

Joint Strategic Commissioning Board

Date: Tuesday, 2 April 2019
Venue: Council Chamber - Birkenhead Town Hall
Time: 2.00 p.m.
Contact Officer: Mark Hardman
Tel: 0151 691 8363
e-mail: markhardman@wirral.gov.uk
Website: www.wirral.gov.uk

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

AGENDA

1. **APOLOGIES FOR ABSENCE**
2. **DECLARATIONS OF INTEREST**

Members are asked to consider whether they have any relevant interests, in connection with any item(s) on this agenda to declare.

- Cabinet Committee 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.
- Governing Body Members are reminded of their obligations to declare any interest they may have on any items arising that might conflict with the business of NHS Wirral Clinical Commissioning Group.

3. **MINUTES (Pages 1 - 4)**

To confirm the minutes of the meeting of the Joint Strategic Commissioning Board held on 5 February 2019 as a correct record.

4. **PERSONAL STORY RE INTEGRATION**

A verbal update presenting a personal story on how integration has had a positive impact on an individual.

5. **FEE SETTING FOR 2019/20 (Pages 5 - 18)**
6. **POOLED FUND FINANCE REPORT (Pages 19 - 28)**
7. **HEALTHY WIRRAL STRATEGIC PLAN UPDATE (Pages 29 - 42)**
8. **NEIGHBOURHOODS PROGRESS (Pages 43 - 60)**

Neighbourhoods are 9 geographical areas of Wirral with a population between 30,000 to 50,000 people living in them. This presentation describes the neighbourhoods, and new ways of working across Health and Care in order to support the population living in those areas in more effective ways. The model shows how closer working at this level, will enable communities and the voluntary sector to work together, with citizens and the Health and Care sector to deliver improved outcomes and responses, with a focus on what is important to local people. This forms a core part of the Healthy Wirral Programme.

9. **CHIEF OFFICER'S REPORT (Pages 61 - 66)**
10. **CHILDREN'S SAFEGUARDING ARRANGEMENTS (Pages 67 - 116)**
11. **DATE AND TIME OF NEXT MEETING**

To note that future meetings of the Joint Strategic Commissioning Board have been scheduled for 2pm on the following dates -
Tuesday 9 July 2019;
Tuesday 10 September 2019;
Tuesday 12 November 2019;
Tuesday 14 January 2020; and
Tuesday 10 March 2020.

12. **URGENT BUSINESS APPROVED BY THE CHAIRS**

To consider any business that the Chairs accept as being urgent.

Terms of Reference

The JSCB is established to focus on the commissioning, strategic design and performance management of health and care services on Wirral, including the outcomes and quality of those services. The JSCB will oversee the development of population based commissioning.

The JSCB Cabinet Committee will undertake the following duties and responsibilities, exercising delegated powers of the WBC Executive and formulating recommendations for adoption by the WBC Cabinet and / or the CCG Governing Body, as the case may be, that seek –

- To promote the integration of health and social services generally across WBC and CCG;
- To approve integrated health and care commissioning strategies;
- To approve large scale health and care transformation programmes;
- To approve and maintain oversight of plans and oversight of delivery for specific areas such as:
 - Better Care Fund Schemes
 - Urgent Care Transformation
 - Commissioning Prospectus
 - Learning Disabilities Plan;
- To ensure effective stewardship of Section 75 pooled monies and address any issues of concern;
- To maintain oversight of health and care system performance and address any issues of concern;
- To ensure the implementation of integrated health and care commissioning strategies and transformation programmes.

In making decisions and / or recommendations to the Cabinet and / or the Governing Body, as the case may be, the JSCB Cabinet Committee will look to ensure that those actions will seek in all cases –

- To reduce inequalities;
- To secure greater public involvement;
- To commission services effectively, efficiently and equitably;
- To secure quality improvements;
- To promote choice and inclusion.

The JSCB Cabinet Committee will not consider or deal with any matters relating to individual patients, service users or carers, including complaints or requests for specific treatments or services, which will be managed through existing procedures. The JSCB Cabinet Committee will review service user and patient experience data at an 'aggregate' rather than individual level.

The JSCB Cabinet Committee will make its decisions in accordance with the Budget and Policy Framework of Wirral Council and any matter coming before the JSCB Cabinet Committee that might involve a decision contrary to the Budget and Policy Framework shall be referred to the Cabinet for confirmation and, if necessary, referral to the full Council.

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JOINT STRATEGIC COMMISSIONING BOARD

Tuesday, 5 February 2019

Present:

Councillor	Chris Jones (Co-Chair)
Dr	Sue Wells (Co-Chair)
Mr	Simon Banks
Dr	Simon Delaney
Mr	Paul Edwards
Ms	Nesta Hawker
Ms	Lorna Quigley
Ms	Linda Roberts
Dr	Sian Stokes
Mr	Michael Treharne
Ms	Julie Webster
Mr	Alan Whittle
Councillor	Stuart Whittingham

36 APOLOGIES FOR ABSENCE

Apologies for absence were received from Sylvia Cheater, Dr Paula Cowan and Lesley Doherty, and from Councillor Bernie Mooney.

37 DECLARATIONS OF INTEREST

There were no declarations of interest.

38 MINUTES

RESOLVED: That the minutes of the meeting of the Joint Strategic Commissioning Board held on 4 December 2018 be approved as a correct record.

39 CARE AND SUPPORT AT HOME COMMISSIONING

Further to the decision of the Board at Minute 15 of the meeting held on 21 August 2018 to jointly commission for Care and Support at Home Services, which includes domiciliary care, non-complex Continuing Health Care, and End of Life Care, the Director for Care and Health, Graham Hodgkinson introduced a submitted report providing the requested update on the outcome of tender evaluation.

The following tender awards made were advised:-

Wallasey

- Premier Care - Primary Provider;
- Wirral Home Care Alliance (comprising Community Caring, Professional Carers and Aspire) - Secondary Provider;

Birkenhead

- Premier Care - Primary Provider;
- Wirral Home Care Alliance - Secondary Provider;

West Wirral

- Wirral Home Care Alliance - Primary Provider;
- Haven Care - Secondary Provider;

South Wirral

- Haven Care - Primary Provider;
- Carewatch - Secondary Provider;

with the following Peripheral Providers operating across the whole of Wirral:-

- Care Connect;
- Castlerock Recruitment Group (CRG);
- ICARE GB;
- ICARE Solutions;
- Kare Plus;
- Potens;
- Prime Care; and
- Routes.

The report further outlined the actions to be undertaken in the period to implementation of the new arrangements on 1 April 2019.

No alternative to the joint commission arrangement had been undertaken since thorough consideration had been given to available options at the meeting of the Board held in August 2018, details of which were outlined within the submitted report.

The Board was further advised that during the procurement process Wirral Council had been approached by the National Audit Office with a view to the production of a case study on the Joint Commissioning approach taken, and the outcome.

The NHS Wirral Clinical Commissioning Group Board Members and the Wirral Borough Council's two Cabinet Members sitting as a Committee of the Cabinet –

RESOLVED: That the commissioning activity undertaken as a result of the resolution at Minute 15 of the meeting of the Joint Strategic Commissioning Board held on 21 August 2018 be noted and supported, specifically:-

- (i) the Care and Support at Home contract being awarded as detailed at paragraphs 1.3 and 1.4 of the submitted report;

- (ii) the implementation and roll out for the new contract, as detailed at paragraph 3 of the submitted report, be agreed;
- (iii) the procurement window being opened twice in year one, then annually for the remainder of the contract, for new Providers to come on the framework as Peripheral Providers; and
- (iv) the submission of a Wirral case study for the National Audit Office on the integrated commission be approved.

40 **WIRRAL HEALTH AND CARE COMMISSIONING POOLED FUND ARRANGEMENTS FOR APRIL 2019 TO MARCH 2020**

The Director of Care and Health, Graham Hodgkinson introduced a report presenting proposed arrangements for pooled fund resources in 2019/20. It was proposed that the pooled fund would continue on the basis of current arrangements, and that scope be not extended to include additional schemes or areas during 2019 in order to enable joint arrangements to continue without increasing financial risk. Notwithstanding, in receiving the proposal the Board was reminded of the commitment to review the effectiveness of Better Care Fund (BCF) schemes early in 2019/20 and the financial value in the pool may change slightly due to changes in allocation, inflationary pressures etc.

The proposal to continue with current arrangements, as opposed to extending the pooled fund arrangements to new areas, was made as the current arrangements in the Section 75 agreement were still relatively young and feedback needed scrutiny and understanding. The initial areas for pooling had been those with a clear benefit to individuals and care packages and those related to hospital discharge issues as promoted via the BCF. The proposal would therefore keep focus on those areas where the most impact could be made. To broaden the scope to include all NHS Wirral Clinical Commissioning Group and Wirral Council social care spending could potentially increase risk due to ongoing pressure in the health system

The Board was advised that the proposal was being brought forward in time for the new financial year as the current Section 75 pooled fund agreement that sets out the detail of pooled budget areas would end at the end of March 2019, and was reminded that there is a legal requirement to have a Section 75 agreement in place to draw down the elements of the pool relating to the BCF.

The Director reported verbally to the Board in respect of a recent Adult Care and Health Overview and Scrutiny Committee workshop, held since the preparation of the submitted report and at which this proposal had been reported and considered. Ongoing reporting arrangements to enable the Overview and Scrutiny Committee to monitor the pooled fund had been agreed, alongside a requirement that should a significant change be required to a scheme, an opportunity to scrutinize that requirement in advance would be provided. In response to a query concerning scrutiny on any proposed changes for 2020/21, the Director advised that while timing would depend on

the planning process agreed, a commitment to pre-scrutiny had been given.

The interest and involvement of the Adult Care and Health Overview and Scrutiny Committee in pooled fund arrangements was welcomed by the Co-Chairs of the Board.

The NHS Wirral Clinical Commissioning Group Board Members and the Wirral Borough Council's two Cabinet Members sitting as a Committee of the Cabinet –

RESOLVED: That the proposal not to increase the scope of the pooled fund for 2019/20 in order to continue mitigating financial risk be endorsed.

Wirral Borough Council's two Cabinet Members sitting as a Committee of the Cabinet –

RESOLVED: That the Director of Care and Health be authorised to enter into the proposed Section 75 agreement for 2019/20 on behalf of the Council.

The NHS Wirral Clinical Commissioning Group Board Members -

RESOLVED: That the Chief Officer of NHS Wirral Clinical Commissioning Group be authorised to enter into the proposed Section 75 agreement for 2019/20 on behalf of the Clinical Commissioning Group.

41 **DATE AND TIME OF NEXT MEETING**

RESOLVED: That it be noted that the next meeting of the Joint Strategic Commissioning Board will be held at 2pm on Tuesday, 2 April 2019 in the Council Chamber of Birkenhead Town Hall.

JOINT STRATEGIC COMMISSIONING BOARD
Fee Setting for 2019/20

Risk Please indicate	High N	Medium Y	Low N
Detail of Risk Description	<i>Ensuring fee rates paid to providers are sufficient to meet statutory requirements with regard to living wage and pension obligations. All commissioning activity is subject to appropriate consultation, engagement and impact assessments.</i>		

Engagement taken place	Y
Public involvement taken place	N
Equality Analysis/Impact Assessment completed	Y
Quality Impact Assessment	N
Strategic Themes	
To empower the people of Wirral to improve their physical, mental health and general wellbeing	Y
To reduce health inequalities across Wirral	Y
To adopt a health and wellbeing approach in the way services are both commissioned and provided	Y
To commission and contract for services that: <ul style="list-style-type: none"> • Demonstrate improved person-centred outcomes • Are high quality and seamless for the patient • Are safe and sustainable • Are evidenced based • Demonstrate value for money 	Y
To be known as one of the leading organisations in the Country	Y
Provide systems leadership in shaping the Wirral Health and Social Care system so as to be fit for purpose both now and in five years' time.	Y

**JOINT STRATEGIC COMMISSIONING BOARD
(Committee in Common)**

Meeting Date:	2nd April 2019
Report Title:	Fee Setting for 2019/20
Lead Officer:	Jacqui Evans

INTRODUCTION / REPORT SUMMARY

- To report the outcome of consultation with care providers with regard to the proposed 2019-20 fee rates for services provided for adults and older people in Wirral.
- To satisfy the Council's requirement to deliver a responsive and sustainable social care market, with a quality of care that reflects our local expectations.
- Proposals are made within the context of continuing significant financial pressures for both providers and the Council. The Council has given due regard to local market pressures and providers' actual costs of care.
- The consultation covers services provided on behalf of Wirral Council Adult Health and Care and NHS Wirral CCG as part of its joint commissioning arrangements as Wirral Health and Care Commissioning.
- The report covers the following sectors: Residential and nursing, supported living, extra care, domiciliary care, shared lives and reablement. The new integrated domiciliary care fee rate, including reablement, has already been approved at Joint Strategic Commissioning Board on 5th February 2019.
- The integrated, intermediate Transfer to Assess service is currently being reviewed and will have its own, dedicated report later in the calendar year.
- Unlike in previous years, the Council is not able to levy the Social Care Precept to support the cost and demand pressures in the Adult Care and Health sector. Instead, efficiencies will be delivered across the Health and Care sector to fund these fee rate increases.
- The following pledges are linked to (and supported by) the recommended increases:
 - Older People Live Well
 - People with disabilities live independently
 - Young People are ready for work and adulthood
 - Wirral is a place where employers want to invest and businesses thrive
 - Greater job opportunities in Wirral Council
 - Thriving small businesses
 - Workforce skills meet business needs

- The report includes a set of numbered appendices providing the detail for each sector.

RECOMMENDATIONS

- Joint Strategic Commissioning Board approve the proposed rates and fees recommended by officers within the report.
- Joint Strategic Commissioning Board approve to uplift fees to providers from 1st April 2019.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The Council has a statutory duty to maintain and support a local market to deliver care and support. The work undertaken by officers has taken into account legal requirements and core standards of care and has provided a clear evidence base for the proposed fee increase.
- 1.2 The Council has a duty to commission a range of high quality, appropriate services, offering people choice. There is a duty to ensure the market is responsive and sustainable; looking after the care market as a whole and ensuring continuity of care.
- 1.3 The proposed fee rates take account of the recent volatility in the care sector, driven by increasing difficulty for providers in acquiring and retaining staff.
- 1.4 Benchmarking exercises have been undertaken across the North West Finance Group. Consideration has been given to the benchmarking data gathered to inform fee proposal rates, a copy of which is attached in Appendix 2.
- 1.5 Provider views have been thoroughly considered in relation to their full range of costs and legislative and national requirements. Providers were offered a range of different ways in which to give their feedback to the Council, including 1:1 or group sessions, dedicated email correspondence and an open book accounting offer. The views expressed during this consultation period have been taken into consideration within the fee rates proposed.
- 1.6 A full list of provider feedback and explanation of the consideration the department has given to these points is attached in Appendix 1.

2.0 OTHER OPTIONS CONSIDERED

N/A

3.0 BACKGROUND INFORMATION

- 3.1 The commissioners' strategy is to set fees that stimulate a responsive and flexible market place, maintain capacity and ensure that a range of provision is available to meet local demands across the whole health and social care economy, including suitable provision for people with dementia. The approach to fee-setting for 2019/20 reflects the joint approach taken between Wirral Council and NHS Wirral CCG via Wirral Health and Care Commissioning.

- 3.2 Responsive and timely provision is required to support individuals appropriately in their community, avoiding and minimising the need for acute service and maximising outcomes for individuals. The Council is investing in the development of viable alternatives such as extra care housing and a range of reablement and community services to reduce and delay the need for long term care.
- 3.3 The rates and fees paid by the Council need to reflect both the requirements for providers to be able to meet quality and safety standards and enable the Council to maintain a stable market which can offer quality provision, whilst also ensuring best value for money and consideration of local factors.
- 3.4 Wirral Health and Care Commissioning is committed to improving the outcomes for older people and people with disabilities in Wirral and minimising future demand within a sustainable budget.

4.0 FINANCIAL IMPLICATIONS

2019/20	Current 18/19	Proposed 19/20	Increase 18/19 to 19/20	Est. Pressure/ Yr (£m)
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Core Funded:

Residential	450	471	4.7%	0.5
Residential EMI	509	525	3.1%	0.2
Nursing (excl. FNC)	492	511	3.9%	0.2
Nursing EMI	513	529	3.1%	0.2
Supported Living	14.00	15.00	7.1%	1.7
Domiciliary Care*	14.80	15.60	5.4%	0.6
Extra Care	12.42	13.12	5.6%	0.1
Direct Payments	12.04	12.49	3.8%	0.3
Shared Lives	379	401	5.8%	0.1
Total Increase				3.8

Better Care Fund:

Dom Care Plus	16.67	17.55	5.3%	-
Reablement*	16.84	15.60	(7.4%)	(0.1)
Total Increase				

*Proposed fee rates in these areas are reflective of the outcome of the joint re-commissioning of domiciliary care in 18/19 with NHS Wirral CCG, resulting in a new 'top-to-bottom' service with one standard rate paid to providers across all types of care.

- 4.1 The cost of implementing the revised fees from 1 April 2019 is £3.7m for the full year 2018/19. This will be accommodated from within the Adult Health and Care budget by achieving £3.7m efficiencies, which forms part of the larger departmental savings target for maximising independence and wellbeing.
- 4.2 The proposed increases will ensure that providers are able to meet their statutory responsibilities, such as National Living Wage and employer workplace pension responsibilities.

5.0 LEGAL IMPLICATIONS

- 5.1 Under the Care Act 2014 local authorities (LAs) have a duty to promote diversity (choice) and quality in the care and support provider market. The purpose is to produce a sustainable and diverse range of providers to deliver better, innovative and cost-effective services. The support should promote the well-being of every person that needs it and enable them to greater levels of independence LAs are required to identify those with care and support needs in their area, identify what needs require prioritising and then encourage providers to meet those needs whilst monitoring the quality of the services provided. In addition, LAs have a duty to assure provision, where care providers in their area have failed to provide the required service at the appropriate level of quality.
- 5.2 In order to avoid challenge the Council must be able to demonstrate that the approach adopted in relation to the decision is open, fair and transparent. Provided that the Council has followed due process and given due regard to the actual costs of care, then the decision as to what fees it will pay to care home providers is a matter for the Council and it may take into account its financial circumstances in coming to that decision.
- 5.3 When considering the actual cost of care, fees should not be set mechanistically but should have due regard to providers' costs, efficiencies and planned outcomes for people using services. Fee setting must take into account the legitimate current and future costs as well as factors that may affect those costs (for example the National Living Wage) and not just the potential for improved performance and more cost-effective ways of working.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 Officers will continue to work with the sector to develop new care models for supported living.

7.0 RELEVANT RISKS

- 7.1 The Council has shared the fee models with providers. It has responded to the issues raised during the consultation period, reflecting on the proposed changes and stating the reasons for its decisions. Accordingly, the final proposal is reasonable and well considered.
- 7.2 The Council has maintained a considered balance between the cost of care, maximising the Wirral pound, whilst considering local factors, quality and meeting need.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 The Council has undertaken a period of consultation and engagement with providers during January and February 2019.

Date	Actions/Details
<p>Thursday 3rd January 2019 to Thursday 14th February 2019</p>	<p>Commencement of engagement re: fee proposal for 2019/20. Six-week engagement period up to 5pm 14th February.</p> <p>Providers' engagement options:</p> <ul style="list-style-type: none"> • Individual meetings • Open book accounting • Group forums • Email correspondence
<p>Friday 15th February 2019 to Thursday 28th February 2019</p>	<p>Consideration of all comments received by 14th February deadline. Opportunity for any required clarification with providers.</p>
<p>Friday 1st March 2019</p>	<p>The Council drafts its final position and proposal for Joint Strategic Commissioning Board</p>
<p>2nd April 2019</p>	<p>Joint Strategic Commissioning Board considers the proposal and confirms decision.</p>
<p>April 2019</p>	<p>New rates applied (subject to JSCB decision)</p>

9.0 EQUALITY IMPLICATIONS

Equality Impact Assessments have been carried out and can be found: -

<https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments/equality-impact-assessments-2017>

10.0 BENCHMARKING

The Council has benchmarked its own proposed fee rates against the indicative rates proposed by other Local Authorities in the North West. The outcome of this benchmarking exercise is included as Appendix 2 to this report.

REPORT AUTHOR(S): *Jacqui Evans*

Assistant Director, Integrated Commissioning Programme
telephone: (0151) 666 3938
email: jacquievans@wirral.gov.uk

Matthew Gotts

Principal Accountant
telephone: (0151) 666 3217
email: matthewgotts@wirral.gov.uk

APPENDICES

Appendix 1 - Provider feedback

Appendix 2 - Benchmarking exercise

BACKGROUND PAPERS

HISTORY

Meeting	Date
Cabinet	6 th June 2016
Cabinet	27 th March 2017
Cabinet	26 th March 2018

Appendix 1

CONSULTATION

CONSIDERATION OF FEEDBACK FROM PROVIDERS

The following aspects of the marketplace have been consulted with:

- Residential and nursing care
- Supported living
- Extra care
- Shared Lives

Feedback and comments were received from the following number of providers:

Residential and nursing care:	18
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Supported living:	14
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In total, 32 providers responded to the consultation.

In addition, four care providers provided copies of their accounts (2 x res/nurs, 2 x supported living) which were also taken into consideration. However, it was not possible to draw conclusions about the market as a whole on the basis of these, due to the small sample size gathered.

Some providers sent multiple comments; therefore the actual number of responses in the table (overleaf) does not agree to the above breakdown of providers who responded.

Ref	Comment	Qty	Response
1	Residential/Nursing		
1.1	The National Living Wage (NLW) has increased	9	The increase in the NLW from £7.83 to £8.21 has been reflected in the proposed Residential and Nursing model.
1.2	Employers' pension costs have risen by 1%	8	The employer's pension contribution in the fee model has increased by 1% to take account of this.
1.3	Inflation has increased the cost of non-staffing expenditure items.	7	The non-staffing costs in the model have been increased to account for inflation.
1.4	Recruitment challenges have resulted in higher agency costs	3	The rate offered includes the assumption that agency staff are employed at an hourly rate twice as expensive as that of care staff. This is considered to be a reasonable allowance.
1.5	We pay our staff more than NLW, which the model does not account for.	3	The Council's fee model complies with the requirement to give consideration to providers' actual costs of care and provides sufficiently for each provider to fulfil its legal duty to pay the NLW.
1.6	The total rate offered is insufficient	3	The Council's fee model complies with the requirement to give consideration to providers' actual costs of care and provides sufficiently for each provider to fulfil its legal duty to pay the NLW. The council has also taken into account local factors in proposing the 19/20 fee rates.
1.7	We employ more staff than your model allows	2	The Council recognises that there will be variance in the marketplace in terms of the staffing structure employed, with some homes employing more staff than others. The fee model assumes that 27 full-time equivalent staff are employed in a typical 37-bed unit and the Council considers this to be a reasonable allowance
1.8	No allowance has been made for the ancillary costs of activities, e.g. licenses, materials, etc.	2	The fee model contains an allowance for non-staff expenses, including ancillary activities costs.
1.9	Cost of fabric, utilities, services and decoration are different to what is provided for in the model.	2	The treatment of these aspects in 2019/20 model is based on care home figures from the Royal Institute of Chartered Surveyors. This is considered to be a fair allowance and consistent with the approach taken in the model in previous years
1.10	The number of care hours per resident are not representative of the actual position in care homes.	1	The care hours in the model allows for between 18.5 and 23.0 hours of direct care per resident per week, which is based on a data collection exercise undertaken with local care homes. This is believed to be a fair allowance.

1.11	The ROI offered in the model is below the market average.	1	The ROI has been calculated by applying the return on capital as suggested by Laing Buisson with a discretionary profit as per CBRE's September 2018 report on care home trends. This represents the typical return on activity figure expected for a modern, purpose built, fully compliant home and the Council considers this to be a fair allowance.
1.12	The model does not accurately reflect our central management overheads	1	The fee model has been calculated consistently over the past seven years and transparently demonstrates the consideration given to the actual cost of care.
1.13	Catering hours provided in the model are insufficient.	1	The catering hours in the model allows for 55.5 hours of catering per week in a typical 37-bed home, which is believed to be a fair allowance.
1.14	The occupancy level in the model of 95% is unrealistic	1	The Council recognises that some level of vacancy will always exist in care homes, no matter how efficiently placements are made. The Council believes that a reasonable allowance for vacancies in an appropriately-sized care home market is 5%.

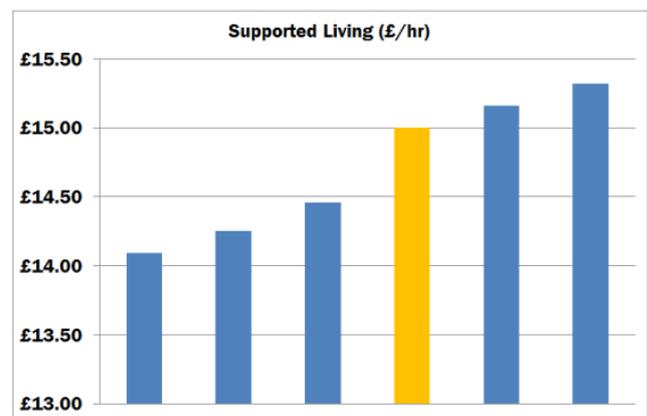
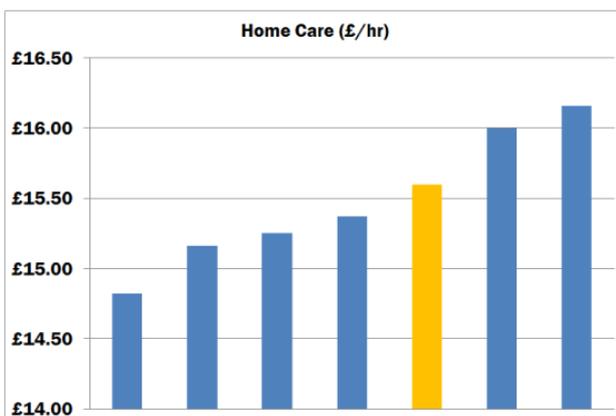
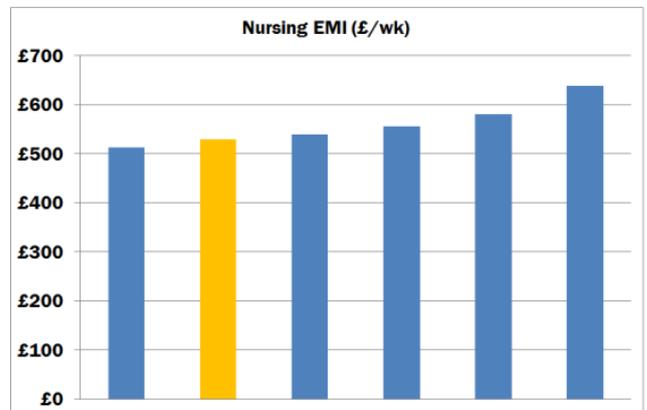
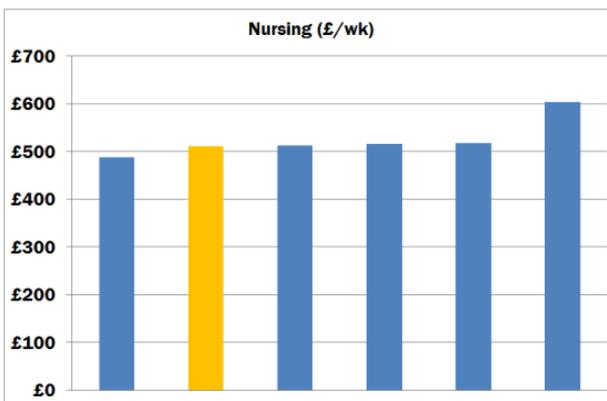
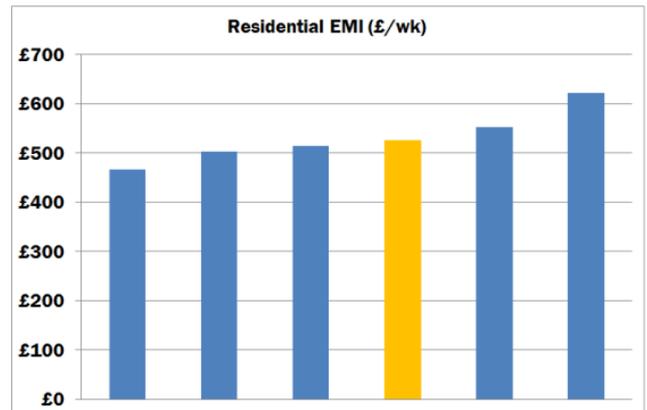
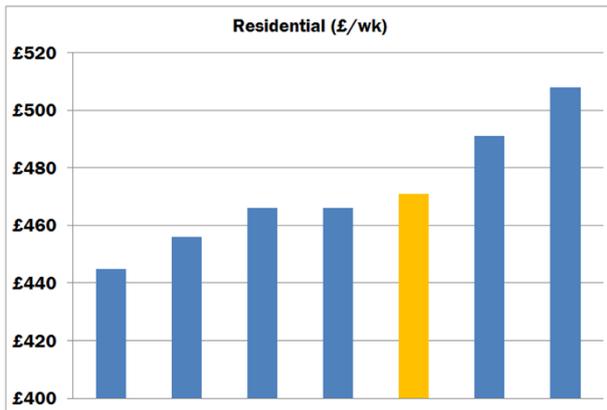
2	Supported Living		
2.1	The National Living Wage has increased	9	The increase in the NLW/NMW from £7.83 to £8.21 has been reflected in the proposed model.
82.2	The rate offered for sleeping nights is too low	8	The Council's Supported Living rate provides sufficiently to meet providers' statutory responsibility to pay the NLW. The council considers that the cost assumptions are reasonable and robust.
2.3	Employers' pension costs have increased by 1%.	8	The employer's pension contribution in the fee model has increased by 1% to take account of this.
2.4	We pay our staff more than the minimum wage, which the model does not provide for.	6	The Council's fee model complies with the requirement to give consideration to providers' actual costs of care and provides sufficiently for each provider to fulfil its legal duty to pay the National Living Wage.
2.5	Inflation has increased the cost of non-staffing expenditure items.	5	The non-payroll costs in the model have been increased to account for inflation.
2.6	The Apprenticeship Levy has not been factored in to the model.	3	In the UKHCA November'17 briefing, no allowance is recommended as, in practice, most providers fall below the minimum threshold. Employers should be able to reclaim the cost of their levy by taking on and training apprentices, so the UKHCA's assumption is that the levy is cost-neutral.
2.7	The cost of cover for holiday has been miscalculated in the model.	2	The cost of cover for holidays has been updated following this feedback and is now in line with UKHCA recommendations.

2.8	There is no allowance made in the model for staff recruitment costs	1	Recruitment costs are not accounted for directly, but assumed to be picked up within the management and admin charge included in the model.
2.9	The assumption that Team Leaders cover 5% of direct care is not accurate. The cost of direct support should be 100% support workers.	1	The assumption that 5% of direct care is delivered by team managers was arrived at in 2017/18 through conversations with representatives from multiple large supported living providers. This is felt to be a fair allowance, although it is recognised that individual business practices may vary.
2.10	Management time should be charged on the assumption that 100% of management time is paid at management rate.	1	100% of management time is paid at management rate in the model.
2.11	Agency costs are not included in the model	1	Agency costs are not accounted for directly, but assumed to be picked up within the management and admin charge included in the model.
2.12	Supervision time is under-accounted for in the model.	1	The Council recognises that different models will be employed by each organisation, but considers that the supervision/meeting time allowed for in the model is fair, based on feedback from local supported living providers.
2.13	There is no differentiation between the pay rates in the model for support workers and administration officers.	1	The Council's Supported Living rate complies with the requirement to give consideration to providers' actual costs of care and provides sufficiently to meet providers' statutory responsibility to pay the NLW
2.14	The cover allowance for training is insufficient.	1	The council believes that an allowance of 7 days' per year for training, per employee, is fair.
2.15	Sickness cover is understated	1	Although not covered in the UKHCA model, an allowance of 2% has been made in the model to cover sickness; this is felt to be a fair allowance.
2.16	The cost allocated for managers is insufficient	1	The Council recognises that different staffing models will be employed by each organisation, but considers that the allowance given in the model, based on feedback from local supported living providers, is fair.

APPENDIX 2

WIRRAL'S PROPOSED RATES, BENCHMARKED AGAINST OTHER NORTH WEST COUNCILS' PROPOSED 19/20 RATES (SUBJECT TO APPROVAL)

(Please note some local authorities operate different models of care to Wirral, therefore an element of 'blending' has been necessary to achieve comparable figures).



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JOINT STRATEGIC COMMISSIONING BOARD
Pooled Fund Finance Report

Risk Please indicate	High N	Medium Y	Low N
Detail of Risk Description	<i>This report deals with how risks are being mitigated against through arrangements that have been put in place for integrated commissioning. All commissioning activity is subject to appropriate consultation, engagement and impact assessment.</i>		

Engagement taken place	N
Public involvement taken place	N
Equality Analysis/Impact Assessment completed	N
Quality Impact Assessment	N
Strategic Themes	
To empower the people of Wirral to improve their physical, mental health and general wellbeing	N
To reduce health inequalities across Wirral	N
To adopt a health and wellbeing approach in the way services are both commissioned and provided	Y
To commission and contract for services that: <ul style="list-style-type: none"> • Demonstrate improved person-centred outcomes • Are high quality and seamless for the patient • Are safe and sustainable • Are evidenced based • Demonstrate value for money 	Y
To be known as one of the leading organisations in the Country	Y
Provide systems leadership in shaping the Wirral Health and Social Care system so as to be fit for purpose both now and in five years' time.	Y

**JOINT STRATEGIC COMMISSIONING BOARD
(Committee in Common)**

Meeting Date:	2nd April 2019
Report Title:	Pooled Fund Finance Report
Lead Officer:	Mike Treharne

1 INTRODUCTION / REPORT SUMMARY

This paper provides a description of the arrangements that have been put in place to support effective integrated commissioning. It sets out the key issues in respect of:

- a) the expenditure areas that are included in the 2018/19 shared pooled fund (live) and those expenditure areas in shadow form for 2018/19, and
- b) the current and future risk and gain share arrangements.

2 RECOMMENDATIONS

- 2.1 That the financial position of the live and shadow pools, as at 31st January 2019, be noted.

3 BACKGROUND INFORMATION

- 3.1 The direction of travel for integrated commissioning, the business case and proposed integrated arrangements for Wirral Health and Care Commissioning (WHaCC) have been well documented via NHS Wirral CCG Governing Body Board meetings 2nd May 2017 and 5th December 2017. Local Authority Cabinet meetings 27th March 2017 and 27th November 2017.
- 3.2 The following key features of integration were outlined as essential to success;
 - Pooling resources, intelligence and planning capacity.
 - Delivering the Right Care in the Right Place at the Right Time.
 - Managing demand and reducing the cost of care.
 - Clear accountability and governance arrangements.
 - Resilience and flexibility to emerging issues in service delivery.

- 3.3 *Healthy Wirral* has been established as the core programme for delivery of key transformational programmes of health and care. WHaCC is the system lead for the delivery of this programme through the *Healthy Wirral* Partners Board.
- 3.4 The financial challenge for NHS Wirral CCG and Wirral Council will continue, regardless of integration. The key for Wirral will be to ensure that integration of commissioning is seen as an opportunity to help to transform provision to make more effective use of the resources available (making the most of the “Wirral pound”) rather than the financial challenges being seen as a barrier to integration.
- 3.5 The risks and mitigations associated with integration will continue to be monitored and updated in the months to come.

4. 2018/19 POOL

- 4.1 The total fund contributed to the commissioning pool in 2018/19 amount to £131.9m, as per the table below:

Description	£m
Adult Social Care	40.8
Public Health	13.0
Children & Young People	2.0
CCG	22.3
Better Care Fund	53.7
	131.9

- 4.2 The total funds contributed to the shadow pool in 2018/19 amount to £532.4m, as per the table below:

Description	£m
Adult Social Care	51.0
CCG	481.4
	532.4

- 4.3 The budgets contained within the shadow pool comprise all other budgets within the Adult Social Care and CCG areas which are not formally pooled in 2018/19 (see 4.1)

- 4.4 A proposal will be brought back to Board for the 2019 to 2020 arrangements for that financial year.
- 4.5 Over time, services which are currently out of scope for Wirral Health and Care Commissioning may be included within the pooled funding arrangements (e.g. further Children's services). The risks of adding these services to the pooled fund arrangement will need to be assessed at the point at which these services are considering being moved.
- 4.6 A full breakdown of the pool's composition is given below and overleaf, together with the current forecast:

Area	Category	Budget	Forecast (£m)	Variance
Adult Social Care	Community Care for learning disabilities	39.3	39.4	(0.1)
	Community Care for mental health	9.9	10.4	(0.5)
	Children with Disabilities	1.1	1.0	(0.1)
	LD/MH Customer and client receipts	(3.0)	(3.4)	0.4
	Income from joint-funded packages	(6.5)	(6.6)	0.1
		40.8	40.8	-
Public Health	Stop smoking interventions	0.8	0.8	-
	Sexual health services	3.1	3.1	-
	Children's services	7.2	7.2	-
	Health checks	0.3	0.3	-
	Adult obesity	0.3	0.3	-
	Mental health	1.1	1.1	-
	Infection control	0.2	0.2	-
		13.0	13.0	-
Children & Young People	Care packages	2.0	2.0	-
		2.0	2.0	-

Continued overleaf

Area	Category	Budget	Forecast (£m)	Variance
CCG	CHC – adult continuing care	3.7	4.2	(0.5)
	CHC – adult Personal Health Budgets	0.9	1.1	(0.2)
	Funded nursing care	0.8	0.8	-
	Learning disabilities	1.7	1.7	-
	Mental health	9.8	10.6	(0.7)
	Adult joint funded	3.8	4.1	(0.3)
	CHC – Adult joint funded PHBs	0.3	0.3	-
	CHC children’s continuing care	0.9	1.0	(0.1)
	Children’s PHBs	-	-	-
	CCG Contingency/Mitigation	0.3	-	0.3
		22.3	23.8	(1.5)
Better Care Fund	Integrated services	20.6	20.1	0.5
	Adult social care services	25.2	25.2	-
	CCG services	2.0	2.0	-
	DFG	3.9	3.9	-
	Innovation fund	0.9	0.9	-
	Known pressures & contingency	1.1	0.9	0.2
		53.7	53.1	0.6
		131.9	132.7	(0.9)

4.7 At 31st January 2019, the NHS Wirral CCG has a developing year-end pressure of £1.5m (net of contingencies) spread across all areas of the live pool which forms part of the NHS Wirral CCG’s overall net unmitigated risks currently reported to NHS England. This is an adverse variance of £0.4m from the position reported at 31st October 2018 and is inclusive of £0.3m NHS Wirral CCG contingency funding allocated to the pool.

- 4.8 An underspend is anticipated on the Better Care Fund, following a comprehensive review of expenditure to date and an assessment of likely levels of expenditure for the rest of the year. Slippage is expected on a number of schemes, in addition to an expected under-use of winter contingency money as a result of the additional Winter Pressure Funding committed by the Government as part of the 2018 budget announcement.
- 4.9 A net unmitigated risk of £1.5m exists on the pool at 31st January 2019 (see 4.7). £0.6m of this is mitigated by underspend on the Better Care Fund (see 4.8), which leaves a net forecast risk of £0.9m. The Section 75 agreement mandates a 50:50 share of this deficit, i.e. £0.45m for NHS Wirral CCG and £0.45m for Wirral Council.

5. 2018/19 FINANCIAL RISKS AND CHALLENGES

- 5.1 Achievement of the CCGs £2m surplus control total is clearly not without financial challenge and risk, given the £19.6m savings target required to be delivered. During the planning period and working up of the CCG's financial recovery plan, gross risks and realisable mitigations were identified as follows:

Risks	Original Plan £m	Current Position £m
QIPP Slippage	£3.5m	£6.5m
Unidentified QIPP	£4.1m	Nil
Acute Over-performance	£2.0m	£2.0m
CHC Excess Growth	£1.0m	£2.5m
Total Gross Risks	£10.6m	£10.9m

Mitigations	£m	£m
Contingency	(£2.6m)	(£2.6m)
Re-brokerage	(£1.0m)	(£1.0m)
RTT Slippage	(£0.5m)	(£0.5m)
Other	(£0.8m)	(£1.3m)
Total Mitigations	(£4.9m)	(£5.4m)

Overall Net Risks	£5.7m	£5.6m
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- 5.2 The CCG submitted a Formal Recovery Plan to NHS England in 2018 which was approved; describing how the £1.9m identified cost pressures within the pool for 2018/19 would be mitigated along with other risks across the wider CCG however given the level of challenge a number of risks remain unmitigated.
- 5.3 Further mitigations, in addition to the above, have been developed by the CCG, although again these have proved to be particularly challenging to deliver. As part of its directions from NHS England, a Turnaround Director was recently been appointed with a remit to look at all expenditure lines across the entire CCG, to identify any further efficiency opportunities with a view to addressing the overall level of risk that currently remains unmitigated.
- 5.4 It should be noted that since the closedown of the January 2019 figures contained within this report, the CCG has been notified of non-recurrent support to be provided by NHS England enabling the CCG to report an overall surplus position for the financial year, in line with its original plans. This support will be transacted in Month 12 via the CCG's reserves in the shadow pool and will have no impact upon the live pool.
- 5.5 The financial risks and challenges facing the Social Services budget for 2018/19 were as follows:

Risks	Original Plan £m	Current Position £m
Demographic Growth Pressures	1.0	1.0
Overspend Carried Forward from 17/18	0.5	0.5
Total Gross Risks	1.5	1.5

Mitigations	£m	£m
AFG Pilot	0.2	0.2
ECH – Balls Road	0.1	0.1
Other Complex Care Reviews	0.1	0.1
Payment by Actuals	0.4	0.4
Supported Living Reviews	0.5	0.5
Complex One-Off Savings	0.2	0.2
Total Mitigations	1.5	1.5

Overall Net Risks	-	-
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- 5.6 The Council's savings are on track to be delivered in full by the end of the year. Any slippage will be mitigated through over-achievement of other savings, as well as the identification new savings options and one-off actions.
- 5.7 Any savings delivered above and beyond the savings target of £1.5m will contribute directly to the bottom line of the pooled fund and would be eligible to be shared between partners as described in the section 75.

6. ENGAGEMENT / CONSULTATION

- 6.1 Documents and discussions in respect of the integration agenda and associated financial risks have been presented and taken place at a variety of Local Authority and CCG meetings.

7. LEGAL IMPLICATIONS

- 7.1 The Local Authority and CCG lawyers have been engaged in, and crucial to the production of the section 75 agreement, and the relevant legal implications are identified within that document.

8. RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

- 8.1 Currently there is no significant impact on resources, ICT, staffing and assets as a result of the integration agenda. As greater integration occurs there are likely to be efficiency savings through economies of scale with appropriate sharing of posts and assets etc.

9. EQUALITY IMPLICATIONS

- 9.1 No implications because it is not anticipated that the integration of commissioning functions will have an impact on equality. Rather, potential impacts on equality will come from commissioning decisions for which Equality Impact Assessments (EIAs) will need to be produced.

REPORT AUTHOR: Mike Treharne
Chief Finance Officer, NHS Wirral CCG and Wirral Health
and Care Commissioning
Telephone: 0151 541 5447
email: Michael.treharne@nhs.net

APPENDICES

N/A

REFERENCE MATERIAL

N/A

HISTORY

Meeting	Date
Joint Strategic Commissioning Board	16 th October 2018
Joint Strategic Commissioning Board	9 th December 2018

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JOINT STRATEGIC COMMISSIONING BOARD
Healthy Wirral Strategic Plan Update

Risk Please indicate	High N	Medium Y	Low N
Detail of Risk Description	<p>The delivery of the <i>Healthy Wirral</i> programme has risks associated with acting as one, service sustainability, political challenges and programme delivery. The <i>Healthy Wirral</i> Partners Board has developed a Board Assurance Framework that identifies the risks to the delivery of the strategic programme aims and how these will be mitigated. The most significant risks are a further deterioration of the financial position of the Wirral health and care economy and of associated clinical and performance standards. These can only be mitigated by the adoption of an “acting as one” approach to sustainability planning.</p>		

Engagement taken place	Y
Public involvement taken place	N
Equality Analysis/Impact Assessment completed	N
Quality Impact Assessment	N
Strategic Themes	
To empower the people of Wirral to improve their physical, mental health and general wellbeing	Y
To reduce health inequalities across Wirral	Y
To adopt a health and wellbeing approach in the way services are both commissioned and provided	Y
To commission and contract for services that: <ul style="list-style-type: none"> • Demonstrate improved person-centred outcomes • Are high quality and seamless for the patient • Are safe and sustainable • Are evidenced based • Demonstrate value for money 	Y
To be known as one of the leading organisations in the Country	Y
Provide systems leadership in shaping the Wirral Health and Social Care system so as to be fit for purpose both now and in five years’ time.	Y

JOINT STRATEGIC COMMISSIONING BOARD

(Committee in Common)

Meeting Date:	2nd April 2019
Report Title:	Healthy Wirral Strategic Plan Update
Lead Officer:	Simon Banks, Chief Officer, Wirral Health and Care Commissioning and Senior Responsible Officer, <i>Healthy Wirral</i>

INTRODUCTION / REPORT SUMMARY

This matter affects all Wards within the Borough and supports the delivery of both Wirral 20/20 pledges in relation to Health and Wellbeing, and the delivery of Health and Wellbeing ambitions within 'Wirral Together'.

In common with all health and care systems across Cheshire and Merseyside, Wirral is expected to establish and implement its plans to achieve the best possible health and wellbeing outcomes for its population within the funding available to the system. The '*Healthy Wirral*' programme is seen as the prime system-wide programme to deliver sustainable and affordable long-term changes to the way that the health and wellbeing of the Wirral Population is supported.

The *Healthy Wirral* Programme has identified a mission of '*Better health and wellbeing in Wirral by working together*' with the clearly stated aim to enable all people in Wirral to live longer and healthier lives by taking simple steps to improve their own health and wellbeing. By achieving this together we can provide the very best health and social care services when people really need them, as close to home as possible. Delivering this aim requires the Wirral partners to rise to four key challenges:

- **Acting as One** - exemplified in actions and behaviours.
- **Clinical sustainability** - sustainable, high quality, appropriately staffed, organisationally agnostic services.
- **Improving population health** - delivering the *Healthy Wirral* outcomes around better care and better health using a place-based approach.
- **Financial sustainability** - managing with our allocation, taking cost out, avoiding costs, delivering efficiency and better value.

This paper outlines the key actions that have been undertaken to date and the proposed next steps to progress the *Healthy Wirral* Programme.

RECOMMENDATIONS

The Joint Strategic Commissioning Board is asked to note the contents of this report.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The purpose of the report is to inform the Joint Strategic Commissioning Board (JSCB), no further action by the JSCB is required except to note the report.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 The *Healthy Wirral* Programme represents a system wide approach to the commissioning and delivery of health and care transformation on Wirral in order to achieve clinically and financially sustainable place-based care. As such there is no alternative option to consider for the system.

3.0 BACKGROUND INFORMATION

The *Healthy Wirral* programme progress against key objectives is reported to the *Healthy Wirral* Partners Board on a monthly basis.

3.1 System Operating Plan for Wirral

Following the agreement of the 5-year settlement for the NHS and the development of the NHS Long Term Plan, guidance has been provided to clarify the expectations of all integrated care systems to produce organisational level and coherent system level operational plans for 2019-20. This year is identified as a foundation year to lay out the groundwork for implementation of the Long Term Plan and the up-front funding for providers is given with the requirement that each NHS organisation delivers its agreed financial position. The production of operating plans for 2019/20 will support the development of a broader 5-year strategic system plan. In addition to delivering the requirements of the NHS Long Term Plan, *Healthy Wirral* partners have recognised this as an opportunity to set out our ambitions for place based population health and care and align this with Wirral system planning including the Wirral 2030 plan.

3.1.1 Operating Plan for 2019/20

As an outcome of a *Healthy Wirral* system event in November 2018 and subsequent discussions, partners have committed to a joint approach to the completion of a Wirral System Operating Plan. Following the publication of full guidance by NHS England in January, system partners, led by the *Healthy Wirral* have worked to deliver the expected milestones, and submitted a draft system operating plan on 12th February 2019. The final plan is due to be submitted to the Cheshire and Merseyside Health and Care Partnership by 4th April 2019. Key to this plan will be alignment with system partner operational plans particularly in respect of strategic intent and priorities, financial and activity assumptions.

The *Healthy Wirral* Partners Board will have oversight of the delivery of the plan and will be expected to review the draft plan and approve the final version.

3.1.2 5 Year Strategic Plan

The 2019/20 Operating Plan described above will provide the basis for system discussions and activity to establish and agree a *Healthy Wirral* 5-year Strategic Plan. It is expected that a draft plan will be completed in July 2019 in preparation for submission in the autumn of 2019. A programme of activity for system partners will be established to ensure system engagement and input into the plan.

3.2 *Healthy Wirral* Programme Governance and Infrastructure

Following discussions with the *Healthy Wirral* Chair and Senior Responsible Officer (SRO) and with key system partners a review of the current *Healthy Wirral* governance structures has been undertaken. It was recognised that whilst the current structures and processes have effectively supported the development of system wide support for the agreed programme there was a need to undertake a critical appraisal of governance to ensure that it meets our future planning and delivery needs, namely:

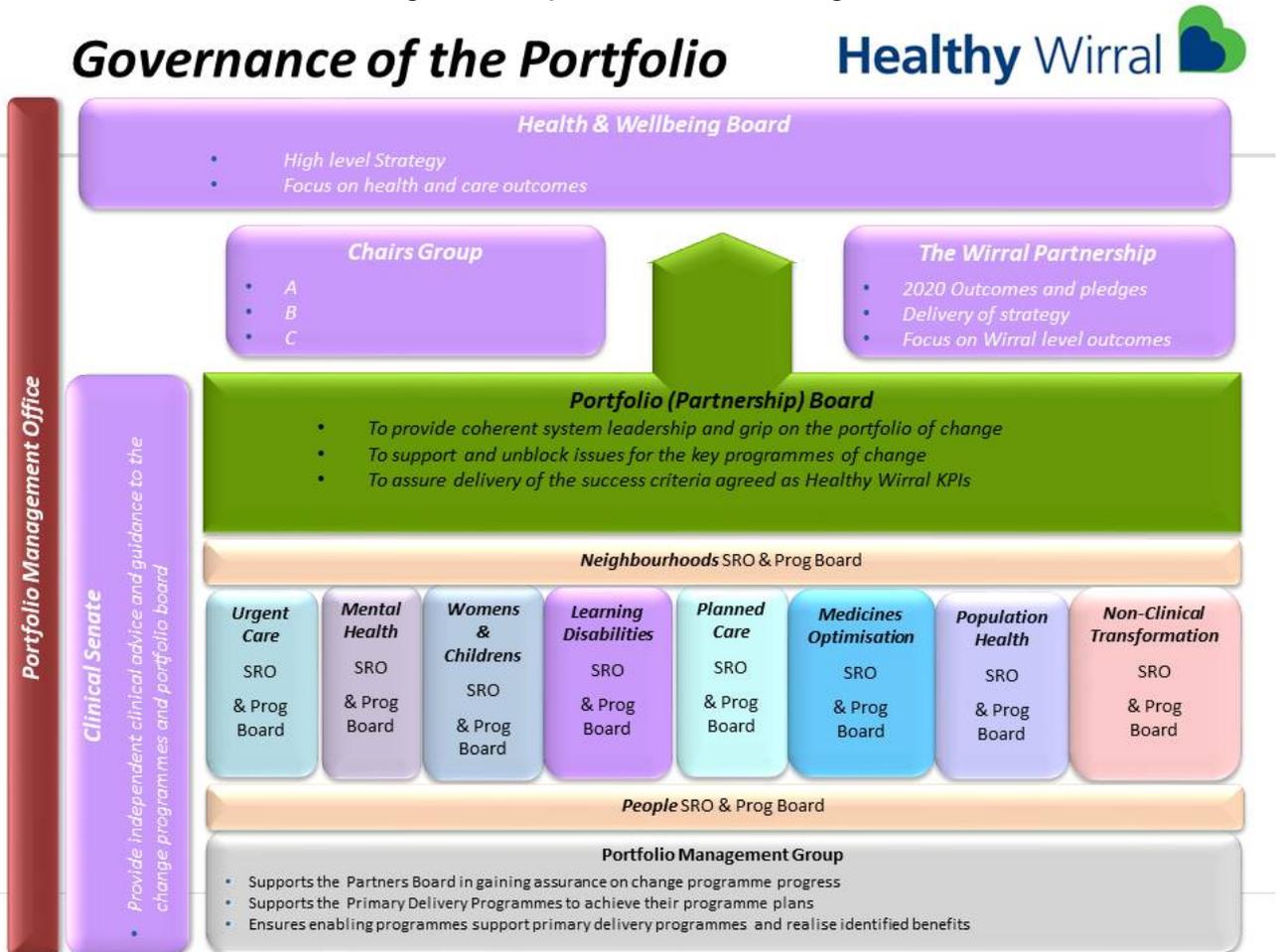
- Ensuring that the overall programme is aligned to local and national strategic intent around place based health and care systems
- Ensuring that there is robust and effective scrutiny and oversight of the key programmes and assurance that they are delivering the expected better health, better care and better value benefits.
- Establishing governance processes that are simple to navigate, avoid duplication of effort and ensure system partner accountability.

3.2.1 Programme Governance

The amendments to the governance structure aim to establish a reporting structure that is simpler to navigate, establishes clear programme and senior executive accountability to the *Healthy Wirral* Partners Board for the delivery of programme plan objectives, and ensures that the board are more clearly sighted on progress and programme barriers. The key changes are summarised below:

- Primary system programmes are directly accountable to the partners board which assumes a clear portfolio programme board function. This will require an extension to the board role and time commitment estimated at one half day per month to achieve this
- Each primary programme is mandated to establish a clear programme delivery group, chaired by an executive system lead who is accountable to the board for the progress of the individual programme, and ensures that regular highlight reports are established and the overall programme dashboard is maintained for their portfolio highlighting progress and project risks/ issues in delivering the defined programme benefits
- The scope and primacy of key programmes is amended to reflect their fundamental role in delivering a sustainable place-based system plan. This is covered in more detail in 3.3.2.

- The formal governance stages currently undertaken by the *Healthy Wirral* Executive Delivery Group (HWEDG) and *Healthy Wirral* Operational Delivery Group (HWODG) are discontinued. This will help create system capacity to provide more focused support for the portfolio of programmes referred to in the diagram below as the Portfolio Management Group.
- These changes are represented in the diagram below:



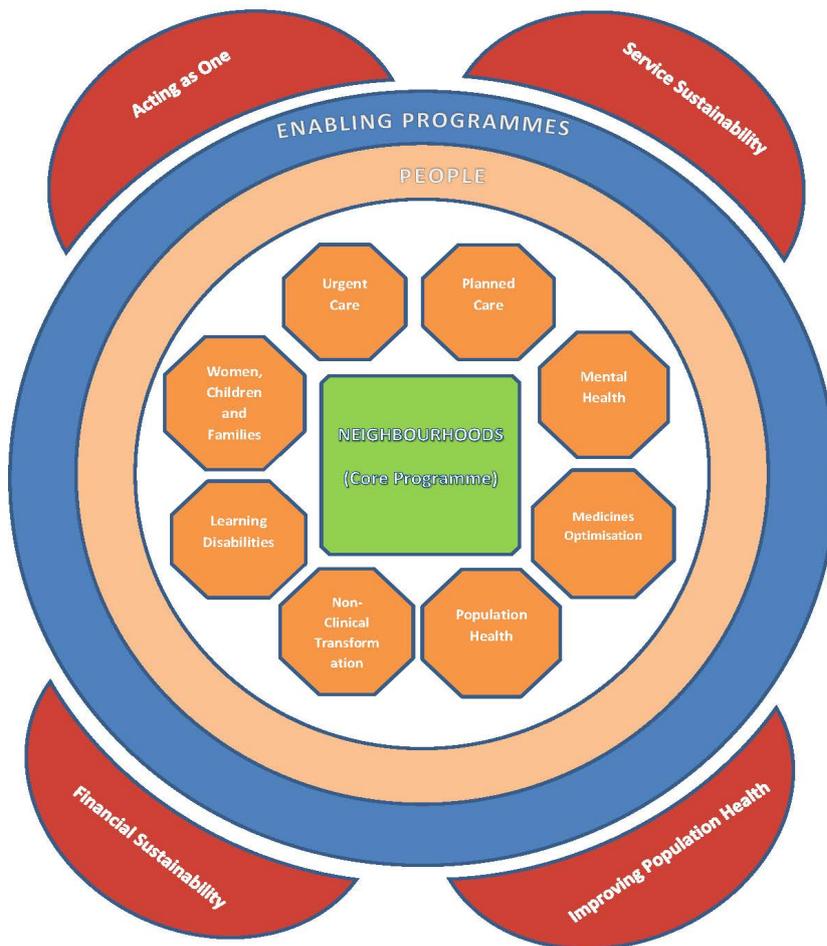
3.2.2 Programme Infrastructure

The critical review of the range and scope of work streams within the overall *Healthy Wirral* programme has recommended the following changes:

- The fundamental component of a place based health and care system on Wirral has been agreed to be the development of Neighbourhoods/ Primary Care Networks. As such this is core to the *Healthy Wirral* model and system focus needs to remain on the establishment and growth of neighbourhoods. The primary delivery work streams will be expected to articulate how their programme priorities and outcomes will support this and be delivered through the agency of neighbourhoods.

- A number of programmes previously identified as ‘enabling’ have been shown to either be fundamental to the establishment of ‘place’ on Wirral, or to have the potential to deliver tangible and measurable system benefits. These include the following:
 - People and Workforce Development which is fundamental to the future place based workforce requirements.
 - Medicines Optimisation which has identified significant financial and non-financial benefits
 - Population Health encompasses the primary effort required to build and use our population intelligence to understand and design approaches to improve population health. It also encompasses key public health approaches to influence lifestyle and wellbeing improvement, including social prescribing
- In delivering system sustainability it has been recognised that a number of key work programmes deliver non-clinical or infrastructural change, for example back office rationalisation or shared services, and as such should be recognised as a primary programme.
- A number of the enabling work streams relate to digital development and the use of technology. It is suggested that further work is undertaken to establish a digital strategy for Wirral and identify how these programmes could be combined to support the delivery of this strategy.
- The four ‘information and shaping’ programmes are arguably either contextual to the wider *Healthy Wirral* programme rather than specifically dependent work streams, for example ‘Wirral Together’, or form part of the core business and quality approaches for the programme. It is therefore proposed that these are not identified as specific work streams.

These changes are summarised in the diagram below:



3.3 Programme Support and Rigour

In order that system leaders are ensuring that the overall programme is aligned to local and national strategic intent around place-based health and care systems there is a clear need for the system to have sufficient shared infrastructure to effectively manage local and external expectations and requirements. This has led to the proposal for the development of a *Healthy Wirral* Portfolio Management and Delivery team to incorporate named leads for each programme area drawn from the system to support the delivery of the programme, including finance, business intelligence, Programme Management Office (PMO), Information Technology (IT) and where necessary HR. This will ensure effective delivery at pace for all core programmes. This is also a key step towards development of a broader range of shared services and could expand to other functions such as Medicines Optimisation.

3.4 Neighbourhood Development

Work is continuing to establish the Neighbourhood teams supported by the Neighbourhood Transformation manager to ensure that a resilient approach is adopted. The Neighbourhood Co-ordinator GPs leadership has been fundamental in supporting this work alongside system partners. Key developments in this period are outlined below:

3.4.1 Target Operating Model

Design and development work on the neighbourhood multi-disciplinary team (MDT) is continuing, and additional programme support is being deployed from our phase 1 transformation fund to increase pace on this work. An outline target operating model has been developed in partnership with key system partners including primary and community care, commissioners and 3rd sector colleagues and will establish the operating principles common to all neighbourhood teams. System partners are responding to this with detailed plans as to how their teams will operate within the multi-disciplinary team.

Work is underway with primary care colleagues to understand how the proposals set out in the new GP contract including the direct enhanced services for primary care networks will align with the neighbourhoods to ensure this builds on the good work already established.

3.4.2 Neighbourhood Summit

A Neighbourhood Summit took place on 22nd February 2019 to share current developments within commissioning, provision and community development on Wirral and how these could link with the overall neighbourhood vision and development. This event was well attended by key partners from across the Wirral Health and Care system.

3.4.3 3rd Sector Pilots

Working alongside Age UK Wirral a Personal Independence Co-ordinator model has been piloted within a number of primary care settings. This aims to provide pro-active risk stratification of patient data and targeted engagement with those patients who would most benefit from the holistic support of a Personal Independence Co-ordinator (PIC), who undertakes a detailed guided conversation with individuals and develops a personal action plan addressing all of an individual's nonclinical / social needs.

This model has been trialed through a focus on identification of frail patients risk stratified as being in the last 12-18 months of life, having the highest number of appointments in the last 12 months at their GP Surgery or presenting the most number of times at Accident and Emergency in the last 12 months.

Early data from a small cohort of patients have shown significant social outcomes, including increased integration between the 3rd sector and primary care, improved social support, increased resilience and self-care and increased income. Some significant system outcomes would indicate a comparative reduction in GP appointments following the intervention of a PIC worker and a reduction in unplanned, non-elective admissions for the cohort of people.

3.4.4 Organisational Development

The system lead for the People and Workforce Development programme delivery has commenced in role and has successfully recruited HR technical support, with OD support to follow, supporting both Wirral and West Cheshire place programmes. Work will shortly commence with Wirral neighbourhoods to undertake a capability gap analysis using the 'Aligning Capability' model which will support the development of a clear People and Workforce plan for neighbourhoods and a comprehensive system wide strategy and People plan for the delivery of place based care at a neighbourhood level across Wirral and Cheshire West.

Work has continued to implement a leadership programme for neighbourhoods, supported by the North West Leadership Academy. Both Wirral and Cheshire West will be working as partners alongside the organisation North West Employers to design and deliver the programme which will commence in spring 2019 with a diagnostic and team building event to support neighbourhood leaders in identifying their leadership issues and needs.

3.5 Specific Programme Progress

3.5.1 Right Care

As part of the 'Planned Care' primary programme the work stream team are engaging with the NHS Right Care local delivery partner. Data packs can be tailored to all the key work streams and can provide both strategic, high level comparisons, but also, very detailed local (e.g. practice by practice) comparisons that identify variation. Also, the currencies used are not restricted to finance, but can focus on avoidable mortality and morbidity and on reducing unnecessary acute bed days. The immediate focus with Right Care will be on Respiratory, CVD and Gastroenterology as these areas align fully with both commissioning and Healthy Wirral plan priorities.

3.5.2 Population Health Intelligence and Wirral Care Record

Work has continued to progress in the development of population health intelligence to support our place based system. A workshop was held earlier in the year to bring wider system partners together to start to identify the bigger 'system questions' that population health intelligence should support. A skills audit of all business intelligence provision across Wirral has been undertaken, and system partners are reviewing this to look at how intelligence support can be better integrated across the system. An analytics subgroup of system business intelligence leads has been established to support this work and develop integration at all levels.

In support of the management of frailty at neighbourhood level a real time Frailty Dashboard has been developed. This is now live and communication has been sent to all Wirral GP Practices. Work is continuing to develop further neighbourhood analytics for inclusion in this Dashboard.

3.6 Working with Cheshire and Merseyside Health and Care Partnership

The Cheshire and Merseyside Health and Care Partnership (C&M HCP) has identified a vision of improving the health and wellbeing of the 2.6 million population of Cheshire and Merseyside and creating a strong, safe and sustainable health and care system that is fit for the future. Through their business plan to deliver this vision C&M HCP have identified three key priorities for 2018-19 which are:

- Delivering care more efficiently
- Improving the quality of care
- Improving the health and care of the population

The key vehicles identified for the delivery of these priorities are place based care at a local system level and improving population health management.

The *Healthy Wirral* Programme has been designed primarily to deliver the required changes identified by and needed for Wirral, but this dovetails fully with the ambitions of this wider partnership, which provides support and positive challenge to the system.

The *Healthy Wirral* team are continuing to work in close partnership with C&M HCP to support both Wirral and wider system delivery of 'place'. Early drafts of a 'Plan on a Page' summarising our Place development vision, deliverables and outcomes has been used to support the development of an approach for the whole system in Cheshire and Merseyside.

4.0 FINANCIAL IMPLICATIONS

4.1 The Wirral Health and Care system continues to face significant challenges to achieve financial recovery and sustainability. The summary projected financial position as of February 2019 is provided below:

I&E Performance (Incl. STF) Surplus / (Deficit)	I&E Performance to date			I&E Forecast						
	Plan	Actual	Variance	Plan	Likely	Likely	Best	Best	Worse	Worst
	£,000	£,000	£,000	Surplus / (Deficit) £,000	Surplus / (Deficit) £,000	Variance to Plan £,000	Surplus / (Deficit) £,000	Variance to Plan £,000	Surplus / (Deficit) £,001	Variance to Plan £,002
CWP	124	155	31	254	254	0	254	0	198	(56)
Wirral Community	1,743	1,754	11	1,993	1,993	0	2,393	400	(1,440)	(3,433)
WUTH	(21,668)	(26,603)	(4,935)	(25,042)	(30,555)	(5,513)	(30,555)	(5,513)	(32,291)	(7,249)
Wirral CCG	1,092	(2,004)	(3,096)	2,000	(3,000)	(5,000)	(2,229)	(4,229)	(7,948)	(9,948)
Contract mis-alignment & Risks			0	0	(2,000)	(2,000)		0		0
Wirral LA	0	0	0	0	0	0	0	0	0	0
Total	(18,709)	(26,698)	(7,989)	(20,795)	(33,308)	(12,513)	(30,137)	(9,342)	(41,481)	(20,686)
Previous period			(7,331)							
Movement on prev period			(658)							

The table above shows an adverse movement from December of £0.7m and is now £8m off plan to January 2019. The key areas to note are as follows:

- Wirral University Teaching Hospitals NHS Foundation Trust (WUTH) (£4,935k adverse variance)

This contract is showing a Year To Date (YTD) underperformance of c£2.0m (this is inclusive of contractual penalties applied of c£8.5m). The main areas of underperformance are elective activity. Emergency activity has been strong throughout the year supported by a more complex case-mix. The forecast position included an expectation that this would continue throughout the Winter period. This has not materialised and coincides with the opening of the “step-down” facility. Year to date under performance in specialist neonatal activity, and elective activity with other associate CCGs have also impacted.
- NHS Wirral Clinical Commissioning Group (£3,096 adverse variance)

This variance largely relates to underperformance of the Quality Innovation Productivity and Prevention (QIPP) plan with slippage against a number of schemes, mainly Frailty, Commissioned Out of Hospital packages of Care and Prescribing. There has also been significant overspending (£5.2m) within Commissioned out-of-Hospital packages of Care which is also contributing to this adverse variance. Although there is a high risk of QIPP non delivery a number of mitigations are being considered and progressed with a view to recover this position to the forecast £3m deficit at year end.

- 4.2 The *Healthy Wirral* programme recognises and supports the aspiration to live within our means as a system and the aim to maximise the value of the Wirral pound, by ensuring that this is invested in place-based care that will deliver evidenced based, quantifiable quality outcomes for the population of the Wirral. A key outcome of the current programme will be the development of a whole system plan to achieve system financial sustainability, through service transformation and the delivery of system wide QIPP and Cost Improvement Programme (CIP) approaches.

5.0 LEGAL IMPLICATIONS

- 5.1 The *Healthy Wirral* programme will be delivered within the statutory and legal frameworks set for health and care in England.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 These are being considered within the *Healthy Wirral* programme and provided by the participant organisations.

7.0 RELEVANT RISKS

- 7.2 The *Healthy Wirral* Partners Board has developed a Board Assurance Framework that will identify the principles risks to the delivery of the strategic programme aims and how these will be mitigated. The most significant risks are a further deterioration of the financial position of the Wirral health and care economy and of associated clinical and performance standards. These can only be mitigated by the adoption of an “acting as one” approach to sustainability planning.

8.0 ENGAGEMENT/CONSULTATION

- 8.2 Engagement and consultation will take place as the programme progresses at all stages. Communications and Engagement is identified as a key enabling work stream for the programme and a communications and engagement strategy is being developed.

9.0 EQUALITY IMPLICATIONS

- 9.1 The *Healthy Wirral* programme will give due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people and who share a protected characteristic (as cited under the Equality Act 2010) and those who do not share it. The *Healthy Wirral* programme will also give regard to the need to reduce inequalities between patients in access to, and outcomes from health and care services and to ensure services are provided in an integrated way where this might reduce health inequalities. Moreover the *Healthy Wirral* programme comprises a wide range of delivery projects and the governance structures in place for the programme require the work streams to individually review their equality, quality and privacy impact assessments.

REPORT AUTHOR: **Julian Eyre**
Healthy Wirral Programme Manager
telephone: (0151) 651 0011 ext. 401169
email: Julian.eyre@nhs.net

APPENDICES

BACKGROUND PAPERS

HISTORY

Meeting	Date

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Wirral Neighbourhoods Update

March 2019



Working in partnership:

Wirral Clinical Commissioning Group
Wirral Council
Cheshire and Wirral Partnership NHS Foundation Trust

Wirral Community NHS Foundation Trust
Wirral University Teaching Hospital NHS Foundation Trust
Local Professional Committees

Neighbourhoods are about people and the ‘place’ that they live

Place Based Care is about using a defined set of resources to provide the best possible quality of care and health outcomes for a defined population (as opposed to providing – and being paid for – solely episodic or reactive care).

Place based care involves strong system leadership:

- Established leadership teams and relationships.
- Effective collective decision-making and governance structures and a capability to support delivery.
- Track-record of getting things done.

Place based care is about collaborating to improve services:

- Building capacity in the voluntary sector and local communities to support people to be as healthy and well as they can be.
- Encourages organisations to work collaboratively around the person and their community.
- Taking collective responsibility when things go off track.

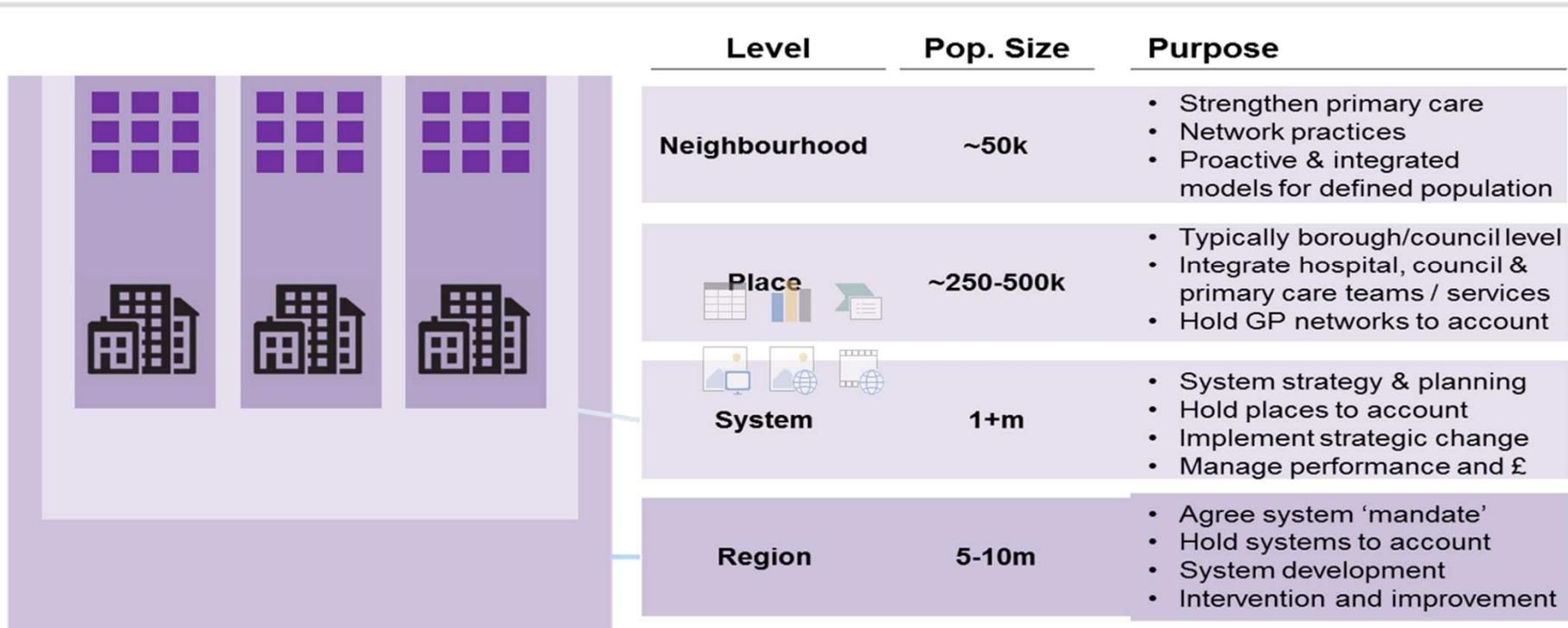
Place Based Working Principles

- Partnership Approach: Engage stakeholders across all sectors in collaborative decision-making
- Move from central control: led by the people who live and work locally
- Community Engagement: Encourage collaborative working, critical thinking and problem solving
- Local Flexibility: Provide a robust foundation for decision-making
- Long-Term Commitment: Ensure there are adequate time and resources to commit to this work

Integrated Care Systems

Appendix 1 : What is an ICS?

Page 46



Each level performs specific functions under the following common headings

1. Leadership, engagement and workforce
2. Care redesign
3. Accountability and performance management
4. Strategy and planning
5. Managing collective resources

Place-Based Care in Practice

Integrated Care Teams, including general practice, serving Neighbourhoods of 30,000-50,000 people each

More focused on Neighbourhood team than organisations, better sharing of information, planning and care coordination

Greater understanding of people's needs through risk stratification

More proactive care in primary and community settings, bringing all sectors into play

Helping people improve their lives with less reliance on statutory services

A renewed focus on how we engage and listen

Healthy Wirral

Our **Mission:**

Better health and wellbeing in Wirral by working together

Our **Vision:**

Our aim is to enable all people in Wirral to live longer and healthier lives by taking simple steps of their own to improve their health and wellbeing. By achieving this together we can provide the very best health and social care services when people really need them, as close to home as possible.



Wirral Localities Aligned to GP Practice

-  Birkenhead (15)
-  South Wirral (10)
-  Wallasey (17)
-  Wirral West (10)

Wirral Neighbourhoods Aligned to GP Practice

-  Birkenhead A (25)
-  Birkenhead South (29)
-  Bebington & New Ferry (18)
-  Healthier South Wirral (21)
-  Moreton & Leasowe (16)
-  North Wallasey (21)
-  Wallasey C (19)
-  West Wirral A (26)
-  West Wirral B (31)



Working in partnership:
 Wirral Clinical Commissioning Group
 Wirral Council
 Cheshire and Wirral Partnership NHS Foundation Trust

Wirral Community NHS Foundation Trust
 Wirral University Teaching Hospital NHS Foundation Trust
 Local Professional Committees

Our Neighbourhood Approach

- Multi-agency and multi-disciplinary teams
 - G.Ps
 - Community Nurses and Matrons
 - Social Workers
 - Care Coordinators
 - Therapists
 - Voluntary/ Community support
- Care wrapped around the "place and people"
- Communities of 30-50,000 people
- Proactive joined up care delivered as 'One Team'
- Initial focus on supporting Frail citizens
- Aim to reduce inappropriate admissions to hospital to support people to be as healthy as they can be

51 Practices

9 Neighbourhoods

1 Place System

Place-Based Care - better for staff



“I know and trust my colleagues”

“We’re all in it together”

“I have more time for people who need it”

Place-Based Care - better for people



“They are interested in me as a person - what matters to me”

“I can do the things I want to do more easily”

“I get help when I need it - my team works really well together”

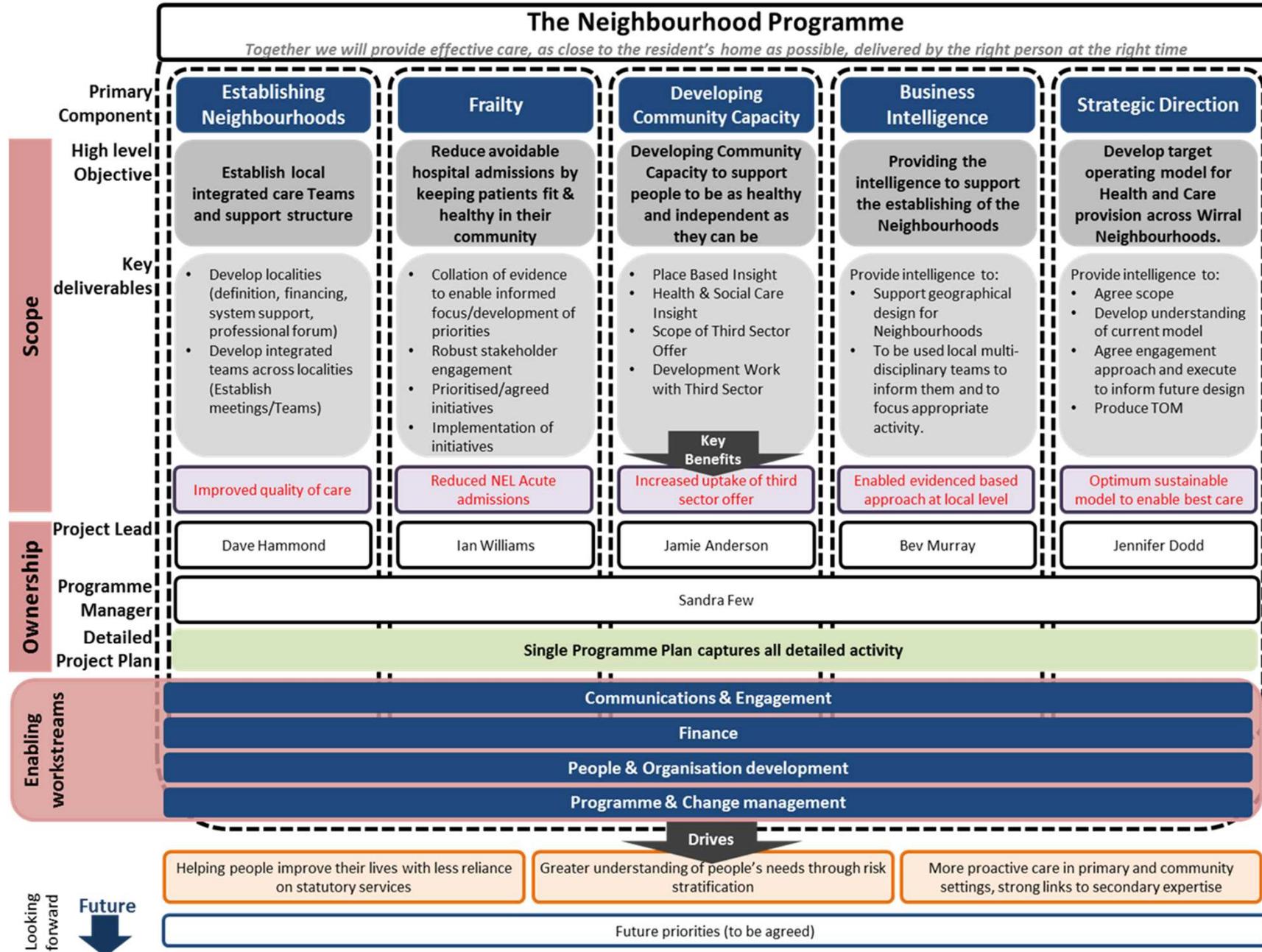
“I know the people who care for me”

“People don’t have to ask me for the same information over and over”

Key Achievements

- Neighbourhoods defined, GP Co-ordinators appointed, Leadership Teams established.
- MDT approach established case finding and support commenced. N.B. unplanned admissions down for 3 months.
- Alignment of resources and improved links of community resources in Neighbourhoods.
- Third sector links & provision strengthened within Neighbourhoods.
- Population Health Intelligence – *Production of Neighbourhood intelligence profiles.*

Neighbourhood Programme Structure



Neighbourhood Governance

Healthy Wirral Executive Delivery Group (HWEDG)

To enable effective assurance & focus

HIGHLIGHT REPORTING

(Appendix 1)

Senior Change Team

Purpose: Define, design, mobilise & establish Neighbourhood's

Meeting frequency: Monthly

Programme Delivery review meeting

Purpose: Enable detailed conversation to unblock issues

Membership: SRO, Programme Manager, Project Lead/resource as required

Meeting frequency: To be arranged as required

Neighbourhood Programme

Establishing Neighbourhoods

Frailty

Developing Community Capacity

Business Intelligence

Strategic Direction

Internal Organisational Governance

Internal organisational governance in place against each project

Integrated Neighbourhoods Governance Group (INGG)

Purpose: Detailed management, grip and initial issue / risk resolution for work packages within the Neighbourhood workstream:

- 1) Integrated Team development & implementation
- 2) Development of Neighbourhoods
- 3) Day to day management of Neighbourhood meetings
- 4) Systems development – Reporting & impact measurement

Membership (TBC): WCT (DH, JD, SC), CCG (IW, JB, SF)

Meeting frequency: Fortnightly

GP Co-ordinator meeting

Frailty PIC Worker Impact

- **Personal Independence Co-ordinator (PIC)**
- **Pilot AGE UK Wirral role in South Wirral B Neighbourhood**
- **Working with moderately frail patients who are frequent attenders Neighbourhood practices**
- **Outcomes:**
 - **Reduce isolation & loneliness**
 - **Improve health and reduce GP apts. & NEL Admissions**

Initial impact on GP appointments at Eastham Group Practice

Patient	GP appointments 12 Months Prior to Pilot	GP appointments 6 Months Prior to Pilot (May-Oct)	GP appointments 3 months of pilot project
Patient 1	31	14	2
Patient 2	32	16	1
Patient 3	34	13	2
Patient 4	52	27	12
Patient 5	68	20	5
Patient 6	60	26	6
Patient 7	37	12	5
Totals	314	128	33

Immediate Priorities

- Development of a future operating model
- Embedding Wirral Care Record
- Co-design care models - Neighbourhood focus
- Continuing improvement in integration & engagement with third sector
- Accelerating Population Health Management e.g. Social Prescribing
- Co-producing primary care networks on the Neighbourhood footprint
- Greater alignment with Wirral Together capacity building approach

Healthy Wirral video link:

<https://vimeo.com/320741978>

Questions?

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**JOINT STRATEGIC COMMISSIONING BOARD
CHIEF OFFICER'S REPORT**

Risk Please indicate	<i>High</i> N	<i>Medium</i> N	<i>Low</i> N
Detail of Risk Description	Not applicable to this report.		

Engagement taken place	N
Public involvement taken place	N
Equality Analysis/Impact Assessment completed	N
Quality Impact Assessment	N
Strategic Themes	
To empower the people of Wirral to improve their physical, mental health and general wellbeing	Y
To reduce health inequalities across Wirral	Y
To adopt a health and wellbeing approach in the way services are both commissioned and provided	Y
To commission and contract for services that: <ul style="list-style-type: none"> • Demonstrate improved person-centred outcomes • Are high quality and seamless for the patient • Are safe and sustainable • Are evidenced based • Demonstrate value for money 	Y
To be known as one of the leading organisations in the Country	Y
Provide systems leadership in shaping the Wirral Health and Social Care system so as to be fit for purpose both now and in five years' time.	Y

JOINT STRATEGIC COMMISSIONING BOARD
(Committee in Common)

Meeting Date:	2nd April 2019
Report Title:	Chief Officer's Report
Lead Officer:	Simon Banks, Chief Officer, Wirral Health and Care Commissioning and NHS Wirral CCG

INTRODUCTION / REPORT SUMMARY

This report sets out some key areas of work, in addition to their usual duties and meetings, for the Chief Officer for the period from 13th February 2019 to 9th April 2019.

RECOMMENDATIONS

The Joint Strategic Commissioning Board is asked to note the contents of the report.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

This report does not require any decisions to be made and is for information purposes only.

2.0 OTHER OPTIONS CONSIDERED

No other options considered or applicable.

3.0 BACKGROUND INFORMATION

This report sets out some key areas of work, in addition to their usual duties and meetings, for the Chief Officer for the period from 13th February 2019 to 9th April 2019. Where the events detailed below have occurred after this report was prepared for the Joint Strategic Commissioning Board - 4th March 2019 - a verbal update will be provided to the meeting on 2nd April 2019

3.1 Working in partnership with other organisations

3.1.1 Monthly Clinical Commissioning Group (CCG) Chief Officers Meetings

The meetings are convened by NHS England and chaired by Graham Urwin, Director of Commissioning Operations, NHS England (Cheshire and Merseyside). They are a mechanism through which Graham and his team exchange information and key messages with the Chief Officers from Cheshire and Merseyside Clinical Commissioning Groups (CCGs). The Chief Officer will be attending the meeting on 12th March 2019. Bill McCarthy, the new North West Regional Director for NHS England and NHS Improvement is also expected at this meeting.

3.1.2 Delivering Healthy Wirral

The Chief Officer is the Senior Responsible Officer and Place lead for *Healthy Wirral* within the Cheshire and Merseyside Health and Care Partnership. The Chief Officer has engaged in a number of activities that are designed to deliver the *Healthy Wirral* vision, objectives and outcomes by 2020. This has included:

- Meeting with senior leaders from partner organisations from across the Wirral system.
- Taking part in a Cheshire and Merseyside Health and Care Partnership Transformation Fund 2019/20 assessment panel.
- Providing support to David Eva, *Healthy Wirral* Independent Chair, at the Healthy Wirral Partners Board on 28th February 2019 and 28th March 2019.
- Meeting the Chair of the Children and Families Overview and Scrutiny Committee on 26th February 2019.
- Leading the *Healthy Wirral* response to the NHS Long Term Plan and NHS Operational Planning and Contracting Guidance.

The Chief Officer is also due to attend the following meetings as part of his duties in respect of *Healthy Wirral*:

- Adult Health and Care Overview and Scrutiny Committee (OSC) on 19th March 2019.
- Health and Wellbeing Board on 20th March 2019.
- Development of the Wirral Vision 2030 on 28th March 2019.

3.1.3 Wirral University Teaching Hospitals NHS Foundation Trust

The Chief Officer, Chair of NHS Wirral CCG and the Director of Quality and Patient Safety attended the Wirral University Teaching Hospital NHS Foundation Trust (WUTH) Improvement Board on 14th February 2019. This meeting is organised by NHS Improvement and is intended to support the Trust as a “challenged provider” on an improvement journey as part of the wider Wirral system.

A Board to Board is due to be held with WUTH and Wirral Health and Care Commissioning on 27th March 2019.

3.1.4 GP Federations and the Local Medical Committee

The Chief Officer attended a liaison meeting with Primary Care Wirral (PCW) and GP Wirral (GPW) Federations and the Wirral Local Medical Committee (LMC) on 14th February 2019. This discussed the development of the neighbourhood model in Wirral. The Chief Officer is also scheduled to attend a further meeting on 14th March 2019.

3.1.5 The economic impact of health and care

The Chief Officer is due to speak with Neil McInroy, Chief Executive of the Centre for Local Economic Strategies (CLES) on 8th March 2019. The Chief Officer is due to attend a Wirral wide event on 4th April 2019 on this topic.

3.1.6 Cheshire and Merseyside Mental Health Programme Board

The Chief Officer is due to attend this meeting on 15th March 2019 and chair the Board in the absence of Sheena Cumiskey, Chief Executive, Cheshire and Wirral Partnership NHS Foundation Trust who is the Senior Responsible Officer for this work stream. The meeting is scheduled to focus on the response to the NHS Long Term Plan requirements in respect of mental health services.

3.1.7 Cheshire and Merseyside Collaborative Commissioning Forum

The Chief Officer is due to attend the meeting of this Forum on 26th March 2019. The Collaborative Commissioning Forum (CCF) brings together all Cheshire and Merseyside CCGs and NHS England. The Chief Officer co-ordinates and supports this meeting with Dr Andrew Wilson, Chair of South Cheshire CCG, who is the Chair of the CCF.

3.2 Assurance by NHS England

No items to report.

3.3 Being accessible and accountable to local communities

3.3.1 Alison McGovern MP

The Chief Officer and Medical Director met with Alison McGovern MP on 1st March 2019. Topics that were discussed included the Urgent Care Review, Improving Access to Psychological Therapies (IAPT) and the financial position of the Wirral health and care economy.

3.3.2 Frank Field MP

The Chief Officer is due to meet with Frank Field MP on 22nd March 2019.

3.3.3 Adult Health and Care Overview and Scrutiny Committee

The Chief Officer is due to attend the Adult Health and Care Overview and Scrutiny Committee (OSC) meeting on 19th March 2019. Papers for this meeting can be found at <https://democracy.wirral.gov.uk/ieListDocuments.aspx?CId=819&MId=7471&Ver=4> and the proceedings viewed at <https://wirral-public-i.tv/core/portal/home>.

3.3.4 Health and Wellbeing Board

The Chief Officer is due to attend the Health and Wellbeing Board on 20th March 2019. Papers for this meeting can be found at <https://democracy.wirral.gov.uk/ieListDocuments.aspx?CId=630&MId=7810&Ver=4> and the proceedings viewed at <https://wirral-public-i.tv/core/portal/home>.

3.4 Other issues of interest

The Chief Officer spoke at two events highlighting the work on integration in Wirral. The first of these events was on 2nd March 2019 in Chester to a Chartered Institute of Public Finance and Accountancy (CIPFA) seminar. The second of these events was on 5th March 2019 in London and was a *Health Service Journal* seminar on changes in the NHS.

4.0 FINANCIAL IMPLICATIONS

Not applicable to this report.

5.0 LEGAL IMPLICATIONS

Not applicable to this report.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

Not applicable to this report.

7.0 RELEVANT RISKS

Not applicable to this report.

8.0 ENGAGEMENT/CONSULTATION

Not applicable to this report.

9.0 EQUALITY IMPLICATIONS

Not applicable to this report.

REPORT AUTHOR: **Simon Banks**
*Chief Officer, Wirral Health and Care Commissioning and
 NHS Wirral CCG*
 telephone: (0151) 651 0011
 email: simon.banks1@nhs.net

APPENDICES

None.

BACKGROUND PAPERS

None.

HISTORY

Meeting	Date

JOINT STRATEGIC COMMISSIONING BOARD
Multi Agency Safeguarding Arrangement
for Children

Risk Please indicate	High	Medium	Low	Y
Detail of Risk Description	As this proposed model is following national guidance any risks have been mitigated against. The model has been out to consultation and scrutinised. Changes have been made in light of feedback and any risks further reduced.			

Engagement taken place	Y
Public involvement taken place	Y
Equality Analysis/Impact Assessment completed	Y
Quality Impact Assessment	Y
Strategic Themes	
To empower the people of Wirral to improve their physical, mental health and general wellbeing	Y
To reduce health inequalities across Wirral	Y
To adopt a health and wellbeing approach in the way services are both commissioned and provided	Y
To commission and contract for services that: <ul style="list-style-type: none"> • Demonstrate improved person-centred outcomes • Are high quality and seamless for the patient • Are safe and sustainable • Are evidenced based • Demonstrate value for money 	Y
To be known as one of the leading organisations in the Country	Y
Provide systems leadership in shaping the Wirral Health and Social Care system so as to be fit for purpose both now and in five years' time.	Y

JOINT STRATEGIC COMMISSIONING BOARD

(Committee in Common)

Meeting Date:	2 April 2019
Report Title:	Children's Safeguarding Arrangements
Lead Officer:	Lorna Quigley

INTRODUCTION / REPORT SUMMARY

Formed under the Children Act (2004) Local Safeguarding Children Boards (LSCB's) are currently responsible for ensuring agencies effectively work together to safeguard children. The Children and Social Work Act 2017 replaces LSCB's with new local safeguarding arrangements, led by three statutory agencies (Local Authority, Police, and the Clinical Commissioning Group). It also places a duty on child death review partners (Local Authorities and Clinical Commissioning Groups) to review the deaths of children normally resident in the local area.

The three safeguarding partners have equal and joint responsibility for the new local safeguarding arrangements.

The three safeguarding partners must set out how they will work together and with any relevant agencies whose involvement they consider may be required to safeguard and promote the welfare of children in particular cases. They must also set out how their arrangements will receive independent scrutiny. Once agreed, the safeguarding partners must publish the arrangements.

The purpose of the local arrangements is to support and enable local agencies to work together in a system where:

- excellent practice is the norm
- partner agencies hold one another to account effectively
- there is early identification of 'new' safeguarding issues
- learning is promoted and embedded
- information is shared effectively
- the public can feel confident that children are protected from harm

The purpose of this report is to present the proposed model (detailed in Appendix 1) for new multi-agency safeguarding arrangements for consideration and approval.

RECOMMENDATIONS

- (1) That Joint Strategic Commissioning Board endorse the proposed children's safeguarding model.
- (2) That the model is published ahead of shadow implementation on 31st March 2019, with full implementation on 1st September 2019 (when the Wirral Safeguarding Children Board will be stood down).

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 To ensure compliance with the requirements of the Children and Social Work Act (2017) to have new published multi-agency safeguarding arrangements in place by September 2019.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 There were no other options. The three statutory safeguarding partners are required under the Children and Social Work Act to develop new multi-agency safeguarding arrangements. The model itself went through many iterations and refinements in its development journey to the final model presented to Joint Strategic Commissioning Board.

3.0 BACKGROUND INFORMATION

- 3.1 The Changes to local safeguarding arrangements stem from the 'Wood Review' of Local Safeguarding Children Boards, published in May 2016. The review made 34 recommendations, the chief of which – accepted by the Government – was the proposal to replace the existing statutory framework for LSCB's with a new statutory framework for multi-agency arrangements.

- 3.2 The review recommended:

- a requirement for all areas to move towards new multi-agency arrangements;
- to require the three statutory agencies (clinical commissioning group, police and local authorities) to design multi-agency arrangements for protecting children, and to work together on key strategic issues;
- to place an expectation on schools and other relevant agencies involved in the protection of children to co-operate with the new multi-agency arrangements;
- to end the existing system of serious case reviews, and replace it with new national learning framework overseen by a new independent body;
- to transfer national oversight of Child Death Overview Panels from the Department for Education to the Department of Health.

- 3.3 The implementation of the agreed changes required new legislation, and this was introduced through the Children and Social Work Act (2017). The Act aims to:

- improve support for looked after children in England and Wales especially for those leaving care
- enable better learning about effective approaches to child protection and care in England
- establish a new regulatory regime for the social work profession in England

3.4 Under the Act the three safeguarding partners must set out how they will work together and with any relevant agencies whose involvement they consider may be required to safeguard and promote the welfare of children in particular cases. They must also set out how their arrangements will receive independent scrutiny. Once agreed, the safeguarding partners must publish the arrangements. The purpose of these local arrangements is to support and enable local agencies to work together in a system where:

- excellent practice is the norm
- partner agencies hold one another to account effectively
- there is early identification of 'new' safeguarding issues
- learning is promoted and embedded
- information is shared effectively
- the public can feel confident that children are protected from harm

3.5 The new local arrangements must ensure:

- children are safeguarded and their welfare promoted
- partner organizations and agencies collaborate, share and co-own the vision for how to achieve improved outcomes for vulnerable children
- organisations and agencies challenge appropriately and hold one another to account effectively
- there is early identification and analysis of new safeguarding issues and emerging threats
- learning is promoted and embedded in a way that local services for children and families can become more reflective and implement changes to practice
- information is shared effectively to facilitate more accurate and timely decision making for children and families
- In order to work together effectively, the safeguarding partners with other local organisations and agencies should develop processes that:
 - facilitate and drive action beyond usual institutional and agency constraints and boundaries
 - ensure the effective protection of children is founded on practitioners developing lasting and trusting relationships with children and their families

3.6 The safeguarding partners have designed a proposed model for the new safeguarding arrangements (appendix one) which is compliant with the Children and Social Work Act (2017). Independent scrutiny of the arrangements is a key feature of the model.

Timeline

3.7 The partners propose that the model is published on 31st March and introduced in shadow form from 1st April 2019. The model will be fully implemented on 1st September 2019. The Wirral Safeguarding Children Board will be stood down as the statutory body at the same time.

- 3.8 The transitional guidance published by the Department for Education requires safeguarding partners to publish their new arrangements by 29th June 2019 and have the arrangements fully in place by 29th September 2019. Statutory arrangements are in place to complete any outstanding case or child death reviews.

4.0 FINANCIAL IMPLICATIONS

- 4.1 There are no additional financial implications as it previously significantly contributed to the funding and resourcing of the Wirral Safeguarding Children Board. The contribution to the new arrangements is commensurate with its current contribution to the WSCB.

5.0 LEGAL IMPLICATIONS

- 5.1 The Local Authority, NHS Wirral Clinical Commissioning Group and Merseyside Police have a legal duty under the Children and Social Work Act 2017 to have multi-agency safeguarding arrangements in place by September 2019.
- 5.2 The safeguarding arrangements must be compliant with the statutory guidance published in Working Together to Safeguard Children (2018).

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 Resourcing for the new safeguarding model will be provided by the three statutory partners. Funding and business support is in place from existing resources.

7.0 RELEVANT RISKS

- 7.1 The safeguarding partners are required to have multi-agency safeguarding arrangements in place by September 2019. Any delay in implementation beyond this date would leave a default of requirements of the Children and Social Work Act 2017.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 Regular multi-agency partnership consultation took place with the statutory members of the Wirral Safeguarding Children Board during development of the model. Consultation was extended to young people, families, professionals and the wider community during December 2018 and January 2019. Feedback from the consultations informed the final model.

9.0 EQUALITY IMPLICATIONS

N/A as there is no relevance to equality at this stage.

LEAD OFFICER: ***Lorna Quigley***
*Director of Quality and Safety, NHS Wirral Clinical
 Commissioning Group*
Wirral Health and Care Commissioning
 telephone: (0151 541 5443)
 email: lorna.quigley@nhs.net

REPORT AUTHOR: ***David Robbins***
Business Manager
Wirral Safeguarding Children Board
 telephone: (0151 6664314)
 email: davidrobbins@wirral.gov.uk

APPENDICES

Appendix 1 - Proposed multi-agency safeguarding arrangements

REFERENCE MATERIAL

- Children and Social Work Act (2017) can be viewed here:
<http://www.legislation.gov.uk/ukpga/2017/16/contents/enacted>
- Working Together to Safeguard Children (2018) Statutory Guidance (including transitional guidance) can be viewed here:
<https://www.gov.uk/government/publications/working-together-to-safeguard-children-2>

BACKGROUND PAPERS

HISTORY

Meeting	Date

Wirral Safeguarding Partnership

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Multi-agency Safeguarding Arrangements - Draft

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2. Wirral Multi-agency Safeguarding Arrangements

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- Geographical Area Page 6
- Pan-regional Collaboration Page 7
- Relevant Agencies Page 7
- Early Years Schools, Colleges and other Educational Establishments Page 8
- Residential Homes and Domiciliary Care Providers Page 8
- Supporting Families Enhancing Futures Page 9
- Contextual Safeguarding Page 9
- Business Intelligence Function Page 9
- Multi-agency Training Page 10
- Commissioning of Services Page 10
- Case Reviews, Auditing and Learning Page 11
- Child Death Reviews Page 13
- Voices of Children, Families and Professionals Page 14
- Threshold Document Page 14

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- Independent Scrutiny and Annual Reporting Page 17
- Escalation and Whistleblowing Page 18
- Dispute Resolution Page 18
- Transitional Arrangements and Timeline Page 19

3. The Wirral Model

- Model Overview Page 21
- Model Structure and Functions Page 22

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- Appendix Two Partnership Members Responsibilities Page 26
- Appendix Three Principles, Values and Behaviours Page 28
- Appendix Four List of Relevant Agencies in Wirral Page 29
- Appendix Five SFEF Principles Page 30
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Section 1

Introduction and Background

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1.1 The Children and Social Work Act 2017 replaces Local Safeguarding Children Boards (LSCBs) with new local safeguarding arrangements, led by three safeguarding partners (local authorities, chief officers of police, and clinical commissioning groups). It also places a duty on child death review partners (local authorities and clinical commissioning groups) to review the deaths of children normally resident in the local area - or if they consider it appropriate, for those not normally resident in the area.

1.2 The statutory guidance *Working Together to Safeguard Children (2018)* provides the legislative requirements and expectations on individual services to safeguard and promote the welfare of children, and a clear framework for the three local safeguarding partners (the local authority; a clinical commissioning group for an area within the local authority; and the chief officer of police for an area within the local authority area) to make arrangements to work together to identify and respond to the needs of local children. This Executive function in the Wirral arrangements is led by the Statutory Safeguarding Partners Executive group illustrated in the model diagram on page 22

1.3 *Working Together (2018)* sets out the duty under section 11 of the Children Act 2004, on local organisations and agencies who deliver services to children to ensure that they consider the need to safeguard and promote the welfare of children when carrying out their functions. Responsibility for ensuring effective arrangements in place lies with the three safeguarding partners who have a shared and equal duty to make arrangements to work together to safeguard and promote the welfare of all children in a local area.

1.4 The three safeguarding partners are required to agree on ways to co-ordinate their safeguarding services; act as a strategic leadership group in

supporting and engaging others; and implement local and national learning including from serious child safeguarding incidents.

1.5 To fulfil this role, the three safeguarding partners must set out how they will work together and with any relevant agencies. Relevant agencies are those organisations and agencies whose involvement the safeguarding partners consider may be required to safeguard and promote the welfare of children with regard to local need.

1.6 The purpose of these local arrangements is to support and enable local organisations and agencies to work together in a system where:

- children are safeguarded and their welfare promoted
- excellent practice is the norm
- partner organisations and agencies collaborate, share and co-own the vision for how to achieve improved outcomes for vulnerable children
- organisations and agencies challenge appropriately and hold one another to account effectively
- there is early identification and analysis of new safeguarding issues and emerging threats
- learning is promoted and embedded in a way that local services for children and families can become more reflective and implement changes to practice
- information is shared effectively to facilitate more accurate and timely decision making for children and families



1.7 In order to work together effectively, the safeguarding partners with other local organisations and agencies should develop processes that:

- facilitate and drive action beyond usual institutional and agency constraints and boundaries
- ensure the effective protection of children is founded on practitioners developing lasting and trusting relationships with children and their families

1.8 This document sets out how the three safeguarding partners in Wirral will work together and with other agencies to ensure all children in Wirral are safeguarded. The published arrangements for Wirral include:

- arrangements for the safeguarding partners to work together to identify and respond to the needs of children in the area
- arrangements for commissioning and publishing local child safeguarding practice reviews
- arrangements for independent scrutiny to provide assurance in judging the effectiveness of multi-agency arrangements to safeguard and promote the welfare of children in Wirral including arrangements to identify and review serious child safeguarding cases. This independent scrutiny will be part of a wider system which includes the independent inspectorates' single assessment of the individual safeguarding partners and the Joint Targeted Area Inspections.
- who the three local safeguarding partners are
- the geographical boundary the arrangements will apply to

- the relevant agencies the safeguarding partners will work with; why these organisations and agencies have been chosen; and how they will collaborate and work together to improve outcomes for children and families
- how all early years settings, schools (including independent schools, academies and free schools) and other educational establishments will be included in the safeguarding arrangements as relevant agencies
- how residential homes for children will be included in the safeguarding arrangements as relevant agencies
- how the safeguarding partners will use data and intelligence to assess the effectiveness of the help being provided to children and families, including early help
- how inter-agency training will be commissioned, delivered and monitored for impact and how they will undertake any multiagency and interagency audits
- how the arrangements will be funded
- the process for undertaking local child safeguarding practice reviews, setting out the arrangements for governance and how learning is embedded across organisations and agencies
- arrangements and relationships with the Health and Wellbeing Board and emerging children's partnerships
- arrangements for the review of child deaths
- how the arrangements will include the voice of children and families
- how the threshold document setting out the local criteria for action aligns with the arrangements



Section 2

Multi-agency

Safeguarding

Arrangements

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The Safeguarding Partners

2.1 Working Together details the replacement of LCSBs with local safeguarding partners who have the responsibility of creating new flexible local safeguarding arrangements. The three statutory safeguarding partners in Wirral are:

- Wirral Local Authority
- Merseyside Police
- Wirral Clinical Commissioning Group

2.2 The three partners will be represented by:

- Paul Boyce, the Corporate Director for Children – Wirral Local Authority
- Detective Chief Inspector Rachel Wilson – Merseyside Police
- Lorna Quigley, Director of Quality and Safety – NHS Wirral Clinical Commissioning Group

The reps are empowered to speak with authority for their organisation.

2.3 The three safeguarding partners have agreed to assume equal and joint responsibility for local safeguarding arrangements. In situations that require a clear, single point of leadership, for example where a single named person is required the three safeguarding partners have agreed that the Corporate Director for Children will have the overview on issues including implementation and compliance.

2.4 The three safeguarding partners are committed to providing a safeguarding system in Wirral where it can be proven and assurance can be given that:

- excellent practice is the norm, and can be seen in common across services
- partner agencies hold one another to account effectively, and improvement results
- there is early identification of, and co-owned action on 'new' safeguarding issues
- learning is promoted and embedded, and its effects can be proven
- information is shared effectively and translates into knowledge that informs practice
- the public are engaged in safeguarding all children and feel confident that children are protected from harm

2.5 The safeguarding system will include approaches to the following:

- The earliest possible intervention that ensures most children are never in danger or in need of extra help and support
- arrangements to ensure children in need of help and protection receive the right help at the right time
- a model and methodology for undertaking local child safeguarding practice reviews, including reviews which identify and disseminate excellent practice
- continued development and evaluation of the Supporting Families Enhancing Futures (SFEF) model for working with children and families where more intensive interventions, including Early Help are needed
- arrangements for monitoring, scrutinising and challenging partnership compliance with safeguarding standards – including auditing, Section 11/175, using performance data, case studies exemplifying excellence and a means of challenging practice so as to improve it



2.6 The safeguarding system will be underpinned by agreed multi-agency values as behaviours as set out in **Appendix Three**. These will regularly be revisited and examined in practice.

2.7 In exceptional circumstances where there is failure to reach agreement and all other avenues of resolution has been explored, following discussion at the Executive Group or where those providing independent scrutiny consider that the leadership arrangements are weak or malfunctioning escalation will be to the Chief Executive of the Local Authority who will determine actions to be taken following consultation with the Accountable Officer Wirral Health and Care Commissioning and the Chief Constable of Merseyside Police.

Geographical Area

2.8 The geographical extent of the arrangements comprises the footprint of the Metropolitan Borough of Wirral (shown in the map below).



Wirral (red) show within Merseyside (white)



In the eastern part of the borough, particularly in the built up towns in parts of Wallasey and Birkenhead along the river Mersey, there are high levels of poverty which impact upon children's lives and their development. Approximately 22% of children in Wirral live near or below the poverty line (i.e. living in families with income below 60% of the UK median).

2.9 The population of Wirral is 320,200 including approximately 70,500 children and young people (0-18). The population is predominantly white British (93%) but significant ethnic minority groups exists, particularly Irish, Chinese and Polish.

2.10 The local authority boundary is co-terminus with the footprint of the Wirral Clinical Commissioning Group. The local police force covers the larger area of the ceremonial county of Merseyside, comprised of the five boroughs of Wirral, Liverpool, Sefton, Knowsley and St Helens.

Pan-regional Collaboration

2.11 New safeguarding children partnerships have been developing plans that will facilitate a smooth transition into the new safeguarding arrangements. There will continue to be a commitment to deliver plans locally, however following consultation across the region it was agreed that there are areas of business where we could perform more effectively and efficiently across the Merseyside region if partnerships work together in a more joined up way, which will assist us to deliver our key priority of safeguarding and protecting children. The areas of business where we will collaborate on are policy and strategy, workforce development and communication.

Agreement is in place to collaborate on the following work streams:

- Child Death Review arrangements, based upon the current Merseyside CDOP
- Safeguarding Policy and Strategy - pan Merseyside documents exist in a

number of areas for example Merseyside has a single Exploitation protocol and Missing procedure.

- Workforce Development
- Communication

2.12 As well as pan-Merseyside collaboration the safeguarding partners in Wirral will also pursue other mutually beneficial local and regional arrangements, for example safeguarding training and learning events.

Relevant Agencies

2.13 Safeguarding is everyone's responsibility both across society and in any service or setting serving children, families and communities. Strong effective multi-agency arrangements are responsive to local circumstances, and engage the right people. For local arrangements to be effective, they must reflect local needs and engage agencies who can provide targeted support to children and families.

2.14 The list of relevant agencies in Wirral reflects both the published statutory instrument *The Child Safeguarding Practice Review and Relevant Agency (England) Regulations 2018*, current LSCB membership – established to reflect local need; agencies which provide a statutory service or are locally commissioned; agencies which support Early Help services; and agencies which locally support children in need of help and protection. Where agencies provide specific support for an identified vulnerable cohort of children in Wirral, young carers for example, they are also included as relevant agencies.



2.15 The three safeguarding partners in Wirral following consultation with the outgoing Wirral Safeguarding Children Board, have agreed which local relevant agencies they must engage in order to ensure effective local arrangements. The list of Wirral relevant agencies is included at **Appendix Four**.

2.16 Each relevant agency has been provided with details of their ongoing responsibilities and the expectations placed on them by the new arrangements in Wirral. The local arrangements in Wirral have been developed in consultation with as wide a breadth of partner agencies as possible and the arrangements now adopted reflect their commitment to improving outcomes for children and young people.

2.17 The safeguarding partners expect relevant agencies to co-operate with them in the same way as agencies have been co-operating with the Wirral Safeguarding Children Board since its inception.

2.18 The partners reserve the right to include any other agencies as relevant agencies and add them to the published list at any time.

Early Years, Schools, Colleges and other Educational Establishments

2.19 All schools, colleges and other educational providers have clear duties in relation to safeguarding children and promoting their welfare and have a pivotal role to play in safeguarding children and promoting their welfare. Their co-operation and buy-in to the new arrangements is vital for success. All schools and colleges will be relevant agencies in the new arrangements.

2.20 Under the Wirral Safeguarding Children Board (WSCB) arrangements there has been very strong education participation and representation at the Board and in its sub committees, including representation by serving head teachers and teachers on various committees. The safeguarding partners are seeking to retain this commitment under the new arrangements and as such have retained education sector representation in key committees and activities.

2.21 Wirral sees the establishment and maintenance of a strong education economy as central not only to safeguarding arrangements but also to maximising outcomes and life chances for all children in Wirral. To help achieve this the safeguarding partners will ensure that the education economy is fully integrated in all aspects of local safeguarding arrangements.

Residential Homes and Domiciliary Care Providers

2.22 Organisations providing residential or home care services to children and young people have responsibilities to safeguard them and promote their welfare, and will be relevant agencies in the new arrangements in Wirral. Oversight of the quality of provision, including safeguarding arrangements is provided in the following ways:

- participation in the annual Section 11 safeguarding audit process
- ensuring all settings have processes in place, compliant with relevant statutory guidance, for safeguarding children including reporting mechanisms
- ensuring and testing adherence to and compliance with safeguarding policies, procedures and standards published by the safeguarding

partners, particularly but not limited to procedures related to children who go missing, and clear actions taken to avoid the criminalisation of children in care

- oversight of quality and safety by the Clinical Commissioning Group and Local Authority commissioning arrangements
- engagement by the partners with the local providers forum

Supporting Families Enhancing Futures

2.23 The Wirral Safeguarding Children Board has developed a single framework for working with children and families across the continuum of need. Called Supporting Families Enhancing Futures (SFEF) and developed in a multi-agency way in partnership with Professor Jan Horwath from the University of Sheffield, the model draws from strengthening families approaches and is centred on understanding and responding to the child's and family's daily lived experience.

2.24 SFEF was launched in October 2017, initially being introduced for cases managed under frameworks for Child Protection, Child in Need and Team Around the Family. The model is also being applied to reviews for children looked after.

2.25 The Safeguarding Partners have now agreed that the SFEF approach to working with families will form a central plank of all their safeguarding arrangements and will provide a vehicle for both delivering positive outcomes to children and families and for ensuring a consistent and high quality approach to multi-agency safeguarding practice.



The SFEF model is underpinned by five principles:

- A Child Centred Approach Understanding the World of the Child
- Understanding the World of the Parents
- Recognising families Strengths as well as Concerns
- Engaging parents in the change process
- Measuring change for the better

Detail about these principles is provided at **Appendix Five**

2.26 Responsibility for overseeing implementation and ongoing evaluation of the model sits with the multi-agency SFEF steering group. The group is chaired by the LA’s Head of Safeguarding and includes representatives from the health economy, police, and children’s services. The steering group is responsible for publishing procedures, practice guidance and resources for SFEF and ensuring the provision of multi-agency training. The group is maintained in the new partnership arrangements and reports progress to the Executive Group. The group also has a focus on evidencing improved outcomes for children and ensuring the thresholds of need support appropriate step up and step down of children appropriate to levels of need and risk. Expansion of the use of SFEF across a wider range of services will proceed under the new arrangements.

Contextual Safeguarding

2.27 The safeguarding arrangements include a framework for understanding Contextual Safeguarding as a model for identifying and responding to significant harm and risks posed to young people from beyond their family. The approach fits with the SFEF model, especially its consideration of the

lived experience of the child or young person, including all risks to them presented both within and outside of the family home.

Business Intelligence and QA Function

2.28 The safeguarding model developed by the partners (illustrated on page 22) includes a business intelligence unit. This unit, involving input and participation from across the partnership and supported by the current WSCB business support team is responsible for providing and analysing data and intelligence for the partners to use to assess the effectiveness of safeguarding arrangements and the help provided to children, young people and families.

2.29 The business intelligence function will include a range of activity including:

- managing the annual Section 11 and Section 175 (Education) individual agency safeguarding audits
- planning and undertaking the programme of multi-agency safeguarding audits
- collecting and analysing multi-agency performance information and data
- triangulating information with the voice of children, young people and families, and frontline practitioners
- overseeing the annual programme of frontline visits from partner agencies
- co-ordinating annual peer reviews
- co-ordinating case review activity
- undertaking learning reviews and audits as directed by the safeguarding partners
- co-ordinating the multi-agency and single agency training function
- ensuring local safeguarding policies and procedures are in place



Multi-agency Safeguarding Training

2.30 The safeguarding partners will continue to provide a programme of multi-agency training in line with that previously provided by the WSCB. The partners will maintain a multi-agency training pool of professionals with particular expertise and knowledge drawn from across the partnership. Co-ordination of the training provision sits within the Business Intelligence Unit. The Unit will provide:

- a multi-agency programme of safeguarding training including sessions for Working Together; Supporting Families Enhancing Futures; Child Exploitation; Neglect and Domestic Abuse
- briefings and updates including 60 minute safeguarding spotlight sessions on issues and themes identified nationally and locally
- published seven minute briefings to support professional practice in all services
- a comprehensive training evaluation strategy including feedback 'on the day', a measure of the impact of training 3 months after attendance, and multi-agency focus groups six months after attendance to inform development of future training
- direct commissioning of training only when training cannot be provided through the partnership training pool
- A single agency training offer to schools and colleges
- A basis awareness safeguarding training offer to relevant agencies



Commissioning of Services

2.31 The safeguarding partners have a role to play in commissioning successful and appropriate arrangements for children. The partners do not commission services directly but will influence commissioning intentions by having a clear understanding of the collective needs of local children. This will be informed through the Joint Strategic Needs Analysis. The safeguarding partners will use this to help them understand the prevalence and contexts of need, including specific needs relating to disabled children, those with special educational needs and those relating to abuse and neglect. This knowledge in turn will help shape services. The partners will ensure that safeguarding and promoting the welfare of children is a primary consideration in all commissioning arrangements, including, for example bids into external funds such as those from the Police and Crime Commissioner.

2.32 Commissioning decisions will continue to be informed by the voices, views, opinions and wishes of children and young people.

2.33 In May 2018 an alignment of commissioning functions between the Local Authority and Wirral Clinical Commissioning Group was formally agreed through a Section 75 agreement. The commissioning organisation is known as Wirral Health and Care Commissioning, and governance is managed through the Joint Strategic Commissioning Board. The aim of the arrangement is to reduce duplication and streamline commissioning pathways across Wirral to improve the health and care of Wirral's population. In order to achieve this aim joint commissioning intentions are being developed in relation to:

- Abuse and Exploitation of children
- Domestic Abuse
- 0-19 yrs Health and Wellbeing Service
- Mental Health Services
- Sexual Health Services
- Paediatric Services
- Youth Justice Services

Case Reviews, Auditing and Learning

2.34 The safeguarding arrangements will be centred on the partnership as a learning organisation. This will include a continued focus on and understanding of multi-agency frontline practice which informs effective leadership and provision of services. To support this the safeguarding partners and members will:

- agree and publish minimum standards of practice and test and report compliance with them by all relevant agencies and statutory bodies
- quality assure and audit standards of practice
- provide a comprehensive training/ briefing offer including 7 minute and 60 minute briefings and learning sessions
- host an annual safeguarding learning conference
- undertake bi-annual frontline visits and encourage shadowing and shared learning
- undertake statutory case reviews and local learning reviews to aid and improve learning

2.35 Working Together 2018 sets out arrangements for new local and national safeguarding practice reviews which are replacing the current system of undertaking serious case reviews. The main changes defined in the statutory guidance are:

- Replacement of the current National Panel for SCR's with a Child Safeguarding Practice Review Panel
- Introduction of two levels of review - Local Child Safeguarding Practice Review (commissioned locally), and National Child Safeguarding Practice Review (commissioned nationally)



- Duty on Local Authorities to notify incidents to the Child Safeguarding Practice Review Panel
- Undertaking of 15 day rapid reviews for cases referred to the new panel

The process for Case Reviews is set out in the partners Learning and Improvement framework which can be accessed here:

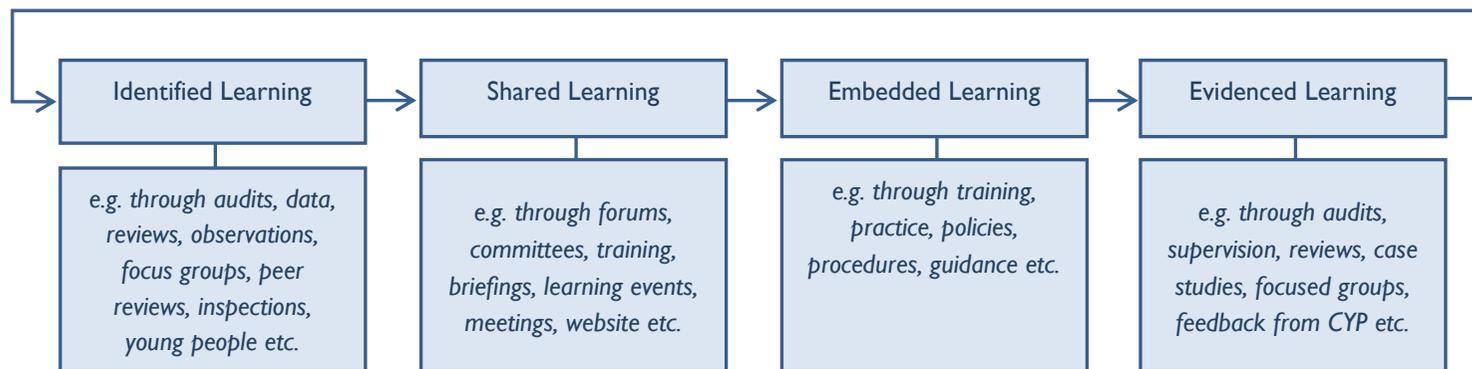
<https://www.wirralsafeguarding.co.uk/professionals/learning-and-improvement/>

2.36 The Wirral Safeguarding Children Board currently has a multi-agency case review committee. It oversees notifications to the national panel, commissioning and oversight of SCR's and commissioning of local multi-agency reviews (below the SCR threshold). The committee also maintains oversight of single agency reviews of cases, and the learning and actions arising.

2.37 This committee will be retained in the new model by the safeguarding partners with updated terms of reference to reflect the changes to the case review process set out in Working Together 2018. The committee has also already published an updated learning and improvement framework and updated the information and guidance on the safeguarding website.

2.38 Membership of the committee already includes representatives of the three statutory partner agencies and representatives from the wider health and education economies. The current membership of the committee will be retained by the safeguarding partners and will be subject to regular review. The ability of the committee and the partnership to call in other agencies as required will also continue.

2.39 The safeguarding partners in Wirral are collaborating with the safeguarding partners across Merseyside to agree an approach to local reviews. This includes use of a systems methodology, identifying authors and



commissioning of reviews (a list of approved authors is retained regionally), aligned templates and paperwork, training and the sharing of findings and learning.

2.40 The new safeguarding partnership will be a learning organisation. The new model will promote this at all times from the first identification of learning through to ensuring learning has become embedded in practice and led to positive outcomes. This is illustrated in the diagram above.

2.41 The safeguarding partners have inherited a strong, well established model of multi-agency auditing from the Wirral Safeguarding Children Board, supported by wide multi-agency participation. The partners are building on this strong foundation to develop the wider business intelligence part of the new model with prime responsibility for overseeing all audit, performance and data activity. The Business Unit will oversee all learning activity i.e. all the learning, training, audit, case review and performance activity undertaken by the partners which informs them about the strength of multi-agency safeguarding arrangements. Activity in the Business Unit will include input from statutory and relevant agencies' frontline professionals, operational and strategic managers. It will be informed by participation and feedback from children, young people, families and the wider public.



2.42 The continual and varied auditing element of the model (detailed in the full model diagram on page 22) includes:

- multi-agency auditing (thematic and in response to findings, emerging issues or identified weaknesses in the multi-agency safeguarding system)
- thematic auditing and deep dives led by frontline practitioners
- activity informed by focus groups of professionals, children, young people and family members
- scrutiny of findings from single agency audits, and the widest possible dissemination of findings and learning
- ongoing themed and partitioned Section 11 and Section 175 auditing (with approach and findings shared pan Merseyside)

2.43 Under the Wirral Safeguarding Children Board multi-agency audit activity was led by its Performance Committee. Under the new arrangements a multi-partner annual audit plan will be developed and agreed at the start of the year and will include activity on a local, a pan-Merseyside and a Cheshire and Merseyside basis. This will be centrally coordinated by the Business Unit.

2.44 The Business Unit holds responsibility for ensuring learning is identified and disseminated as quickly as possible through a variety of means, including

informing training, briefings, policies and procedures, and for testing and evidencing the impact of learning on constantly improving practice and outcomes. The contribution and participation of professionals in the work of the business intelligence unit is key to understanding and improving practice. Partner agencies will be expected to show a clear commitment to its work.

2.45 As well as audit activity, the learning hub will receive findings from case reviews and will collect performance information and data from partner agencies. The Business Unit will provide the safeguarding partners, through the Executive Group with information to support an assessment of the strength of multi-agency and single agency arrangements to safeguard children.

Child Death Reviews

2.46 The Child Death Review statutory guidance gives clinical commissioning groups and local authorities joint responsibility for child death reviews, and enables a wider geographical footprint for these partnerships in order for them to gain a better understanding of the causes of child deaths.

2.47 Working Together (2018) states that the geographical footprint for child death partners should be able to review at least 60 deaths per year.

2.48 In making arrangements to review child deaths, child death review partners should establish a structure and process to review all deaths of children normally resident in their area and, if appropriate and agreed between child death review partners, the deaths of children not normally resident in their area but who have died there.

2.49 The Child Death partners in Wirral, in agreement with partners in the other boroughs of Merseyside have modelled their child death review structures and processes on their current Child Death Overview Panel (CDOP) framework. In Merseyside successful pan-Merseyside CDOP arrangements have been in place for several years. The CDOP process is published in a separate document.

2.50 As is the case at present Liverpool Local Authority and CCG will assume lead responsibility.

2.51 CDOP reports will be reported into the new arrangements and the Wirral Health and Wellbeing board. Initial governance will be provided by the new safeguarding arrangements. Any cases highlighting safeguarding concerns will be shared with the safeguarding partners. An overview of child death safeguarding patterns and trends will be included in the safeguarding partner's annual report.

Voices of Children, Families and Professionals

2.52 The safeguarding model in Wirral includes mechanisms for gaining feedback from children, young people and families, and from frontline professionals. This feedback is an essential part of the intelligence gathered by the partners to both test the quality of safeguarding arrangements and also to inform commissioning arrangements. The local mechanisms currently in place which will be utilised and developed by the partners include:

- feedback from Early Help, CiN, CP and CLA processes including the Children in Care Council
- the well-developed LA framework for youth participation including the Youth Voice Group
- WSCB audit framework including feedback from families and professionals



- WSCB frontline practitioners group
- ongoing SFEF evaluation process
- presentations and meetings between young people and the WSCB
- feedback mechanisms in partner agencies, for example Catch22 robustly gather feedback from children and young people who regularly go missing.

2.53 Consultation with children, families and professionals formed a very important part of the development of this local model by the safeguarding partners. Their arrangements will remain open to public scrutiny, and to ongoing scrutiny via the Council's processes, those in partner agencies, governance bodies, the Partnerships web presence and publications.

Threshold Document

2.54 The safeguarding partners publish a transparent, accessible and easily understood threshold document which sets out the local criteria for action, including:

- the process for the early help assessment (EHAT) and the type and level of early help services to be provided
- the criteria, including the level of need, for when a case should be referred to local authority children's social care for assessment and for statutory services under:
- section 17 of the Children Act 1989 (children in need)
- section 47 of the Children Act 1989 (reasonable cause to suspect a child is suffering or likely to suffer significant harm)

- section 31 of the Children Act 1989 (care and supervision orders)
- section 20 of the Children Act 1989 (duty to accommodate a child)
- clear procedures and processes for cases relating to:
- the abuse, neglect and exploitation of children
- children managed within the youth secure estate
- disabled children

The partners' threshold document is published on the website: www.wirral safeguarding.co.uk. It contributes significantly to proven improvements in practice and in shared responsibilities across agencies and partners.

Relationships with other Influential Bodies

2.55 The effectiveness of the new arrangements is reliant on the strength of its relationships with other influential bodies and boards to ensure a consistent partnership approach to safeguarding arrangements. The role of the safeguarding partners is to ensure that safeguarding and promoting the welfare of children is a theme which runs through all influential group activity, rather than periodically being a separate agenda item. The partners will help influence the children's safeguarding agenda across a variety of groups and ensure all partners are held to account for the effectiveness of their safeguarding arrangements.

2.56 The partners have agreed memorandums of understanding with the following groups to ensure a direct line of communication, challenge and accountability exists:

- Health and Wellbeing Board
- Merseyside Criminal Justice Board



- Corporate Parenting Board
- Wirral Community Safety Partnership (Safer Wirral)
- Wirral Partnership Board
- Wirral Local Authority Overview and Scrutiny Committee
- Pan-Merseyside Safeguarding Adults Board
- Merseyside Protecting Vulnerable Peoples forum
- WHACC Joint Strategic Commissioning Board

Independent Scrutiny and Annual Reporting

2.57 In order to bring transparency for children, families and all practitioners about the activity undertaken, the safeguarding partners will publish an annual report each summer, and will hold an annual learning/ best practice multi-agency event. The report will cover the period of the previous financial year. The report will set out what the partners in Wirral have done as a result of the arrangements, including through child safeguarding practice reviews, and how effective these arrangements have been in practice. In addition, the report will include:

- evidence of the impact of the work of the safeguarding partners and relevant agencies, including training, on outcomes for children and families from early help to looked-after children and care leavers
- an analysis of any areas where there has been little or no evidence of progress on agreed priorities, and suggested ways forward to improve matters
- a record of decisions and actions taken by the partners in the report's period (or planned to be taken) to implement the recommendations of

any local and national child safeguarding practice reviews, including any resulting improvements

- ways in which the partners have sought and utilised feedback from each other and from children and families to inform their work and influence service provision

2.58 The safeguarding partners will ensure the partnerships work to co-ordinate multi-agency activity to safeguard children is as transparent and open as possible. This will include the safeguarding partners continuing to publish messages, good practice, case studies and safeguarding activity on its website, through newsletters and through its social media channels. This will regularly be reviewed to ensure maximum coverage of activity.

2.59 As per Working Together 2018 the Wirral safeguarding model includes an independent scrutiny function. The independent scrutiny function will provide critical challenge and appraisal of the multi-agency safeguarding arrangements in Wirral.

2.60 The role of independent scrutiny will be to:

- Assess how well organisations work together to safeguard and promote the welfare of children and to hold each other to account for effective safeguarding
- Contribute to the content of the partnership's annual report on the effectiveness of safeguarding arrangements, their performance and the effectiveness of local services
- Assess the effectiveness of the help being provided to children and families including early help
- Assess whether the three statutory safeguarding partners are fulfilling their statutory obligations



- Scrutinise the quality assurance activity (including multi-agency case file auditing and processes for identifying lessons to be learned)
- Scrutinise the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children
- Assess the effectiveness of safeguarding arrangements in Wirral
- Provide a rigorous and transparent assessment of the extent to which partner agencies are fulfilling their statutory duties to keep children safe
- Evaluate arrangements for the operation of the safeguarding partnership and attend a range of meetings and activities
- Support the implementation of findings and outcomes from safeguarding reviews

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Assess whether effective performance management, audit and quality assurance mechanisms are in place within partner organisations which will support the three safeguarding partners to fulfil their statutory objectives, and which will enable the partnership to identify and measure its success and impact

- Ensure that the voices of children, young people and their families are appropriately represented and heard in the work of the partnership.
- Publish an annual scrutiny report and advise the partners about any deficiencies in the multi-agency arrangements and strategies to improve the arrangements

2.61 The safeguarding partners will determine local arrangements and the independent scrutiny will:



- Provide assurance in judging the effectiveness of services to safeguard children
- Support a learning culture and environment conducive to robust scrutiny and constructive challenge

2.62 The Independent Scrutiny function will be provided by an independent person appointed by the safeguarding partners. The independent person will also lead the safeguarding partnership group events.

2.63 The safeguarding partners also maintain a protocol with the Local Authority's Children's Overview and Scrutiny Committee/

Escalation and Whistleblowing

2.64 All agencies are responsible for ensuring that their staff are supported and know how to appropriately escalate and resolve intra-agency and inter-agency concerns and challenges about a child or young person's wellbeing and the response to their safeguarding needs. The partners have developed and published clear procedures for both multi-agency escalation and whistleblowing which are available on the www.wirral safeguarding.co.uk website. The partners actively promote the publication and use of the procedures and expect all partners and relevant agencies to support their staff to do so.

Dispute Resolution

2.65 The three safeguarding partners will aim to resolve any disagreements between them at the Executive meetings. Advice will be sought from the independent person providing scrutiny to aid in any resolution. Where disagreements remain escalation will be made to the Chief Executive of the

Local Authority who will determine actions to be taken following consultation with the Accountable Officer Wirral Health and Care Commissioning and the Chief Constable of Merseyside Police.

Transitional Arrangements and Timeline

2.66 Transitional arrangements are in place in Wirral as per the published statutory guidance from the Department for Education. The current Wirral Safeguarding Children Board will continue as the statutory body overseeing safeguarding arrangements, including the commissioning and oversight of Serious Case Reviews until the new safeguarding arrangements come into force.

Timeline

2.67 The partners have published a local transitioning plan which includes introducing new shadow arrangements on the **1st April 2019** ahead of the new arrangements being fully in place on the **1st September 2019**. The WSCB will stand down at the same time.

2.68 Following the new arrangements coming into force the safeguarding partners will adhere to the published timescales for previously commissioned serious case reviews and child death reviews to be completed.

2.69 The safeguarding partners will assume all the current multi-agency policies, procedures and guidance published by the WSCB. All of these will remain in force until such time as each is revised and updated. This will provide reassurance to partners that all current procedures will remain unchanged at the time of the transition.

2.70 The WSCB website will also transfer completely to the safeguarding

partners at the time of transition and all the information and guidance on the website will remain valid.



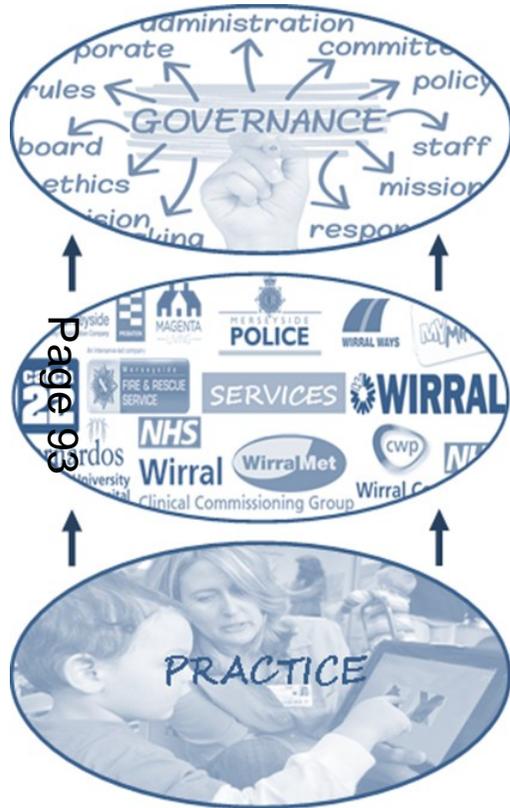
Section 3

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The Safeguarding Model



3.1 The safeguarding partners have agreed that multi-agency safeguarding arrangements in Wirral will be based on the solid foundation of effective practice. Multi-agency practice will in turn inform the commissioning and structure of services. Governance arrangements will support the assurance of effective arrangements. This three part model is simply illustrated below:



Governance

Governance arrangements define the structure of the safeguarding model and have been developed to support the delivery of exemplary safeguarding practice in a learning culture under effective safeguarding arrangements.

Services

Strong partnership arrangements with the right services are crucial to the success of the model. This includes how we best commission and arrange services to ensure positive outcomes for children.

Practice

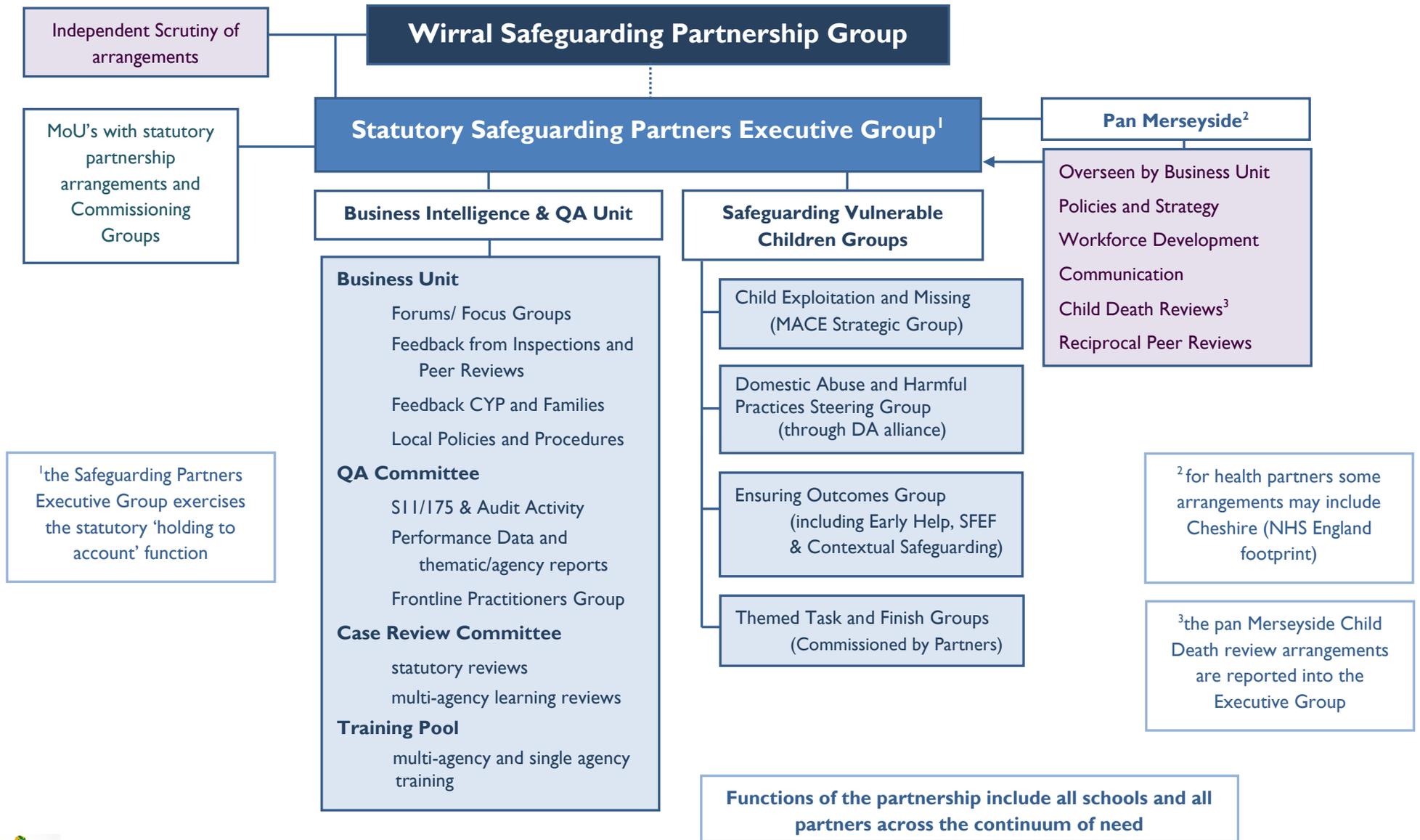
Developing excellent practice will be the basis of the model. SFEF sits at the centre of the Wirral approach to working with families under a consistent framework supported by shared values and behaviours (Appendix One).

3.2 The model includes a Business Unit to ensure feedback and views from multi-agency frontline professionals, children, young people and families will be routinely collected and analysed to provide a measure of the quality of practice alongside more traditional data, review and auditing approaches. The model will utilise, wherever possible, high tech approaches to identifying themes, trends and patterns and emerging areas of concern. The model will stress the importance of regular supervision for all professionals in all services and at all stages of learning.

3.3 The model retains a traditional committee approach to governance and to retaining oversight of multi-agency safeguarding activity but differs from the previous LSCB model by having fewer 'permanent' committees and more flexible task and finish activity. The multi-agency partnership group is entirely separated from operational activity and performs the duties of a stakeholders group who receive a transparent assessment about the quality and effectiveness of safeguarding arrangements from the Executive Group. An illustration of the Wirral safeguarding model is provided overleaf.



3.4 Structure of the Wirral Safeguarding Model



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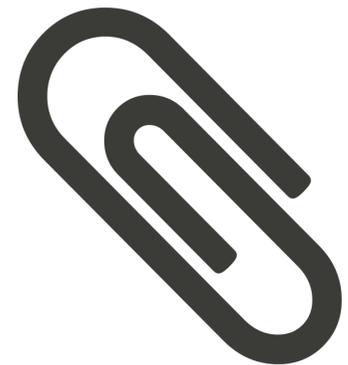
3.5 The function of each of the groups illustrated in page 22 is outlined below. Further detail including individual terms of reference and membership is published in the safeguarding partners Operating Framework document available on the website: <https://www.wirral safeguarding.co.uk/>.



Section 4

Appendices

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Appendix One - Purpose and Function of the Safeguarding Partnership

Objectives

The core objectives of the partnership:

- To co-ordinate safeguarding services and work by relevant agencies to safeguard children and to promote their welfare; and
- To ensure that what is done is effective.

Purpose

The purpose of these local arrangements is to support and enable local organisations and agencies to work together in a system where:

- children are safeguarded and their welfare promoted
- partner organisations and agencies collaborate, share and co-own the vision for how to achieve improved outcomes for vulnerable children
- organisations and agencies challenge appropriately and hold one another to account effectively
- there is early identification and analysis of new safeguarding issues and emerging threats
- learning is promoted and embedded in a way that local services for children and families can become more reflective and implement changes to practice
- information is shared effectively to facilitate more accurate and timely decision making for children and families



Function

The functions of the partnership are to:

- develop policies and procedures for safeguarding and promoting the welfare of children in Wirral;
- raise awareness in Wirral of the need to safeguard and promote the welfare of children, and to provide advice and guidance as to how this can be achieved;
- monitor and evaluate the effectiveness of what is done by all relevant agencies, individually and collectively, to safeguard and promote the welfare of children – and to advise them on ways to improve
- participate in the local planning and commissioning of services for children in Wirral and to ensure that they take safeguarding and promoting the welfare of children into account
- undertake statutory case reviews and local learning reviews
- provide multi-agency safeguarding training and learning opportunities
- understand and assess the effectiveness of frontline multi-agency practice

A key aim of the work of the partnership is to promote high standards of safeguarding work and to foster a culture of continuous improvement. Through its work the partnership will identify and act on identified weaknesses in services. It will aim to avoid unnecessary duplication of work. The partnership should ensure that its monitoring role complements and contributes to the work of other influential groups including the health and wellbeing board, which in turn will devote a larger share of its business on the behalf of children and young people.



Appendix Two - Safeguarding Partnership Group

Job Purpose

To be responsible to the statutory safeguarding partners and share responsibility with other members of the partnership to work together to safeguard and promote the welfare of children and young people, in accordance with government legislation and guidance.

Objectives

- To ensure there is an effective means of communication about the work of the partnership within each agency
- To ensure that the partnership is adequately resourced
- To provide the partnership with management information so that the partners can ensure the effectiveness of inter-agency safeguarding work
- To develop and evaluate the impact of inter-agency safeguarding procedures, practice guidance and protocols
- To develop and evaluate the impact of inter-agency training in safeguarding and child protection
- To contribute to the development of the work of the partnership

Person Specification

Safeguarding partnership group members should have a senior strategic role in relation to safeguarding and promoting the welfare of children in their own organisation.

Members should be able to:

- Speak for their organisation with authority and wherever possible delegated authority
- Commit their organisation on policy and practice matters, including expenditure in relation to board activity without recourse to higher authority
- Hold their organisation to account on behalf of the statutory partners

Where members are representing educational establishments, independent health care organisations, voluntary, community or faith sector organisations, members should be able to:

- Communicate formally with other similar organisations about the work of the partnership
- Champion safeguarding and promoting the welfare of children and young people informally both in their own establishment and in their contact with other similar establishments or organisations

Partnership Board members should hold a current satisfactory enhanced DBS check, which should be reviewed at intervals of no less than 3 years.

Responsibilities of individual partnership board members

- To be accountable to the statutory safeguarding partners in respect of the work of the Group
- To ensure that agency contributions, both financial and 'in kind', are sufficient to enable the partnership to function effectively
- To attend and contribute to all Group meetings and events
- To exercise the right to challenge
- To co-ordinate the timely dissemination of information within own agency, and to consult agency staff on pertinent issues



- To represent own agency's views with authority
- To promote good safeguarding practice within own agency and to monitor and evaluate their compliance with partnership policies and procedures
- To be aware of, and bring to the attention of the safeguarding partners, any national or local developments or any changes to agency requirements which might impact on the delivery of services
- To prepare adequately for meetings, by reading minutes and associated papers and to contribute to debate, recommendations for actions and decisions
- To complete any actions within agreed timescales
- To accept shared responsibility for the development and satisfactory completion of the partnership Annual Report, and for the development of safeguarding policies and procedures both for the partnership and own agency
- To attend at least one multi-agency training session every year
- To report to a senior accountable person within own organisation on the organisations performance in relation to safeguarding partnership activities
- To ensure their own agency complies with policies, procedures and published standards, and participates in statutory and non-statutory case reviews
- To participate, when required in audits (including Section 11/175) and other learning activities

- To undertake a bi-annual observation of frontline practice in a partner agency
- To be subject to an annual appraisal led by the safeguarding partners and to participate in peer/ 360 appraisals of other members



Appendix Three - Safeguarding Partnership Principles, Values and Behaviours

The following **Principles** guide the work of the Safeguarding Partners and are promoted by all partner agencies:

- All children and young people have a right to be safe from abuse and neglect;
- All our work is underpinned by the principles of the UN Convention on the Rights of the Child;
- Children and young peoples' well-being and safety will be at the heart of all our work;
- All children and young people are unique and all our work will consider and address issues of diversity and vulnerability;
- Agencies and their staff have a shared responsibility to work together and safeguard children and young people and promote their welfare;
- Prevention strategies will be an important aspect of our work to safeguard children and young people;
- The active involvement of children, young people and their families will be incorporated in our work.

To deliver our shared principles all professionals include the following **Values and Behaviours** in all they do to improve outcomes for children, young people and families:

Value	Behaviour
Improving Outcomes for Vulnerable Children	<ul style="list-style-type: none"> • passionate about making a difference for children in Wirral • we fully use the skills, talents and assets of our partners, communities and organisations • we work with families to encourage change
Honesty and Integrity	<ul style="list-style-type: none"> • we are open, honest and trustworthy in all we do • we communicate clearly
Leadership and Partnership	<ul style="list-style-type: none"> • leadership is credible, passionate and ambitious and applies to us all, not just managers • we seek to develop positive relationships with our partners and children, young people and families
Professionalism	<ul style="list-style-type: none"> • we work to the highest possible standards • we respond to needs in a timely manner • we learn from and share knowledge and expertise with others
Equality	<ul style="list-style-type: none"> • we treat everyone with dignity and respect • we always act with fairness and impartiality
Quality and Standards	<ul style="list-style-type: none"> • we always seek to raise standards and improve outcomes
Ambition and Innovation	<ul style="list-style-type: none"> • we are risk aware, not risk averse • we are ambitious for our children and young people • we seek innovative and creative solutions • we learn from mistakes
Accountability	<ul style="list-style-type: none"> • we are accountable and take responsibility for our personal and organisational actions and decisions



Appendix Four – Relevant Agencies in Wirral

- All early years provision including schools including academies, independent, special and alternate provision
- Wirral Metropolitan College and Birkenhead 6th Form College and all providers of 16-18 education and training
- Children's Centres
- Childcare Providers and Nurseries including Child Minders
- Residential Providers
- Independent Fostering and Adoption Agencies
- NHS England
- Adult Social Services
- Housing Providers
- Wirral University Teaching Hospital NHS Foundation Trust
- Wirral Community NHS Foundation Trust
- The Clatterbridge Cancer Centre NHS Foundation Trust
- Wirral and Cheshire Partnership NHS Foundation Trust
- Youth Offending Service
- National Probation Service
- Community Rehabilitation Company
- Border Force and Immigration Services

- British Transport Police
- Merseyside Fire and Rescue Service
- CAFCASS
- Local Authority
- All providers of Sports involving Children including those providing oversight
- All providers of extra-curricular activities to Children including clubs
- All religious organisations in Wirral
- Career Connect
- Barnardo's
- Catch22
- Wired
- Voluntary, Community and Faith Sector including charities, religious organisations and providers of sport and leisure activities



Appendix Five – Principles of the Supporting Families Enhancing Futures (SFEF) Model

The SFEF model lies at the centre of our multi-agency working with families. The following principles underpin SFEF:

- **A child-centred approach.** Central to this approach is gaining insight into the lived experience of each child in the family. This is essential to gain insight into their world and learn about the needs that are or are not being met. This means learning about a day in their life, how they feel about that experience; what are the positive parts of the day; what parts of the day they dislike or frightens them? It is important that practitioners learn about the daily lived experience of EACH child in the family for the following reasons this:

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- ◇ Gives the child or young person a voice
- ◇ Enables practitioners to step ‘into the child’s shoes’
- ◇ Ensures withdrawn or marginalised children and carers are made more visible
- ◇ Enables the differing needs of siblings to be identified and addressed
- ◇ Increases understanding of the impact on children of parenting behaviours
- ◇ Identifies areas for further assessment
- ◇ Provides a vehicle for measuring progress.

- **Understand the world of the parent/s.** To establish why the needs of a child are not being met it is important to understand what daily life is like for the parent/s. By gaining these insights practitioners can:
 - ◇ Establish what the parent/s is doing during the day and how this impacts on their parenting capacity
 - ◇ Identify the daily promoters and inhibitors that affect the parent/s ability and motivation to meet the needs of the child.
 - ◇ Facilitate discussion about good enough parenting
 - ◇ Promote a holistic perspective of family life and situation
 - ◇ Facilitate family engagement.
- **Recognise family strengths as well as concerns.** It is just as important to identify the needs of each child that are being met as those that are not. In addition, parents need to know what they are doing well in terms of child rearing. Practitioners should try and build on these strengths to address concerns.
- **Engage parents in the change process.** This means assessing evidence of the parent/s ability and motivation to change throughout both the assessment and intervention.
- **Measure change** through actions and interventions of both family and professionals only in terms of quality differences to the lived experience of the child.



Appendix Six – Funding and Resourcing

The Business Support and QA function, including its staff will be employees of and be accommodated by the Local Authority Children's Services. The staff will directly support the safeguarding partners and the committees and groups of the safeguarding partnership, and the Independent scrutiny function. Posts which will support the partners are:

- Business Manager
- Performance and Quality Assurance Officer
- Safeguarding Training Officer
- Education Safeguarding Training Officer
- Business Administrator
- Assistant Business Administrator

Year 1 (2019-20) will be a transitional year from the WSCB, which will remain the statutory agency between April and September 2019, and into the new arrangements which will come into effect on 1st September 2019.

Consequently the funding for Year 1 will reflect the WSCB model and include financial contributions from the following partners:

- Wirral LA Children's Services
- Wirral Clinical Commissioning Group
- Merseyside Police
- National Probation Service
- Community Rehabilitation Company
- CAFCASS

During year 1 a new funding model will be agreed by the partners for Year 2 and beyond.



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Wirral Safeguarding Partnership

New Multi-agency Arrangements

April 2019

- The Children and Social Work Act 2017 replaces Local Safeguarding Children Boards (LSCBs) with new local safeguarding arrangements, led by the three statutory safeguarding partners:
 - Wirral Borough Council (LA)
 - Merseyside Police
 - NHS Wirral Clinical Commissioning Group (CCG)
- It also places a duty on child death review partners (LA and CCG) to review the deaths of children normally resident in the local area

- The three safeguarding partners must set out how they will work together and with any **relevant agencies** to safeguard and promote the welfare of children

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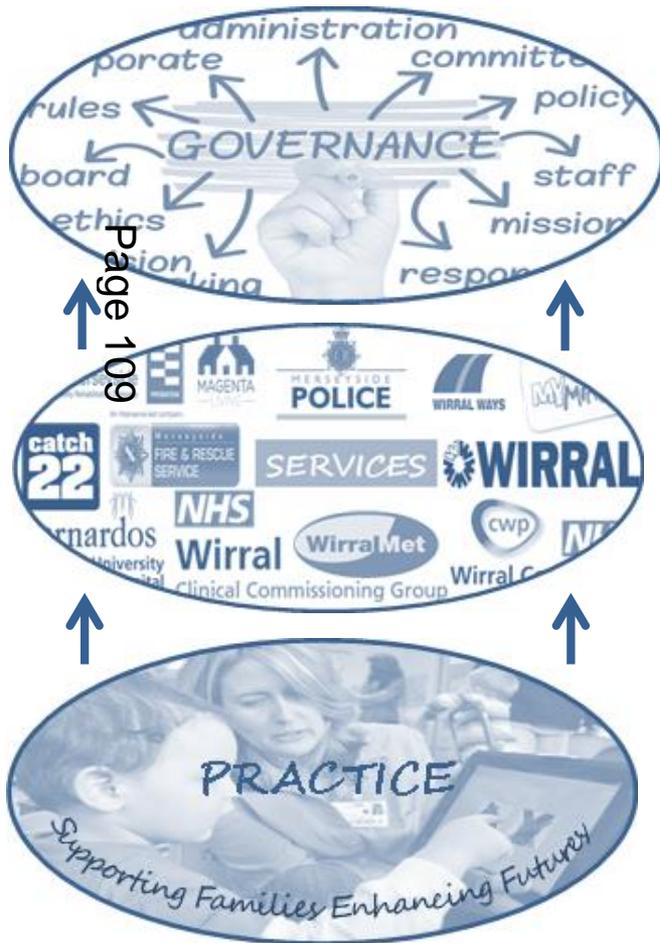
- All schools must be included in the arrangements
- The partners must also set out how their arrangements will receive independent scrutiny.
- Once agreed, the safeguarding partners must publish the arrangements.

Purpose of new Local Arrangements

- To support and enable local agencies to work together in a system where:
 - excellent practice is the norm
 - partner agencies hold one another to account effectively
 - there is early identification of ‘new’ safeguarding issues
 - learning is promoted and embedded
 - information is shared effectively
 - the public can feel confident that children are protected from harm

New Arrangements in Wirral

- There are 3 central parts to the model:



3. Governance

arrangements developed last to ensure they reflect how we want the model to work

2. Services

Strong partnership arrangements are crucial to the success of the model. This includes how we arrange services to ensure positive outcomes for children

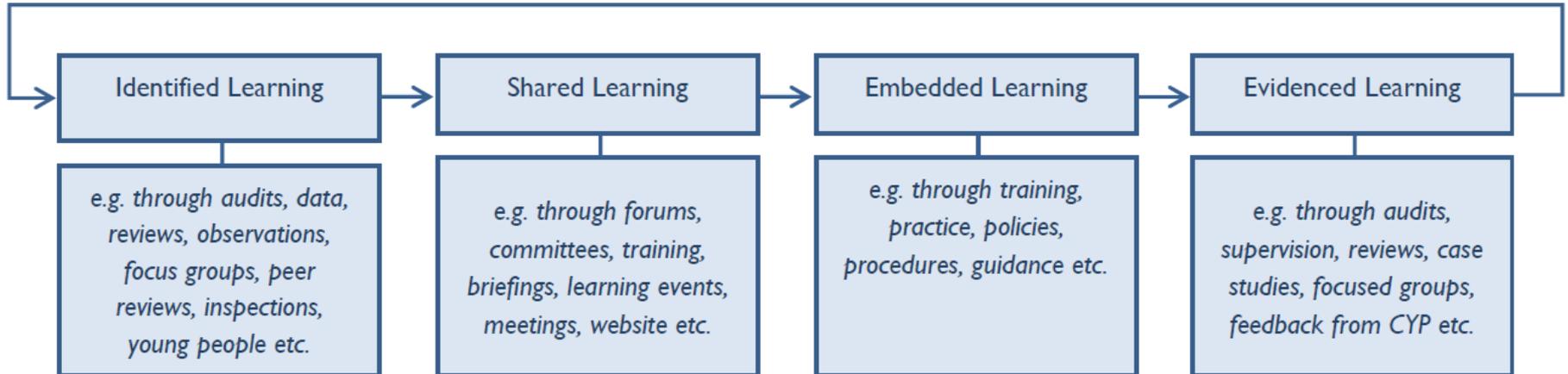
1. Practice

Developing excellent practice will be the basis of the model. Supporting Families Enhancing Futures approach will sit at the centre of our approach and include shared values and behaviours

A Learning Approach

- The model will include an ‘intelligence function’ to support an evaluation of the effectiveness of safeguarding. This will include data analysis, auditing, reviews and peer reviews, feedback from children and families, views of frontline professionals, regular learning events, inspection results and ‘what works’ from research.

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A Local Partnership Approach

The local MASA model will include approaches to :

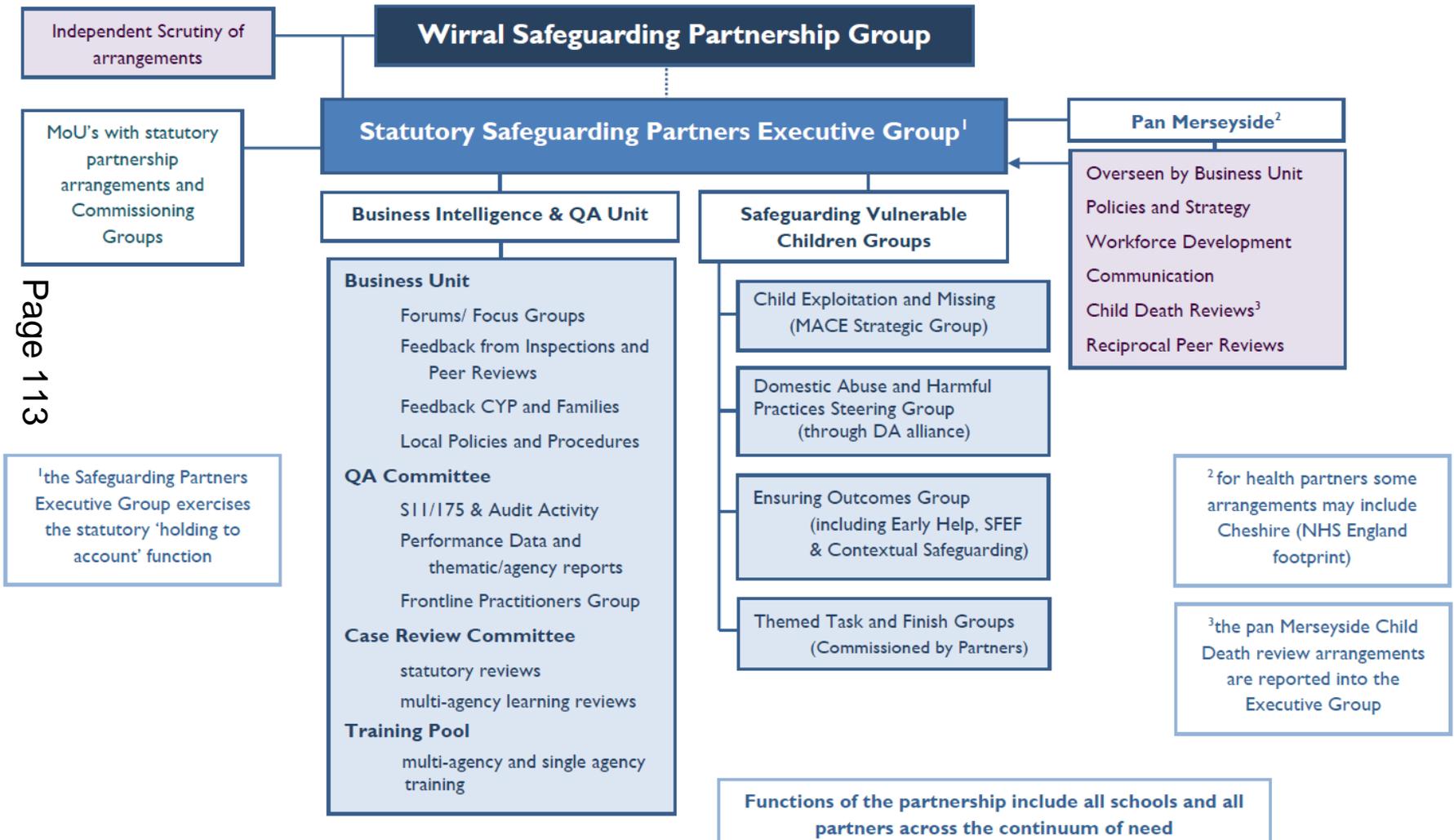
- arrangements to ensure children receive the right help at the right time – including publication of thresholds
- model and methodology for undertaking local reviews
- continued development and evaluation of SFEF
- arrangements for monitoring, scrutiny and challenge
- arrangements for embedding and testing of learning
- arrangements for multi-agency training
- local governance arrangements including relationships with other bodies and the mechanisms for independent scrutiny and annual reporting

A Regional Approach

Opportunities for local and regional collaboration will be pursued where beneficial. This will include:

- Policies and Strategy
- Workforce Development and sharing learning
- Communication
- Child Death Reviews
- Approaches to Section 11/175 Audits
- Approaches to case reviews
- Peer Reviews

Overview of Model



Key Features of Model

- **Statutory Safeguarding Partners Executive Group**
 - This is the statutory ‘holding to account’ group of the 3 statutory partners (LA, Police, CCG). Group is responsible for ensuring effective safeguarding arrangements are in place
- **Wirral Safeguarding Partnership Group**
 - This is the stakeholder group drawn from relevant agencies, includes lead member, lay members, and children/young people representation. Meets twice a year
- **Independent Scrutiny**
 - Maggie Atkinson will provide independent scrutiny of the arrangements and provide an annual report for partners. Updated protocol will be in place with OSC

Key Features of Model

- **Business Intelligence and QA Unit**
 - Centre for providing and understanding multi-agency data and information (from audits, case reviews, peer reviews, feedback from families and professionals, performance information etc.)
- **Safeguarding Vulnerable Children Groups**
 - Groups undertake specific multi-agency activity (ensuring and testing safeguarding arrangements) on key areas including Early Help, exploitation, abuse, domestic abuse, neglect, SFEF and contextual safeguarding
- **Pan Mersey Groups**
 - Collaboration on approaches to policies and strategy, workforce development, CDOP, Case Reviews, Communication etc.

- **January 2019**
 - 28th Jan – OSC Spotlight Session
 - 31st Jan – Consultation ends
- **March 2019**
 - 25th Jan – Agreement of Model at Cabinet
 - 29th March – Publication of Model
- **April 2019**
 - From 1st – Introduction of new arrangements in shadow form
- **August 2019**
 - 31st August – WSCB stands down at midnight
- **Sept 2019**
 - 1st Sept – New statutory arrangements in place