



Adult Care and Health Overview and Scrutiny Committee

Date:	Tuesday, 19 March 2019
Time:	6.00 p.m.
Venue:	Committee Room 1 - Wallasey Town Hall

This meeting will be webcast at
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AGENDA

- 1. APOLOGIES FOR ABSENCE**
- 2. MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST**

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

Members are reminded that they should also declare whether they are subject to a party whip in connection with any item(s) to be considered and, if so, to declare it and state the nature of the whipping arrangement.
- 3. MINUTES** (Pages 1 - 12)

To approve the accuracy of the minutes of the Adult Care and Health Overview and Scrutiny Committee meeting held on 29 January 2019.
- 4. PHLEBOTOMY SERVICE UPDATE** (Pages 13 - 14)
- 5. FINANCIAL MONITORING REPORT QUARTER 3 2018/19** (Pages 15 - 32)
- 6. 2018/19 QUARTER 3 WIRRAL PLAN AND HEALTH AND CARE PERFORMANCE** (Pages 33 - 50)

7. EXTRA CARE HOUSING DELIVERY (Pages 51 - 56)
8. CONTINUING HEALTHCARE SCRUTINY REVIEW ACTION PLAN FOLLOW UP (Pages 57 - 62)
9. REVIEW OF DRAFT QUALITY ACCOUNTS 2018/19 (Pages 63 - 66)
10. REPORT OF THE HEALTH AND CARE PERFORMANCE PANEL (Pages 67 - 76)
11. ADULT CARE AND HEALTH OVERVIEW & SCRUTINY COMMITTEE WORK PROGRAMME UPDATE (Pages 77 - 88)

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ADULT CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Tuesday, 29 January 2019

Present: Councillor J McManus (Chair)

Councillors	S Jones	M Jordan
	B Berry	C Muspratt
	W Clements	T Norbury
	T Cottier	L Rennie
	S Frost	J Walsh
	P Gilchrist	I Williams

In attendance: Councillor T Usher (Chair Children and Families Overview and Scrutiny Committee)

Apologies Councillors G Ellis M McLaughlin

44 **MINUTES SILENCE**

The Chair informed that, alongside the Mayor of Wirral and other Councillors, she had that day joined with hundreds of local school children to welcome Holocaust survivor Lady Milena Grenfell-Baines to the borough as part of a visit organised by the Holocaust Educational Trust.

The Committee observed a minutes silence in memory of all those affected by the Holocaust and similar more recent events in places such as Bosnia, Cambodia, Rwanda and Darfur.

45 **ORDER OF BUSINESS**

The Chair advised that, with the agreement of the Committee, agenda item 8 (Pooled Fund Arrangements Scrutiny Workshop Report) would be considered immediately following agenda item 3 (Minutes) due to attendance of the Chair of the Children and Families Overview and Scrutiny Committee who had attended the Joint Workshop meeting held on 9 January 2019, and was attending the meeting to respond to any specific questions Members may have regarding the workshop falling under the remit of his Committee.

46 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Gerry Ellis and Moira McLaughlin.

Apologies were also received from Val McGee Chief Operating Officer Wirral Community NHS Trust, Suzanne Edwards Associate Director Cheshire and Wirral Partnership NHS Trust, Mel Pickup Chief Executive Warrington and Halton Hospitals NHS Foundation Trust and Karen Prior Healthwatch Wirral.

47 **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 what they were.

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 Sharon Jones	Personal interest by virtue of her employment within the NHS.
Councillor Christina Muspratt	Personal interest by virtue of her daughters' employment within the NHS and as a GP.
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 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.

48 **MINUTES**

Councillor Muspratt requested that her declarations of interest should reflect that one of her daughters was employed within the NHS, and another worked as a GP (minutes 31 and 34 refer).

The Chair requested that minute 32, first paragraph under evidence from Call-In Witnesses, be amended to insert the words 'two local' before 'MPs had advised against signing....'

Subject to the above corrections:

Resolved – That the minutes of the meeting held on 12 September 2018, and the special meeting held on 12 November 2018, be approved.

49 **POOLED FUND ARRANGEMENTS SCRUTINY WORKSHOP REPORT**

Councillor Julie McManus, Chair introduced the Joint Overview and Scrutiny Chair's report on the subject of the Pooled Fund Arrangements. The report provided feedback from the joint workshop of the Adult Care and Health Overview and Scrutiny Committee (AC&H OSC) and the Children and Families Overview and Scrutiny Committee (C&F OSC) held in January 2019. The workshop had been convened to allow Members from both Committees to undertake pre-decision scrutiny on proposals regarding the Section 75 funding arrangements for the period of April 2019 to March 2020. Councillor Tom Usher Chair (C&F OSC) was also in attendance to answer any questions arising from consideration of this item.

The report provided an overview of the Section 75 pooled funding proposals, a summary of Member comments and workshop discussions and listed 6 specific conclusions and recommendations in respect of the following:

- Pooled fund budget performance reporting;
- Exploration of the development of performance reporting on waiting times for social care services;
- Continuing Healthcare monitoring;
- The production of clear guidelines outlining governance and decision making processes;
- Consideration to be given to holding a scrutiny session to examine 'The NHS Long Term Plan'; and
- Improved engagement with service users or those close to service users, and continued use of external stakeholders where relevant.

Members questioned the Director of Adult Care and Health on a number of points that included the Section 75 arrangements for Urgent Care and proposed transfer of services, procedures for the engagement of staff and Trade Unions, and others involved with the delivery and receipt of 'front line services'.

The Director of Adult Care and Health informed that the Section 75 'Pooled Funding Proposals' was one of a number of Section 75 agreements, and had no connection to the Urgent Care Review.

Councillor Tom Usher, Chair of the Children and Families Overview and Scrutiny Committee informed that the workshop had provided a useful opportunity for dialogue with front-line staff and qualified practitioners who had attended.

A Member commented that it had been useful to hear from health professionals, but questioned the procedures for inviting and/or the involvement of advocacy groups in the process.

Councillor Usher advised that, as Councillors, Members were best placed to approach patients or anyone who could provide information on a particular issue and act as a conduit for the relaying of ideas and views.

Councillor Julie McManus added that such invitations would be made via the Chair, to ensure that a balance of views were gathered.

Councillor Phil Gilchrist moved, duly seconded, and agreed that an additional recommendation be added to ensure that both Overview and Scrutiny Committees be kept apprised of matters from a service user / patient perspective, and that 'Members of the Adult Care and Health, and the Children and Families, Overview and Scrutiny Committees be kept fully informed of the experiences gained during the operation of these arrangements and any modifications or variations that are made'.

Resolved – That

- (1) the joint report of the Adult Care and Health and the Children and Families Overview and Scrutiny Committees and recommendations contained within, be approved;**
- (2) the Joint Strategic Commissioning Board consider the report as part of their decision-making regarding the pooled fund arrangements for 2019/20; and**
- (3) Members of the Adult Care and Health, and the Children and Families, Overview and Scrutiny Committees be kept fully informed of the experiences gained during the operation of these arrangements and any modifications or variations that are made.**

50 WINTER PRESSURE ARRANGEMENTS AT CLATTERBRIDGE

Mr Anthony Middleton, Chief Operating Officer Wirral University Teaching Hospital NHS Foundation Trust introduced his report that set out details on the arrangements for provision of a managed service contract to run a 30 bed Transfer to Assess Unit sited at Clatterbridge Hospital. The report summarised the process and activities undertaken to identify a supplier to provide a managed service contract for the provision of T2A services to the Trust. The report further detailed 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).

Mr Middleton informed that in Wirral there were a total of 102 'Transfer to Assess' (T2A) beds across 7 sites. The purpose of the beds being to provide assessment and therapy services for those patients who may require longer term support upon leaving hospital. The beds were also a step up provision for the community to avoid unnecessary hospital admissions. He further informed that 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 were over 100 patients who had been medically assessed and therefore able to be discharged from an acute medical bed, but due to capacity constraints elsewhere these patients remained in hospital. He added that although unacceptable, this was not disproportionate and similar to nationally reported figures, but placed severe pressures and logistical challenges for staff.

Mr Middleton explained that Wirral Hospitals had 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 to allow a clinical staffing solution matched to the patients. The latter would operate along similar lines to that of care homes provision but with additional therapy, GP and community geriatrician input. This would therefore not require hospital consultant medical staff, nor registered acute nursing staff - needed for those patients with the most acute needs.

The Overview and Scrutiny Committee was apprised that a formal tendering process was undertaken to identify potential suppliers for the provision of T2A Services in the Summer of 2018. Six suppliers had participated in a pre-market engagement session and the OJEU contract notice was published on 4th August 2018 via the Trust's tender management portal Pro-Contract. 2 suppliers submitted tender bids and on the basis of the tender analysis and evaluation process, the Trust board of directors awarded the contract to Cedar Court (Tamaris Healthcare - Four Seasons Group Holdings Ltd).

Members questioned Mr Middleton on aspects of the tendering processing with particular focus and concern regarding the contract award criteria and weightings (60% specification compliance and 40% cost). Mr Middleton explained that these aspects of the contract tender had been worked up by a project group and panel to ensure the most appropriate service outcomes.

In response to a question from a Member on the matter of staffing levels, the Committee was informed that this too formed part of the overall tender documentation.

The Committee expressed some concern regarding the appointment of a provider who had received less than satisfactory Care Quality Commission (CQC) ratings at some of its operations. Members were informed that at the time of the contract tendering and evaluation process no individual homes under the management of tender bidders had been rated as inadequate.

Members quizzed Mr Middleton on the nurse / patient ratios and sought clarity on the numbers for trained, registered nurses and untrained staff. The Committee was informed that nursing cover for the provision of T2A Services covered 24 hours, seven days a week, with a nurse to patient ratio of 1:8, compared to 1:6 for Acute Wards elsewhere in the Hospital.

Further discussion took place on matters relating to CQC visits, reassurance on care provision, a sustainability plan, discharge handling, respect for patients, readmissions, and staff terms and conditions.

In response to a question on CQC inspections, the Overview and Scrutiny Committee noted that an unannounced CQC visit had taken place just prior to Christmas and that, as with all CQC inspections, results would be published online in due course.

The Chair thanked Mr Middleton for his attendance and report.

Resolved – That the report be noted.

51 **LOCAL DELIVERY OF THE FIVE YEAR FORWARD VIEW**

Neil Skitt, Head of Corporate Communications Cheshire and Merseyside Health and Care Partnership introduced his report that provided Members with an update on works of the Partnership currently in progress. Mr Skitt was accompanied by Gerald Meehan, Non-Exec Director Wirral Community NHS Foundation Trust and Dave Sweeney, Executive Implementation Lead. Mr Skitt's report provided information on the following 9 key projects:

- Pop up' community birthing centre;
- Headache pathway - reducing referrals by 20%;
- Primary Care;
- Transforming Care Programme;
- Estates Strategy;
- Launch of Digit@ll - Cheshire and Merseyside Digital Roadmap;
- Workforce Programme;
- Prevention framework - launched across Cheshire and Merseyside;
- and
- Transformation Fund.

Members were invited to ask questions, and partnership officers responded accordingly depending on their areas of responsibility.

A Member sought clarification on the partnership structure, meeting calendar and how work of the partnership had progressed in the Merseyside Region.

Mr Skitt informed the Adult Care and Health Committee that regular meetings were taking place and that although work of the programme review group had paused, work on the progress for the 9 areas was being shared and progress reports on the improvement of patient care in Merseyside was being incorporated into the 5 Year Strategy document planned for publication in Autumn 2019.

A Member questioned what actions were being taken to keep health service provision local.

Simon Banks, Chief Officer Wirral CCG informed that healthcare provision was being reviewed and developed co-terminus with the Local Authority boundaries, with the aim of 'keeping it local'. He added that the Overview and Scrutiny Committee would continue to receive regular updates on progress.

In response to a question on the Merseyside Health and Care Partnership's estate strategy, Mr Sweeney explained that a review of existing buildings had identified that some were not being utilised properly, and as with the Council's own estate management procedures would be reviewed as a whole to ensure a best fit for planned services. Mr Banks added that work was ongoing, but was dependent on a number of factors that included – local planning, investment, capital bids and additional resources needed to deal with repairs backlogs.

The Chair thanked the Officers for their attendance and report.

Resolved – That the work of the Healthy Wirral partnership and the Cheshire and Merseyside Health and Care Partnership be noted.

52 **ADULTS SAFEGUARDING ANNUAL REPORT 2017/18**

Lorna Quigley, Director of Quality & Patient Safety Wirral CCG introduced the Annual Report of the Merseyside Safeguarding Adults Board (MSAB) that provided an overview of the work undertaken by the MSAB, its memberships and terms of reference.

Ms Quigley informed the Committee that the MASB had agreed a number of sub groups to take forward various work streams. These included:

- Safeguarding Adults Review
- Communications and Engagement
- Policy, Procedure and Practice
- Performance and Adult
- Quality Assurance
- Workforce Development

Ms Quigley further informed that the adult population across the geographical areas of Knowsley, Liverpool, Sefton and Wirral (who made up the MSAB) was approximately 982,354 and that Sefton and Wirral had the highest numbers of residents aged 85+.

Ms Quigley presented additional statistical information on the topics of safeguarding concerns for each local authority area, highlighting the types of abuse that were most prevalent and where safeguarding incidents took place i.e. own home, residential home of nursing home. Members were apprised of the actions taken to manage risks and most appropriate actions for individuals, central to the personalisation within adult safeguarding. The report concluded with a summary of the MSAB's achievements during the year and aims and objectives contained in the Strategic Plan for 2018-2020. Members questioned the Director of Quality & Patient Safety Wirral CCG on aspects of her report that included information that could be provided from the Health and Care Performance Panel and methods by which reporting of abuse was collated and acted upon.

Resolved – That the report be noted.

53 **LEARNING DISABILITY COMMISSIONING**

Mr Jason Oxley, Assistant Director Health and Care introduced his report that described the commissioning plan for health, care and support services for people with a disability in Wirral for 2019/20. The report followed a verbal update to the Adults Care and Health Overview and Scrutiny Committee (OSC) provided by Mr Oxley at the OSC meeting held in November 2018.

Mr Oxley reported that 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.

Members noted that Wirral Council currently supported over 700 people who have a learning disability and that Wirral Health and Care Commissioning, as a single commissioner, would 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.

Mr Oxley informed that both the Council and CCG faced financial pressures and required efficiencies to be delivered in 2019/20, the Council's Medium Term Financial Strategy required a further £2million of efficiencies to be made in 2019/20, the third year of a four year efficiency target for disability services. He added that the Commissioning Plan for people with disability for 2019 included planned activities that would result in the following estimated efficiencies:

- Commissioning Accommodation-Based Support (£0.6m).
- Improving Performance and Promoting Independence (£0.4m).
- Standardising Practice and System Integration (£0.2m).
- Commissioning Preventative Services to Maximise Wellbeing (£0.1m).

Members questioned Assistant Director Health and Care on matters relating to the development and delivery of high dependency placements and independence at Spital Road, CQC registration requirements at the Fusion Centre, and a sustainable plan for residential respite i.e. number of beds available for planned and unplanned care.

Mr Oxley summarised that the new arrangements also provided a greater range of services, that included activity based providers in addition to commissioned bed-based care.

Resolved – That the report and commissioning plan for people with a disability be noted.

54 **ADULT CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE BUDGET SCRUTINY WORKSHOP REPORT**

The Chair presented a report by a Scrutiny Officer informing of a Scrutiny Workshop held on 6 December 2019 when Members had considered the 2019/20 budget proposals being put forward in respect of its remit. Attached to the report at Appendix 1 was a summary report that detailed the proceedings of the Workshop.

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

Members noted that a list of budget proposals under the remit of the Adult Care and Health Overview and 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.

The report further informed that a dedicated scrutiny workshop had been convened for Members of the Adult Care and Health Overview and Scrutiny Committee on Thursday 6 December 2018 in order to discuss the budget proposals for 2019/20. The outcome of the workshop deliberations at Appendix 1 to the report set out two key proposals, namely:

- Use of Grant Funding – proposing 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 supporting the delivery of public health outcomes; and

- Mitigating Adult Social Care demand through maximising independence and wellbeing – whereby a number of savings plans and mitigations had been formulated to meet the cumulative gross budget deficit of £7.8m forecast for Adult Social Care in 2019/20. This included a focus on service delivery efficiencies, service quality improvements and income generation, as well as the use of national grants and funding.

The Chair sought views from Members of the Adult Care and Health Committee who had been unable to attend the workshop.

Resolved - That

- (1) the report on the Workshop (Appendix 1 to the report) be agreed as the Committee's formal response to the 2019/20 budget proposals; and**
- (2) the report and its appendix be referred to the Cabinet for consideration at the time when it is making recommendations to the Council in respect of the Council's Budget for 2019/20.**

55 REPORT OF THE HEALTH AND CARE PERFORMANCE PANEL

The Chair introduced her report that provided an overview of the Health and Care Performance Panel meeting held on 3rd December 2018. The report provided feedback to members of the Adult Care and Health Overview and Scrutiny Committee.

The report included details of the following key discussions and areas of interest, namely:

- Actions from the previous Panel meeting held on 8 October 2018.
- CQC ratings, compliance and safeguarding arrangements for Care Homes in Wirral.
- Suicide rates.
- Drug use in Wirral.

The report also included the following summary of actions:

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 had 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 to 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.

The Chair requested that Members contact the Scrutiny Officer to check availability for a future meeting of the Panel.

Resolved – That the report of the Health and Care Performance Panel be noted.

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

The Chair introduced her report that provided an update regarding progress made since the last Committee meeting held on 27 November 2018. The report informed that the current work programme was made up of a combination of scrutiny reviews, workshops, standing items and requested officer reports. The update report provided 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 and Scrutiny Committee for the 2018/19 municipal year was attached as Appendix 1 to the report.

The Chair informed that a request had been made for a follow up meeting of the Joint Overview and Scrutiny Committee (Wirral and Cheshire West and Chester Councils) that had been established to consider cross-boundary issues arising from the recent consultation on Urgent Care Treatment proposals.

Dr Sue Wells, Chair Wirral CCG informed that a significant amount of data had been collected and required analysis before the CCG could take the next step in the process. Work continued, and it might be inadvisable for the matter to be considered during Purdah, given that both Local Authorities were holding elections in May. The Chair suggested that a June meeting might be an appropriate time to re-convene the Joint Overview and Scrutiny Committee.

Members questioned Dr Wells with regard to funding available for the provision of additional GP appointments and nursing vacancies.

The Chair reminded Members that a number of Councillors had not completed Healthwatch training, and highlighted that this would need to be done before reality check visits could be undertaken.

Resolved – That the report be noted.

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Background information regarding Wirral Community NHS Foundation Trust's decision to give notice on its phlebotomy subcontracts with 22 GP surgeries

Background

Wirral Community NHS Foundation Trust (WCFT) has provided phlebotomy services since 2011. The most recent service model, running until 30 June 2018, focused activity for 42 of Wirral's 51 practices at four hub sites plus appointments at Marine Lake Medical Practice in West Wirral and provision for housebound patients. This hub model was a response to high volumes of activity and a desire to provide an efficient service to minimise waiting times. This service was contracted with WCFT directly by Wirral CCG.

In 2017, Wirral CCG decided to provide phlebotomy services differently, with the Wirral phlebotomy budget divided amongst practices on a pro-rata basis, based on weighted list size. Practices could then choose to offer phlebotomy individually or combine their resources to provide or buy phlebotomy services collectively.

The service model was agreed with Wirral CCG member practices and included the requirement to offer walk in appointments, plus booked appointments in practices and for housebound patients, in line with the service specification. This service is for both adults and children.

Since 1 July 2018, with the introduction of this new specification, each practice holds an individual contract with Wirral CCG to provide phlebotomy to this specification. WCFT's direct contract with Wirral CCG for phlebotomy services ended at the same time.

Subcontract arrangement and service model from July 2018

WCFT was subcontracted by 22 practices and agreed with those practices to offer pre-bookable appointments in the mornings at 13 locations and in the afternoons at three walk-in hubs (St Catherine's Health Centre, Birkenhead; Victoria Central Health Centre, Wallasey; Eastham Clinic) with pre-bookable appointments at The Warrens in West Wirral.

This service model was co-developed by WCFT and practice managers representing the 22 practices. The service was delivered by the same phlebotomy staff that had provided the previous service.

Over the course of this new contract, WCFT and the practice managers, working as a co-management group, have kept waiting times and staff distribution under review and reallocated staff to where they are most needed. Despite this close working, waiting times for pre-bookable and walk in appointments have been higher than anticipated and have not reduced significantly. These waiting times have been longer than WCFT believes is acceptable and do not provide a good patient experience. To compensate, some GP surgeries have been providing extra phlebotomy services within their practice.

Proposal of alternative model

In December 2018, the co-management group of WCFT and practice managers developed a proposal for an alternative model to improve capacity by co-locating pre-bookable and walk-in appointments at the main hub sites, and providing a greater proportion of walk-in access at hub locations. This model comprised three hub locations offering both walk in and pre-bookable access, and five practices in West Wirral offering pre-bookable appointments.

Though it would have reduced the total number of available locations from 15 to 8, we believe this model should have enabled more people to be seen by WCFT's phlebotomists leading to reduced waiting times, particularly for walk-in access.

This model, agreed in principle by 20 of the 22 contracting practices, was presented to Wirral's Primary Care Co-commissioning Committee (PCCC) in January 2019. The PCCC did not approve the proposal for a variety of reasons including a perceived inequity of access for people across Wirral and incompatibility with the service specification.

At this point, WCFT took the extremely difficult decision to serve notice on its contracts with practices and to cease the service on 30 June 2019. This was because the Trust felt that, without changes to the service model, it was unable to provide a sufficiently high quality service for patients.

Impact on patients

Practices are currently deciding how they will offer phlebotomy services to their patients from 1 July 2019. This will determine the service model from that date. WCFT will continue to work collaboratively with practices to ensure that patients are clear about how phlebotomy services will change after 30 June 2019, and will continue service provision until then.

Impact on staff

Alongside service quality, one of the Trust's overriding concerns has been for our staff. Sadly, a consequence of this process is that we have had to put our very dedicated and hardworking phlebotomy staff at risk of redundancy. We are, however, doing everything we can to identify suitable alternative employment within the Trust, in line with our Organisational Change Policy, with our StaffSide unions involved throughout.

We are also in discussion with practices who may wish to employ phlebotomists as they develop plans for providing their patients with phlebotomy services from 1 July 2019. Once we understand the approach practices have decided to take we will know whether TUPE rules apply.

David Hammond, Associate Director for Partnerships & Strategic Development

Mark Greatrex, Chief Finance Officer/Deputy Chief Executive

6 March 2019



Adult Care and Health Overview and Scrutiny Committee Tuesday, 19 March 2019

REPORT TITLE:	Financial Monitoring Report Quarter 3 2018/19
REPORT OF:	Director of Finance & Investment (S151)

REPORT SUMMARY

This report sets out the financial monitoring information for the Adult Care and Health Overview & Scrutiny Committee. The report provides Members with detail to scrutinise budget performance for this area of activity. The financial information is at close of quarter 3 2018/19.

Information has been drawn from the relevant sections of the most recent Cabinet revenue and capital monitoring reports and combined with additional relevant service information to produce a bespoke report for this Overview & Scrutiny Committee. The report includes the following:

- Performance against the revenue budget (including savings)
- Performance against the capital budget

RECOMMENDATION/S

- 1 That members note the report and appendices.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

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

2.0 OTHER OPTIONS CONSIDERED

2.1 Not applicable

3.0 BACKGROUND INFORMATION

3.1 The position financially at quarter 3 for the council as a whole was presented at Cabinet on the 18th of February 2019. The quarter 3 revenue forecast is an overall overspend of £0.72 million for the year. Delivery Services forecast overspends making up all of this. Adult Care and Health is forecast as being balanced at year end.

The quarter 3 capital report recommends that Cabinet agree the 2018/19 Capital Programme of £53.5 million (£1.2 million relating to Adult Care and Health) which takes into account re-profiling identified during 2018/19. Expenditure to date is £33.3 million (£0.5 million of which relates to Adult Care and Health).

3.1.0 CHANGES TO THE AGREED BUDGET ADULT CARE AND HEALTH

3.1.1 The 2018/19 Budget was agreed by Council on 5 March 2018. Any increase to the overall Council Budget (but not use of the existing budget contingency) requires agreement by full Council.

Table 1: 2018/19 Original & Revised Net Budget

Theme	Q2 Budget	Budget Changes Q3	Revised Net Budget
	£000	£000	£000
Adult Care and Health	93,667	-1,842	91,825
Net Cost of Services	93,667	- 1,842	91,825

Budget movements in quarter three cover a movement in budget between Children's and Adults disability care. These movements have no effect on the bottom line budget of the Council and are just adjustments to better reflect where budgets should be placed.

3.2.0 PROJECTIONS AND KEY ISSUES

3.2.1 The projected outturn position as at the end of December 2018 and Wirral Plan: 2020 Vision Themes updates are detailed in the following sections.

Table 2: 2018/19 Projected Budget variations

Theme	Portfolio	Revised Budget	Forecast Outturn	(Under) Overspend Quarter 3
Adult Care and Health	Health & Care Outcomes	88,887	90,004	1,117
	Integrated Commissioning Programme	2,551	1,484	-1,067
	All Age Disability Service	387	337	-50
TOTAL		91,825	91,825	0

Adult Care and Health

Adult Health & Care is still forecast to balance its budget by year-end; there have been no significant changes to the forecast position from Quarter 2.

There is a gross additional financial pressure on the service anticipated of £2.5m. This is comprised of two elements:

1) £0.7m relates to the remaining part-year effect of the increased demand for services in 18/19. This has caused additional expenditure against care budgets and will be fully mitigated through the continued delivery of the savings plan agreed at the start of the year (see below).

2) £1.8m relates to additional demand anticipated over the winter period, predominantly in the home care market. This will cause additional expenditure, but will be mitigated by Wirral's share of the additional £240m of funding announced by the DoHSC for Adult Social Care on 17th October '18.

The pooled fund of £131m, to which Adult Health & Care is a contributor, is currently forecasting a deficit position due to increased demand for services. Work is ongoing between Adult Health & Care and Wirral CCG to find means of managing this, including income generation and cost reduction plans. There is a potential further risk of £0.5m to Adult Health & Care if the pool is still in deficit at year-end.

3.3.0 IMPLEMENTATION OF SAVINGS

3.3.1 A summary of the position of 2018/19 Adult Care and Health savings at 31 December 2018 is below.

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

Portfolio	Approved Budget Reduction	Amount Delivered at Q3	Mitigation	To be Delivered
Adult Care and Health	2,000	1,303	0	697
Total	2,000	1,303	0	697

3.4.0 PERFORMANCE AGAINST CAPITAL BUDGETS QUARTER 3 (December 2018)

3.4.1 Capital Programme 2018/19 at end of Quarter 3 (31 December)

	Capital Strategy	September	December	Actual Spend Dec 2018
	£000	£000	£000	£000
Adult Care and Health	7,912	3,468	1,204	504
Total expenditure	7,912	3,468	1,204	504

* Break down of these figures can be found in appendix 1

3.4.2 Assistive Technology - various independent monitoring systems have been identified to support and maintain people living in their own homes, reducing the need for care packages and delaying the need for residential care. Work is continuing to identify suitable Medication Administration Record systems, the evaluation of both Geolocation tracking and home-smart monitoring systems.

3.4.3 Citizen and Provider Portal - progressing with the development of Liquidlogic and the integration of the ContrOCC system which helps teams improve the accuracy of their payments and charges. Commitments of £0.165 million are expected this year although actual payment only takes place once "go live" has been successfully implemented.

3.4.4 Extra Care Housing - the Council to pay Alpha Living £0.440 million in order for 78 units of extra care to be developed at Woodpecker Close. Onward Housing has now advised that their site acquisition is like to occur in July 2019. It is unlikely that the Council will incur any associated costs until then.

4.0 FINANCIAL IMPLICATIONS

4.1 The financial implications of this report are discussed throughout the report. This is essentially a financial monitoring performance update report.

5.0 LEGAL IMPLICATIONS

5.1 There are none arising directly from this report.

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

6.1 There are no implications arising directly from this report.

7.0 RELEVANT RISKS

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

8.0 ENGAGEMENT/CONSULTATION

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

9.0 EQUALITY IMPLICATIONS

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

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APPENDICES

Appendix 1 – Capital Programme and Funding 2018/19

BACKGROUND PAPERS

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Budget Council	5 March 2018
Cabinet – Revenue Monitoring 2018/19 Quarter 1	16 July 2018
Cabinet – Capital Monitoring 2018/19 Quarter 1	16 July 2018
Cabinet – Revenue Monitoring 2018/19 Quarter 2	26 November 2018
Cabinet – Capital Monitoring 2018/19 Quarter 2	26 November 2018
Cabinet – Revenue Monitoring 2018/19 Quarter 3	18 February 2019
Cabinet – Capital Monitoring 2018/19 Quarter 3	18 February 2019

Capital Programme and Funding 2018/19

APPENDIX 1

Adult Care & Health	Revised Programme £000	Spend to Date £000	Council Resources £000	Grants £000	Total Funding £000
Heswall Day Centre	90	4	90	-	90
Extra Care Housing	440	-	-	440	440
Citizen & Provider Portal/I.T.	50	25	-	50	50
Assistive Technology	185	103	-	185	185
Pensby Wood re-modelling (including fit out)	439	372	439	-	439
	1,204	504	529	675	1,204

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Adult Care and Health 2018/19 – Quarter 3

Overview & Scrutiny Committee

19th February 2019

Mathew Gotts

Monitoring Report Headlines

- **Balanced Q3 revenue forecast.**
- **Savings on target for full delivery.**
- **Increased demand for services.**
- **Pressures on the pooled fund.**
- **Underspending on capital schemes.**

2018/19 – Third Quarter Forecast

	Budget (£m)	Forecast (£m)	Variance (£m)
EXPENDITURE			
Employees	10.3	8.2	2.1
Care Packages & BCF	108.5	111.0	(2.4)
Commissioned Services	21.1	23.2	(1.9)
Support charges	4.7	4.7	-
	144.8	147.0	(2.3)
INCOME			
Service User Charges	(19.5)	(20.7)	1.2
Grant Funding	(25.4)	(24.5)	(1.0)
Joint Funded Income	(7.5)	(7.6)	0.2
Other Income	(0.5)	(2.4)	1.8
	(52.9)	(55.2)	2.3
Net Budget	91.8	91.8	-

2018-19 Adult Social Care Budget & Pressures

Budget Increase		(£m)	Cost Pressures	(£m)
	Social Care Precept	3.9	Fee Rate Increases	3.0
	Increase in BCF	3.7	Demographic growth	2.0
	Winter Pressures Funding	1.8	Contingency One Off	2.0
	ILF Grant	1.6	Pre-Agreed Savings	2.0
	Reduction in ASC grant	(0.7)	Additional Demand	1.8
			17/18 pressures	1.4
			Other items	1.1
			Demand management	(3.0)
		10.3		10.3

Service User Numbers

Care Type	March '18	Dec '18	+/- (%)
Long-Term Res. and Nursing Care	1,359	1,392	2.4%
Short-Term Residential	400	354	(11.5%)
Community Care	2,573	2,792	8.5%
Direct Payments	605	616	1.8%
Total Headcount	4,937	5,154	4.4%

Pooled Fund with Wirral CCG

- **Total pool value: £131.9m**
- **Overall quarter 3 forecast: balanced**
- **Adult Social Care: balanced**
- **Better Care Fund: £0.4m underspend**
- **CCG budgets: £1.5m pressure identified, expected to be balanced at year-end through Financial Recovery Plan.**

2018/19 – Third Quarter Capital Forecast

Service	Budget (£'000)	Spend at Q3 (£'000)	Balance (£'000)
Heswall Day Centre	90	4	86
Extra Care Housing	440	-	440
Citizen & Provider Portal	50	25	25
Assistive Technology	185	103	82
Pensby Wood	439	372	67
	1,204	504	700

2019/20 Adult Social Care Budget & Pressures

	Budget Increase	(£m)	Cost Pressures	(£m)
Page 30	Net increase in BCF	3.5	Fee rate increases	4.8
	Winter Pressures Funding	1.8	Pre-agreed savings	2.0
	Social Care Support Grant	0.5	Demographic growth	1.9
	Reduction in ILF Grant	(0.1)	Other items	0.9
	Loss: Adult Social Care Grant	(1.8)	Demand management	(5.0)
		4.6		4.6

Finance Summary 2018/19

- **Cost Pressures**

Page 31

Pooled Budget Pressures

- **Budget 2019/20**

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Adult Care and Health Overview and Scrutiny Committee Tuesday, 19 March 2019

REPORT TITLE:	2018/19 Quarter 3 Wirral Plan and Health and Care Performance
REPORT OF:	Director for Health & Care (DASS)

REPORT SUMMARY

This report provides the 2018/19 Quarter 3 (October - December 2018) performance report for the Wirral Plan pledges under the remit of the Adult Care and Health Overview and Scrutiny Committee. The report, which is included as Appendix 1, provides an overview of the progress in Quarter 3 and available data in relation to a range of outcome indicators and supporting measures.

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

Quarter Three Wirral Plan Performance Summary

- Neighbourhood Leadership Teams have now been established across 9 areas of Wirral, each with a population from 25,000 - 55,000 residents. Led by a GP Coordinator, professionals from the GP practices, community, mental health, social care and community and voluntary services are working proactively together to support people with their health and care needs.
- Age UK provide companion evenings and lunch corners and offer support to older people to attend to build their confidence. The events reduce isolation, encourage older people to make new circles of support in later life and help people maintain independence.
- Ensuring people with disabilities have stable and appropriate accommodation improves their safety, increases their independence and reduces their risk of social exclusion. The Q3 figure of 85% has steadily improved over the year, from 83.5% in Quarter 2 and by 2.3 percentage points from the start of the year. However, we are behind the latest available North West benchmark (87.8% at Q2).
- Four extra care home schemes are either completed or currently onsite, providing a total of 75 units of extra care by the end of 2019/20. The housing will increase the number of adults with a learning disability who live in stable and appropriate accommodation.

- Merseyside Jobcentre Plus has increased the number of employers who are now signed up to being Disability Confident. As of 30th November, there are 80 Wirral based employers signed up to being Disability Confident.
- In October we held the first Wirral Zero Tolerance towards Domestic Abuse Conference. A new Business Quality Mark was launched supporting businesses to tackle Domestic Abuse in their own workforce or communities around them. The conference also saw the launch of www.Itsneverokwirral.org a website designed to provide information and support for Domestic Abuse victims, survivors and practitioners in one place
- MARAC cases continue to rise when compared to last year. Following a reduction in staffing in the Family Safety Unit over the previous quarter, the service is now back to fully staffed and able to deal with the demand of new cases. Repeat rate of Domestic Abuse show a worsening trend over the previous 12 months. This increase was expected due to national changes in repeat criteria and we will continue to monitor over the remainder of the plan.

RECOMMENDATION

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

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION

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

2.0 OTHER OPTIONS CONSIDERED

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

3.0 BACKGROUND INFORMATION

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

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

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

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

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

3.8 An additional report is included at Appendix 2 setting out a series of key indicators for the Adult Health and Care. This is in response to Members requesting that Adult Health and Care performance data is provided to the Committee.

4.0 FINANCIAL IMPLICATIONS

4.1 There are no financial implications arising from this report.

5.0 LEGAL IMPLICATIONS

5.1 There are no legal implications arising from this report.

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

6.1 There are none arising from this report.

7.0 RELEVANT RISKS

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

8.0 ENGAGEMENT/CONSULTATION

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

9.0 EQUALITY IMPLICATIONS

9.1 The Wirral Plan equality impact assessment can be found at:

<https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments/equality-impact-assessments-2014-15/chief>

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APPENDICES

Appendix 1: Wirral Plan – 2018/19 Quarter 3 Pledge Report

Appendix 2: Adult Social Care and Health Performance Overview – Quarter 3
2018/19

BACKGROUND PAPERS

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
People Overview and Scrutiny Committee	8 September 2016
People Overview and Scrutiny Committee	28 November 2016
People Overview and Scrutiny Committee	23 March 2017
Adult Care and Health Overview and Scrutiny Committee	28 June 2017
Adult Care and Health Overview and Scrutiny Committee	13 September 2017
Adult Care and Health Overview and Scrutiny Committee	28 November 2017
Adult Care and Health Overview and Scrutiny Committee	20 March 2018
Adult Care and Health Overview and Scrutiny Committee	27 June 2018
Adult Care and Health Overview and Scrutiny Committee	12 September 2018
Adult Care and Health Overview and Scrutiny Committee	27 November 2018

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Appendix 1

Wirral Plan Adult Care and Health Committee 2018-19 Quarter 3 Reports

Page 39



Older people live well

Overview from Lead Cabinet Member

The Heswall and West Kirby Door Knocks took place in Q3 with 6 Partner Organisations were involved. 603 Doors were knocked on resulting in 120 conversations and 49 Referrals. A third door knock was postponed from December to January due to bad weather. Community Action Wirral have continued to attend community events to promote volunteering and now have 96 people ages 50+ registered on the volunteer portal, just 4 away from our target of 100 for the year.

The average number of people attending lunch corners held by Age UK increased from 46 to 47 people in Q3 whilst companionship evenings attendance decreased from 15 to 8, possibly due to the bad weather. Age UK offer support to older people to attend to build their confidence. The events reduce isolation, encourage older people to make new circles of support in later life and help people maintain independence.

Following the success of the Age Friendly programme in Wirral, we're continuing to expand the programme into the Liverpool City Region, working with retailers to prepare for a provisional launch date of 1st April 2019.

We're on track to deliver more than the original target of 300 units of additional care homes however original timescales won't be met due to the impact of the significant delay on the Government decision regarding funding for Extra Care schemes. Four schemes are completed or on site (75 units) and four more schemes are due to be fully completed by the end of 2021/22 (387 units).

Neighbourhood Leadership teams have been set up across 9 areas of Wirral. Each team is made up of representatives from each of the practices, community, mental health and social care and community and voluntary services and their role is to foster the shared neighbourhood identity and understand how well the services work together. They'll look at where services can improve to provide better outcomes for their populations and understand the health and care needs of their communities and how they might generate local solutions to specific local needs. They aim to reduce variation in care and processes that are not necessary to meet specific needs of individuals or communities.

The Dementia Strategy Board are publishing a report in the coming weeks with findings from a recent review of a Clinical Commissioning Group survey and other stakeholder engagement. The report along with refreshed Joint Strategic Needs Assessment data will feed a strategy which will launch in April and run for 4 years. The strategy will focus on the key elements of the dementia pathway (preventing well, diagnosing well, supporting well, living well and dying well).

Finally, the employment rate for people aged 50+ dipped slightly to 39.4% after hitting it's highest point since the plan began in Q2 (40.6%). The employment rate for people aged 50+ has increased by 17.6% since the start of the plan.

Wirral Plan Indicator	Indicator	Wirral Plan Start	Benchmark Data	Year End 2017-18	2018-19 Q1	2018-19 Q2	2018-19 Q3	2018-19 Q4	Year End 2018-19	Trend (See Key)	Comment
Proportion of residents aged 50+ volunteering on a regular basis	Annual Higher is better	26% (Oct 2015)		26% (Dec 2017)						n/a	The proportion of Wirral Residents aged 50 plus who say they volunteer at least once a month remained the same as 26% reported in the previous survey in 2016.
Proportion of residents aged 50+ who say that they are satisfied with the choice of housing in their local area	Annual Higher is better	56% (Oct 2015)		57% (Dec 2017)						n/a	The percentage of Wirral Residents aged 50 plus stating they are satisfied with the choice of housing in their local area increased from 56% reported in the previous survey in 2016.
Healthy Life Expectancy at birth: Males	Annual Higher is better	59.8 (Jan 2011- Dec 2013)	England: 63.3 (Jan 2014 - Dec 2016) North West: 60.9 (Jan 2014 - Dec 2016)	61.1 (Jan 2013 - Dec 2015)					61.4 (2014-16)	Better	It's encouraging that the healthy life expectancy at birth for males continues to improve on the baseline (Wirral Plan start). This data comes from the public health outcome framework. Whilst data is released annually in November, there is a significant time lag. The latest data relates to 2014-16.
Healthy Life Expectancy at birth: Females	Annual Higher is better	61.8 (Jan 2011- Dec 2013)	England: 63.9 (Jan 2014 - Dec 2016) North West: 62.0 (Jan 2014 - Dec 2016)	61.7 (Jan 2013 - Dec 2015)					60.3 (2014-16)	Worse	It's disappointing to see that the healthy life expectancy at birth for females has worsened. The healthy life expectancy at birth for females also decreased across the North West and the rest of the Country. This data comes from the public health outcome framework. Whilst data is released annually in November, there is a significant time lag. The latest data relates to 2014-16.

Supporting Measure	Indicator	Wirral Plan Start	Benchmark Data	Year End 2017-18	2018-19 Q1	2018-19 Q2	2018-19 Q3	2018-19 Q4	Year End 2018-19	Trend	Comment
Percentage of older people (aged 50+) who feel safe when outside in the local area during the day	Annual Higher is better	88% (Oct 2015)		92% (Dec 2017)						n/a	The percentage of Wirral Residents aged 50 plus who said they feel safe when outside in the local area during the day increased from 88% reported in the previous survey in 2016.
Percentage of older people (aged 50+) who feel safe when out in the local area after dark	Annual Higher is better	55% (Oct 2015)		54% (Dec 2017)						n/a	The percentage of Wirral Residents aged 50 plus who said they feel safe when outside in the local area after dark decreased from 55% reported in the previous survey in 2016.
Percentage of older people (aged 50+) who reported feeling healthy	Annual Higher is better	65% (Oct 2015)		58% (Dec 2017)						n/a	The percentage of Wirral Residents aged 50 plus who reported feeling healthy decreased from 65% reported in the previous survey in 2016.
Employment rate of people aged 50+	Quarterly Higher is better	33.5% (Jun 2015)	England: 42.0% (Oct 2017 - Sep 2018) North West: 39.4% (Oct 2017 - Sep 2018)	37.0% (Jan - Dec 2017)	38.4% (Q1 2018-19)	40.6% (Q2 2018-19)	39.4% (Q3 2018-19)			Worse	Latest figures are for Q3 2018-19 and refer to the period October 2017-September 2018. The latest Employment rate aged 50+ measure from the Office for National Statistics is 39.4%. Whilst this has dipped from last quarter it's 5.9 percentage points higher than at the start of the Wirral Plan. We're performing the same as our North West neighbours (39.4%) and is below the National average (42%).

People with disabilities live independent lives

Overview from Lead Cabinet Member

The number of adults with a learning disability who live in stable and appropriate accommodation has increased again to 85% this quarter (up from 83.5% in Q2 and from 82.7% from the start of the year). Wirral is on track to deliver more than the original target of 300 units of additional care homes however original timescales won't be met due to the impact of the significant delay on the Government decision regarding funding for Extra Care schemes. Four schemes are completed or on site (75 units) and four more schemes are due to be fully completed by the end of 2021/22 (387 units).

We're working hard to meet the national target of 75% disabled people completing annual health checks by 2020. Currently around 50% of disabled people complete annual health checks in Wirral however anecdotal evidence indicates that this figure is under-reported. We are working with Wirral Intelligence Service to address potential coding issues with GP practices and providing an information pack to practices to raise awareness of the importance of this task. We will undertake a cross check with payments and number of health checks reported. Health passports will increase proportionally as they are an outcome of the annual health checks.

Merseyside Jobcentre Plus has made great inroads into increasing the number of employers who are now signed up to being Disability Confident. As of 30th November there are 80 Wirral based employers signed up to being Disability Confident with 1 at level 3 Disability Confident. Employer sign up events are being held by Jobcentre Plus and their staff are advising employers that being Disability Confident can support their recruitment and retention policies. Wirral Council is already a Disability Confident employer and working towards Level 3.

The Live Well Directory has been developed to provide easy access to information and support vacancy management. Live Well will share basic service profile content with the Best You App so that users of the app can identify services "near me" and can easily access comprehensive information on the service. Reviews of how Live Well supports carers and how autism services are represented are planned in the new year. A specification has been produced for a self-help tool to support social prescribing.

We're pursuing a 'payment by results' Travel Training option with HCT Group and the National Lottery with the formal award expected in June 2019. A programme will be ready for delivery last quarter of 2019.

A number of settings have been agreed to trial home smart monitoring and extra-care facilities will be included, incorporating people with dementia, people with learning disabilities and older people. Opportunities to deploy medication management technologies are being explored as well as platforms to support the safe and secure use of GPS tracking technologies. Following positive results, a pilot scheme examining the use of electronic care planning with domiciliary care providers has been extended until May 2019 and the residential home version of Safe Steps, a falls risk reduction app has been launched.

The first items from the "innovation" fund are about to be purchased to test an interactive projector system to aid learning / memory and provide stimulation to people with disabilities and people with dementia and a biometric locking system for an extra care facility to improve security.

Wirral Plan Indicator	Indicator	Wirral Plan Start	Benchmark Data	Year End 2017-18	2018-19 Q1	2018-19 Q2	2018-19 Q3	2018-19 Q4	Year End 2018-19	Trend (See Key)	Comment
Health related quality of life for people with long term conditions	Annual Higher is better	0.698 (Jul 2014 - Mar 2015)	England: 0.737 (Jan-Mar 2017)	0.700 (Jan-Mar 2017)						n/a	Health-related quality of life for people with long-term conditions improved to 0.700 in Jan-Mar 2017 compared to 0.695 the previous period but falls short of the average for the rest of England (0.737). This data is captured by NHS England through the GP Patient Survey and reported as part of the NHS Outcomes Framework.
Employment rate aged 16-64 - Equality Act core or Work Limiting Disabled	Quarterly Higher is better	37.5% (Jul 2014 - Jun 2015)	England: 54.1% (Oct 2017 - Sep 2018) North West: 50.4% (Oct 2017 - Sep 2018)	44.1% (Jan - Dec 2017)	47.5% (Apr 2017 - Mar 2018)	48.8% (Jul 2017 - Jun 2018)	45.8% (Oct 2017 - Sep 2018)			Worse	The Employment rate aged 16-64 - Equality Act core or Work Limiting Disabled measure from the Office for National Statistics has dipped in Q3 from its high last quarter to 45.8%. It's up 3.8% since the start of the year and 22.1% since the start of the plan.

Supporting Measure	Indicator	Wirral Plan Start	Benchmark Data	Year End 2017-18	2018-19 Q1	2018-19 Q2	2018-19 Q3	2018-19 Q4	Year End 2018-19	Trend	Comment
The gap in progress between pupils with a SEN statement/EHCP and their peers at Key Stage 4	Annual Lower is better	(n/a)	England: 1.11 (2016-17 Acad Year) North West: -1.05 (2016-17 Acad Year)	1.21 (2016-17 Acad Year)					0.97 (2017-18 Acad Year)	Better	Non SEN 0.13, Statement/EHCP -0.84
Proportion of people with long term conditions who feel supported to manage their condition	Annual Higher is better	66.7% (Jul 2014 - Mar 2015)	England: 59.6% (Jan-Mar 2018)	67.2% (Jan-Mar 2017)					60.1% (Jan- Mar 2018)	Worse	The proportion of people who are feeling supported to manage their condition is 60.1% for the period January 2018 - March 2018. This has reduced from 67.2% the previous year. Whilst this reduction is disappointing it reflects the sentiment across the rest of the country. The national average is 59.6%, down from 64% last year.
The number of disabled people in receipt of personal budgets (including Direct Payments and Personal Health Budgets)	Quarterly Higher is better	(n/a)		Total: 808 Adults: 605 Childrens: 203 (Q4 2017-18)	Total: 831 Adults: 616 Childrens: 215 (Q1 2018-19)	Total: 779 Adults: 606 Childrens: 173 (Q2 2018-19)	Total: 801 Adults: 610 Childrens: 191 (Q3 2018-19)			Better	22 more people are in receipt of personal budgets this quarter. 610 adults were reported by the Department of Adult Social Services to be in receipt of personal budgets (up from 606 last quarter). 191 young people were in receipt of personal budgets, up from 173 last quarter.
Adults with a learning disability who live in stable and appropriate accommodation	Quarterly Higher is better	(n/a)	North West: 87.8% (Q2 2018-19)	82.7% (2017-18)	82.8% (Q1 2018-19)	83.5% (Q2 2018-19)	85.0% (Q3 2018-19)			Better	Ensuring people with disabilities have stable and appropriate accommodation improves their safety, increases their independence and reduces their risk of social exclusion. The Q3 figure of 85% has increased again from last quarter (83.5) and has increased by 2.3 percentage points from the start of the year. However we're still behind the latest available North West benchmark (87.8% at Q2). There has been an increase in Extra Care schemes throughout the borough, which aims to increase the number of adults with a learning disability who live in stable and appropriate accommodation.

Zero tolerance to domestic violence

Overview from Lead Cabinet Member

In October we held the first Wirral Zero Tolerance towards Domestic Abuse Conference. It was pleasing to open the conference by announcing that Wirral Council will be following the example of New Zealand and Canada by providing leave to support employees who are experiencing Domestic Abuse. Moving forward we will be encouraging organisations to tackling Domestic Abuse in their own workforce or communities around them, offering training toward a Zero Tolerance to Domestic Abuse Business Quality Mark. The training run by Involve North West, covers recognising the signs that someone may be subject to Domestic Abuse, providing a safe space and the opportunity to disclose and where to refer if a disclosure is made (using 'Recognise/Respond/Refer'). A number of organisations having completed their training received the Quality Mark award during the conference. The conference also saw the launch of www.Itsneverokwirral.org, a website designed to provide information and support for Domestic Abuse victims, survivors and practitioners in one place. It aims to clearly signpost resources available to residents. A communications and marketing campaign was run alongside this and highlight that domestic abuse is not only physical with a key message that It's Never Ok.

Wirral supported 16 days of Activism in November aimed at to dispel harmful myths and misconceptions around Domestic Abuse, which may hamper survivors from accessing vital support. Wallasey and Birkenhead Town Hall glowed orange for the weekend from 23rd - 25th November, in solidarity with the campaign theme and colours. Tranmere Rovers Football Club also dedicated a home game to the day, on 24th November, supporting the #ItsNeverOk campaign.

In addition we have launched the pilot of an out of hours IDVA provision over high/peak demand periods (eg weekends and bank holidays). The IDVA service is now back to a fully staffed service and we are able to deal with the demand of new cases.

As part of our priority for Prevention and Early Intervention of Domestic Abuse, we have commissioned a social research group, Revealing Reality to work collaboratively with stakeholders to identify the scale, size and complexity of BAME and LGBT populations who have experience Domestic Abuse in Wirral.

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

- MARAC cases continue to rise when compared to last year. Following a reduction in staffing in the Family Safety Unit over the previous quarter, the IDVA service is now back to a fully staffed service and we are able to deal with the demand of new cases. Repeat rate of Domestic Abuse show a worsening trend over the previous 12 months. This increase was expected due to national changes in repeat criteria and we will continue to monitor over the remainder of the plan.
- It is disappointing to note a joint LCR bid to purchase licences for all Merseyside Local Authorities to use an updated Barnardos tool assessing the impact of Domestic Abuse on children was not successful. Securing funding to purchase this tool remains a priority and alternative funding channels are being explored.
- Following the publication of a draft specification to review the effectiveness of the Integrated Offender Management programme, Liverpool John Moores University have applied for funding to support their research. We are awaiting confirmation of this funding being secured and this priority remains at risk whilst we explore funding options.

We are delighted that the Safer Wirral Hub has been shortlisted for the highly prestigious Local Government Chronicle (LGC) Awards for 2019 in the Public/Public Partnership category. This is a great testament to this unique partnership which brings together all the public and community safety functions of Wirral Council, Merseyside Police and Merseyside Fire & Rescue Service into one single management structure and operations base.

It is good to see that in February a workshop has been arranged for the Domestic Abuse Alliance to agree next years priorities and work programme.

Wirral Plan Indicator	Indicator	Wirral Plan Start	Benchmark Data	Year End 2017-18	2018-19 Q1	2018-19 Q2	2018-19 Q3	2018-19 Q4	Year End 2018-19	Trend (See Key)	Comment
Number of domestic abuse Wirral MARAC cases per 10,000 adult females (annualised)	Quarterly	54.0 (2014-15)	Most Similar Force Group: 52.0 (Oct 2017-Sep 2018) National: 38.0 (Oct 2017-Sep 2018)	52.3 (Apr 2017-Mar 2018)	52.5 (Jul 2017-Jun 2018)	59.3 (Oct 2017-Sep 2018)	63.7 (Jan-Dec 2018)			n/a	There were a total of 873 cases that were dealt with at MARAC in the 12 months prior to December 2018. This equates to 63.7 cases per 10,000 female population and is a significant increase on the same in the previous year (53.2). The volume of cases at MARAC was highlighted at the MARAC self-assessment and will be an agenda item at the next MARAC steering group.
Children and young people experience domestic abuse (Wirral MARAC cases)	Quarterly	1,289 (2014-15)		1,302 (2017-18)	334 (Apr-Jun 2018)	394 (Jul-Sep 2018)	264 (Oct-Dec 2018)			n/a	Data is for the period October-December 2018 and is higher than the same period last year (208). We now have a Children and Young Peoples (CYP) Safeguarding Advisor agency worker in the Family Safety Unit who will complete checks on all MARAC cases. This means the figure is likely to increase in future as extra children are identified from CYP databases.
Percentage of incidents of repeat domestic abuse (Wirral MARAC cases)	Quarterly Lower is better	16.0% (2014-2015)	Most Similar Force Group: 33.0% (Oct 2017-Sep 2018) National: 28.0% (Oct 2017-Sep 2018)	28.3% (Apr 2017-Mar 2018)	26.1% (Jul 2017-Jun 2018)	32.0% (Oct 2017-Sep 2018)	32.9% (Jan-Dec 2018)			Worse	Data is for repeat MARAC cases over the previous 12 month period and shows an increase compared previous quarter (32.9% compared to 29%). This equate to 287 out of 873 cases. We are also expecting an increase to around 40% (predicted by SafeLives) in the coming year due to a change in the criteria for repeat referrals.

Supporting Measure	Indicator	Wirral Plan Start	Benchmark Data	Year End 2017-18	2018-19 Q1	2018-19 Q2	2018-19 Q3	2018-19 Q4	Year End 2018-19	Trend	Comment
Number of Domestic Abuse cases referred to the Family Safety Unit (FSU)	Quarterly	949 (2014-15)		928 (2017-18)	276 (Apr-Jun 2018)	258 (Jul-Sep 2018)	282 (Oct-Dec 2018)			n/a	From October to December 2018 there were 282 referrals to the Family Safety Unit. This is an increase of 27.6% compared to the same quarter last year (221). Referrals from police form the majority of referrals and have increased slightly from 65% to 67% of total referrals.
% of children and Young People single assessments completed with Domestic Violence (DV) related factors	Quarterly Lower is better	(n/a)		33.3% (Apr 2017-Mar 2018)	35.2% (Apr-Jun 2018)	32.4% (Apr-Sep 2018)	28.2% (Apr-Dec 2018)			Better	Data is for the period April - December 2018. At 28.2% shows an improvement on the same period in the previous year (34.3%) and overall performance for 2017-18 (33.3%). Statistics for children subject to a second or subsequent child protection plan for 2018-19 is 32.4%, further analysis identifies key issues for these families such as drug/alcohol issues and domestic abuse.
Rate of referrals to social care presenting Domestic Violence issues (adults aged 18+ years) per 100,000	Quarterly Higher is better	(n/a)		21.30 (Apr 2017-Mar 2018)	3.42 (Apr-Jun 2018)	6.52 (Apr-Sep 2018)	8.40 (Apr -Dec 2018)			Worse	Data is for the period April-December 2018. This is significantly lower when compared to the same period last year (16.56) and represents 27 referrals for Domestic Violence which represents 2.7% of total Safeguarding enquiries for the period.

Report Key

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

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

Action - These are shown as either:

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

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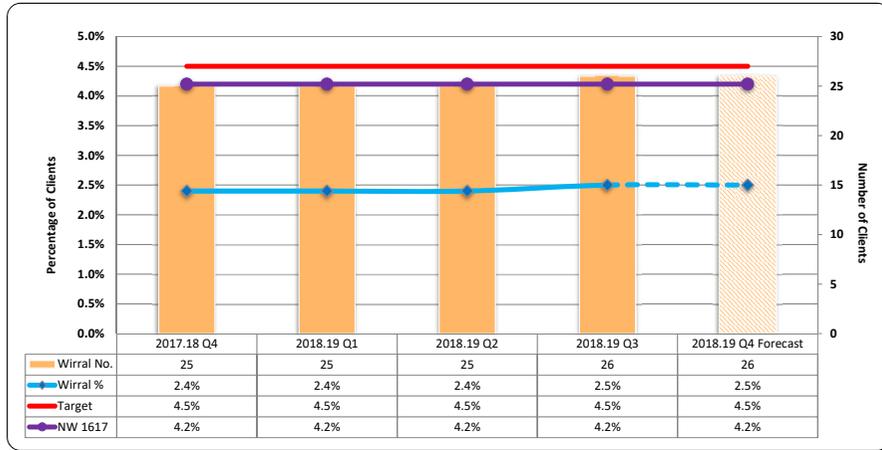


ADULT HEALTH AND CARE PERFORMANCE OVERVIEW

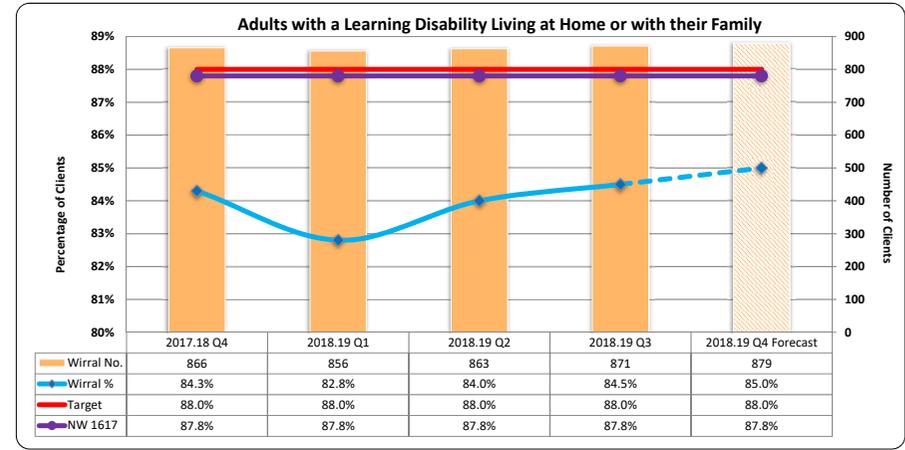
2018/19 QUARTER 3

Page 45

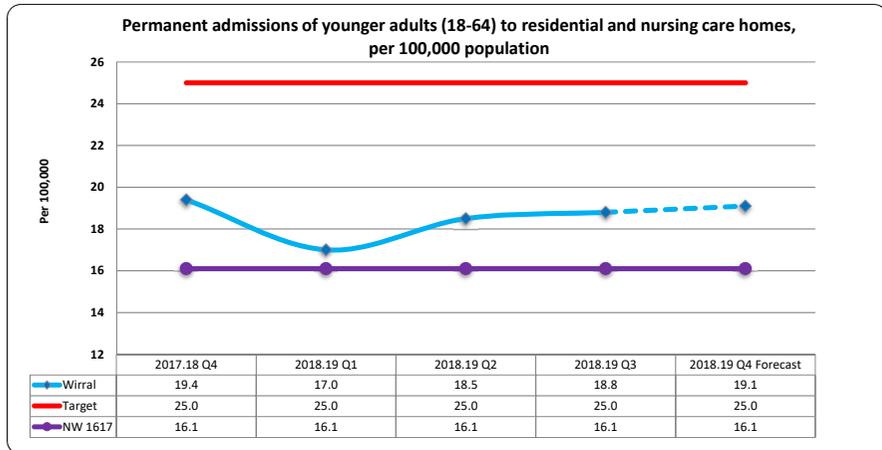




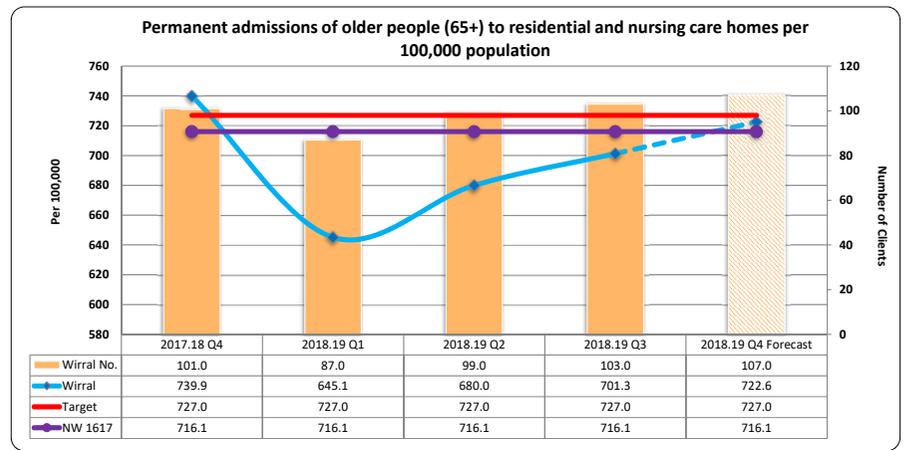
A total of 26 people (of 1,016) with a learning disability are currently in paid employment. Work is on-going with Wirral Evolutions to review the people in supported employment to check for eligibility for inclusion in this measure and to explore further opportunities to support individuals into employment. The Council has recently been awarded Disability Confident Employer status and is working towards becoming a Disability Confident Leader in conjunction with the Wirral Chamber of Commerce. A programme of internships is to be proposed with Wirral Met College and the DWP have an employment advisor working with disabled people and small businesses.



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

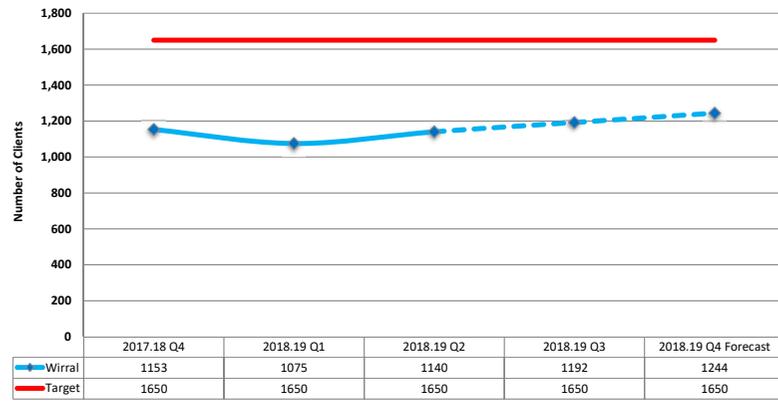


Wirral continue to focus on providing support to people in their own homes. A small number of working age adults have such complex needs that they require care home provision where we cannot meet their needs in a community setting. We continue to develop services to support people to remain in their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



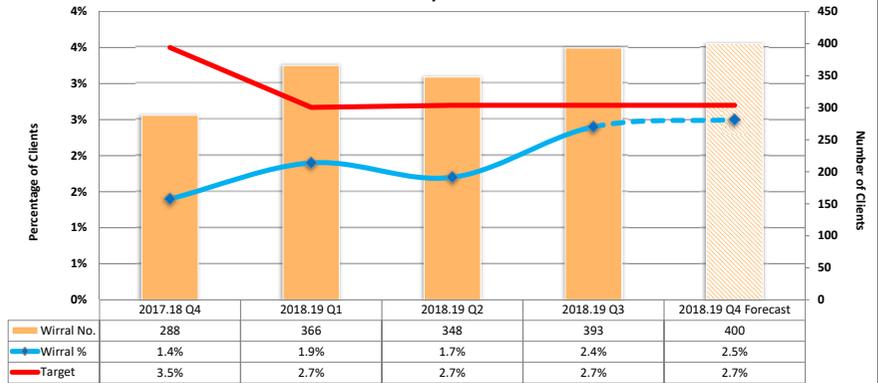
Over the last year there has been a significant reduction in permanent admissions for older people over 65 in line with plan. The council is promoting independent living increasingly, however there has been an increase over recent months which correlates with high levels of demand for all provision. We continue to invest in intermediate and reablement services to maximise individual opportunities to return home. We have agreed a 5% reduction target during 18/19 and continue to perform well with lower admissions than the North West average.

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



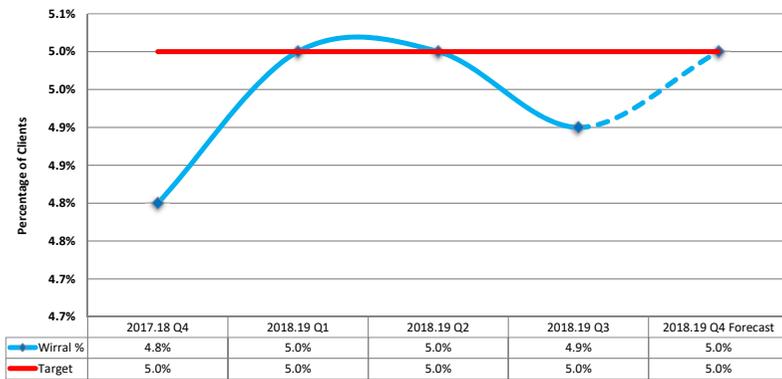
Wirral continues to focus on supporting people to remain in their own homes. Performance demonstrates a consistent picture of older people being supported in the community and fewer placements into long term care homes.

DToC - Delayed Transfer of Care



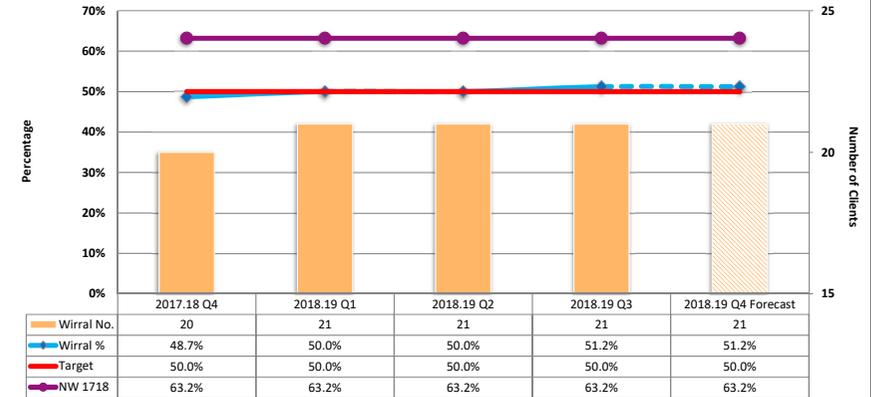
High levels of demand through the winter period can have a significant affect on DToCs. Local teams have maintained excellent performance within the upper quartile nationally during this period however it is likely that as pressures increase there will be a small shift upwards, however it is highly likely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

Proportion of new requests for support resulting in long term services



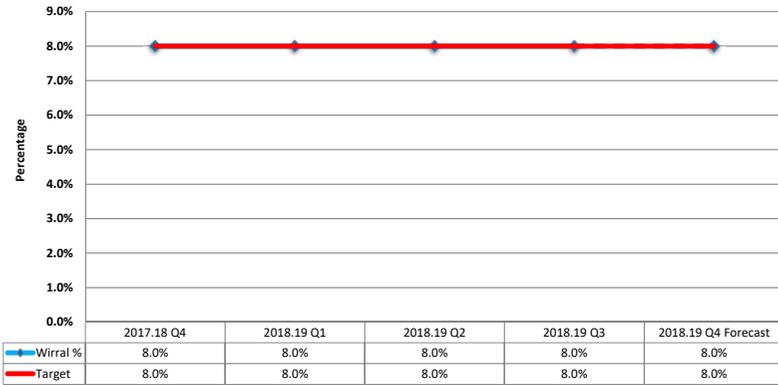
This increase reflects high levels of demand being experienced by social care services.

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



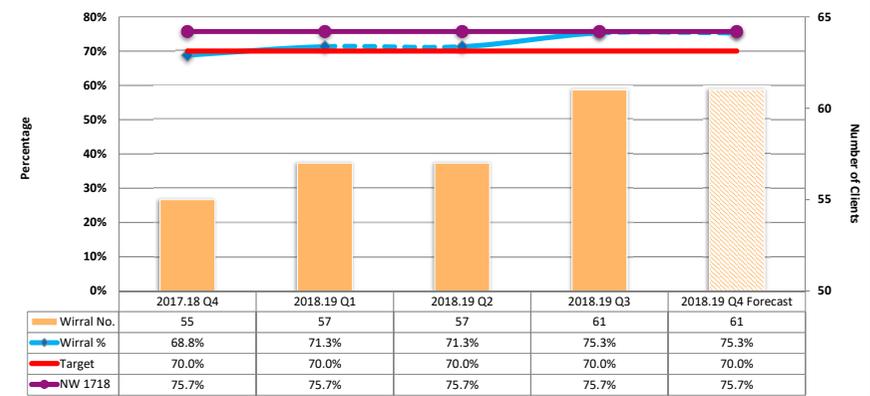
CQC inspections will continue throughout the year and we should ensure we support homes to achieve a 'Good' or 'Outstanding' grading. We continue to work with providers who require improvement and are performing to target with a sustained improvement across the sector.

% of Beds available in Residential and Nursing Homes



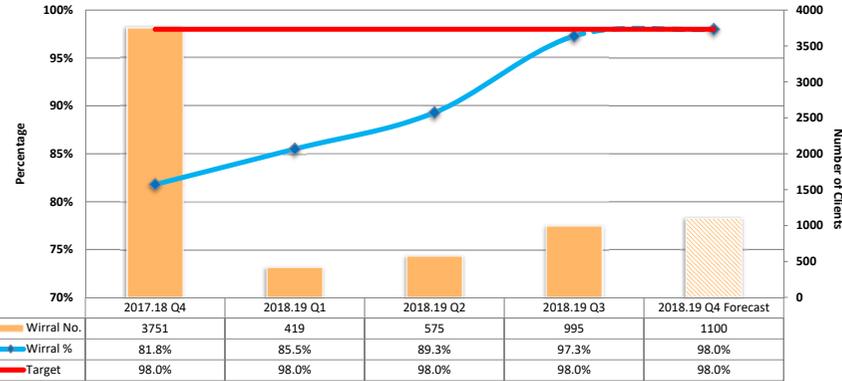
There is capacity within the system to cope with any unforeseen rise in demand, whilst maintaining a level that is sufficient to allow private establishments to remain as functioning organisations. Vacancy rates of exclusive block commissions for intermediate provision are available.

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



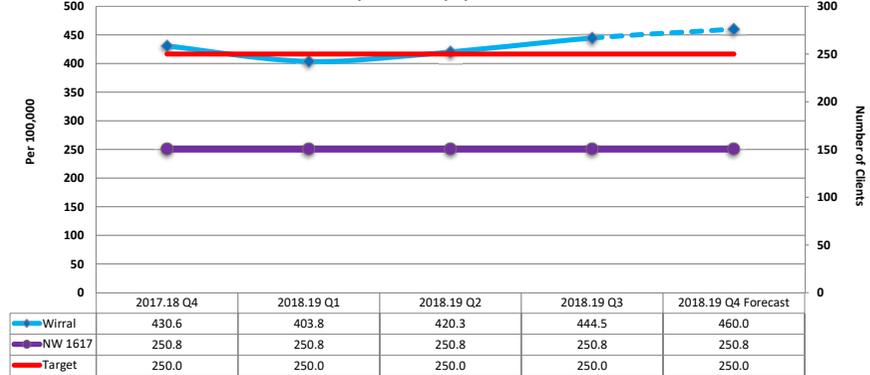
Over two thirds of the residential homes on the Wirral are now rated a 'Outstanding' or 'Good', although there is a general trend that more recent ratings have been at the lower end of the scale. CQC inspections will continue throughout the year and we should ensure we support homes to achieve a 'Good'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

% of Safeguarding Contacts Completed within 24 Hours

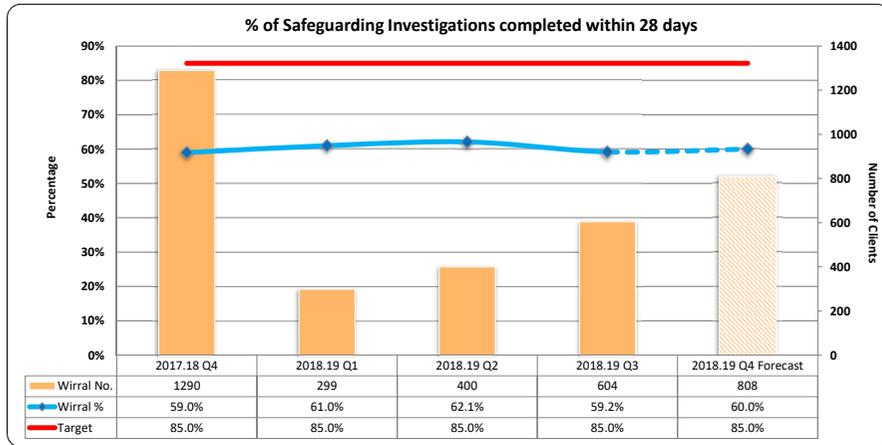


Significant work has been undertaken within Wirral Community NHS Foundation Trust to improve data recording. This has the effect of raising the performance towards achieving target. Work is underway with LCR partners to consider referral routes for safeguarding and the handling arrangements for safeguarding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

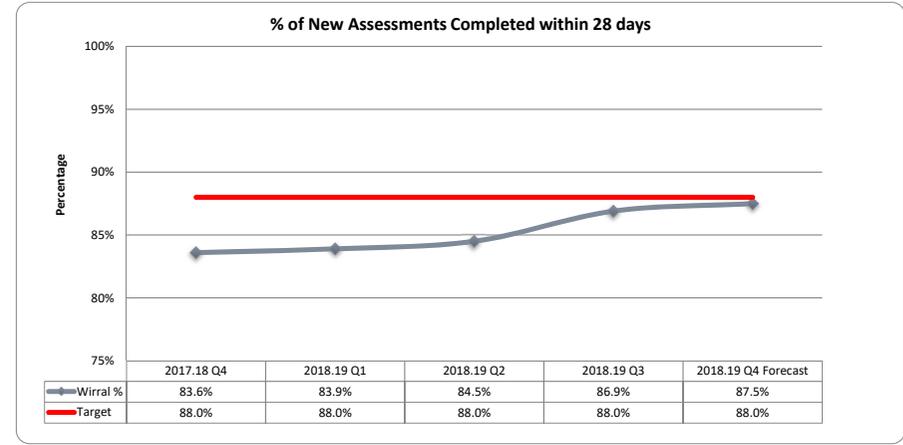
Number of episodes of reablement / intermediate care intervention for clients aged 65+ per 10,000 population



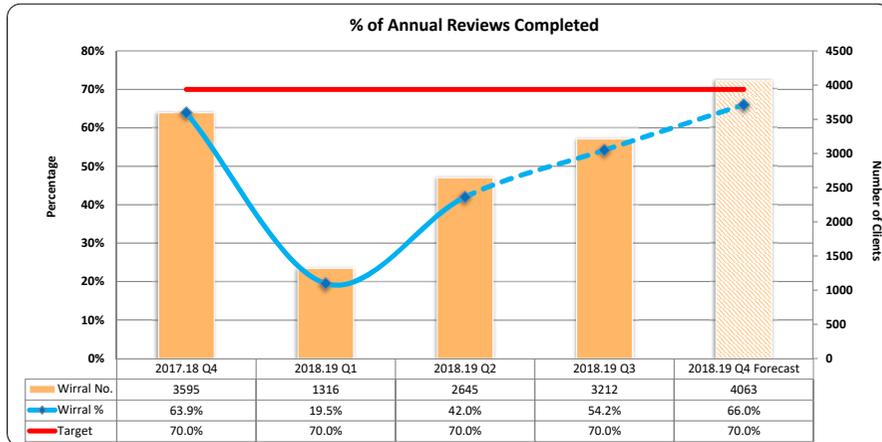
Wirral are performing significantly better than the North West average. Capacity of home based reablement has been affected by pressures within the domiciliary care market and in order to support an outcomes focussed approach the Council has agreed to pay all calls as a minimum of 30 minutes and to increase the retainer paid linked to hospital admissions from 48 hrs to 7 days. Whilst capacity and throughput remain as pressures, the continuing positive outcomes of individuals who receive reablement should be noted. Revised pathways are in place to ensure individuals have access to home or bed based reablement or intermediate care services for both admission avoidance and discharge.



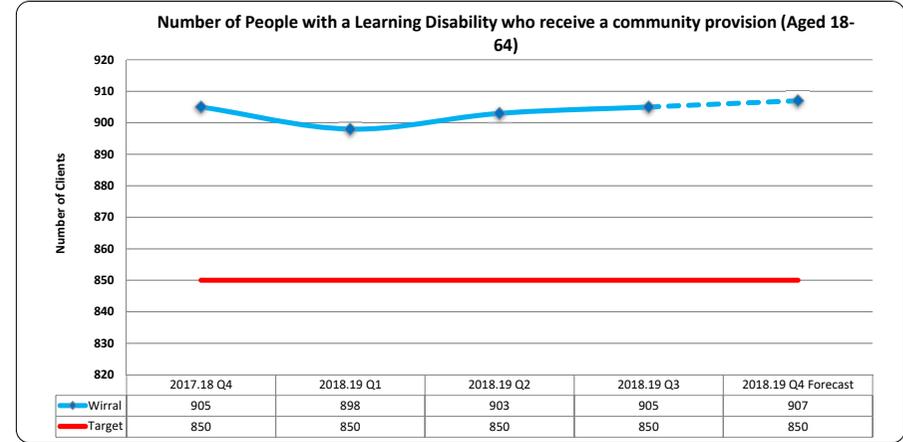
There is incremental improvement in the number of safeguarding investigations concluded within 28 days. This is mainly due to the focussed work on improving Social Work practice in this area. Safeguarding investigations can take longer than 28 days due to external factors such as police investigations.



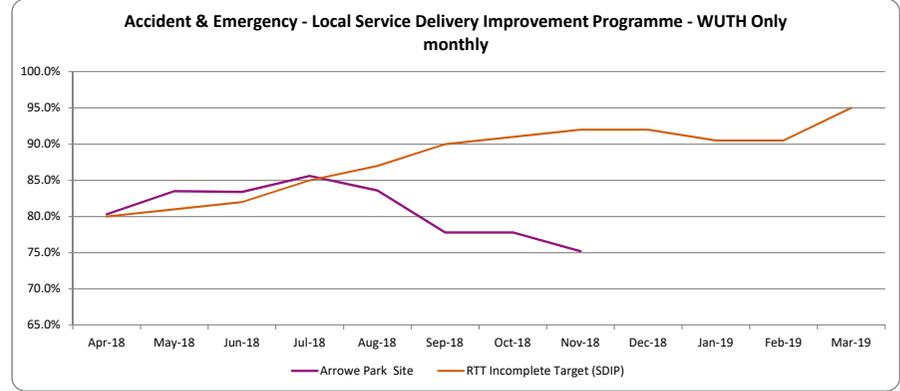
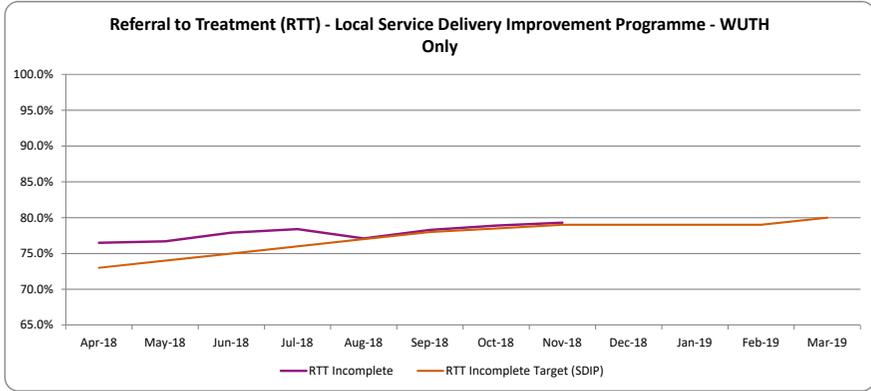
The percentage of assessments completed within 28 days continues to increase. Focussed work in this area continues to ensure a good standard of service delivery.



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



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





ADULT CARE AND HEALTH OVERVIEW & SCRUTINY COMMITTEE

19 MARCH 2019

REPORT TITLE	EXTRA CARE HOUSING DEVELOPMENT
REPORT OF	Simon Garner, Lead Commissioner for All Age Independence

REPORT SUMMARY

Extra Care Housing provides opportunities for older people and people with learning disabilities to have greater choice and control to live as independently as possible, within the community. Extra Care Housing isn't simply about providing a home with the right support and care. Extra Care Housing provides a lifestyle and a place that is integrated in its community, reducing isolation and increasing participation.

Extra Care Housing brings with it an improved quality of life for individuals compared to living in residential care. Along with improved benefits for residents. Extra Care Housing may deliver a financial benefit to local partners in the long run as it maximises the value people can get from housing benefit. This paper sets out what Extra Care Housing is, what the key national policy drivers are, what the needs of our population look like in Wirral and how we are approaching the challenge to meet these needs.

The three strategies within the 2020 Plan that Extra Care Housing impacts on are: Ageing Well, All Age Disability and Good Quality Housing.

This matter affects all Wards within the Borough.

RECOMMENDATION/S

Members are asked to note the report and to endorse our approach to Extra Care Housing.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 To support the development of Extra Care Housing schemes in Wirral.

2.0 OTHER OPTIONS CONSIDERED

2.1 There are alternatives to Extra Care such as community services, sheltered housing, supported living and residential care. Extra Care provides an important alternative form of housing that enables people to live independently and provides greater choice and control for people.

3.0 BACKGROUND INFORMATION

3.1 With the growing increase in demand for social care, development of Extra Care Housing and integrated technology becomes a necessity. Extra Care schemes are important for people with learning disabilities and autism, and for older people to live independently with the care and support of a small community, and their friends.

3.2 Extra Care encompasses key government aims and policies promoting independence, and person-centred care. National strategies and initiatives that affect or add to this work area include:

- The Care Act (2014), which places individuals at the heart of their care and support; the Transforming Care Programme which is looking to strengthen the rights of people with learning disabilities within the health and care system; building the right support is the plan to develop community services and close inpatient facilities for people with learning disabilities; Living Well with Dementia (July 2011) is the national strategy which sets out an approach to one of the consequences of an ageing population.

3.3 Extra Care Housing is a mixture of services which are also provided in residential care and sheltered accommodation, where support can always be available. It is about living at home rather than in an institution, whilst still having access to care, support and other services when needed. In extensive research by Dorton et al (2008), residents with care needs indicated that the most important reasons for moving out of their previous home were their own physical health, lack of services, coping with daily tasks and difficulty around managing in their own homes. The physical characteristics of Extra Care also attracted people to moving. The appeal for some residents is the flexibility it provides, enabling people to live behind their own front door, offering a viable alternative to a residential care home, having an accessible bathroom and living arrangements with the benefits of the security offered on site. Councils report that Extra Care Housing prevents the need for residential care for between 40% and 63% of all tenants in housing schemes, which therefore will save the Council money in the long run. This is backed up by research undertaken by Tuck and Weis (2013) where the cost of Extra Care was, on average, half the gross cost of alternative placements.

- 3.4 In analysing local intelligence across key health and care agencies, we can see that the predicted number of people with learning disabilities on Wirral will increase by 2.2% by 2030, totalling over six thousand people. Similarly, the number of adults with autistic spectrum is projected to increase steadily up to 2030. A greater increase can be found in adults aged over 65, and 32% of the autistic population aged over 18 will be over 65. Where the Council has a nominations agreement with a provider of extra care, there is a clear allocations procedure with eligibility criteria to ensure that the needs of people in Wirral are appropriately prioritised.
- 3.5 The Government is maintaining Housing Benefit for all supported housing. This will apply to short term accommodation, sheltered and Extra Care Housing and long term supported housing. In relation to the All Age Disability Plan, four schemes are either completed or currently onsite, providing a total of 75 units of extra care by the end of 2019/20. The remaining four identified schemes (total of 296 units) are currently at a detailed design stage, or have been or are due to be submitted for a planning decision and should be fully completed (subject to planning approval) by the end of 2021/22. These are for all eligible service user needs. We will therefore be delivering over the original target of 300 units, however timescales will not be met due to the impact of the significant delay on the Government decision regarding funding for Extra Care schemes as part of its review of funding for supported housing schemes.

Planned Schemes	Total units	User group	Estimated Start on Site	Estimated Completion	Financial Year to complete
Balls Road CH43 5RE	15	Learning Disability	03/04/2017 Actual	Completed and occupied	2017/18 COMPLETED
104 Pensby Road CH60 7RE	19	Learning Disability	November 2016 Actual on site	06/07/2018 Actual completion	2018/19 COMPLETED
Old Chester Rd CH42 3TA	20	Learning Disability	03/09/2018 Actual on site	31/10/2019	2019/20
Barncroft CH61 6YH	21	General EC	24/07/2018 Actual on site	25/11/2019	2019/20
Woodpecker close CH49 4QW	78	General EC	31/01/2019	31/08/2020	2020/21
Rock Ferry High CH42 4NY	101	General EC	31/07/2019	31/07/2021	2020/21
Sevenoaks CH42 2AQ	83	General EC	31/08/2019	16/07/2021	2021/22
Belong	34	TBC	TBC	TBC	TBC
Total	371				

- 3.6 The development of Extra Care Housing in Wirral has been supported through the All Age Disability Partnership Board. There has been involvement of partners who support the development of assistive technology, Occupational Therapy services, employment and adult learning services. Third sector organisations, who are members of the Partnership Board, have also supported this work.
- 3.7 Visits have been undertaken to extra care schemes locally and regionally to look at best practice. Social workers have been involved in discussions to promote the provision of extra care and its relevance to their service users, particularly as new schemes have been in the process of development. Registered housing providers are engaged regarding agreed developments to explore design options.
- 3.8 There are currently five operating schemes in Wirral for older people. There is an allocations panel that supports people who need this type of housing with a waiting list of prospective tenants. These people have all been assessed as eligible for services under the Care Act. There is also a scheme for people with a learning disability that opened last summer in Birkenhead and this has enabled people with a range of eligible needs to live independently. This scheme has at the same time led to efficiencies of £80,000 per year. A similar scheme is also close to opening in Pensby. These schemes provide people with a learning disability with their own front door and on site round the clock support. People having their own front door helps to reduce compatibility issues arising from people sharing a house, and the lack of choice and control they have over who they share with.
- 3.9 Going forward partnerships are being worked with to establish relevant links to the schemes such as with GP practices, health clinics, and employment services. There are clear allocations procedures to ensure the take up with schemes is timely, once completed.
- 3.10 Dr Mark Hammond from Manchester School of Architecture recently completed research on reframing the housing offer for older people. He argued that a working definition of rightsizing is that it is an older person's active, positive choice to move home as a means of improving their quality of life. It is affected by the availability of options that provide a better quality of life. The attractiveness of different options can change over time. Older people's capability to right size is dependent on desirable options being available and accessible to them. His research concluded by recommending that Local Authorities and partners need to ensure housing strategies respond to the availability and accessibility of rightsizing locally.

4.0 FINANCIAL IMPLICATIONS

- 4.1 There are financial implications for the Council where developers of Extra Care Housing request capital to support a scheme. There are different sources of capital available to developers and capital from the Council usually represents one element of the borrowing a developer might require. Schemes can contribute to reducing future demands and cost pressures relating to more expensive forms of care.

5.0 LEGAL IMPLICATIONS

- 5.1 Where Capital is provided a legal agreement is required that the scheme is subject to, which includes the Council having nominations rights over the scheme.

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

6.1 There are implications in relation to staff time and capital investment.

7.0 RELEVANT RISKS

7.1 The plan is to deliver 300 additional units of Extra Care Housing by 2020. These units are key to providing opportunities for people with disabilities to live independently. We will be delivering over the original target of 300 units, however timescales will not be met due to the impact of the significant delay on the Government decision regarding funding for Extra Care schemes, as part of its review of funding for supported housing schemes. Insufficient extra care schemes in Wirral increase the likelihood of people having to move to residential care, as their care and health needs increase and may limit options for adults with a learning disability to live independently.

8.0 ENGAGEMENT/CONSULTATION

8.1 There has been a co-produced Equality Impact Assessment which is due to be published. There is also consultation planned for Extra Care Housing tenants. There has been discussion with key partners on the needs of different groups who may require extra care in Wirral.

9.0 EQUALITY IMPLICATIONS

9.1 There is an existing Equality Impact Assessment for Extra Care Housing and a revised assessment due to be published.

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email: simongarner@wirral.gov.uk

APPENDICES

N/A

BACKGROUND DOCUMENTS

Darton. R., Baumker, T., Callaghan, L., Holder, J., Netten, A. and Towers, A., 'Evaluation of the Extra Care Housing Funding Initiative: Initial Report', (2008)
https://kar.kent.ac.uk/13326/1/dp2506_2.pdf

Tuck, J., and Weis, W., 'The business case for Extra Care Housing', Housing LIN (2013).
https://www.housinglin.org.uk/_assets/Resources/Housing/Practice_examples/Housing_LIN_case_studies/HLIN_CaseStudy78_EastSussex.pdf

Rightsizing: Reframing the housing offer for older people. Dr Mark Hammond Manchester School of Architecture. GMCA/GM Ageing Hub. 2018.

SUBJECT HISTORY (last 3 years)

Council Meeting	Date



ADULT CARE AND HEALTH OVERVIEW & SCRUTINY COMMITTEE

19TH MARCH 2019

REPORT TITLE	UPDATE REPORT ON CONTINUING HEALTHCARE (CHC)
REPORT OF	LORNA QUIGLEY, DIRECTOR OF QUALITY AND SAFETY WIRRAL HEALTH AND CARE COMMISSIONING

An Update Report for Overview and Scrutiny In relation to Continuing Health Care (CHC)

Introduction

The aim of this report is to inform Committee regarding the progress that has been made following the recommendations from the May 2018 continuing Healthcare scrutiny review.

Background

NHS Continuing Healthcare (NHS CHC) is a package of care for adults aged 18 or over which is arranged and funded solely by the NHS. In order to receive NHS CHC funding individuals have to be assessed by Clinical Commissioning Groups (CCGs) according to a national legally prescribed decision making process to determine whether the individual has a 'primary health need'.

In 2017, members had noted that Wirral was reported to be the third lowest of 32 regional Clinical Commissioning Groups (CCGs) for numbers of people eligible for Continuing Healthcare (CHC) funding, compared to the national average. Anecdotal evidence had been provided in relation to the service user experience of the CHC process and the time taken to receive a decision.

A report produced by Parkinson's UK also provided evidence of significant national variations on the approach to CHC. It was, therefore, proposed that further scrutiny would provide assurance regarding compliance with the national framework. On 1st February 2017, members of the former People Overview & Scrutiny Committee agreed to establish a task & finish group to undertake a scrutiny review relating to the local application of the national Continuing Health Care (CHC) framework. Membership of the group has comprised three members, Councillors Alan Brighthouse



(Chair), Wendy Clements and Moira McLaughlin, and Karen Prior, Chief Officer of Healthwatch Wirral

The key objectives for the review were identified as:

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

Members agreed that the focus of the review would be on service provision for adults. As a result, services for children were excluded from the scope of the review.

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

Recommendations

Recommendation	Rationale	Progress made
Consistency of application of the CHC framework by training	Members recognise that Wirral Clinical Commissioning Group (CCG) is not responsible for the staff training of other organisations. However, the CCG and all relevant health partners are requested to collaborate to ensure that all applicable staff receives the appropriate CHC training, where possible through joint sessions. This will enable frontline staff to pass on correct information to patients and families while operating with confidence to apply both the national CHC framework and local procedures. This should ensure that there is more consistency in the application of the framework.	The national framework has been updated in October 2018, Education sessions, workshops, and drop in sessions have been held for health and social care professionals and well attended. IN 2018, all Independent review panels held have upheld the CCG's decisions regarding eligibility against the framework.
Communication	Wirral Clinical Commissioning Group is requested to consider options to improve communication processes between themselves and partner organisations involved in the local delivery of the CHC framework (such as, Wirral Borough Council, Wirral Community Trust, Wirral University Teaching Hospital and GPs). Similarly, it is suggested that communication processes with potential applicants for CHC funding be reviewed and strengthened.	A CHC phone line has been established for professionals and public to access the team for advice and support. CCH website has been updated to include all new polices and framework https://www.wirralccg.nhs.uk/your-health-and-services/nhs-continuing-healthcare/ There opportunity to provide feedback via this route.
Dynamic Purchasing System (DPS)	Members note with concern that the introduction of the Dynamic Purchasing System (DPS) has resulted in some reduction of choice for clients while not realising the anticipated level of savings. As a result, Wirral CCG is requested to demonstrate to the Adult Care and Health	Due to the concerns raised, the CCG has used contractual levers in order to improve performance. Since December 2018, Care for end of life patients are not sourced using this

	Overview & Scrutiny Committee that continued use of DPS is providing value for money, is improving the efficiency of staff in identifying appropriate placements and is leading to an improved service for clients, particularly those requiring end of life care.	system.
End of life care	Wirral Clinical Commissioning Group is requested to ensure that those clients requesting CHC funding at end of life receive a service which is both compassionate and speedy. The allocation of placements to care homes who have successfully received the 'Six Steps to Success End of Life Training Programme' would be beneficial.	Referrals for patients requiring end of life care are dealt within 2 working days. The quality improvement team is working with care homes to improve end of life care for all residents across the borough.
Learning Disabilities	Wirral Clinical Commissioning Group is requested to review the allocation of resources within the CHC team towards supporting those clients with learning disabilities through the CHC application process, ensuring the same access as people with physical needs.	The CCG is reviewing its CHC budget allocation based on demand for all people. The team now have a specialist Learning Disability Nurse attached to them to ensure there is equality in access.
All-age Disabilities: Transition of young people	As the delivery of the All-age Disability Strategy develops, members of the Adult Care and Health Overview & Scrutiny Committee are requested to consider the addition of a future review to their work programme, namely, to explore the experience of young people moving into adulthood	
Cost of administration	The current cost of administering the Wirral CHC Service at £1m is a significant proportion of the overall cost of Wirral's CHC budget. Wirral Clinical Commissioning Group is requested to consider whether any options are available to ensure that the administration of the CHC process can be achieved as cost effectively as possible.	The total cost of the CHC service is: £1.18m of which £967k is spent on clinicians. £214k is spent on support costs (admin, travel etc). The cost of care packages to date is £45m. A review is being undertaken to ensure

		care delivery model is efficient and meets the strategic objectives.
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Conclusion

Overview and scrutiny are asked to:

- Note the progress made to date in relation CHC, following the scrutiny report.
- Consider the addition of a future review to their work programme, to explore the experience of young people moving into adulthood

Lorna Quigley

Director of Quality and Safety

Wirral Health and Care Commissioning



**Adult Care and Health Overview and Scrutiny Committee
Tuesday 19th March 2019**

REPORT TITLE:	Review of Draft Quality Accounts 2018/19
REPORT OF:	Chair of the Adult Care and Health Overview & Scrutiny Committee

REPORT SUMMARY

Providers of NHS healthcare services in England, including the independent sector, are required to publish an annual Quality Account. The Quality Account provides information on performance across the year and identifies the priorities for improvement during the forthcoming year; describing how those priorities will be achieved and measured. The purpose of Quality Accounts is to ensure providers are assessing the quality of service they provide and working to continuously improve this, focussing particularly on:

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

For those Trusts providing services within the geographical area of a local authority, Health Overview and Scrutiny Committees are given the opportunity to comment on the Trusts' draft Quality Accounts prior to publication of the final document. This report suggests a process for Members to provide comments on the 2018/19 draft documents if they wish to do so.

Although the Health Trusts have a duty to consult with Overview and Scrutiny Committees regarding the draft Quality Account, it is not mandatory for the Committee to formally respond. However, in order to hold health providers to account, to do so is regarded as good practice.

RECOMMENDATION/S

Members are requested to:

- 1) Establish a task & finish group in order to enable scrutiny members to review the draft Quality Accounts of the local health partners;
- 2) Authorise the task & finish group Chair to approve the final wording of the responses to the Health Trusts.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

In order to hold health providers to account, it is regarded as good practice for Health Overview and Scrutiny Committees to review and comment upon draft Quality Accounts.

2.0 OTHER OPTIONS CONSIDERED

Not applicable

3.0 BACKGROUND INFORMATION

3.1 The Legislative Process

Under the National Health Service (Quality Accounts) Regulations 2010 (and later the National Health Service (Quality Accounts) Amendment Regulations 2012), healthcare providers publishing Quality Accounts are required to send a draft of the Quality Account to the Overview and Scrutiny Committee of the local authority in whose area the provider has its registered or principal office located and invite comments on the document.

Providers must send their draft Quality Account to the relevant Overview and Scrutiny Committee by 30th April each year at the latest. The Overview and Scrutiny Committee then has a maximum of 30 days in which to respond. The Department of Health requires providers to submit their final Quality Account by 30th June each year.

The Overview and Scrutiny Committee may, if it wishes, provide a written statement outlining its views on the draft document. Providers are legally obliged to publish this statement, of less than 1000 words, as part of their final Quality Account.

3.2 Review of the draft Quality Accounts process in Wirral

In recent municipal years, the Chair and Party Spokespersons have taken on the responsibility of responding to the draft Quality Accounts on behalf of the Adult Care and Health Overview & Scrutiny Committee. It is proposed that a task & finish group consisting of the Chair and Party Spokespersons is established for the purpose of reviewing the draft Quality Accounts for 2018/19. It is suggested that a single meeting of the task and finish group is arranged in early May 2019, most likely week commencing 6th May 2019, in order to review the draft Quality Accounts for each of the health service providers. It is necessary for any meetings to be held at this time in order to fit in with the timescales of the providers as they aim for final submission to the Department of Health before the end of June.

There are four main NHS Trusts which serve Wirral residents:

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

It is proposed that a representative from each of these partner organisations will attend the meeting to highlight key points and discuss relevant issues. Members will review each of the draft Quality Accounts and identify comments which will be included in the formal response to each of the Health Trusts. Any comments submitted by the Panel must be included by the Health Trust in the final version of the Quality Account, which is presented to the Department of Health. In order to meet the strict timescales, it is proposed that the task and finish group Chair be authorised to approve the final wording of any responses.

4.0 FINANCIAL IMPLICATIONS

There are no direct financial implications of this report.

5.0 LEGAL IMPLICATIONS

Although the health trusts have a duty to consult with Overview and Scrutiny Committees regarding the draft Quality Account, it is not mandatory for the Committee to formally respond. However, to do so would be regarded as good practice.

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

This process will be supported from within existing resources.

7.0 RELEVANT RISKS

Not applicable

8.0 ENGAGEMENT/CONSULTATION

Not applicable

9.0 EQUALITY IMPLICATIONS

There are no direct equality implications arising from this report.

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APPENDICES

BACKGROUND PAPERS

SUBJECT HISTORY (last 3 years)

Council Meeting	Date



Adult Care and Health Overview and Scrutiny Committee Tuesday 19th March 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 4th February 2019. 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 Bruce Berry
Councillor Tony Cottier
Councillor Phil Gilchrist
Councillor Sharon Jones
Councillor Christina Muspratt

Other Attendees

Karen Prior (Chief Officer, Healthwatch Wirral)
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

Lorna Quigley (Director of Quality and Safety, Wirral Health and Care Commissioning)

4.0 ACTIONS FROM THE PREVIOUS PANEL MEETING ON 3RD DECEMBER 2018

- 4.1 The Panel agreed the actions of the last meeting. The requested Member visit to the Pensby Wood Day Centre took place on Tuesday 12th February 2019, with a report for Members presented as part of the Adult Care and Health Overview & Scrutiny work programme update.

5.0 INFECTION CONTROL

- 5.1 Lorna Quigley introduced a presentation for Panel members on infection control and health protection in Wirral. Alongside infection control statistics, a 'call to action' report was presented to show future plans for health protection and planning. Members were given an overview of the types of infection that were most prevalent over the 2017-2018 period. Notably, there was a minor outbreak of a particularly contagious strain of scabies, known as 'Norwegian Scabies'. This

resulted in substantial treatment, and a focus on skin hygiene was necessary in order to contain it. In addition, a flu outbreak was responsible for the closure of a ward at the Arrowe Park Hospital site and, although not every flu type is preventable through the flu vaccine, it was noted that this could have been avoided through increased uptake of the vaccination. Alongside this, Members were advised that a minor outbreak of norovirus was contained through good hygiene and decontamination.

The presentation also informed Members that health protection in the wider sense includes cancer screening etc. and there is a real emphasis on prevention in order to achieve and maintain good health for Wirral residents.

- 5.2 Discussion took place amongst Panel members around the uptake and effectiveness of the flu vaccination. Members asked whether there had been an increase in hospital admissions due to flu over the winter period this year and were advised that statistics show a lower flu admission rate for 2018/19 compared to 2017/18. It is thought that the increased uptake of the flu vaccine could be a contributing factor in these improved figures, with most organisations reporting a workforce wide surge in vaccine take up. One Member currently working in the health service commented that there has been noticeable promotion within hospitals for staff to receive the 'flu jab'. It seems there has also been an improvement in confidence in the flu vaccine, with previous mistrust and concern having been addressed and dispelled.
- 5.3 Members requested further detail around childhood immunisation figures. Officers advised that take up of vaccines for babies is currently consistent and at an expected level. However, there is a cohort of young adults that missed out on vaccinations when they were younger due to previous worries for parents in regard to certain vaccines. Members were advised that this group of young people are now the focus for health care services. In addition, there has also been a drop in cervical screening rates. Previously, high profile 'celebrity' cases and media coverage have caused a spike in screening numbers, but this has seen a recent downturn. Members asked if this is promoted internally at the local authority – and although it is not currently, officers stated that they will open channels of communication with the Public Health team to gauge whether it can be highlighted in future campaigns.
- 5.4 There has been an increase recently on Wirral in infection caused by the carbapenem resistant gram-negative bacteria or 'CPE'. The prevalence of this particular bacteria is in part due to the fact that it has a resistance to antibiotics and tends to have higher rates of infection in those in long term acute care. Members questioned why rates for CPE were higher on Wirral. Wirral hospitals test all patients for CPE on admission, making it more easily detectable – whereas other Trusts throughout the North West may wait until the patient presents signs and symptoms. The Panel commented that it would be useful to see a longer-term picture of CPE infection rates over the next year in order to review the issue.
- 5.5 Looking forward, Members were informed that health care services are constantly looking to improve performance; particularly through use of intelligent prescribing, and a focus on unnecessary medicating. Local data has highlighted three priorities, which will provide a targeted focus on key challenges where

improvement is required, or needs are greatest. These priorities are to develop a system wide approach to infection prevention and control, to reduce antimicrobial resistance and to reduce the variation and uptake of cancer screening and national immunisation programmes.

6.0 BETTER CARE FUND – PRIORITIES AND PERFORMANCE 2018/19

- 6.1 Jacqui Evans presented her update to Members on the performance of the Better Care Fund (BCF) for 2018/19. The Panel were reminded that the BCF is mandatory for the facilitation of the integration of health and social care and has been in place since 2014/15, with a number of delivery requirements added since its inception. Recent additions to this have included the assessment and delivery against the High Impact Change Model (HICM) requirement set by NHS England. The initial focus of the BCF was on a variety of mandated requirements, value for money and outcomes for Wirral residents – and it is now possible to see the early impacts of these investments. Members were advised that Wirral is now in the top 3 performing systems in the Wirral.
- 6.2 Key delivery areas included in the HICM were to prioritise the trusted assessor scheme, enable effective tele-triage and provide improved support to care homes; in turn reducing emergency attendances and calls to 999 and 111. In particular, tele-triage has been a notable success, with the service rolled out to 76 residential nursing homes across Wirral. As a result, there was a 9.4% reduction in conveyancing from care homes to the emergency department (ED) between June and December 2018. The Panel stated that there were still some care homes unwilling to use the tele-triage service and continuing to use community matrons, with Members keen to find out how this would be addressed going forward. Officers acknowledged that tele-triage use was not consistent across all care homes, and that the next step would be to look in detail at the offer and to support those homes not using it effectively. Although at a high level there has been a broadly positive impact, there are plans to invest more into making the service work for those with learning disabilities and mental health needs. In addition, an improved NHS 111 offer is now nationally mandated, with a better clinical triage service recently tested. Wirral is currently on track to meet its improvement target, with 50% of calls in the last quarter not resulting in ED admission. Members requested that an update on the NHS 111 service be brought to a meeting of the Panel in the new municipal year.
- 6.3 Members asked how officers could be sure that the BCF was having a positive impact at a 'grass roots' level. The Panel were assured that multifaceted patient surveys take place in order to focus on patient feedback and potential issues. In addition, providers also carry out their own feedback gathering exercises, and contract meetings include a focus on comments, complaints and themed issues as well as safeguarding concerns. Commissioners are keen to ensure that the focus is always on the delivery of service, and for transfer to assess beds, commissioners hold unannounced visits and speak directly to patients. Members were also advised that a full community bed service review is imminent, which will include an analysis of patient care together with engagement with relatives, families and providers. Going forward, conversations will also take place to ascertain the most affective way of formalising feedback and collating valuable information from patients.

- 6.4 Another key requirement for delivery of the BCF is investment in a 7-day service on Wirral. Although this is a priority, it must also be balanced against the cost of providing these services. Members were informed that there is now a basic 7-day service in place, with weekend management cover along with nurses and therapists. The implementation of clinical cover across the weekends is something that is a continuing focus, with some other services currently having variable cover. Commissioners are looking to ensure that provision of a 7-day service comes from redesign and efficiencies rather than the need for increased funding. The Panel were assured that the delivery of 7-day services will be monitored and that updates could be brought to the Panel in future if requested.
- 6.5 Officers provided clarification around the breakdown of BCF schemes published as part of the report, with the Panel questioning a number of aspects of the schemes such as the protection of social care and the CCG community offer. One Member expressed concern at the absence of a funding breakdown included in the report that was set aside exclusively for training and development, particularly as there may be an overlap of skills in some areas. The Panel were advised that many schemes are operated by providers with their own organisational development and workforce strategy – with training included within this. In addition, the wider CCG and Council training budgets are not included within BCF schemes. Members requested that a breakdown of training costs and budgets be provided to the Panel at a future meeting.
- 6.6 In conclusion, Members were informed that although the impacts of BCF investment have been broadly positive, with good feedback received, there will be no complacency. Although the current BCF is due to end in 2020, NHS England have advised that future planning should continue as though nothing will change – with Wirral looking to focus on continuing the trajectory of improvement. A member of the Panel stated that it was fantastic to see the positive impacts of the Better Care Fund, and to be able to identify the beginning of long-term behaviour change. Ultimately, all stakeholders are looking for the same thing – improved outcomes for Wirral residents.

7.0 DOMICILIARY CARE

- 7.1 Jacqui Evans provided the Panel with an update on current domiciliary care performance, as well as the joint commission for Care at Home Services. As of January 2019, there were just over 1000 clients currently accessing domiciliary care services, with 25 providers delivering this care. Over the past 12 months, there has been a reduction in numbers on the waiting list for domiciliary care in Wirral; with 41 patients on the list in January 2019 compared to 68 waiting in January 2018. Many have been waiting for less than one week, with those that have been waiting longer than seven days generally in that position due to complex needs or an individual's specific choice of provider. An update was also given on the number of clients currently in reablement services, with 170 people accessing 1,184 hours of care per week. Performance targets for reablement have been achieved in recent months. In addition, Members were reminded that the £1.8m national winter pressures grant was used to further fund domiciliary care services this year.

- 7.2 Members were advised that the collaborative approach between providers and Wirral Health and Care Commissioning (WHaCC) was working well, and a recent partnership recruitment campaign resulted in the first winter period where new staff were recruited, which was a positive step in the right direction. These closer working relationships are focussing on streamlining of operating processes, with an emphasis on prevention. Capacity and high sickness levels in the sector continue to be an issue, but these will remain a focus going forward.
- 7.3 There was discussion around how re-admission to hospital can also be reduced, with commissioners looking at how the need for equipment in the home can often delay transfers from hospital. WHaCC are currently looking into how domiciliary care providers can be authorised to order low level equipment. Members questioned what kind of 'low level' equipment domiciliary care staff would be trained to arrange and were informed that equipment such as a grab rail could be easily assessed and fitted through the Wirral Independence Service (WIS), saving time and resource. This is alternative to paying occupational therapists to carry out the same service and facilitates quicker hospital discharge.
- 7.4 Members asked who was responsible for ensuring that domiciliary care providers were qualified and regulated. In response, officers assured the Panel that ultimately the Care Quality Commission (CQC) hold overall responsibility and make regular checks, but that the local authority will examine the provider's financial viability as part of the tendering process. In addition, quality checks are also undertaken throughout the year.
Members queried whether or not a provider would be decommissioned if they were to receive an 'Inadequate' inspection rating from CQC. Officers advised that they would, unless it was the case that a new provider had recently taken over a failing service – whereby they would be given the opportunity for improvement with support from commissioners.

8.0 RED BAG SCHEME UPDATE

- 8.1 Members were given the chance to review a brief report that gave information on the 'Red Bag Scheme'. The scheme helps to provide better experiences for care home residents by ensuring a red bag of individual paperwork and medication stays with the patient throughout any stays at hospital, from admission to discharge. The newly implemented scheme improves communication between care homes and hospitals and helps to reduce the length of stay in hospital. Members were impressed with the simplicity of the scheme and welcomed its introduction on Wirral.

9.0 SUMMARY OF ACTIONS

The following actions arose from the meeting;

- Detailed report covering flu and CPE figures on Wirral to be added to Health and Care Performance work programme for 2019/20.
- Update on the NHS 111 offer for Wirral to be added to the work programme for 2019/20.
- Information to be circulated to Members detailing a breakdown of individual provider budgets for learning and development within BCF schemes.

Members appreciate that this requires much officer input and will take some time to compile – for this reason, it will be added to the work programme for 2019/20.

10.0 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.

11.0 FINANCIAL IMPLICATIONS

Not Applicable

12.0 LEGAL IMPLICATIONS

Not Applicable

13.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

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

14.0 RELEVANT RISKS

Not Applicable

15.0 ENGAGEMENT/CONSULTATION

Not Applicable

16.0 EQUALITY IMPLICATIONS

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

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APPENDICES:

Appendix 1: Health and Care Performance Panel – Work Programme

SUBJECT HISTORY

Council Meeting	Date
Adult Care and Health Overview & Scrutiny Committee	27th June 2018
Adult Care and Health Overview & Scrutiny Committee	27th November 2018
Adult Care and Health Overview & Scrutiny Committee	29th January 2019

HEALTH & CARE PERFORMANCE PANEL - WORK PROGRAMME
PROPOSED AGENDA – 11th March 2019

CQC Improvement Plan Update – Wirral Community Trust	Report	Paula Simpson (WCT) Claire Wedge (WCT)
CQC Improvement Plan Update – Wirral University Teaching Hospital	Report	Paul Moore (WUTH)
Options for Improving Performance and Contract Compliance in Care Homes	Report	Amanda Parry-Mateo
Review of Health & Care Providers	Verbal Update	Jacqui Evans / Jason Oxley
Deadline for Reports - Monday 4 th March 2019		

OTHER AGENDA ITEMS AND ACTIVITIES – TO BE SCHEDULED

Panel Visit – Pensby Wood	12 th February 2019	Visit	Wirral Evolutions
Panel Visit – Wirral Ways to Recovery	2019/20	Visit	Andrew Cass
NHS 111 – Wirral offer update	2019/20	Report	Jacqui Evans
Flu and CPE infection statistics for 2018/19	2019/20	Report	Lorna Quigley
Learning and Development funding breakdown for BCF schemes	2019/20	Report	Jacqui Evans/Jason Oxley
Health & Care Integration Update	2019/20	Report	Jason Oxley
Review Health and Care Performance Panel Terms of Reference	2019/20	Report	Alex Davidson

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**Adult Care and Health Overview and Scrutiny Committee
Tuesday 19th March 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 29th January 2019. 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.

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

Following the joint health scrutiny committee held with Members of Cheshire West and Chester Council on 11th December 2018 to discuss the Urgent Care Review, it is proposed that a follow up meeting be established early in the new municipal year to consider the outcomes of the public consultation. It is likely that this meeting will be held in June 2019.

Quality Accounts

It is proposed that a scrutiny session is convened in order to review the health quality accounts of Wirral's NHS Trusts for 2018/19. It is a statutory duty for health providers in England to provide the draft quality account to their local authority health scrutiny function, and to provide them the opportunity to comment on the quality of service over the previous year. A full report on this process can be found elsewhere on the agenda.

Reality Check Visits

A Member visit to the newly refurbished Pensby Wood Day Centre was held on 12th February 2019, in order for Members of the Adult Care and Health OSC to view the facilities and observe the service. The visit took place in association with Wirral Evolutions, with a brief visit overview attached as Appendix 2 to this report.

At previous meetings of the Adult Care and Health OSC, 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, with Member training due to take place early in the new 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 new municipal year.

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

Appendix 2: Pensby Wood Day Centre Member Visit Report

BACKGROUND PAPERS

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

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

PROPOSED AGENDA ITEMS – Tuesday 19th March 2019

Item	Format	Officer
Minutes from Adult Care & Health OSC (29 th January)	Minutes	
Phlebotomy Service Update	Report	Simon Banks/Mark Greatrex & David Hammond (WCT)
Financial Monitoring - 2018/19 Q3	Report	Mathew Gotts
Performance Monitoring – 2018/19 Q3	Report	Graham Hodkinson
Extra Care Housing Delivery	Report	Simon Garner
Continuing Healthcare Scrutiny Review Action Plan Follow Up	Report	Lorna Quigley
Quality Account Review Arrangements	Report	Report of the Chair
Report of the 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
Urgent Care Review – Post Consultation and Clinical Senate	Report	June 2019	Jacqui Evans/Caroline Baines (NWCS)
Wirral Evolutions Update	Report	To be agreed	Jason Oxley
North West Ambulance Service – Forward Plan	To be agreed	To be agreed	Madeline Edgar (NWSAS)

WORK PROGRAMME ACTIVITIES OUTSIDE COMMITTEE

Item	Format	Timescale	Officer	Progress / Comments
Spotlight sessions / workshops				
Quality Accounts	Workshop	May 2019		
The NHS Long Term Plan	Workshop	2019/20	Graham Hodkinson	Joint workshop with Children & Families OSC
Pooled Fund Arrangements 2020/21 Scrutiny Workshop	Workshop	October 2019	Graham Hodkinson	Joint workshop with Children & Families OSC
Specialist Transport	Workshop	To be agreed	Julie Barnes	Potential joint workshop with members of Children & Families OSC

Urgent Care Review - Housing & Population Growth	Spotlight Session	To be agreed	Mike Chantler (Wirral CCG)	
Corporate scrutiny / Other				
Reality Check Visit – Arrows Park Hospital (WUTH)	Member Visit	2019/20	Janelle Holmes (WUTH)	Co-ordinated through Healthwatch Wirral
Reality Check Visit – Seacombe Birthing Centre (WUTH)	Member Visit	2019/20	Janelle Holmes (WUTH)	Co-ordinated through Healthwatch Wirral
Transformation Programme	To be agreed	As and when	Tim Games	
Clinical Senate Reporting	Report	As and when	Caroline Baines (NWCS)	



**Wirral Evolutions – Pensby Wood Day Centre
Adult Care and Health Overview & Scrutiny Member Visit**

February 2019



1. Background

The Pensby Wood Centre is a purpose-built facility that provides care and support for adults with Profound Multiple Learning Disabilities from across Wirral and beyond.

In recent years, a number of issues had been identified with the site that meant it was no longer fully meeting the needs of those that visited – with doors too narrow for wheelchair access and some areas too small to be fit for purpose. As a result, a capital bid for £1.2m of investment was approved by the Council and refurbishment works took place at the Centre between June 2017 and June 2018.

At the meeting of the Health and Care Performance Panel on 8th October 2018, Members requested that further information be provided on the completed refurbishment of the Centre, with a view to obtaining more detail around the improvements made to the facility. As a result, a briefing note from Wirral Evolutions was circulated to Panel members for information in February 2019, with the organisation extending an invitation to all Members of the Adult Care and Health Overview & Scrutiny Committee to visit the site to see the results of the refurbishment first hand.

2. Facility Tour Overview

On 12th February 2019, Members were welcomed to the Pensby Wood facility and given a comprehensive tour of the building; seeing many of the features, rooms and specialist equipment in use. The Centre Manager, Christine Rothwell, informed Members that there are currently 26 people registered at Pensby Wood, with 23 people in the building at any one time. There are also currently 8 people on the waiting list, with interest coming from as far away as Cheshire. Members were keen to find out how the people supported spent their time at the centre and were helpfully advised that during the day, the people supported will generally take part in two activities in the morning, and two in the afternoon – with a variety of different activities to choose from, enabling their life skills and experiences to be developed or enhanced.

There are a wide range of interactive activities available at Pensby Wood, with Members initially welcomed into an arts and crafts session, where the people supported were making Mother's Day cards from a choice of different materials. In the next room, a cooking activity was taking place, with cupcakes and brownies on the menu. Members were informed that there is a real sensory experience in the cooking activity, as people supported are able to get 'hands on' with the textures of different ingredients such as flour and butter. Members queried how staff intensive the activities were and were advised that this can very much be dependent on the activity itself and the complexity of need of those involved. Cooking, for example, takes place as a 'one on one' activity - however, the assignment of carers is very much dependent on individuals.

Members were next introduced to the outdoor area which hosted features such as a shallow fountain at wheelchair height and the first wheelchair swing for adults on Wirral. The nearby garden room is very popular in the summer time and gives an opportunity to benefit from the outdoor environment, with an accessible sensory garden filled with wildlife friendly plants.

One of the most popular rooms during the visit was the music room, which displayed a powerful wall decoration stating, 'Music speaks where words fail'. It was emphasised that many of the people supported don't communicate using formal methods - music enables the ability to express enjoyment, learn new skills and help people work together. During the singing, instrument-playing and applause Councillors were encouraged to clap along to the music, a request to which they happily obliged. Located next door was the spa room for relaxation and care – where even a simple face mask provides a sensory experience for people supported. Members were particularly impressed with the level of decoration that had been afforded to the personal care rooms, with the ceilings of each painted to include clouds, doves and sea life providing a welcome distraction whilst personal care is taking place.

Another area that has benefitted hugely from the investment is the pool area. Although the facility had previously included a pool, Members were informed that it was often leaking and unusable, with thousands of pounds previously required for maintenance. Now however, the pool room is a calm and serene area and features a hoist system in place from the changing area to the pool. Members queried how many people can use the pool at any one time, and how long they can use it for. The centre manager advised that, as with other activities, it is dependent on the complexity of need for the individual - however it does generally tend to be one at a time, or two people at most. Medical needs of the people supported are also considered in order for the pool to be used safely and each individual can use the pool for approximately 20 minutes due to the heat of the pool and the room itself. Members were pleased to hear from staff that, although there had been some initial issues with the new pool pump, to witness someone using the pool and experience the freedom of movement makes it all worthwhile.

The building tour concluded with Members being welcomed into a stimulating interactive projection room. This room provides a really special experience where a number of immersive projections such as a beach scene and an underwater scene allow the people supported to explore and interact with different environments without risk. They can engage with the scene by simply touching the wall, allowing them involvement in realistic scenarios. The room also enables individual engagement, with Members advised that for one person, a football fan, videos of Liverpool FC are projected. Members were able to see the room in use first hand and to experience the joy that it brought.

3. Summary of Discussion

Following the tour of the facility, Members were able to discuss future plans for the Wirral Evolutions organisation. Managing Director, Jean Stephens, informed Members that the strategic focus will be based on social and economic outcomes that place the people they support at the heart. Wirral Evolutions work will ensure that lives are enriched, wellbeing is improved, life skills are developed and communities are integrated. She shared with Members the bid for £2m capital investment for the development of a new multi-purpose facility to the rear of Leasowe Leisure Centre. This hub will provide a holistic health and wellbeing service for people with learning and physical disabilities who currently access the provision at the Cambridge Road Day Centre. This is a joint venture is between Wirral Evolutions and Wirral Council leisure services.

There is also a significant focus on volunteering, with particular emphasis given to their contribution and prioritisation of a volunteer strategy – an approach that has been acknowledged as part of the organisation’s strategic framework. Alongside this, Members were informed that there is a real focus on engagement with the local community and that placements for nursing students from Liverpool and Chester Universities have been arranged. Wirral Evolutions are also looking at an improved offer for young people, with plans to provide digital training and activities to capture the needs of younger people with learning disabilities, and a drive to promote the services at local schools and colleges.

Members questioned if the service at Pensby Wood was growing. Although there are consistent numbers of people supported, the various types of needs that can be supported change and improve over time – with plenty of opportunity to grow.

Following a Member query as to what degree staff are trained and upskilled, the centre manager gave assurance that regular specialist training takes place and that staff have particularly strong relationships with speech and language specialists, along with dieticians and health practitioners.

Members were keen to find out the direction of travel for Wirral Evolutions, particularly as a local authority company model for Wirral. The Chair, Mike Naden, expressed his willingness to share experiences for future authority organisations in order to share best practice and learnings going forward. As an organisation, Wirral Evolutions are keen to remain open and transparent, and ensure that lines of communication with local communities are sustained. The organisation is looking at doing things differently and raising the profile of current and future developments. Although the refurbishment work at Pensby Wood has enabled huge improvements and had a real impact, there is still work to be done with the other facilities to ensure centres across Wirral can offer the best care to the most vulnerable residents.

4. Summary of Actions

Members requested that future developments and updates from Wirral Evolutions are brought before the Adult Care and Health Overview & Scrutiny Committee periodically and in conjunction with the Adult Social Care leadership team, so that Members can be kept aware of progress.

More information about Wirral Evolutions Strategic Framework can be found here - [Wirral Evolutions Strategic Framework 2024](#), or by visiting www.wirralevolutions.org

Appendix 1 – Attendees

Cllr Sharon Jones

Cllr Wendy Clements

Mike Naden, Chair – Wirral Evolutions

Jean Stephens, Managing Director – Wirral Evolutions

Lorraine Moran, Head of Quality – Wirral Evolutions

Chris Rothwell – Centre Manager

Alex Davidson – Scrutiny Officer, Wirral Council



(L-R) Lorraine Moran, Cllr Sharon Jones, Chris Rothwell, Cllr Wendy Clements, Jean Stephens and Mike Naden

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