Services fund the remaining part of nursing care, with potential top up fees payable by the resident dependant on the level of care and the home chosen.
- Members asked if there is any difficulty in finding specialist homes for dementia patients.
Members were advised that the majority of residents admitted to residential care homes are admitted for ‘non-physical’ reasons. Wirral has seen an increase in demand for care of elderly, mentally impaired residents – however, there has also been an increase in providers. There has been a consistent vacancy capacity of around 8% in Wirral and therefore enough market supply for those who need it. It is, however, increasingly difficult to find care home vacancies at the Council’s “usual rate”, with more and more residents and families electing to pay ‘top up’ fees. Members were also informed that some residential homes are dual registered and can provide residential care for persons with general needs, but can also provide nursing care if those needs become more complex.
- Members asked if GPs contribute any funding to the care sector.
Members were advised that although GPs do not directly contribute financially to adult social care services, they do receive an allocation of funds dependent on the number of frail, older persons registered with them, in order to support their general wellbeing.
- Members showed concern that there may be a ‘drop off’ in providers if funding had to be negotiated around the NLW increase.

The Assistant Director assured Members that everything will be done to negotiate effectively with providers and to ensure funding is targeted correctly. Wirral has developed and sustained good relationships with care providers.

- Members queried if it might be necessary to commission care providers from outside of Wirral, or to expect Wirral residents to have to travel across the region to receive support.

There is a commissioning framework currently in development, through the Joint Strategic Commissioning Board, to commission complex care across the six local authorities in Merseyside with potential to bring commissioning efficiencies and greater oversight of the market across a wider footprint. This could mean a wider breadth of care providers, however Wirral residents will be supported close to home, and care staff will primarily be recruited from within Wirral. In addition to this, Members were advised that on previous occasions where national providers have been commissioned, outcomes have not been as positive as when locally obtained. A recent domiciliary care commissioning process has emphasised providers working together on a local basis and the requirement for social value.

Members commented that it may be beneficial to carry out open recruitment exercised from community centres, to target members of the immediate locality that can provide care within their neighbourhoods. In addition, social landlords may also be able to assist in care sector recruitment locally. Officers welcomed these suggestions and advised that they would pass these comments onto commissioners in those areas of the market.

- Members sought clarification on the scale of care banding and eligibility. Assurance was given to Members that all operational delivery partners are required to apply the same national eligibility criteria as set out in the statutory guidance of the Care Act 2014. However, even if a person does not meet the eligibility criteria for funded support, they will be directed elsewhere or offered advice on how their needs can be met. Local Authorities also focus on early intervention to help maintain independence and wellbeing, and potentially delay a situation where longer-term care and support might be required.

- Members noted that plans proposed that high value packages of care were reviewed annually and requested further detail around this.

Officers informed Members that all packages of care should be reviewed annually, and that there is a focus on ensuring these reviews are all carried out going forward. Particular emphasis will be given to reviewing packages of care that exceed £1000 per week which are a smaller number of cases. Reviews take place to guarantee that the best interests of the person are being met, and ensure their package of need is the best option for them. In an environment where technology is continually improving, it is important to ensure that the possibility of providing support differently is explored.

- Members requested further detail around how the allocation of care providers works across Wirral.

The Director of Care and Health advised that care providers generally work in 'zones' across Wirral. Alternatively, there may be occasions on which a service user

chooses to have their support delivered by a specific provider, or is in receipt of a Direct Payment. Nursing Care is generally provided on the basis of patient choice, however, availability and affordability can both impact on this.

- Members asked if there were any consultations planned in regard to recommissioning of services.

There are no current plans for formal consultation although some efficiency plans may require engagement with service users and providers.

3. CONCLUSIONS

Members agreed to the Health & Care savings and efficiency plans put forward as part of the budget proposal process under the Committee's service remit.

Members suggested that community centres and groups, along with social landlords, were included in any care sector recruitment exercises and planning.

Members welcomed the innovative approach to cost saving through schemes such as the HomeSharing Pilot, and the added social value and focus on wellbeing associated with such programmes.

Members were assured by officer responses to concerns, and thanked them for their reports and presentations.

Appendix 1 – Workshop Attendance

Members of Adult Care and Health Overview & Scrutiny Committee:

CLlr Julie McManus (Chair)
CLlr Bruce Berry
CLlr Wendy Clements
CLlr Phil Gilchrist
CLlr Sharon Jones (Vice Chair)
CLlr Tony Norbury
CLlr Leslie Rennie

Officers:

Julie Webster, Acting Director for Health and Wellbeing
Graham Hodgkinson, Director for Care and Health
Jason Oxley, Assistant Director Health and Care Outcomes
Mathew Gotts, Principal Accountant
Alexandra Davidson, Scrutiny Officer
Anna Perrett, Scrutiny Officer

Apologies:

CLlr Gerry Ellis
CLlr Samantha Frost
CLlr Christina Muspratt
CLlr Irene Williams

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Adult Care and Health Overview and Scrutiny Committee Tuesday 29th January 2019

REPORT TITLE:	Report of Health and Care Performance Panel
REPORT OF:	Chair of the Health and Care Performance Panel

REPORT SUMMARY

This report provides an overview of the Health and Care Performance Panel meeting held on 3rd December 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 Julie McManus (Chair)
Councillor Wendy Clements (Vice-Chair)
Councillor Phil Gilchrist
Councillor Christina Muspratt

Other Attendees

Jacqui Evans (AD Unplanned Care and Community Care Market Commissioning, Wirral Health and Care Commissioning)
Jason Oxley (AD Health and Care Outcomes, Wirral Health and Care Commissioning)
Alex Davidson (Scrutiny Officer, Wirral Council)
Vicki Shaw (Solicitor, Wirral Council)

Visitors

Amanda Parry-Mateo (Integrated Senior Manager Quality and Safeguarding, Wirral Health and Care Commissioning)
Lorna Quigley (Director of Quality and Safety, Wirral CCG)
Gary Rickwood (Senior Public Health Manager, Wirral Council)
Andrew Cass (Manager, Wirral Ways to Recovery)
Elspeth Anwar (Public Health Consultant, Wirral Council)

Apologies

Councillor Bruce Berry
Councillor Tony Cottier
Karen Prior (Healthwatch Wirral)

4.0 ACTIONS FROM THE PREVIOUS PANEL MEETING ON 8TH OCTOBER 2018

- 4.1 The Panel agreed the actions of the last meeting. In addition, Members requested that a briefing note detailing the refurbishment of the Pensby Wood day service centre is circulated to Members prior to the next Panel meeting. It was also suggested that a Member visit to the site be arranged for a future date.

5.0 CQC RATINGS, COMPLIANCE AND SAFEGUARDING ARRANGEMENTS ACROSS CARE HOMES IN WIRRAL

- 5.1 Amanda Mateo-Parry, Integrated Senior Manager for Quality and Safeguarding for Wirral Health and Care Commissioning, introduced a presentation for Panel

Members covering the key issues and improvements around care home quality and performance in Wirral. In 2017/18, Wirral had 64% of good or outstanding rated care homes. Members were informed that there has been continual improvement over the last year, with ongoing work carried out to sustain this positive trend. Alongside improvement initiatives, Members were also informed of key performance measures in the care sector including the number of care homes per size category and how Wirral performs against national and local comparators.

- 5.2 Members were keen to explore the detail of the reporting statistics, particularly causal factors, and asked for further information around the impact of care home size, and the rate measured on quality of beds. Ms Parry-Mateo advised Members that reporting figures are based on the number of care homes per local authority – with Wirral having a high number of homes comparatively against the rest of the region. For this reason, the picture of performance can appear slightly skewed. The Panel was advised that, taking into account the number of care homes, Wirral is ranked fourth in the North West region for *actual* number of good and outstanding care homes. Members questioned whether ratings were measured on quality of individual beds or the care home as a whole; and received a response that the CQC rate the quality of the care home generally, however other inspectors (such as ADAS) use different methods.
- 5.3 Care home trends in Wirral show a relatively defined difference in ratings between areas of West Wirral and the more densely populated regions of Birkenhead and Wallasey. In the West, there are 52 care homes, with 70% rated as good or outstanding, whereas of the 71 care homes in the East only 56% have this rating level. The Panel were eager to consider why this discrepancy exists. Discussions took place around the levels of deprivation in the aforementioned areas, and how this contributes to care home quality – with officers advising the Panel that Birkenhead and Wallasey have an increased number of residents with drug and alcohol dependencies, respiratory problems and complex cases of dementia. Residents in this area have a shorter life expectancy and care homes experience a higher turnover of inhabitants which is a contributing factor to lower quality ratings. Although there are a higher number of elderly and frail residents over the age of 85 years old in West Wirral, many of these people remain in their own homes and access community and domiciliary care. Members were informed however, that one of Wirral’s ‘outstanding’ care homes is located in Birkenhead’s North End.
- 5.4 Funding in the care sector was a significant area of focus for the Health and Care Panel at this meeting. There are an increasing number of care home beds in Wirral that command a higher rate than the usual Council rate. People with care home needs are required to pay, at least in part, for the support that they receive in a care home. They are assessed for their financial contribution towards their care costs. Members were keen to look into the detail of how care home funding and ‘top up fees’ work in Wirral. Officers gave an overview of the current system and advised that fees are reviewed year on year and that the authority have a responsibility to consider ‘cost of care, local factors and best value’. A standard rate is paid across the board for the different types of care home placements; with residents choosing to pay ‘top up’ fees (or ‘accommodation choice charge’) if they choose a more expensive care home. Although

negotiation is possible, rates are set by the care home as they see fit. The availability of standard rate beds is becoming more limited.

- 5.5 The Panel sought assurance that resident needs were the priority in cases of funding issues, with a question posed relating to the course of action if residents were no longer able to afford the top up fee of their chosen residence. Jason Oxley, Assistant Director for Health and Care Outcomes, advised Members that if a care home resident is a property owner, there can be an option to defer the care home fees against the property value. In addition, prior to confirmation of a place at the care home, a social worker will comprehensively review the arrangements to ensure that a financial implications are considered for the long-term. If affordability becomes an issue at a later date, Members were advised that there are usually three options available to the resident; to continue with the stay as before and pay the required additional fee, to negotiate with the care home to determine whether a room is available within the same service that does not command a higher price, or to consider a move to a more affordable care home. Support is given throughout this process. It is often a situation where it is a third party (family member) who is no longer able to pay the additional fee and is exploring alternative options.
- 5.6 In the case that a resident does not have the mental capacity to undergo this process, a thorough assessment will be undertaken prior to a potential move to ensure that it can be managed safely and would not significantly affect the health or wellbeing of the resident. In exceptional circumstances, where it is found that a move would have a particularly significant and detrimental effect on the resident if they were to be transferred, and that no other affordable service could meet their need, Adult Social Care would assume the full cost of the placement including the top up fee. It was made clear that this is rare and that the policy is to work with the person and their family to find an affordable alternative. Panel members commented that they were pleased to see such a robust procedure in place to protect the most vulnerable.
- 5.7 The concluding part of the presentation provided further information on the improvement initiatives in place to sustain the increase in good and outstanding CQC rating in Wirral, and to support under-performing care homes. Jacqui Evans, AD Unplanned Care and Community Care Market Commissioning, advised Members that extensive work is carried out to support providers of lower rated care homes. These providers are given ownership of their improvement plans and development is themed to ensure a whole system approach. Members asked how often care homes rated as 'requires improvement' were inspected. Officers responded that, although this is dependent, some may be inspected every day. If a particular issue is identified, it may be that a period of several months is given to address this before re-inspection. Often a care home may be inspected frequently immediately following a poor rating, with less and less visits as improvement is shown.
- 5.8 The Panel commented that they had been worried by recent CQC reports, but that they were adequately assured by the report, pleased to see a focus on improvement and impressed by the support given to failing homes. There were, however, some concerns around domiciliary care given the high number of residents affected by this provision. Members asked for an update on domiciliary

support, including issues identified and mitigating measures, to be presented to the next meeting of the Panel in February.

6.0 SUICIDE RATES

- 6.1 Lorna Quigley, Director of Quality and Safety for Wirral Health and Care Commissioning introduced her presentation on suicide rates based on the Wirral Suicide Audit 2017 (published in 2018). In 2017, there were 27 cases of suicide and related verdicts in Wirral – with Members advised that the audit examines not only cases of confirmed suicide, but also those that are potential or possible suicide. In some areas, Wirral follows the national suicide trend (for example, 66.7% of deaths took place in the home, a trend which is reflected nationally) but there are a number of differences that show variances to national statistics. The most common cause of death in Wirral is self-poisoning, with strangulation most prominent across England. In addition, Wirral differs slightly from the national picture in terms of age and sex; with suicides most common in females aged 24-44, whereas nationally the most common age bracket for female suicide is 45-64.
- 6.2 As part of the presentation, Members were informed that 22.2% of suicides in 2017 had taken place in a public place – with half of these occurring at a railway or motorway. Members were surprised at how low these figures were, given the increased media focus on incidents at motorway bridges in Wirral recently. Officers responded that it may be that these incidents are reflected in the 2018 audit. Members were also informed that where a coroner rules a death as ‘preventable’, a Section 28 notice can be issued to an organisation in order for them to be held accountable and to allow them to make changes to prevent further deaths.
- 6.3 Further audit findings discussed included considerations around sexuality as a risk factor in suicide or suicidal thoughts. A RaRE Research report published in 2015 estimated that young LGBTQ+ people are almost twice as likely to have attempted suicide at least once, although Members were informed that recording of sexuality for health and care purposes has been relatively poor historically. In addition, information was also presented around the impact of seasonality on suicide rates. Despite an assumption that the Christmas period would be a time of high numbers of suicides, higher figures are recorded for September and October. Members questioned whether this meant that national preventative measures in the run up to the Christmas were working, and whether seasonal changes in September such as nights getting darker have more of an impact.
- 6.4 The Panel requested that a number of queries be considered in order to improve suicide reporting processes. Primarily, one Member raised a concern around the time frame for reporting and suggested that it may be easier to more clearly see emerging patterns if statistics were provide over a number of years – giving a bigger picture of suicide on Wirral. Following the Panel meeting, discussions took place with Wirral Intelligence Service analysts and this suggestion was put forward. It was stated that this is a concern that has previously been identified, and consideration is currently being given to providing reports that cover a longer time period, in order to draw more valid conclusions. Members also questioned whether there were any evaluation methods in place, either locally or nationally, to gauge whether preventative campaigns are

effective. Alongside this, it was stated that Members would find it helpful to see more detail on the effect of financial pressures on suicide as part of future presentations.

7.0 DRUG USE IN WIRRAL

7.1 Members were given a progress update on mortality rates among drug and alcohol users that access addiction treatment services in Wirral. The last update provided was in November 2016, and Members were keen to seek assurance that improvements had been made. Gary Rickwood, Senior Public Health Manager provided the Panel with an overview of the current position. The number of deaths in service has increased nationally over the last 2 years, and although Wirral ranks higher than the national average, figures show that numbers of deaths of opiate, non-opiate and alcohol users is falling year on year. Members were informed that a clinical governance and treatment review process has been implemented alongside further emphasis on tackling respiratory illness and development of service interventions.

7.2 The Panel were advised that since 1st September 2017, up to 3,500 people have received treatment through the Wirral Ways to Recovery (WWTR) service. Of these numbers, there were 76 reported deaths of those in contact with the drug and alcohol treatment provision. The most common cause of death among these cases was respiratory disease, and Members were informed that there is difficulty in juggling long term health conditions and addiction. For example, methadone is a respiratory suppressor, and many service users are smokers; both contributing factors to the high numbers of COPD sufferers on the programme. WWTR are working with smoking cessation organisations to ensure that an impact is made in this area. Members questioned whether it would be too difficult for service users to battle a dependency on drugs or alcohol, as well as giving up smoking. However, they were pleased to hear that the opposite is often true, and that changing behaviours and new techniques can allow them to address a range of addictions simultaneously.

7.3 Alongside this, Andrew Cass, Manager of Wirral Ways to Recovery instructed the Panel that an enhanced health assessment is undertaken for all service users, and that a detailed primary care engagement plan and dual diagnosis pathway have both been implemented. The service is looking at new ways of working to ensure a proactive approach, and have established close working links with the Alcohol Acquired Brain Injury team. This looks at the impact that drug and alcohol abuse can have on cognitive function, and how this affects the service user.

7.4 In conclusion, Members were assured that the service learns from every death. They carry out a full review (which many other providers do not do) and embrace any learning opportunities provided. Members were glad to hear that ongoing monitoring takes place and that review meetings are now well-established.

8.0 SUMMARY OF ACTIONS

The following actions arose from the meeting;

- Arrangements to be put in place for a Member visit to the Pensby Wood day service in order to observe the recent refurbishments. A briefing note on the

capital investment and areas of improvement has been requested, for circulation to Members in advance of the next Panel meeting.

- Updates on the 'Red Bag Scheme' and Domiciliary Care services to be added to the agenda for the next Panel meeting. A report on Infection Control will also be deferred to the next Panel meeting.
- A potential Member visit to one of the 'Wirral Ways to Recovery' service centres to be added to the Panel work programme.

9.0 FUTURE ARRANGEMENTS FOR THE HEALTH AND CARE PERFORMANCE PANEL

The Health and Care Performance Panel work programme can be found as an appendix to this report.

10.0 FINANCIAL IMPLICATIONS

Not Applicable

11.0 LEGAL IMPLICATIONS

Not Applicable

12.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

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

13.0 RELEVANT RISKS

Not Applicable

14.0 ENGAGEMENT/CONSULTATION

Not Applicable

15.0 EQUALITY IMPLICATIONS

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

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APPENDICES:

Appendix 1: Health and Care Performance Panel – Work Programme

REFERENCE MATERIAL - SUBJECT HISTORY (last 3 years)

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

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HEALTH & CARE PERFORMANCE PANEL - WORK PROGRAMME
PROPOSED AGENDA – 4th February 2019

Infection Control	Report	Lorna Quigley
Better Care Fund – Priorities and Performance 2018/19	Report	Jacqui Evans
Domiciliary Care	Report	Jacqui Evans
Red Bag Scheme Update	Report	Jacqui Evans
<i>Pensby Wood Refurbishment</i>	<i>Briefing Note</i>	<i>Wirral Evolutions</i>
Deadline for Reports – Monday 28 th January 2019		

PROPOSED AGENDA – 11th March 2019

CQC Improvement Plan Update – Wirral Community Trust	Report	Karen Howell (WCT)
CQC Improvement Plan Update – Wirral University Teaching Hospital	Report	Paul Moore (WUTH)
Review of Health & Care Providers	Report	Jacqui Evans / Jason Oxley
Deadline for Reports - Monday 4 th March 2019		

Standing Items – Reports for Information Only

<i>CQC Improvement Plan (Exception Report) – Wirral Community Trust</i>	<i>Report for information- February 2019</i>	<i>Karen Howell (WCT)</i>
<i>CQC Improvement Plan (Exception Report) – Wirral University Teaching Hospital</i>	<i>Report for information- February 2019</i>	<i>Paul Moore (WUTH)</i>

OTHER WORK PROGRAMME ACTIVITIES AND TASKS

Member Visit – Pensby Wood	2018/19	Visit	Wirral Evolutions
Member Visit – Wirral Ways to Recovery	2018/19	Visit	Andrew Cass
Health & Care Integration Update	2019/20	Report	Jason Oxley
Review Health and Care Performance Panel Terms of Reference	2019/20	Report	Alex Davidson

Future Meeting Dates

4th February 2019 11th March 2019

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Adult Care and Health Overview and Scrutiny Committee Tuesday 29th January 2019

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

REPORT SUMMARY

The Adult Care and Health Overview & Scrutiny Committee, in cooperation with the three other Overview & Scrutiny Committees, are responsible for proposing and delivering an annual scrutiny work programme. This work programme should align with the corporate priorities of the Council, in particular the delivery of the Wirral Plan pledges which are within the remit of the Committee.

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

The report provides an update regarding progress made since the last Committee meeting held on 27th November 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 2018/19 municipal year 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

Joint Health Scrutiny

A joint health scrutiny committee was held with Members of Cheshire West and Chester Council on 11th December 2018 to discuss the Urgent Care Consultation, following the agreement of Members of both Councils that the proposed changes to urgent care constituted a 'significant variation' to health services in the area. Recommendations were put forward, and it is proposed that the joint health committee meet again later in the municipal year to discuss the consultation conclusions.

Budget Scrutiny

A workshop was held in December 2018 to allow Members to review budget proposals and savings and efficiency plans for 2019/20 under the remit of the Adult Care and Health Overview & Scrutiny Committee. A full report detailing the outcomes of the workshop can be found elsewhere on January's agenda.

Pooled Fund Arrangements

In order to ensure open and transparent working arrangements between Elected Members and local health and care commissioners, it was proposed that a workshop be convened in January 2019 to enable scrutiny of future pooled funding arrangements for Wirral Health and Care Commissioning. The aims of the workshop were to present proposed arrangements to Members and to ensure that concerns, issues and comments were fully responded to. A full workshop report can be found elsewhere on January's agenda.

Reality Check Visits

At previous meetings of the Adult Care and Health Overview & Scrutiny Committee, it has been suggested that Members may find value in visiting both Arrowe 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, and are expected to take place later in the municipal year.

3.2 FURTHER DEVELOPMENT OF THE SCRUTINY WORK PROGRAMME

In line with the remit of the Committee and the principles for prioritisation, 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 March. This could be achieved by Committee providing delegated authority to the Chair, Vice Chair and Spokespersons to provide further detailed input to the work programme's development.

4.0 FINANCIAL IMPLICATIONS

Not Applicable

5.0 LEGAL IMPLICATIONS

Not Applicable

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

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

7.0 RELEVANT RISKS

Not Applicable

8.0 ENGAGEMENT/CONSULTATION

Not Applicable

9.0 EQUALITY IMPLICATIONS

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

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APPENDICES:

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

REFERENCE MATERIAL - SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Care and Health Overview & Scrutiny Committee	27th June 2018
Adult Care and Health Overview & Scrutiny Committee	12th September 2018
Adult Care and Health Overview & Scrutiny Committee	27th November 2018

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WORK PROGRAMME

PROPOSED AGENDA ITEMS – Tuesday 29th January 2019

Item	Format	Officer
Minutes from Adult Care & Health OSC (27 th November)	Minutes	
Winter pressure arrangements at Clatterbridge	Report	Anthony Middleton (WUTH)
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	Lorna Quigley
Learning Disability Commissioning	Report	Jason Oxley
Pooled Fund Arrangements Scrutiny Workshop Report	Report	Report of the Chair
Budget Scrutiny Workshop Report	Report	Report of the Chair
Feedback report from Health & Care Performance Panel	Report	Report of the Chair of the HCPP
Work programme update	Report	Report of the Chair
Deadline for reports to be with Committee Services: Monday 14th January 2019		

Note:

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

29th Jan 2019 No reports

19th Mar 2019 Q3 2018/19

PROPOSED AGENDA ITEMS – Tuesday 19th March 2019

Item	Format	Officer
Minutes from Adult Care & Health OSC (29 th January)	Minutes	
Financial Monitoring - 2018/19 Q3	Report	Mathew Gotts
Urgent Care Review – Post Consultation and Clinical Senate	Report	Jacqui Evans/Caroline Baines (NWCS)
Extra Care Housing Delivery	Report	Simon Garner
Continuing Healthcare Scrutiny Review and Action Plan Follow Up	Report	Simon Banks (Wirral CCG)
Performance Monitoring – 2018/19 Q3 (and Domestic Violence update)	Report	Graham Hodgkinson
Feedback report from Health and Care Performance Panel	Report	Report of the Chair of the HCPP
Work programme update	Report	Report of the Chair
Deadline for reports to be with Committee Services: Monday 4th March 2019		

ADDITIONAL FUTURE AGENDA ITEMS

Item	Format	Approximate timescale	Lead Departmental Officer
North West Ambulance Service – Forward Plan	To be agreed	To be agreed	Madeline Edgar (NWAS)

WORK PROGRAMME ACTIVITIES OUTSIDE COMMITTEE

Item	Format	Timescale	Officer	Progress / Comments
Spotlight sessions / workshops				
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	To be agreed	Janelle Holmes (WUTH)	Co-ordinated through Healthwatch Wirral
Reality Check Visit – Seacombe Birthing Centre (WUTH)	Member Visit	To be agreed	Janelle Holmes (WUTH)	Co-ordinated through Healthwatch Wirral
Transformation Programme	To be agreed	As and when	Tim Games	
Respite Services Scrutiny Review	Report	To be agreed	Report of the Chair of Task & Finish group	
Clinical Senate Reporting	Report	As and when	Caroline Baines (NWCS)	