



Adult Care and Health Overview and Scrutiny Committee

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

This meeting will be webcast at
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AGENDA

1. **APOLOGIES FOR ABSENCE**
2. **MEMBERS DECLARATIONS OF INTEREST**
3. **MINUTES** (Pages 1 - 10)

To approve the minutes of the meeting of the Adult Care and Health Overview and Scrutiny Committee held on 16 September 2019 as a correct record.
4. **2019/20 Q2 FINANCIAL MONITORING** (Pages 11 - 20)
5. **UPDATE ON THE CLATTERBRIDGE CANCER CENTRE** (Pages 21 - 38)
6. **DOMESTIC ABUSE** (Pages 39 - 50)
7. **PUBLIC HEALTH ANNUAL REPORT 2019 – CREATIVE COMMUNITIES** (Pages 51 - 78)
8. **BETTER CARE FUND - WINTER PRESSURE ARRANGEMENTS** (Pages 79 - 112)
9. **2019/20 QUARTER 2 WIRRAL PLAN PERFORMANCE** (Pages 113 - 132)

10. **REPORT OF THE HEALTH AND CARE PERFORMANCE WORKING GROUP** (Pages 133 - 138)
11. **ADULT CARE AND HEALTH OVERVIEW & SCRUTINY COMMITTEE WORK PROGRAMME UPDATE** (Pages 139 - 146)

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ADULT CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Monday, 16 September 2019

Present:

Councillors	B Berry	M Jordan
	K Cannon	C Muspratt
	T Cottier	Y Nolan
	S Frost	T Norbury
	P Gilchrist	L Rowlands
	L Rennie (In place of P Hayes)	A Wright

18 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Moira McLaughlin and Paul Hayes (Councillor Lesley Rennie present as deputy for Cllr Hayes).

Phil Gilchrist in the Chair.

19 DECLARATIONS OF INTEREST

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

20 MINUTES

The Committee was requested to approve the accuracy of the minutes of the meeting of 26 June 2019 and the special meeting of 24 July 2019.

The Committee was also requested to note the content of the draft minutes of the Wirral & Cheshire West and Chester Joint Health Scrutiny Committee meetings held on 1 July 2019 and 30 July 2019.

Resolved – That

- 1) the minutes of the Adult Care and Health Overview and Scrutiny Committee meetings held on 26 June and 24 July 2019, be approved; and**
- 2) the minutes of the Wirral & Cheshire West and Chester Joint Health Scrutiny Committee meetings held on 1 July and 30 July 2019 be noted.**

21 CLATTERBRIDGE SUB-ACUTE WARD UPDATE

Anthony Middleton, Chief Operating Officer Wirral University Teaching Hospital (WUTH) introduced his report that provided Members of the Adult Care and Health Overview and Scrutiny Committee with a progress briefing on the 30-bedded Transfer to Assess (T2A) facility, Grove Discharge Unit (GDU), that came into operation at the end of November 2018.

The Chief Operating Officer's (WUTH) report informed that the 30-bedded Transfer to Assess (T2A) facility, Grove Discharge Unit (GDU), came into operation at the end of November 2018, operating under the direction of Tamaris-Four Seasons Healthcare to fulfil the purpose of providing a sub-acute model of care. The contract was a 2-year tenure with the mutually agreed option of a 2-year extension. The 30-bedded Nurse-led Unit on the Clatterbridge site was flexible and responsive to the needs of individuals who were medically optimised and no longer required care in an acute setting. The unit also helped to manage the on-going urgent care pressures by freeing up capacity on the Arrowe Park site.

Members were apprised that the unit provided a much more flexible approach than was standard with, for example, a Unit Manager being onsite 24hrs a day. The Adult Care and Health Overview and Scrutiny Committee also noted that occupancy level for the unit was virtually 100% at all times.

The Chief Operating Officer informed that high levels of satisfaction were being received from patients and since the establishment of the unit key performance indicators were being met. He added that although effective, the service was not cheap, but reviews were underway to explore different models across varied wards.

There followed an in-depth question and answer session where Members sought clarification on a number of matters relating to the contract, support provided in respect of Social Care (and by whom), inspections, staff surveys and patient outcomes.

The Chief Operating Officer responded accordingly and stated that the contractual arrangement with Tamaris-Four Seasons Healthcare and NHS England had not raised any immediate concerns, staffing levels had been maintained and there was no hold on procurement at present. He informed Members that the existing two-year contract was scheduled for renewal in November 2020.

In response to questions on who provided support for Social Care matters Mr Middleton advised that this responsibility fell to the Council's Social Workers who were now co-located with NHS staff. He further informed the Committee that staff feedback across a variety of service areas had flagged a number of matters requiring action at the month-end reporting period, but since production of the report and at the time of the Overview and Scrutiny meeting there were no outstanding actions.

A Member asked for further details re patient outcomes i.e. transfer into residential nursing care and actual percentages, whether more than one team dealt with admissions and if the same criteria was used. Mr Middleton replied, stating that most patients were expected to go from hospital to home, and were not treated as 'total' discharges. He added that roughly 50% of patients were cared for at home with a 'package of care'. The Integrated Discharge Team (IDT) worked together on variable elements of transfer of care decisions, and the decisions on whether patient was accepted or not by an individual care home was ultimately made by the nursing/care home providers, each of whom was contractually bound to the most effective model for individuals.

Further questions followed in relation to due diligence, monitoring of performance and the role of the Overview and Scrutiny Committee in these matters. The Committee was advised that the arrangements for care, occupancy and satisfaction levels were assessed against the contract.

The Director of (Adult) Care and Health, Graham Hodgkinson took note of Member's comments and stated that it illustrated a need for proper overview of system. He expressed his concern about pressures placed on of Social Worker workforce and referred to the need for continued efforts by the Committee to monitor performance of nursing/care homes located in Wirral and rated as 'inadequate'.

Councillor Gilchrist thanked the Chief Operating Officer WUTH for providing a detailed understanding of the operation of the model.

Resolved - That

- 1) The Adult Care & Health Overview and Scrutiny Committee seeks reassurance on the quality of the recent inspections;**

2) Internal inspections reports be made available for assessment by Members and Officers; and

3) A further report be presented to the January meeting of this Committee to address Members' concerns in respect of ownership, operation and any potential impact regarding future business contracts that impact on vulnerable people in care.

22 FINANCIAL MONITORING REPORT OUTTURN 2018/19 AND ESTIMATE FOR QUARTER 1 2019/20

Matthew Gotts, Principal Accountant introduced the report of the Director of Finance and Investment (S151) that set out the financial monitoring information for the Adult Care and Health Overview & Scrutiny Committee. The report provided Members with detail to scrutinise budget performance for this area of activity. The financial information covered the final position for 2018/19 and the financial information as at Quarter 1, 2019/20.

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

- 2018/19 Outturn Information.
- Performance against the revenue budget (including savings).
- Performance against the capital budget.

A Member sought clarification regarding a £200k deficit within the pooled fund with Wirral CCG at the end of 2018/19. The Committee was informed that this had been caused by £1.0m unbudgeted cost pressures in the CCG, mitigated by a budget surplus of £0.8m in the Better Care Fund (BCF), and as per the legal agreement between the two parties, the net deficit was shared equally between the two partners, i.e. £0.1m for Wirral CCG and £0.1m for Adult Care & Health. The Director of (Adult) Care and Health informed that the budget line for Continuing Healthcare included individuals with complex healthcare needs and those with social care packages based on need – and the structure of the pooled fund meant that these costs were shared equally by the CCG and the Council.

A Member then sought clarification on reference to 'managing demand' for services and did that equate to rationing? The Principal Accountant informed that managing demand referred to adapting services to move people home, or keep them at home, and/or provision of assistive technology – significantly more cost effective than some alternatives or past practice.

In response to a question on savings targets, the Principal Accountant explained that work was ongoing to provide continued monitoring of service

against the commissioned contract, ensuring targets were achieved, without detriment to service users.

The Director (Adult) Care and Health then apprised the Committee on the key areas of the budget allocations with specific reference to Wirral's spending in support of people with learning disabilities, older people and helping to support people in their own homes.

A Member questioned the Officers on the reported budget underspend regarding the Better Care Fund (£0.8m) stating that given demand on the service, she would have expected 100% spend. The Director of (Adult) Care and Health informed that information regarding why BCF money could not be used in its entirety i.e. areas of slippage against contract, would be provided to Members in a briefing note following the meeting.

Resolved – That the report be noted.

23 **REPORT OF THE HEALTH AND CARE PERFORMANCE WORKING GROUP**

Councillor Gilchrist introduced the report of the Head of Intelligence, Statutory Scrutiny Officer that provided an overview of the Health and Care Performance Working Group (Panel) meeting held on 19th August 2019. The report provided feedback to members of the Adult Care and Health Overview and Scrutiny Committee around key discussions and areas of interest resulting from the meeting. The report summarised the items considered by the Health and Care Performance Working Group that included:

- Chronic conditions – patient story – that updated Members on the difficulties of living with Chronic Fatigue Syndrome (CFS) otherwise known as ME.
- Park House – Care Quality Commission (CQC) Inspection and Care Home Complaints – a report on actions taken to improve Care Homes rated as 'inadequate' by the CQC.
- Wirral Health and Care Quarterly Performance – that set out Wirral health and care quarterly performance statistics. Areas that were highlighted to Members included the Accident & Emergency (A&E) 4-hour standard, Referral to Treatment (RTT) targets, Improved Access to Psychological Therapies (IAPT) waiting times and Healthcare Acquired Infection rates.
- Health and Care Integration Update – that stated the current position of integration between health and care services in Wirral, along with an overview of current performance and the impact on those accessing services.
- Local Government Ombudsman (LGO) Report – Domiciliary Care - Members sought assurances that action had been taken to ensure the circumstances surrounding the complaint could not happen again, and

that all necessary safeguards and contingency planning had been implemented.

With reference to the Health and Care Integration Update, Councillor Gilchrist requested that all Members of the Adult Care & Health Overview and Scrutiny Committee be given sight of the Association of Directors of Adult Social Services (ADASS) peer review referred to in the Working Group meeting summary of actions.

A Member pointed out that the Working Group had requested a timeline of actions in relation to the Park House Care Home improvement plan that had not been received. Other Members expressed further concerns regarding the general standard of Nursing Home Care - with 20 homes requiring improvement. The Director of (Adult) Care and Health stated that this was a national issue, and where care provision did not meet standards and quality of care was not good enough, the Council would look at ceasing of contracts.

Councillor Gilchrist informed Members that the next meeting of the Health and Care Performance Working Group was scheduled for 9 October.

Resolved – That the report be noted.

24 **2019/20 QUARTER 1 WIRRAL PLAN PERFORMANCE**

Councillor Gilchrist introduced the report of the Director for Health and Care (DASS) that provided the 2019/20 Quarter 1 (April-June 2019) performance report for the Wirral Plan Pledges under the remit of the Adult Care and Health Overview and Scrutiny Committee. Also included at Appendix 1 to the report was an overview of the progress in Quarter 1 and available data in relation to a range of outcome indicators and supporting measures. The Adult Social Care and Health Performance Overview was included at Appendix 2 to the report and included additional performance information that had been requested by Members to enable effective scrutiny.

Councillor Gilchrist invited Mark Camborne, Assistant Director – Safer Wirral Service and Jason Oxley, Assistant Director Health and Care Outcomes to present information on the key areas of Domestic Abuse and All Age Disability respectively.

The Assistant Director – Safer Wirral Service delivered a presentation that informed on action against the Council's 2020 Pledges in support of action to tackle Domestic Abuse. The presentation covered the following key points:

- Merseyside Police call out times – dispatch rate.
- The number of incidents which were reported to the police.
- Overall number of incidents reported to the police that went on to be classed as a crime.

- The varied categories of domestic abuse – that also included stalking, harassment and violence without injury.
- Crimes solved i.e. a positive outcome - a charge or caution of the perpetrator.
- Instances where the victim declines support, and possible actions
- Protection Notices – used in cases as an intervention to protect the victim if prosecution was not possible.
- Zero tolerance measures.

The Assistant Director – Safer Wirral Service provided summary background statistics for each point and provided information on changes to reporting e.g. where there have been changes in the Home Office counting rules which resulted in more than one crime being recorded against one victim i.e physical assault and coercive and controlling behaviour. Members were apprised that previously it was the most serious offence that was ‘crimed’ against once victim.

A further example included the criming of neglect against children, where previously one neglect would be crimed against poor home conditions, this was now reported against each child within the household.

Members also noted that peaks in reported domestic abuse incidents were recorded around Christmas time and high profile public campaigns re domestic abuse. In each case additional staff were engaged to enable a swifter response.

The Assistant Director – Safer Wirral Service informed that a workshop session was being scheduled for Members in the near future.

Members thanked the Officer for his report and offered their continued support in helping to tackle the issue of domestic abuse, in all its forms.

The Assistant Director Health and Care Outcomes introduced his interim report focussing on the subject of the All Age Disability Service, to be the subject of a detailed report to the October meeting of the Health and Care Performance Panel. He informed that the integrated service aimed to ensure that the Council and NHS partners used their collective resources to provide better and more joined up support to people with disabilities or a mental health need. He explained that this followed the successful implementation of a fully integrated service for older people under a similar agreement. He further informed that in August 2018 approximately 128 staff transferred to the NHS to deliver an all age disability and mental health services operated by the Cheshire and Wirral Partnership Trust (CWP). The key function being to support planning and case management processes for children and adults with the most complex needs under the management of one organisation.

The Assistant Director Health and Care Outcomes apprised the Adult Care & Health Overview and Scrutiny Committee of key areas of the service and processes to monitor efficiency, these included:

- Monthly contract review
- Quarterly Partnership Governance Board – chaired by Cabinet Members.

Members noted that the service was planned to have a bedding in period of 12 months where performance had remained steady and was now moving into a phase of further service development. There had been good rates of annual reviews and assessments undertaken reported, with a 19 day timeframe for new assessments.

The Assistant Director Health and Care Outcomes added that there were currently high levels of assurance over the quality of casework with children. Positive messages around integration have been received, with helpful recommendations, following an Association of Directors of Adult Social Services Peer Review.

Members were apprised that there were early signs of the benefits of integration with consistent delivery of good outcomes for those with complex needs.

Members questioned the Assistant Director on transition for individuals and links into special education needs system (SEND).

The Assistant Director Health and Care Outcomes responded, acknowledging that although children supported by this service are a very small proportion of the overall number of young people with a special educational need, the implementation of an operational transition protocol focused its work around planning for the individual. There was a wider piece of work around SEND and he agreed that the aim was to have an 'all age' service that would improve the transition pathway. Initial steps with teams had been to co-locate with their health colleagues in the same building, sharing information and gaining better access to multiagency support for people. This had already provided positive results.

Councillor Gilchrist thanked both Officers for their reports and invited the Overview and Scrutiny Committee spokespersons to the Health and Care Performance Working Group meeting to be held on 9 October.

Resolved – That the report be noted.

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

Councillor Gilchrist introduced the report of the Head of Intelligence (Statutory Scrutiny Officer) that provided an update regarding progress made since the last Committee meeting held on 26 June 2019. The report informed that the current work programme was made up of a combination of scrutiny reviews, workshops, standing items and requested officer reports. The work programme for the Adult Care and Health Overview and Scrutiny Committee for the 2018/19 Municipal Year was attached as Appendix 1 to the report.

The report provided the Committee with a summary of work that had recently been concluded alongside a number of forthcoming key activities that included a performance review workshop, follow-up report on the Urgent Care Transformation and the NHS Long Term Plan.

Councillor Gilchrist summarised the areas of work, as appended to the report, for future consideration by the Committee. These included:

- Domestic Abuse.
- Winter Preparedness – Better Care Fund / Winter Pressure Arrangements.
- Clatterbridge Cancer Centre – provisional date May 2020.
- 5g - Impact on Public Health.
- Urgent Care Treatment – provisional date January 2020.
- Pooled Fund Workshop – dates to follow.

A Member requested that when considering the matter of Winter Pressures/Preparedness, specific review of the increased number of Winter deaths (particularly significant in the areas of Wirral South and Birkenhead) be included.

Resolved – That the Adult Care & Health Overview and Scrutiny Committee Work Programme for 2019/20 be approved.

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

REPORT TITLE:	FINANCIAL MONITORING REPORT ESTIMATE FOR QUARTER 2 2019/20
REPORT OF:	Director of Finance & Investment (S151)

REPORT SUMMARY

This report sets out the financial monitoring information for the Adult Care and Health Overview & Scrutiny Committee. The report provides Members with detail to scrutinise budget performance for this area of activity. The financial information covers the financial information as at the end of quarter 2 2019/20.

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

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

RECOMMENDATION/S

- 1 That Members note the report and appendices.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

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

2.0 OTHER OPTIONS CONSIDERED

2.1 Not applicable

3.0 BACKGROUND INFORMATION

3.1 REVENUE POSITION AT QUARTER 2

3.1.1 This Statement provides a summary of the projected year-end revenue position as at Quarter 2, Month 6 (September 2019) for Adult Care & Health.

	Budget £k	Forecast £k	Variance £k
Directorate Items			
Health & Care Outcomes	91,110	90,656	454
Integrated Commissioning Programme	(1,578)	764	(2,342)
All Age Disability Service	(2,178)	(3,100)	923
Health & Wellbeing	(183)	(183)	-
Directorate Surplus/(Deficit)	87,172	88,138	(965)
Support/Admin Building Overhead	3,498	3,498	-
Total Surplus/(Deficit)	90,670	91,635	(965)

3.1.2 The forecast position presented for Adult Care & Health is an adverse movement of £965k from Quarter 1.

3.1.4 Demand for services is the key driver of cost in Adult Care and Health: Increased demand for adult social care services is seen predominantly in the care at home sector, where the volume of home care and supported living services provided in the last twelve months has increased by 6% and 8% respectively.

3.1.5 In comparison, demand for traditional residential and nursing home services has only risen by 1% during the same period. The increase in demand for residential and nursing care services is at odds with the decrease in demand seen in the previous three years.

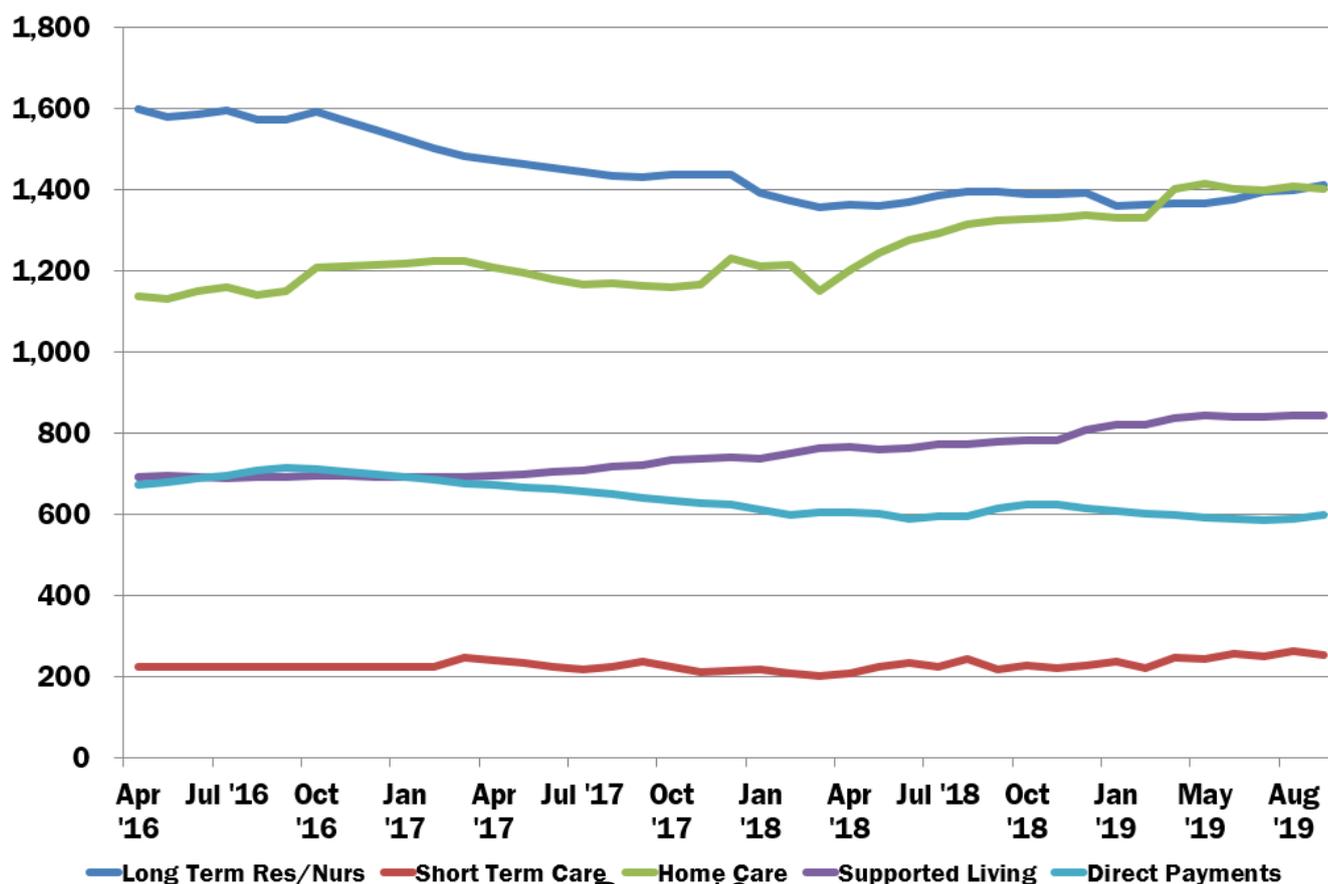
3.1.6 The forecast £965k adverse position relies upon the delivery of the department's in-year efficiency plan. Failure to achieve some of this efficiency plan will result in a greater net budget deficit at year-end; the maximum risk exposure is £6,200k. The efficiency plan comprises:

Description	Value (£k)
Gross budget deficit	6,263
Corrective action:	
Full use of Period 14 Reserve	2,200
Settlement of old-year joint funded cases	600
Full recover of 3 rd party top ups	394
Direct Payment audits	300
Savings achievable from WCFT and CWP	1,804
Total corrective action	5,298
Total Surplus/(Deficit)	(965)

3.1.7 The use of the Period 14 Reserve (£2,200k) is contingent upon the Director of Finance receiving approval from Internal Audit.

3.1.8 The change in demand for adult social care services is displayed in the graph below:

Graph 1 – Demand for Social Services 2016 to Present



3.2 POOLED FUND

3.2.1 The pooled fund between Wirral Council and Wirral CCG, totalling £140,411k in 2019/20, is forecast to be in surplus by £34k. This is shown in the table below:

Description	Budget (£k)	Forecast (£k)	Variance (£k)
Adult Social Care*	43,368	43,140	228
Public Health	12,689	12,657	32
CCG	24,568	24,568	-
Children & Young People*	1,800	1,880	(80)
Better Care Fund	57,986	58,132	(146)
Total Surplus/(Deficit)	140,411	140,378	34

**Looked after Children with Disabilities budgets (£1.108m) are contained within the total figures for Adult Social Care as part of the All-Age Disability Service.*

3.2.2 There is a combined total of £4,500k known budget challenges facing the pooled fund in 2019/20, mostly relating to pre-agreed savings targets and demographic growth across learning disability and mental health services in Adult Care & Health and Wirral CCG. Work is ongoing to quantify the mitigation identified against these pressures. Known mitigations include, but are not limited to:

- Additional grant funding,
- More cost-effective commissioning
- Maximising independence and wellbeing.

3.2.3 The financial challenges experienced by NHS Wirral CCG and Wirral Council will continue throughout 2019/20, despite 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. Financial benefits from integration will flow as a result of more efficient commissioning and the increased health and wellbeing of Wirral residents.

3.2.4 The ringfenced Public Health grant continues to be forecast to balance to budget; £6,800k of the Public Health Grant is contained within the £56,100k Better Care Fund budget.

3.3 IMPLEMENTATION OF SAVINGS

3.3.1 A summary of the position of 2019/20 Adult Care and Health savings at Quarter 2, Month 6 (September 2019) is below.

Table 3: Savings 2019/20 (£k)

Portfolio	Approved Savings Total (£k)	Amount Delivered at Q2 (£k)	Mitigation (£k)	To be Delivered (£k)
Adult Care and Health	8,650	2,387	-	5,298
Total	8,650	2,387	-	5,298

3.3.2 The £8,650k comprises the following three elements:

- £2,000k - LD Transformation Programme (budget reduction achieved)
- £5,800k - Maximising independence and wellbeing
- £850k – Use of grant funding for Public Health services

3.3.3 A breakdown of the different savings options and the progress being made in achieving them is attached as Appendix 2 to this report.

3.4 PERFORMANCE AGAINST CAPITAL BUDGETS QUARTER 2 (SEPTEMBER 2019)

3.4.1 The Programme for 2019/20 is a dynamic programme and as a result is always subject to change. The table below shows the capital strategy agreed at council then the proposed program as at September 2019 and the expenditure at that date.

3.4.2 A summary of the position of 2019/20 Adult Care and Health performance against capital budgets at Quarter 2, Month 6 (September 2019) is shown below:

Description	Capital Strategy (as agreed at Council) £'000	Proposed Programme £'000	Q2 Actual Spend £'000
Adult Care & Health	6,747	2,114	1,032
Total expenditure	90,083	88,734	2,891

3.4.3 Current progress on significant schemes: -

- Alcohol Treatment (£406k increase): Part of an overall grant of £6,000k allocated to 23 authorities. The aim is to assist local authorities to prioritise alcohol treatment, invest in equipment and facilities and ensure that treatment expertise is enhanced to better meet the needs of people with alcohol problems.
- Learning Disability Extra Care Housing (£3,000k decrease): Demand is less than expected due to the private sector finding alternative funding sources to back their developments such as through the supported living regime.
- Extra Care Housing (£2,110k decrease): Two Extra Care developments which have been awarded Council grant are on currently on site. Barncroft is scheduled for completion in January 2020 and will provide 21 units of Extra Care and the Woodpecker Close site is scheduled for completion in September 2020, providing 78 units. No other developments are planned for this year.

4.0 FINANCIAL IMPLICATIONS

4.1 This is a financial monitoring performance update report.

5.0 LEGAL IMPLICATIONS

5.1 There are none arising directly from this report.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 There are no implications arising directly from this report.

7.0 RELEVANT RISKS

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

8.0 ENGAGEMENT/CONSULTATION

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

9.0 EQUALITY IMPLICATIONS

9.1 No because there is no relevance to equality.

10.0 ENVIRONMENT AND CLIMATE CHANGE

10.1 No implications.

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APPENDICES

Appendix 1 – 2019/20 Revenue Budget
Appendix 2 – 2019/20 Revenue Savings

BACKGROUND DOCUMENTS

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

APPENDIX 1

2019/20 Revenue Budget

2019/20	Budget (£k)	Outturn (£k)	Variance (£k)
EXPENDITURE			
Employees	4,700	4,452	248
Care Packages & BCF	114,438	119,648	(5,210)
Commissioned Services	24,981	24,548	433
Support Charges	4,841	4,841	-
	148,960	153,489	(4,529)
INCOME			
Service User Charges	(22,072)	(22,739)	667
Grant Funding	(27,495)	(28,000)	505
Joint Funded Income	(8,723)	(9,003)	280
Use of Reserves	-	(2,200)	2,200
Other Income	-	88	(88)
	(58,290)	(61,854)	3,564
Total Surplus/(Deficit)	90,670	91,635	(965)

2019/20 Initial Revenue Budget Pressures

Description	(£k)	
PRESSURES		
Fee Rate Increases	(4,750)	
Demographic Growth	(1,850)	
Pre-agreed Savings	(2,000)	
Supplies & Services Savings	(300)	
Reduction in Specific Grants	(1,200)	
Other Contractual Changes	(1,300)	
		(11,400)
MITIGATION		
Net increase in BCF	3,500	
Winter Pressures	1,800	
Social Care Support Grant	500	
Other Mitigating Items	600	
		6,400
Total Surplus/(Deficit)		(5,000)

APPENDIX 2

2019/20 Revenue Savings

Title	Target	Achieved		Yet to be Achieved		Mitigation
		Blue	Green	Amber	Red	
LD						
Transformation Programme	2,000	2,000	-	-	-	-
Use of Public Health Grant	850	-	850	-	-	-
Maximising Independence & Wellbeing	5,800	387	444	1,804	965	2,200
Total	8,650	2,387	1,294	1,804	965	2,200

LD Transformation Programme

The department is building on the success of last year's £2,000k LD Transformation Programme in order to drive a further £2,000k savings in 2019/20. This includes reviewing accommodation arrangements and exploring initiatives around the use of assistive technology. The budget reduction has been achieved in 2019/20.

Use of Public Health Grant

Existing Public Health contracts values are lower following retendering enabling grant funding to be used on other services that meet Public Health outcomes criteria.

Maximising Independence & Wellbeing

This expenditure pressure is being partially mitigated by additional grant funding and use of reserves (pending audit approval) in 2019/20. The remaining balance is being delivered through joint working with the Council's NHS partners (Wirral Community Trust and Cheshire & Wirral Partnership). Target efficiency values have been agreed with each NHS partner and are being monitored through a robust contract management process.

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ADULT CARE AND HEALTH OVERVIEW & SCRUTINY COMMITTEE

19 NOVEMBER 2019

REPORT TITLE	Update on The Clatterbridge Cancer Centre
REPORT OF	Dr Liz Bishop, Chief Executive, The Clatterbridge Cancer Centre

REPORT SUMMARY

The purpose of this report is to provide a progress update on the building of Clatterbridge Cancer Centre – Liverpool and plans for developing the Wirral site.

The new 11-floor specialist cancer centre in the heart of Liverpool will open in May 2020.

This state of the art hospital is based on the same site as the current and new Royal and the University of Liverpool collocating oncology with acute services and clinical research expertise to streamline care, avoid the need for patient transfer and expand cancer research in the region.

It will be part of the unique network of Clatterbridge cancer care delivered from 18 sites across Cheshire and Merseyside, including the existing sites in Wirral and Aintree.

As part of the plans Clatterbridge will be redeveloping the Wirral site which will continue to provide current treatment and outpatient services to local patients.

RECOMMENDATION/S

That Members of the Adult Care and Health Overview and Scrutiny Committee note the report.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

To ensure Members of the Adult Care and Health Overview & Scrutiny Committee are aware of current developments being undertaken by The Clatterbridge Cancer Centre.

2.0 OTHER OPTIONS CONSIDERED

Not applicable

3.0 BACKGROUND INFORMATION

3.1 The 2008 Baker Cannon Report recommended that The Clatterbridge Cancer Centre's services should be expanded and its main site be located on the new Liverpool health campus, alongside The Royal Liverpool University Hospital, the University of Liverpool, and other key partners.

3.2 The case for change included:

- Access to intensive care or medical and surgical specialties not available on current site in Wirral.
- The Wirral site isn't centrally located for the Merseyside and Cheshire population it serves. Around 63% of The Clatterbridge Cancer Centre's current patients live closer to central Liverpool than to Wirral.
- To increase access to cutting edge research and clinical trials for patients across Merseyside and Cheshire currently only accessible to hospitals with intensive care and other key specialties on site.

3.3 Building work on the new hospital began in July 2017.

The Haemato-Oncology department, previously part of the Royal Liverpool Hospital also became part of The Clatterbridge Cancer Centre NHS Foundation Trust in July 2017 in order to:

- Be able to work more closely with other cancer teams and improve services for all patients with cancer
- Improve the speed and accuracy of diagnosis of blood cancers
- Improve the care of patients with non-cancerous blood disorders under our care
- Provide access to a range of services currently available to patients with other cancers, through The Clatterbridge Cancer Centre

3.4 Work on The Clatterbridge Cancer Centre - Liverpool is making good progress and with the completion of the exterior building now complete work is well underway on fitting out the interior of the building. The building is due to be handed over by our construction partner Laing O'Rourke in February 2020; extremely positive news for cancer care in Cheshire and Merseyside. A twelve week commissioning period will then begin before the hospital opens its doors to the public in May 2020.

3.5 The new specialist hospital has been developed alongside patients, their families and staff to ensure the best possible patient environment and will provide:

- 4 wards with 110 beds.
- All rooms will be single-occupancy with en-suite facilities.
- In-patient care for teenagers and adults with all cancers.
- Diagnostics, outpatient chemotherapy, radiotherapy, and a range of other cancer treatments and services.
- Significant outside space for patients including rooftop courtyards which lead out from treatment areas.

3.6 The project team has been working closely with staff at the Royal Liverpool University Hospital Trust to ensure that any impacts for Clatterbridge as a result of the delay to the New Royal have been identified and the necessary measures taken to ensure the construction of Clatterbridge Cancer Centre - Liverpool remains on track.

There are three link bridges being constructed between Clatterbridge Cancer Centre-Liverpool and the new Royal. There are also some services links e.g. to the Royal steam supply. Any impact on these connections arising from the delays to the new Royal have been addressed as they arose without any impact on the planned handover date.

3.7 The project team have been working with Wirral University Teaching Hospital NHS Foundation Trust to ensure any impact on their services will be addressed in advance of the move of the inpatient service.

3.8 The new hospital is part of a £162 million project to transform cancer care that will also include improvements to the Wirral site.

When the new hospital opens in Liverpool in May 2020, it is estimated that 90% of Wirral and West Cheshire patients will continue to be treated at Clatterbridge Cancer Centre – Wirral.

To ensure patients are confident they will continue to receive the same high standard of care and facilities at Clatterbridge Cancer Centre – Wirral, a redevelopment programme will be undertaken on the Wirral site which will start after completion of Clatterbridge Cancer Centre - Liverpool.

All outpatient chemotherapy will continue to be available at Clatterbridge Cancer Centre - Wirral, as well as radiotherapy for common cancers including breast, prostate and lung.

Wirral and West Cheshire patients will only need to travel to Clatterbridge Cancer Centre - Liverpool for inpatient care, more complex treatments or treatment as part of an early-stage clinical trial.

3.9 The first element of the redevelopment of the Wirral site will begin in November as Maggie's Merseyside begin building their new permanent site in the grounds of Clatterbridge Cancer Centre – Wirral. Maggie's Merseyside provides free practical, emotional and social support for people living with cancer, enhancing the care they receive at The Clatterbridge Cancer Centre. The new centre will continue this important work in new and improved surroundings.

4 FINANCIAL IMPLICATIONS

Not applicable

5 LEGAL IMPLICATIONS

Not applicable

6 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

Not applicable

7 RELEVANT RISKS

Not applicable

8 ENGAGEMENT/CONSULTATION

Public consultation on the proposals took place from 28th July 2014 to 19th October 2014 and found that 91% of participants supported the vision and 88.5% felt the plans would improve cancer care in the region.

9 EQUALITY IMPLICATIONS

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

10 ENVIRONMENT AND CLIMATE IMPLICATIONS

Not applicable

REPORT AUTHOR: Dr Liz Bishop, Chief Executive, The Clatterbridge Cancer Centre

APPENDICES

BACKGROUND PAPERS

SUBJECT HISTORY (last 3 years)

Council Meeting	Date



NHS

The Clatterbridge
Cancer Centre
NHS Foundation Trust

The Clatterbridge Cancer Centre

Dr Liz Bishop
Chief Executive

Where we work currently

CCC - Wirral

- Main site with inpatients and all treatments
- Cytotoxic manufacturing unit, PharmaC

CCC - Aintree

- Satellite radiotherapy unit providing routine radiotherapy for common cancers
- Partnership with The Walton Centre for stereotactic radiosurgery

The Royal Liverpool Hospital

- Haemato-Oncology Service

Chemotherapy clinics

- CCC-Wirral
- Aintree University Hospital
- Countess of Chester
- Halton Hospital
- The Royal Liverpool Hospital
- Southport Hospital
- St Helens Hospital

Acute oncology

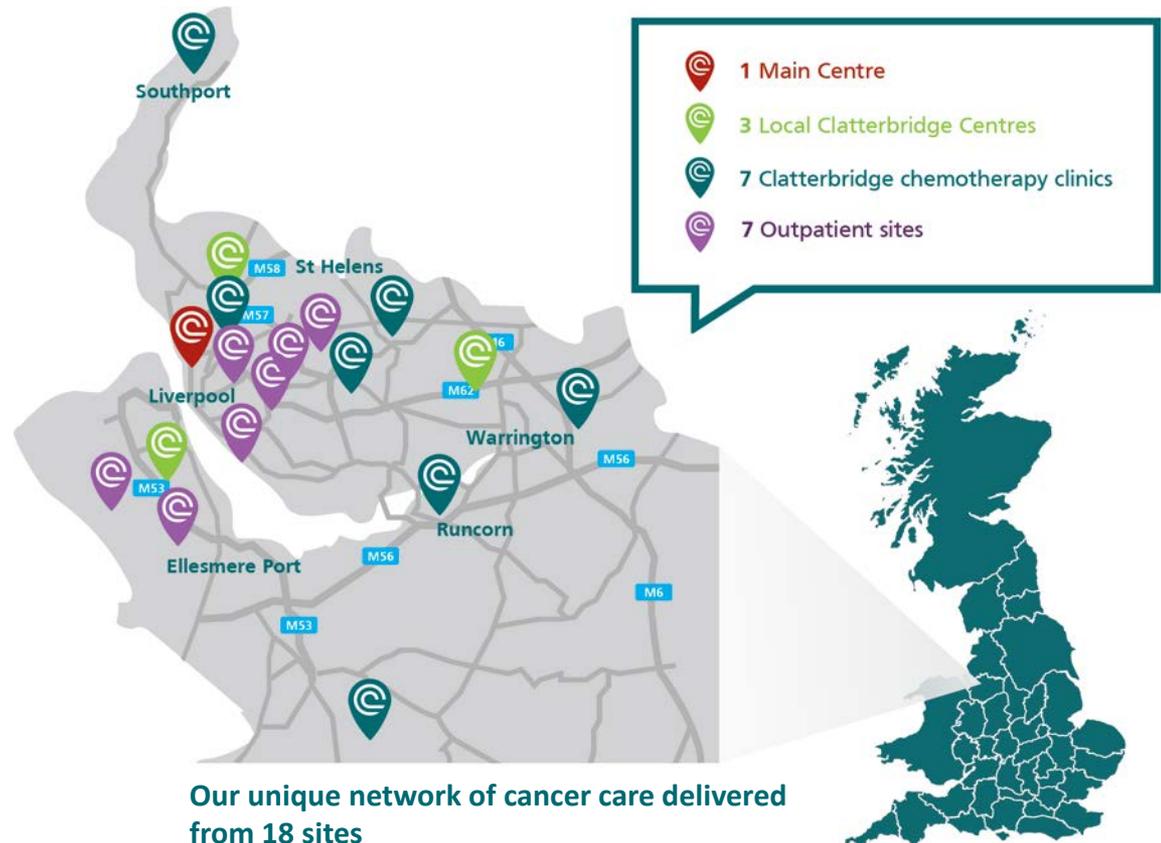
- Consultant support for EDs and acute teams across Cheshire & Merseyside

Outpatient clinics

- Hospitals across Cheshire & Merseyside, Isle of Man

Treatment at home

- Chemo at home or work for some drug regimes in breast, skin, lung & lymphoma



The Clatterbridge Cancer Centre in numbers...

2018/19

- We are **1 of 3** specialist cancer centres in England
- We serve a population of **2.4M** people
- We have **1,317** staff and **80** volunteers
- We cared for **31,154** individual patients
- We saw **11,918** new outpatients and **93,390** follow-ups
- Patients attended **92,179** outpatient radiotherapy appointments (planning & treatment)
- Patients attended **57,720** outpatient & **1,209** inpatient chemotherapy
- We cared for **8,019** inpatients (episodes of care)
- We have **64** beds
- We have **9.25** operational linacs



The Clatterbridge
Cancer Centre
NHS Foundation Trust



Clatterbridge 2020

The expansion into Liverpool



2008 The Baker Cannon report recommended that CCC services should be expanded and its main site should be alongside Royal Liverpool University Hospital, the University of Liverpool, and other key partners



2014 Public Consultation and Outline Business case completed



2017 Contract signed off and work started on site
The Haemato-Oncology department, previously part of the Royal Liverpool Hospital, became part of CCC



2020 **Building handover February 2020**
Patient services by mid May 2020





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**Only 6 months
until opening!**



Pharmacy

Chemotherapy

BMT / TYA

Haematology ward

Oncology ward

CDU / Oncology ward

Day case ward

Radiology / Pre-treatment

Café & Outpatients

Main Entrance

Radiotherapy

Opening CCC-Liverpool

- February 2020 – Building handover
- 12-week commissioning period
- Plan to move in-patient services mid May 2020



What about CCC-Wirral?

- Redevelopment and investment in the site
- All outpatient chemotherapy will be available at Wirral, as well as radiotherapy for common cancers including breast, prostate and lung.
- Approx. 90% of Wirral and West Cheshire patient attendances will continue to take place in Wirral.



What about CCC-Wirral?

- Patients will only need to travel to Liverpool for:
 - Inpatient care,
 - More complex treatments
 - Treatment as part of an early-stage clinical trial
- Patients, including those from Wirral, will receive an even better quality of care



What are the benefits for all?



Reduced waiting times
– with 100% of our patients offered an appointment within 7 days!



Increased access to clinical trials with 100% of patients 'soft-screened' for eligibility



Improved access to a wider range of treatments nearer to home

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Greater access to support services no matter where patients live



90% of patients reside within 45 minutes of their nearest Sector Hub



Improved emergency pathways reducing unplanned admissions



Better outcomes and patient experience with greater access to medical and surgical sub-specialties



The Clatterbridge
Cancer Centre
NHS Foundation Trust

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Clatterbridge 2020

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ADULT CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

19 NOVEMBER 2019

REPORT TITLE	DOMESTIC ABUSE
REPORT OF	ELIZABETH HARTLEY, ASSISTANT DIRECTOR: EARLY HELP & PREVENTION

REPORT SUMMARY

This report provides the Adult Care and Health Overview and Scrutiny Committee with an overview of provision to support children, adults and families affected by domestic abuse. The report sets out the national and local context, describes findings of an in-house review and outlines next steps to improve services and reduce the detrimental impact of domestic abuse on Wirral residents.

This matter affects all Wards within the borough.

This report does not relate to a key decision.

RECOMMENDATIONS

Members are asked to note the findings of the in-house review, support the improvement of services and consider future reporting on progress in 3-months, 6-months and 9-months to ensure suitable progress is made.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATIONS

- 1.1 To ensure Members of the Adult Care and Health Overview and Scrutiny Committee have the opportunity to scrutinise the support provided to children, adults and families affected by domestic abuse. To ensure that effective arrangements are in place to reduce the prevalence and detrimental impact of domestic abuse on Wirral residents.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 This report has been developed in line with the departmental plan and findings of Ofsted Inspection, which identify domestic abuse as a priority area. As such, no other options have been considered.

3.0 BACKGROUND INFORMATION

National Impact

- 3.1.1 Each year nearly 2 million people in the UK suffer some form of domestic abuse - 1.3 million female victims (8.2% of the population) and 600,000 male victims (4%).
- 3.1.2 Each year more than 100,000 people in the UK are at high and imminent risk of being murdered or seriously injured as a result of domestic abuse.
- 3.1.3 Seven women a month are killed by a current or former partner in England and Wales.
- 3.1.4 On average victims at high risk of serious harm or murder live with domestic abuse for 2-3 years before getting help.
- 3.1.5 85% of victims sought help five times on average from professionals in the year before they got effective help to stop the abuse.

Children and Domestic Abuse

- 3.1.6 130,000 children live in households where there is high-risk domestic abuse.
- 3.1.7 64% of high and medium-risk victims have children, on average 2 each.
- 3.1.8 A quarter of children in high-risk domestic abuse households are under 3 years old.
- 3.1.9 On average, high-risk abuse has been going on for 2.6 years, meaning these children are living with abuse for most of their life.
- 3.1.10 62% of children living in domestic abuse households are directly harmed by the perpetrator of the abuse, in addition to the harm caused by witnessing the abuse of others.

Characteristics

- 3.1.11 Gender: Women are much more likely than men to be the victims of high-risk or severe domestic abuse: 95% of those going to a multi-agency risk assessment

conference (MARAC) or accessing an Independent Domestic Violence Advisor (IDVA) service are women.

- 3.1.12 Low income: women in households with an income of less than £10,000 were 3.5 times more at risk than those in households with an income of over £20,000.
- 3.1.13 Age: Younger people are more likely to be subject to interpersonal violence. The majority of high-risk victims are in their 20s or 30s. Those under 25 are the most likely to suffer interpersonal violence.
- 3.1.14 Pregnancy: Nearly one in three women who suffer from domestic abuse during their lifetime report that the first incidence of violence happened while they were pregnant.
- 3.1.15 Separation: Domestic violence is higher amongst those who have separated, followed by those who are divorced or single.
- 3.1.16 Previous criminality of the perpetrator: domestic abuse is more likely where the perpetrator has a previous conviction (whether or not it is related to domestic abuse).
- 3.1.17 Drug and alcohol abuse: Victims of abuse have a higher rate of drug and/or alcohol misuse (whether it starts before or after the abuse): at least 20% of high-risk victims of abuse report using drugs and/or alcohol.
- 3.1.18 Mental health issues: 40% of high-risk victims of abuse report mental health difficulties.

Wirral

3.1.19 In General:

- Domestic abuse is 13% of crime by recorded volume. (A crime is only recorded in about 80% of incidents).
- 95% of Police incidents are Silver/Bronze, 5% are Gold (Gold represents the highest level of risk, and bronze the lower level of risk).
- 85% of Police incidents are repeats.
- 40% of these incidents involve families with children.
- Children witness 20% of the incidents directly.

Children's Services: September 2018 – October 2019

3.1.20 Children's Services:

- 24% of contacts to the Integrated Front Door (IFD) are recorded as relating primarily to domestic abuse. The overall percentage of cases where domestic abuse is a factor may be higher as only the primary factor is recorded at contact.
- 23% of the referrals sent from the IFD for a social care assessment have domestic abuse as the primary selected factor.
- 33% of re-referrals to the IFD show domestic abuse as the primary factor.
- 22% of the cases where domestic abuse is the primary factor are progressed to early help services.

- 28% are felt appropriate to be managed by universal services and are offered advice and information accordingly.
- 61% of Child Protection cases have domestic abuse recorded as a factor. A number of factors can be recorded at this stage.
- Nearly two thirds of serious case reviews (SCRs) feature domestic abuse as a significant factor.

Higher End Risk:

- 3.1.21 The Family Support Unit (FSU) in Wirral receives around 1,000 referrals each year.
- 3.1.22 Of the cases progressing to Wirral MARAC, around 1,250 children and young people experience domestic abuse per year. With the repeat rate for MARAC re-referral, this may equate to around 860 children and young people per year.
- 3.1.23 The Wirral MARAC receives 68 referrals per 10,000 population. This is less than the Merseyside average (78), but higher than the SafeLives recommended rate (40). Similar regions have a re-referral rate of 58 per 10,000 population.
- 3.1.24 In terms of repeat referrals to MARAC, Wirral has a repeat rate of 31%. This in line with the Merseyside average and within the band recommended by SafeLives (28%-40%).

3.2 Current Access and Provision

- 3.2.1 Currently, access to domestic abuse services is disorganised. This is reflected in the mapping which was undertaken by the Wirral Intelligence Service. Access to services relies on local knowledge for those victims who do not want to report an incident (to the Police or other professional). For those who do report, it is likely that this will result in a referral to a statutory agency in order to access relevant advice and support.
- 3.2.2 Information and advice can be found on the Council Website and includes information for Tomorrow's Women, Involve Northwest, WEB Merseyside and Wirral Women and Children's Aid (including the refuge).
- 3.2.3 There is limited access to a perpetrator programme unless convicted by the Courts. Individuals seeking support to change would need to self-fund a programme and the referral route for an evidenced-based programme is unclear.
- 3.2.4 Contacts to Children's Social Care are made via the Integrated Front Door (IFD). These contacts are screened by Social Workers to determine the threshold, to signpost for advice, refer to early help services or for assessment by Children's Social Care when threshold at level 4 is met. There is no Independent Domestic Abuse Advisor (IDVA) available in the IFD and decision making is often single agency. Decisions made in the IFD should be made within one working day in line with Working Together 2018 guidelines.
- 3.2.5 Referrals for MARAC are made via the Family Safety Unit (FSU). Decision making as to whether the threshold is met for multi-agency risk assessment conference (MARAC) is a single agency decision and based on limited information. Multi-agency discussion and risk management does not take place until the MARAC meeting which

can be two weeks later. Furthermore, referrals to MARAC is unwieldy with significant numbers making the risk management of each and all cases inequitable.

- 3.2.6 Both the contacts to the IFD and to FSU can be rationalised to ensure better multi-agency information sharing and risk management.
- 3.2.7 Referrals to Children's Social Care with domestic abuse is the primary factor make up 23% of the overall workload. Re-referrals with domestic abuse as the primary factor contributes for 33%. There can be an over-reliance on self-reporting that relationships have ended as an unrealistic understanding that domestic abuse will stop, and the risk decreased. This reflects a lack of understanding of the research associated with domestic abuse.
- 3.2.8 Whilst training is available for staff across the partnership, it is focused on awareness raising. A tiered approach is required to ensure that professionals responding to families (where domestic abuse is a factor) have the appropriate knowledge and skills to work effectively to reduce the impact and prevalence of domestic abuse.
- 3.2.9 Interventions are available via early help services. Some staff are trained to deliver *Gateway*, a cognitive behavioural programme which enables participants to develop an understanding of attitudes, beliefs and myths which can support abuse within intimate relationships.
- 3.2.10 The Early Intervention Hub (Safer Wirral Services) offers a drop-in centre for legal advice, a Men's Hub (weekly sessions relating to emotional wellbeing), *Gateway*, *Brave the Rage* (which provides families, professionals and carers of children and young people experiencing anger with simple, practical techniques for control).
- 3.2.11 Wirral currently commissions services in relation to domestic abuse. This includes:
- Leapfrog - The Leapfrog programme, provided by Involve Northwest, supports small groups of 4 to 6 families. Provides help for young people with behavioral problems including situations of child-on-parent violence and parents who have been victims of domestic abuse. The service supports the delivery of the HELP programme a healthy relationship programme for men with identified relationship difficulties.
 - Listening Ear (confidential telephone support) for children who witness DA in their homes.

3.3 In-house Review of Our Response to Domestic Abuse

- 3.3.1 In Q1 of 2019/20, Children's Services undertook a review of the approach to domestic abuse. This review was completed in May 2019 and was supported by a mapping of the domestic abuse pathway by Wirral Intelligence Service.
- 3.3.2 The review made several proposals including the introduction of clear operational leadership within the directorate, alignment of services offered for children and families impacted by domestic abuse, consideration of a domestic abuse risk assessment, forum for domestic abuse referrals, and the development of non-statutory perpetrator interventions.

3.3.3 A wider population approach to domestic abuse has been set out and considers:

- *Global prevention*: Reducing vulnerability for those who live, work and visit Wirral.
- *Focused Prevention & Access*: Reducing the risk of domestic abuse within higher risk cohorts.
- *Targeted Early Support*: Reducing the threat from domestic abuse.
- *Reactive Intervention*: Reducing the impact and preventing escalation.

(This approach can be found in Appendix 1)

3.3.4 The internal review set out the next steps for Children's Services to develop a more effective approach to tackling domestic abuse.

(Next steps can be found in Appendix 2)

3.3.5 The Ofsted Inspection, June 2019, recognised the work that had been done to improve the approach to domestic abuse. The recommendations made by the review correlate with the feedback from Ofsted Inspectors and remain the primary focus for development:

When children live in homes where domestic abuse is present, the risks to them are recognised and responded to. This recognition and the speed of response has improved since the time of the last inspection. However, despite there being a generally good range of services available, there are currently no perpetrator programmes available, information and intelligence sharing is limited, and services are not well coordinated. The local authority has plans in place to address this, but services are not currently making the difference they could. (Ofsted, June 2019)

3.4 Steps to Improve Our Response to Domestic Abuse

3.4.1 The internal review set out the next steps for Children's Services to develop a more effective approach to tackling domestic abuse and notably an alignment of services via a co-produced domestic abuse strategy.

3.4.2 November 2019– January 2020

- Introduction of a daily domestic abuse meeting to ensure a multi-agency and timely response to high-risk and high-impact domestic abuse referrals made to the FSU and/or the IFD. This may also impact on the number of referrals to MARAC (reduction) by ensuring that those tabled are appropriate.
- Integration of the Family Safety Unit and the Early Intervention Hub (Safer Wirral Services), to form a domestic abuse hub from which interventions are delivered, commissioned or signposted.
- Service Specification to be agreed for the domestic abuse hub
- Establish a multi-agency task and finish group for the co-production and implementation for a domestic abuse strategy.
- Establish effective governance arrangements.

3.4.3 January – March 2020

- Review of MARAC process to ensure effective risk management and oversight of MARAC plans.

- Review the current training offer.
- Review and commission services in relation to programmes which respond to domestic abuse.
- Review the perpetrator pathway and establish the commissioning approach for an evidenced-based perpetrator programme.
- Establish a relevant data set to measure impact

3.4.4 April – June 2020

- Brand and launch the domestic abuse hub and the multi-agency strategy, with key outcomes to include:
 1. To co-ordinate services which include universal access, early support and prevention to adults, children and young people.
 2. To improve the offer of evidenced-based support to children and young people who are affected by domestic abuse.
 3. To improve the safety of victims, supporting them to make choices which result in a positive difference to their lives.
 4. To review and implement the pathway of access to interventions for perpetrators.
 5. To recognise the choices which adults can make to remain in relationships. In doing so, work with them to develop strategies which may contribute to them keeping safe and in the knowledge that there is an open door to non-judgemental services should this be required.
 6. To engage with communities to raise awareness and build confidence to seek advice and support.
 7. To work in partnership to jointly commission services and training.
 8. To work inclusively to co-produce and continuously improve the service offered to families affected by domestic abuse.

3.5 Measuring Impact

3.5.1 Key indicators of impact would be:

3.5.2 Long Term: Reduce prevalence and impact

- Reduce incidents/repeat incidents. Contacts, referrals, assessments, plans and incidents/crime. Across all thresholds.
- Reduction in overall incidents/crimes and seriousness. Benchmarked with statistically similar areas.

3.5.3 Short - Medium Term: Priority areas from inspection and internal review

- Domestic abuse hub established. Increase in % of cases where specialist triage and co-ordination of referrals into specialist domestic abuse support services.
- Clustering of offers/support across public and 3rd sector for families impacted by domestic abuse. Link to the toxic trio pilot project.
- Increase in perpetrator interventions. Statutory and non-statutory. Including use of multi-agency disruption and civil orders.
- Increased insight into domestic abuse prevalence within safeguarding caseloads.
- Development of reporting tools for children's services using new analytical software.
- Development of a clear children's pathway and embedding impact/risk tools.

- Domestic abuse referrals subject to daily multi agency risk triage. Reduction in time taken for local multi-agency risk assessment.
- Increase numbers of staff trained to deliver specialist domestic abuse support direct to families.

3.0 FINANCIAL IMPLICATIONS

4.1 Actions going forward may incur some financial decisions, these will be considered in the progress reports.

4.0 LEGAL IMPLICATIONS

5.1 There are no legal implications arising from this report.

5.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

6.1 Actions going forward may include resource implications, these will be considered in the progress reports.

6.0 RELEVANT RISKS

7.1 Actions going forward may incur some risks, these will be considered in the progress reports.

7.0 ENGAGEMENT/CONSULTATION

8.1 This report has taken into consideration the findings of the consultation work completed by Revealing Reality on the experiences of domestic abuse for those who are gay, lesbian or from an ethnic minority background.

8.0 EQUALITY IMPLICATIONS

9.1 An Equality Impact Assessment will be completed as an integral part of the work plan.

10.0 ENVIRONMENTAL AND CLIMATE IMPLICATIONS

10.1 There are none arising from this report. However, environmental and climate implications will be considered as an integral part of the work plan and reported on within progress reports.

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APPENDICES

Appendix 1- Domestic Abuse Pathway
 Appendix 2- Next Steps

BACKGROUND PAPERS

SUBJECT HISTORY (last 3 years)

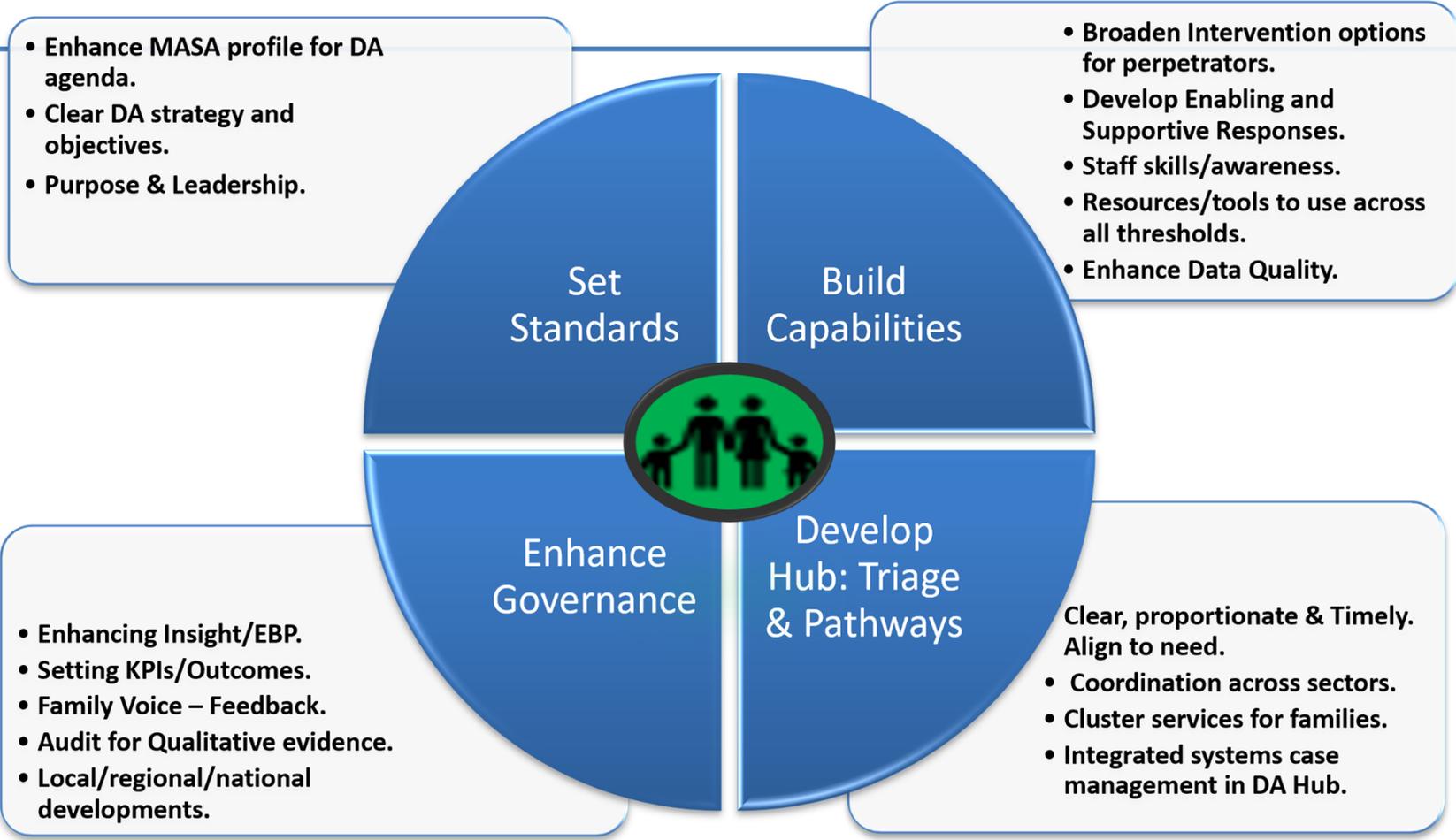
Council Meeting	Date

Appendix 1- Domestic Abuse Pathway

Wirral Family Pathway 	All People		Some People		Specific People	
	Safeguarding Partnership		Domestic Abuse Hub – Daily Triage and Operational Oversight			
	Global Prevention	Focused Prevention	Targeted Early Support	Reactive Intervention		
What are we aiming to do?	Reduce the Vulnerability	Reduce the Risk of DA	Reduce the Threat from DA	Reduce the impact of DA. Prevent Escalation.		
Who?	Everyone. Lives, works, visits Wirral.	Victim/perp/family/geographical demographics drawn from evidence and analysis.	Incidents. Non-Crime or Pre -crime events. IFD Contacts. No higher than Level 2 Threshold.	Level 3 and above. <u>DA Crime</u> , Incidents with significant impact on C&YP. Assessed levels of risk as per <u>MeRIT</u> and DASH.		
How will we know about them?	N/A – Wirral wide.	MA Analysis and insight. Active listening in assessment/dealings.	Police SWH /Early Help Occurrences/referrals (PCSO)	Police referral and IFD contacts/referrals.		
What will we do?	Seek feedback from families. Set clear strategy and governance for prevention across all communities/sectors. Tactics and plans based on Insight and evidence base. DA Action Plan in support of 2030 strategy.	Awareness and education of early signs and impact. Increase resilience in this focused demographic. Use insight and analysis to identify high risk cohorts and proactively engage through universal services co-ordination.	Early Help via Community Matters. VS potential for Gateway and TWW/WEB referrals/signposting. Proactive Potential Perp work with PCSOs – Demand Reduction. Refer into 3 rd Sector organisations for support/Perp education intervention.	Assess the levels of risk and respond accordingly, coordinating with any ongoing criminal investigation. Ensure the MA approach considers the Perp in terms of interventions proportionate with the levels of risk. HDG will be picked up by the SWH team and proactive use of DVPO time will be included as part of the family wide intervention. High Risk DA will be managed by the FSU, cases considered through MARAC and Child Safeguarding will be undertaken in accordance with the thresholds.		
Who will do this?	L.A. The Wirral Partnership. MASA.	Universal services through Community Matters.	SWH & Community Matters supported by 3 rd Sector.	DA Investigators. Family Matters service and Social Care. Health and Education Practitioners. Community Matters.		
How? - Method/Models	Use of evidence-based prevention models. E.g. ‘Duluth Co-ordinated Community Response’. Develop plans from analysis of National/Local drivers. Analytical support.	As with ‘global’ but specifically targeted and enhanced in key areas/demographics and linked case work – Toxic Trio link etc.	Gateway Butterflies (Lower end, Non trauma). Mediation. Support and safety planning for families that want to stay together – see the Leeds/North Yorkshire strategy.	Gateway, TWW, WEB. CJC Perp programmes. Gap in non-stat/non conviction Perp options (Considering <u>Non CJ</u> - RJ options). Leapfrog – Higher level of intervention and support for VS and Children. Higher end Trauma work. Health Interventions and case by case basis. CAMHS. Toxic Trio work. WWTR.		
How will we see impact?	Potential increased reporting/awareness of DA. Longer term reduction in DA.	Less cases escalating into thresholds of need. Some increase in disclosures at lower levels of risk/abuse may be expected.	Reduction of contacts into CSC/IFD at Level 3 and Level 4 Threshold of Need. Reduction in escalation of DA into serious violence.	Reduced re-referrals and re-contacts/Significant Incidents rate. Reduction in incidents. Reduction in assessments with DA as factor. Reduction of DA in CP factors. Longer term: Less escalation into Mental Health demand.		
Who monitors effectiveness?	<u>Wirral DA Strategy 2020-24</u> <u>Elizabeth Hartley</u> <u>DA Action Plan 20/21</u> LSCP	As per Global: In addition. Community Matters, Early Help and Prevention Services.	Community Matters Governance and DA Board oversight. Directorate leadership via EH&P AD. LSCP Leadership.	Directorate Governance via DA Lead Wendy Monnelly, CSC DD & EH&P AD. LSCP.		
Wirral Safeguarding Partnership DA Strategy 2020-2024						

Next Steps?

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ADULT CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

19 NOVEMBER 2019

PUBLIC HEALTH ANNUAL REPORT 2019 – CREATIVE COMMUNITIES

Note - this report was considered at Cabinet 30 September 2019 (minute 32 refers). It was resolved - That the recommendations of the Public Health Annual Report 2019 be endorsed and its publication be supported.

REPORT SUMMARY

The Public Health Annual Report (PHAR) 2019 is the independent annual report of the Director of Public Health and is a statutory requirement.

The 2019 Report, *Creative Communities*, explores the role of culture as a means of improving health and wellbeing, presents local examples of these benefits and calls for everyone in Wirral to be part of a Borough of Culture legacy that leaves us happier and healthier.

The Public Health Annual Report is an important vehicle to identify key issues, flag up problems, report progress and inform local inter agency action. The purpose of the PHAR is to draw attention to local issues of importance which have an impact on population health. Since the Council took back responsibility for Public Health in 2013 we have published five reports on:

- Social isolation
- Healthy schools and children
- Domestic violence
- The roles of the Council and NHS in promoting health and wellbeing
- Problem gambling

These reports have led to action in the reduction of people smoking in the borough to levels below the national average; increased support for people who were feeling socially isolated plus significant activity across a range of partners to highlight and reduce the damage caused to our communities from alcohol abuse and gambling.

The 2019 Report seeks to influence the developing narrative around social prescribing and how we engage and work with local people to support them to live healthier lives.

This matter affects all Wards within the Borough; it is not a key decision.

RECOMMENDATION/S

That the report be noted.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The 2019 Public Health Annual Report focuses on the role of cultural activities to improve health and wellbeing.
- 1.2 Engaging with cultural activities is good for everyone; it helps people to recover from illness, both physical and mental and protects against it; preventing illness and keeping us well no matter how young or old we are.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 The publication of the Public Health Annual Report is a legal requirement, no other options have been considered.

3.0 BACKGROUND INFORMATION

- 3.1 Wirral's year as Borough of Culture has provided some unforgettable and spectacular arts and sporting events for locals and visitors to experience. It has brought communities together and provided opportunities for people of all ages to experience arts and culture in lots of different ways.
- 3.2 According to National Alliance for Arts, Health and Wellbeing, "*over recent years, there has been a growing understanding of the impact that taking part in the arts can have on health and wellbeing. By supplementing medicine and care, the arts can improve the health of people who experience mental and/or physical health problems. Engaging in the arts can promote prevention of disease and build wellbeing*"¹
- 3.3 This year's Public Health Annual Report looks at what is known about what works to improve health through arts and cultural activities; the experiences of local people interacting with culture and its impact upon them and makes recommendations about how we can all use cultural activities to improve our health and wellbeing.
- 3.4 A review of the evidence² about what works to improve health through culture, identified a positive impact on both physical and mental health across the life course and identified those activities which are beneficial. The findings from this review informed the development of the PHAR recommendations.
- 3.5 Across Wirral there are lots of great examples of arts and cultural activities which are having a positive impact on the health and wellbeing of local people. In the report we showcase this work which is engaging with residents of all ages.
- 3.6 The Public Health Annual Report is aimed at lay audiences, a key feature of the report must be its accessibility to the public which offers an opportunity for the Director of Public Health to focus on the key impact messages they want to convey. This year we

¹ All-Party Parliamentary Group on Arts, Health and Wellbeing. *Inquiry Report. Creative Health: The Arts for Health and Wellbeing. July 2017*

² Wirral Intelligence Service (2019) *The impact of art and culture on health and wellbeing – a literature review. May 2019.*

focused on using the PHAR as a way of engaging people to discuss their health and wellbeing actively employing arts and culture, not only as the topic for the report, but as a vehicle to engage local people in the development of the report.

4.0 FINANCIAL IMPLICATIONS

4.1 There are no financial implications arising from this report.

5.0 LEGAL IMPLICATIONS

5.1 There are no legal implications arising from this report. The Public Health Annual Report is a statutory duty on Directors of Public Health.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 This report has been financed from within existing resource and the main inputs have been staff time of officers in Public Health, Culture, Communications and Graphics teams.

7.0 RELEVANT RISKS

7.1 To mitigate the potential lack of engagement with the report it has been co-produced with partners, through two workshops, and with residents through an extensive arts project (see 8.0 Engagement/Consultation).

8.0 ENGAGEMENT/CONSULTATION

8.1 To inform the PHAR we spent time listening to the stories and experiences of residents. An immersive community arts project, known as 'The Sofa Sessions', travelled across the borough inviting residents to rest, relax and discuss how their life has been influenced by culture and creativity whilst also taking part in cultural activities. Over 1000 people interacted with the travelling arts project during August 2019, supported by Involve North West and local artists. Each 'Sofa Session' was attended by Community Connectors from Involve North West who were available to assist any residents looking for support; providing information about local services available to them in Wirral. The work, a large-scale tapestry, produced by residents through 'The Sofa Sessions' will be displayed in various places across Wirral including the Williamson Art Gallery and Birkenhead Central Library.

9.0 EQUALITY IMPLICATIONS

9.1 An equality impact assessment has been undertaken on the report.

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APPENDICES

Appendix 1: Creative Communities 2019 Annual Report of the Director of Public Health

BACKGROUND PAPERS

SUBJECT HISTORY (last 3 years)

Council Meeting	Date



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Foreword

Our year as the Liverpool City Region Borough of Culture provides a great opportunity for Wirral residents to engage with cultural activities and experience something new. It is a chance to maximise the health and wellbeing benefits of culture for individuals and communities through creative discovery and the exploring the world around us. I am proud and privileged therefore to share this year's Director of Public Health Annual Report. It provides a strong evidence base for culture as a means to improving health and wellbeing, presents local examples of these benefits and calls for everyone in Wirral to be part of a Borough of Culture legacy that leaves us happier and healthier.

Regardless of the many individual ways in which we experience culture, it helps us to connect better to each other, enjoy and cope with life's everyday challenges. There is strong evidence that arts and culture help to keep us well, recover from illness and support longer, better lives. Our case studies show how such initiatives improve health and wellbeing outcomes and are cost effective. This provides fresh thinking for health and care systems. However the benefits of investment in cultural activities for health and wellbeing are still not widely recognised.

This report has three key recommendations which aim to optimise the amazing work happening across Wirral and identify new opportunities to improve health and wellbeing through cultural activities.

In producing this report, I'm grateful to local people who have shared their experiences and for the energy and commitment of all those who have supported its development; in particular more than 1,000 residents who participated in the Sofa Sessions, interacting with culture and creativity, to talk about health and wellbeing. I hope that this report inspires and energises individuals and encourages increased collaboration between different disciplines and organisations. Wirral's year of culture has been an amazing journey, showing off the creative and natural assets of our beautiful borough. By working together, we can create wonderful memories and a long lasting, positive impact on health and wellbeing.



Julie Webster
Acting Director for Health and Wellbeing

Introduction

“The creative impulse is fundamental to the experience of being human”¹

Wirral’s year as Borough of Culture has provided some unforgettable and spectacular arts and sporting events for locals and visitors to experience. In 2019, culture has brought communities together and provided opportunities for people of all ages to experience arts and creativity in lots of different ways. Happiness and pride are the words that people have used to describe their experience at these events – events that have provided a chance people to share and celebrate together. These feelings are important indicators of our wellbeing, contributing to good health and reducing isolation.

Engaging with cultural activities – regardless of how we do it – is good for everyone. It helps people to recover from illness, both physical and mental, and protects against it; preventing ill health and keeping us well no matter how young or old we are.

We must do things differently to ensure that health and care services are resilient now and in the future. This means focusing on keeping people well. Cultural experiences can provide ways to wellbeing where other interventions don’t quite reach. They can enrich our lives as individuals, helping us to better understand our place in the world. The case studies in this report are prime examples of how culture and creativity, often in conjunction with clinical methods of support, could be the logical next step in the journey toward a more well Wirral.

The Wirral Culture Strategy, which underpins the Wirral Plan 2015 – 2020, contains four priorities, one of which is focused on promoting the educational, social and wellbeing benefits of arts and culture, while also recognising the social impact within our communities. Whilst the role of cultural activities on health is increasingly understood, globally, we have yet to fully maximise these opportunities in health and care. This

report looks at the current knowledge of ‘what works’ to improve health through arts and cultural activities, the experiences of local people interacting with culture and its impact upon them and finally makes recommendations about how we can all utilise cultural activities to improve health and wellbeing.



“The purpose of art is washing the dust of daily life off our souls”
Pablo Picasso

1. Creative Health: The Arts for Health and Wellbeing, 2017. All-Party Parliamentary Group on Arts, Health and Wellbeing. Inquiry Report



“The effect in sickness of beautiful objects, of variety of objects, and especially of brilliance of colours is hardly at all appreciated. People say the effect is on the mind. It is no such thing. The effect is on the body, too. Little as we know about the way in which we are offered by form, colour, by light, we do know this, that they have a physical effect. Variety of form and brilliance of colour in the objects presented to patients are actual means of recovery.”

Florence Nightingale, Notes on Nursing, 1859

The Impact of Culture

Globally, there is increasing understanding and recognition of the impact that culture can have on the health and wellbeing of individuals and in turn, their communities.

“More and more people now appreciate that arts and culture can play a valuable part in helping tackle some of the most challenging social and health conditions. Active participation in the visual and performing arts, music and dance can help people facing a lonely old age, depression or mental illness; it can help maintain levels of independence and curiosity and, let’s not forget, it can bring great joy and so improve the quality of life for those engaged”
Lord Richards of Nailsworth, 2016

As part of the development of this report a review of the impact that culture can have on health and wellbeing found that:

“Wonder is the beginning of wisdom”

Socrates

1. Wirral Intelligence Service (2019)
The impact of art and culture on health and wellbeing – a literature review. May 2019.

1. Evidence for the positive impact of arts and cultural activities on health at every stage of life has grown considerably in recent years. The evidence base is now extensive and not only identifies those activities which are beneficial, but often indicates the scale of these health improvements.

2. Overall, there appears to be both more - and slightly higher quality - evidence for the positive impacts of participative singing, music, dance and literature (reading and story-telling) on health and wellbeing.

3. Although a large body of literature focuses on mental health (primarily anxiety and depression), positive impacts have also been noted on a range of physical conditions and social factors such as Chronic Obstructive Pulmonary Disease (COPD), cystic fibrosis, blood pressure and Coronary Heart Disease (CHD), dementia, falls, hospital admissions and length of stay, GP consultations, medication levels, child development, anti-social behaviour, attainment at school and in preventing and postponing frailty.

4. The challenge inherent in many arts and cultural interventions is that they do not easily lend themselves to showing quantifiable improvements (especially in people approaching the end of life for example). Absence of (quantifiable) evidence, is not however evidence of absence.

5. Future arts and cultural activities organised locally here in Wirral should aim to add to the growing evidence base for this type of intervention by conducting robust evaluation. Evaluation should include quantifiable improvements alongside more qualitative information in order to better inform commissioners.

“When I look back, I am so impressed with the life-giving power of literature. If I were a young person today, trying to gain a sense of myself in the world, I would do that again by reading, just as I did when I was young.” Maya Angelou

Culture in Action

Here we showcase some of the rich and varied work that local people, involved in arts and cultural activities, are doing across Wirral.

The Open Door Centre

The Open Door Centre is a Birkenhead based charity providing creative and therapeutic opportunities to young people accessing mental health support. Through music and technology, training and volunteering, the centre helps young people confront their stress, anxiety and depression, supporting them to develop effective ways to deal with these feelings.

Having a team of volunteer mentors has been an integral part of the service delivery. It has also helped the charity promote the ideas of valued lived experience, compassion, informality and empathy to support people to overcome emotional challenges.

Promoting good mental health is at the heart of what the charity does but it also sees its role to upskill and provide opportunities for local people to gain experience whilst improving their career and academic prospects. It is often difficult for people to gain practical experience in mental health roles and that is something the charity wanted to change. It was apparent that so many fantastic individuals were drawn to the sector for all the right reasons such as personal lived experience and wanting to help others. The charity is pleased it can offer training and practical opportunities to these individuals, but it also means that as an organisation with currently 35 volunteer mentors, they can adequately support a large number of people in a timely and cost-effective way – and with impressive outcomes. Members who work with the charity like the fact that they are supported by a mentor through an 8-week Cognitive Behavioural

Therapy (CBT) and mindfulness-based intervention, called Bazaar. The majority of mentors are young adults (early 20's), dress casually and if you walked into the centre, you would not necessarily know who the mentor or member is. This helps break down the barriers and formalities that drive a lot of the stigma young people feel about mental health care. It is also common for a member to complete support with the charity and further down the line find themselves completing training and becoming mentors themselves.



Volunteer mentors



The centre's 'Bazaar – A Marketplace for the Mind' programme delivers one-to-one cognitive behavioural therapy sessions inside cosy therapy spaces (or, sheds).

With nine in total, the spaces are used by members working alongside a mentor during this 8 week course to improve their mental health.

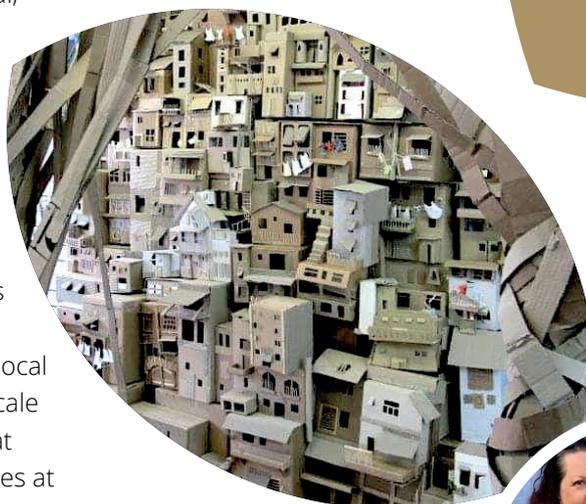
"I am forever grateful for the sessions I took part in at the Open Door Centre. The staff are so attentive and compassionate and really reassured me when I first arrived, which was very difficult for me. From then on I knew I was in safe hands and found the distraction techniques, mindfulness, Thought Bully and thought tracking really useful and these are tools that I intend to use for life."



The Williamson Art Gallery & Museum

The Williamson Art Gallery, based in Oxton, provides space to display masterpieces, ceramics, and sculptures. Housing the largest public collection of Della Robbia pottery in the UK and home to some internationally important paintings, exhibitions at the Williamson Art Gallery & Museum are always free. They also welcome educational, party and group visits. Pamela Sullivan is a freelance artist working at the Williamson Art Gallery and Museum. Teaching adult art classes in drawing, painting and printmaking, she works with vulnerable young people and families from a range of diverse backgrounds. Outside of the gallery setting she works in the wider Wirral community. Her work involves the re use and up cycling of found materials including plastics, paper and cardboard. With local communities in Wirral she has created large scale cardboard trees and 'city scapes' for projects at the New Ferry Butterfly Park as well as 80ft trees at the Bombed Out Church in Liverpool for the 2012 Biennial Arts Festival.

Being part of these projects, whether through simply creating a drawing or painting, has proven vitally important for the health and wellbeing of those communities involved. The Williamson provides a local hub where people from different backgrounds including those who feel isolated or excluded, can come together to participate in and enjoy the arts. Pamela's work as an artist in this space helps to deliver wellbeing outcomes ranging from alleviating anxiety to developing confidence and resilience.



*Pamela Sullivan
and the Cityscape
exhibition*



*Bidston Observatory
Time and Tide exhibition*



Cardboard Trees exhibition



Wirral Eco Schools Plastics Project

“Attending the art class at the Williamson Art Gallery was a life saver for me and helped me through a very difficult time. I had no self confidence to start with so went with a friend. The benefits have been two fold, my confidence has grown and my self esteem has returned all of this as well as acquiring new skills and having a safe place to experiment with painting and drawing. The course has got me through cancer and the long draining illness that finally took my mum last year. The art class allowed me to escape into my imagination, having two hours just for me was a life saver.”

Combining the promotion of health with celebrating arts, culture and heritage is at the heart of many of Age UK Wirral's projects. The Great Wirral Conversations have brought together people from different generations in events that have explored topics as diverse as motherhood, (through bringing together 'experienced' ladies with new mothers), and life in the forces, (by linking Wirral's veterans with local secondary school history students).

Health promotion projects such as Joining Forces, a Ministry of Defence funded initiative supporting local older veterans, and the Men's Project at Maritime Park, supporting health promotion and tackling the social isolation of former seafarers, have used Wirral's rich military and maritime heritage, and the range of stunning resources that the Borough has to offer. Utilising some of Wirral's finest assets, including Lady Lever and Williamson Art Galleries, as a catalyst for bringing people together Age UK Wirral have fostered new friendships, diverse connections and created shared memories.

Celebration of arts, culture and heritage is also core to the organisation's cognitive stimulation therapy work with people living with dementia. Members of Devonshire Days have been involved in a collaborative arts project that culminated in their work being displayed at a local art gallery, which was a massive boost to the confidence of all involved. Reminder Finders, the organisation's group for people in the earlier stages of dementia, uses physical and online resources to stimulate reminiscence sessions by recalling changes in art, sport, music and local history over the generations.

Extending access to art and sport in its many forms is a powerful medium for tackling isolation and loneliness locally. The organisation's Health & Activity Department facilitates more than 60 different classes and activities a week, ranging from walking and cycling groups taking advantage of Wirral's rich outdoor spaces through to building-based classes including anything from Yoga, Zumba, creative writing through to playing the ukulele! A recent project saw one of the groups redecorate and restore the organisation's very own Superlambanana, which now has pride of place in the courtyard at Age UK Wirral's Care Home for people with dementia.

"Celebration of arts, culture and heritage is core to the organisation's cognitive stimulation therapy work."





Age UK Wirral's very own Superlambanana



Age UK photography exhibition



*The Great Wirral Conversations:
Bringing together intergenerational
groups*

Borough of Culture Animated Square

In March 2019, Birkenhead Town Hall came alive for Animated Square, the first spectacular event of Wirral's year as Borough of Culture. The Grade II listed building was transformed into the canvas for a large-scale projected light show.

Focus in the build-up to the light show was on some inspiring musical performances by four Wirral-based choir groups. The groups included school children from the local area, as well as adults of all ages, backgrounds and abilities.

Curated on a non-audition basis, groups were accessible to anyone who had an interest in being part of the event. One of the groups, RiverSign, was a signing choir made up of adults across Merseyside who sign songs whilst performing and cater to audience members who are deaf, or hard of hearing.

RiverSign being part of the event promoted inclusivity in music, irrespective of barriers to performing such as disabilities, deafness, being hard of hearing and learning difficulties. Rehearsal and performance spaces reflected this, offering adequate provision for those with mobility restrictions to enable them to take part with ease.

The legacy from the choir performances lies in the memories and career pathways of local children, as well as increased engagement and collaboration across local choirs, with RiverSign in particular reflecting their enjoyment of being part of a 'live' performance. They were able to work with other community groups during rehearsals and are looking to develop these relationships further to help raise their profile in the local area.



The Wilfred Owen Choir and The Luminelles were made up of 44 students between the ages of 11-18. The performance was an empowering and educational opportunity to take part in a heritage-focused cultural event which told the story and celebrated the history of where they live.



“A member of our choir said someone approached her after the performance in tears to say the whole performance was so emotional. It doesn’t get better than that.”

Pete Martin,
Director RiverSign Choir

Above: Illuminated in 3D onto the building itself, the display was inspired by the history of Birkenhead, attracting thousands for the second consecutive year.

Below: Members of Riversign performing at Animated Square.



The Sofa Sessions

To inform this report we also spent time listening to the stories and experiences of local residents. Throughout August 2019 an immersive community arts project, known as 'The Sofa Sessions', travelled across the borough inviting residents to rest, relax and discuss how their life has been influenced by culture whilst also taking part in various creative activities.

Inspired by the Borough of Culture's Radio Local events in Liscard, which delivered innovative engagement with the local community through culture, more than 1000 people interacted with the travelling arts piece, supported by Involve North West and local artists, leaving their mark on it at events across Wirral including:

- Ilchester Family Fun Day in North Birkenhead
- Wirral Evolutions' Health & Wellbeing Art Project in Eastham
- Bee Wirral's Annual Family Fun Day in Birkenhead
- Beechwood Festival Day (Beechwood Estate)
- Mencap's One Wirral Festival in Birkenhead Park
- Carrbridge Centre, Woodchurch
- Summer Park Event, The Walled Garden in Central Park, Wallasey
- Building Bridges Family Fun Day, Birkenhead
- Summer Activities session at West Kirby Library
- Drop-in art event at The Barn, Pye Road in Heswall
- Family Drop-In at Williamson Art Gallery, Oxton



*The Wellbeing Tree tapestry;
The Sofa designed by Pam Sullivan;
Members from Wirral Evolutions' day
centre in Eastham taking part in
the Sofa Sessions*

Each 'Sofa Session' was attended by Community Connectors from Involve North West who were available to assist any residents looking for support; providing information about local services available to them in Wirral.

The work, which also included a large-scale tapestry known as 'The Wellbeing Tree', produced by local residents through 'The Sofa Sessions' will be displayed in various places across Wirral including the Williamson Art Gallery and Birkenhead Central Library.

Artist Pam Sullivan with The Wellbeing Tree tapestry



"When I'm drawing I don't think about the negative things in life."



Sessions offered people the chance to rest, relax and discuss how their lives had been influenced by culture

"Reading and sewing makes me happy."



Youngsters getting creative at the Sofa Sessions

Recommendations

We have a unique opportunity to use Wirral's year as Borough of Culture as a springboard for developing a deeper and shared understanding of how public engagement in arts and culture can contribute to physical and mental health, emotional wellbeing, community resilience, health maintenance and improvement.

This report demonstrates the contribution that arts and culture can make to a healthy and health-creating borough. The following recommendations, which have been developed in collaboration with networks of local people, focus on ensuring that we fully capitalise on the huge opportunity presented by Borough of Culture to make a lasting impact on the health and wellbeing of local people through culture and the arts.

1

Seek out opportunities in our lives and communities for arts and culture – to help to keep us well and live longer, better lives.

- Building on existing networks, bring together stakeholders from the arts and health and care sectors to support the delivery of health and wellbeing through arts and culture. For partners this should focus on disseminating good practice, co-ordinating funding opportunities and informing policy and commissioning.
- Improve awareness of the benefits that arts and culture can bring to health and wellbeing through the workforce, with current patients and with other local people.
- Promote a Wirral wide focus on 'wellness', working with people before they become sick or develop illness in the first place by developing a positive relationship with arts and culture.
- Encourage residents to reimagine new kinds of connected communities in order to develop their own strengths and abilities so they can live independent and fulfilling lives.



The Sofa Sessions (above) took inspiration from Radio Local, a one-off live hyperlocal radio station that was built around Wirral's people and places as part of Borough of Culture.

2

Ensure that the legacy of Wirral's Borough of Culture year contributes to the development of a healthy and health-creating borough.



- The review of the Wirral Culture Strategy provides an opportunity to recognise the success achieved over the last five years whilst looking at new ways to improve outcomes. The recommendations contained within this report should inform the development of the refreshed Wirral Culture Strategy.
- Explore the development of a local cultural legacy programme to mobilise action in local communities and advocate for health through arts and culture.
- Incorporate arts and culture into the Healthy Wirral Plan, seeking opportunities to leverage change.
- Building on methodologies which have been developed to evaluate the Borough of Culture, foster a common approach to research into the potential of culture to tackle some of the deep-rooted and complex challenges in Wirral.
- Following the successful Borough of Culture volunteering programme, support volunteers who want to progress to further volunteering or employment. This will ensure that their enthusiasm, skills and expertise can be used to encourage volunteering activity and build capacity in the borough's voluntary, community and faith sector.



The Witching Hour performances, live in Birkenhead Park with arts company Periplus. Birkenhead Town Hall's Animated Square illuminations.

3

Secure a commitment from health partners to work with arts and cultural organisations to ensure that culture for health and wellbeing becomes integral to organisational, and commissioning strategies.

*Community Connectors from
Involve Northwest*



- Healthy Wirral partners should seize any opportunity to spread messages that encourage public engagement in the creative arts as a route to achieving health and wellbeing goals.
- Health and care partners review the evidence as to the efficacy of the arts and culture in benefiting health and integrate this into local plans, pathway redesign and asset development where appropriate.
- Commissioners should give consideration as to how the Public Services (Social Value) Act can secure cultural benefits, e.g. public art or community cultural investment funds.
- Cultural participation forms a vital part of social prescribing. Wirral Health and Care Commissioners should ensure that arts and culture is part of the developing social prescribing offer.
- Establish a network of partners to support the delivery of the recommendations included within this report.

Give us your feedback

Let me know what you think of this report.

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<https://www.wirralintelligenceservice.org/jsna/public-health-annual-reports/>

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Nikki Jones, Tessa Woodhouse, Sarah Kinsella, Rachel Howey and Rachael Musgrave.

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ADULT CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

19 NOVEMBER 2019

REPORT TITLE	BCF/Winter Pressure Arrangements
REPORT OF	Jacqui Evans, Assistant Director, Unplanned Care and Community Care Market commissioning

REPORT SUMMARY

Wirral continues to use the Better Care Fund (BCF) to drive integration and prioritises transformational change and development of services which ultimately improve patient outcomes and supports the move to financial sustainability within an integrated system. Our priorities directly support the planned and unplanned elements of the 5-year plan. The key focus has been on supporting the development of 7-day community intermediate and neighbourhood services which promote step up and step-down support, facilitating people remaining in their own homes as long as possible and mitigating the need for acute care.

Wirral is on a journey and whilst the BCF has supported a fundamental shift in Wirral, seeing a stark reduction in the need for long term care (20% reduction in the past 2 years) and seeing a 17% growth in domiciliary activity in the past 18 months, we remain challenged in some areas, notably Length of Stay (LOS) in acute and community bed-based settings. This is a key priority for us this year and we have a system plan to redesign and optimise our home first and intermediate bed -based provision. Additionally, we are stepping up to improve our community offer to increasingly divert North West Ambulance Service (NWAS) and 111 calls to primary and community services, wherever appropriate. Work is well underway to improve pathways and strengthen our community services to reduce the numbers of people attending the Emergency Department (ED) and being admitted. Fundamentally, the BCF is seen as core to our system priorities, supporting the new 2019/20 requirements with a focus on Same Day Emergency Care (SDEC) and reducing the numbers of long stay patients.

As a system we have completed our capacity and demand modelling for winter and have been developing plans to ensure effective flow, to deliver effective and safe care and support.

RECOMMENDATION/S

Overview and scrutiny committee be requested to note the contents of this report and intentions for use of the Better Care Fund in 2019/20 and approach for winter support.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The report is by way of an update position for OSC to advise on the recent BCF submission for Wirral, which is currently part of the regional and national assurance process, and intentions with regards planning for Winter 2019/20.

2.0 OTHER OPTIONS CONSIDERED

N/A

3.0 BACKGROUND INFORMATION

3.1 Achievements:

Overall there has been evidenced improvement in achievement of the following BCF priorities during 2018/19:

- 4.8% reduction in type 1 ED attendances compared to 2017/18
- 2.7% reduction of non-elective admissions (NEL) for 65+ compared to 2017/18, although NEL as a whole remains relatively static (current 0.8% reduction).
- Walk in Centres and Minor Injury Units (MIU) achieving 99/100% against the 4-hour standard
- Consistent achievement of a maximum 2.67% Delayed Transfers of Care (DToC) target (currently 1.67%)
- Consistent and effective outcomes for reablement supporting people to remain at home
- Significant improvement in domiciliary capacity evidenced in a reduced waiting list and significantly reduced waiting times, compared to 2017/18
- Consistent delivery of streaming since Q3
- Delivery of High impact change model requirements including evidenced delivery of;
 - Trusted Assessor role and function for care homes and domiciliary services
 - Triage
 - Implementation of new 111 requirements
 - Support to care home

3.2 Key Challenges:

Key challenges for the system to focus attention for 2019/20 are:

- Continuing focus on further reducing ED attendances and NEL
- Achievement of the 4-hour standard

- Improving internal hospital flow from the point of admission to discharge with priority to reducing long stay patients, improving LOS in both acute and community settings whilst reducing bed dependency and particularly improving our integrated commissioning approach and requirements within the community home first and Transfer to Assess (T2A)/Intermediate service model
- Rapidly improving the 7-day home first pathway and community service model to meet system demand requirements, optimising the future model
- Full implementation of the newly commissioned domiciliary care contract
- Maximising 7 day working by reviewing roles and responsibilities to improve efficiency supporting current and future workforce challenges
- Ensuring BCF remains aligned to Healthy Wirral planning priorities including new requirements for 2019/20 i.e. same day emergency care
- Further adapting the Integrated Discharge approach to really achieve a 'shift left'

3.3 **Approach in 19/20:**

Overall Direction of the BCF is to ensure optimisation of integrated 7-day services, maximising independence at home and reducing the need for acute care wherever possible. Whilst we have seen significant progress from our starting position over recent years, we remain challenged across the system, with a hospital under pressure and primary and community services not yet fully optimised. Our intentions are to continue at pace our journey, to improve our 7-day community provision, our intermediate services and really increase our step-up response. We know we can improve across the whole system and have identified areas for redesign to further reduce ED attendances and both acute and community LOS.

3.4 We know if we can optimise the services commissioned, we will be able to demonstrate good outcomes for patients, with evidenced Return on Investment (ROI). However, to do this we need to improve some of our commissioning approaches and address the workforce challenges we face. Technology solutions are being explored and piloted, with capital submissions underway to support our objectives. Protecting and maintaining an effective workforce remains a key consideration for us.

3.5 We know we over provide community beds and our intention is to maximise our model of care in order to support the 5-year plan to support the system to achieve financial sustainability. We must do this in a measured way and part of the challenge is to improve culture and behaviours as well as pathways and processes, maximising technology solutions. We have concluded our bed- based review and we are working with VENN to model our services. Continuing to grow the home first and domiciliary /reablement pathways is both the right thing for patients, but we can also evidence it maximises the Wirral £.

3.6 We intend to complete much of transformation priorities by Q3, to optimise services in time for Winter and support realisation of financial improvement from 2020. This includes system wide capacity and demand modelling to support sustainability plans and delivery.

3.7 **Priorities for 19/20 BCF funding:**

In order to prioritise schemes and BCF funding for 2019/20, we completed a review, involving key stakeholders. This made recommendations (Appendix 1) to Healthy Wirral Partners Board and Health and Wellbeing Board with regard recommended priorities for Wirral, supporting BCF requirements, Healthy Wirral priorities and the 5-year plan. The report concluded with one of four recommended outcomes; maintain/decommission/invest or redesign to optimise. The priorities for BCF funding this year are attached in Appendix 2, with overall funding breakdown below:

Funding Sources	Funding
DFG	£4,163,057
Minimum CCG Contribution	£27,233,187
iBCF	£16,872,842
Winter Pressures Grant	£1,800,370
Additional LA Contribution	£8,835,600
Additional CCG Contribution	£0
Total	£58,905,056

3.8 **Key performance Intentions for 19/20:**

We have agreed the following 4 main performance deliverables required, as a result of BCF scheme priorities for 2019/20:

- 5% reduction in long stay admissions to residential/nursing sector
- 2.2% non-elective admission reduction
- 85% of people still at home 91 days post reablement intervention (this links to investment and growth in reablement and domiciliary services)
- 2.67% maximum DToC target

3.9 **Financial challenge:**

Financially, Wirral is in a challenging place, recognised across the system. The BCF has prioritised funding for key services which deliver against key requirements. Our challenge in 2019/20, is how can the BCF further support financial sustainability across the system. We are increasingly working with providers to consider what BCF schemes can become 'business as usual', releasing funding from core contracts, to enable financial balance. The modelling work underway with VENN is also being utilised to understand the impacts if we were to optimise performance across the system. For example, if we were to achieve an average LOS of 5.2 weeks in our community T2A bed commission, that is the equivalent of releasing 15 beds. A cost of over the year. However, we need to understand and consider the whole system demand and implications. This is being taken forward at Healthy Wirral Partners Board.

3.10 **Submission and Timescales for approval for 19/20:**

Systems were required to submit full BCF plans, adhering to all BCF performance and financial requirements, approved by the Health and Wellbeing Board on 27 September 2019. We are now subject to the usual scrutiny and approval process. NHSE regional assurer's have advised that Wirral's submission has been recommended for approval to the national team.

Timescales are below:

Table 5: BCF planning and assurance timetable

BCF planning submission from local Health and Wellbeing Board areas (agreed by CCGs and local government). All submissions will need to be sent to the local BCM	By 27 September 2019
Scrutiny of BCF plans by regional assurers, assurance panel meetings, and regional moderation	By 30 October 2019
Regionally moderated assurance outcomes sent to BCST	By 30 October 2019
Cross regional calibration	By 5 November 2019
Assurance recommendations considered by Departments and NHSE	5-15 November 2019
Approval letters issued giving formal permission to spend (CCG minimum)	Week commencing 18 November 2019
All Section 75 agreements to be signed and in place (for Wirral any update required as in place)	By 15 December 2019

3.11 **Governance:**

Governance for the BCF, includes monthly reports to Pooled Fund Executive Group (PFEG). BCF also reports quarterly to Healthy Wirral Partners Board and A & E Delivery Board and twice yearly to Health and Wellbeing Board. There is a dedicated integrated BCF lead for Wirral, at Assistant Director level which has enabled Wirral to fully embed the BCF across the system and support prioritisation of schemes across Health and Care that support priorities at both a national and local level.

3.12 NHSE continue to require systems to report quarterly on BCF performance and outcomes. Additionally, Wirral continues to be an active member of a monthly Cheshire and Merseyside BCF group with regional NHSE leads.

3.13. **Planning for Winter:**

As a system, Wirral is committed to delivering a safe winter. We have been supported by VENN to complete our system wide capacity and demand model. NHSE co-ordinated a winter warm up workshop for the North west region with Wirral playing an active role. We also concluded a review of learning from winter 18/19 to inform plans this year. NHSE continue to review our plans and intentions and will require us to submit final plans in November. Please see appendix 3, draft winter plan for Wirral, which highlights our current intentions.

3.14 Financially, the system has a significant deficit which has to be addressed. It is therefore our intention to optimise the current pathways and processes to release capacity, by reducing LOS across both acute and Community T2A provision. Following the bed- based review, we will revise the current service specification for winter, addressing the gaps from 2018/19. A key element will be to review and improve the clinical support to these beds, with a new Target Operating Model in place to improve the Multi-Disciplinary Team (MDT) support across the Community bed base and home first pathways. By improving performance and support, we will create the equivalent of 15 additional T2A beds as part of our winter capacity plans.

3.15 The BCF has allocated £370k to support winter capacity plans. Current focus and priorities for this year include:

- Acute
 - Focus on reducing long length of stay (LLOS) in acute to create capacity. ECIST are supporting ward- based care approaches and flow across the hospital.
 - Escalation ward open
 - Increased Streaming (20% of ED attendances to be streamed to primary / Community Care)
 - Improved pathways and processes for Integrated Discharge, Nov 19

- Mental Health Support
 - Additional investment in crisis home treatment team

- Primary Care
 - Uptake of primary care appointments will be monitored with expectation that GP practices will provide a minimum of 70 minutes prescribing clinician appointments/week per 1000 patients.
 - An additional 360 extended access appointments available compared to 18/19

- Community support
 - Respiratory-targeted approach to support people to self- manage and avoid the need for acute admission
 - 3 additional Intermediate (Transfer to assess T2A) residential EMI beds
 - Creating capacity by reducing LLOS in T2A beds (trajectory agreed at average 5.2 week max for T2A)
 - Revised T2A specification and clinical support from November 2019
 - Additional T2A capacity will be commissioned if the need arises
 - Carer's - unplanned/urgent respite support

4.0 FINANCIAL IMPLICATIONS

4.1 Please see section 3.7 financial position above.

5.0 LEGAL IMPLICATIONS

5.1 Pooled budget arrangements are covered by a section 75 Agreement under the National Health Service Act 2006.

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

N/A

7.0 RELEVANT RISKS

N/A

8.0 ENGAGEMENT/CONSULTATION

N/A

9.0 EQUALITY IMPLICATIONS

9.1 EIA's are scheme specific and have been completed.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 The content and/or recommendations contained within this report are expected to have no impact on emissions of CO2.

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APPENDICES

- Appendix 1 BCF Review Recommendations
- Appendix 2 BCF 2019/20 Scheme Breakdown
- Appendix 3 Draft winter plan for Wirral

REFERENCE MATERIAL

N/A

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Health and Wellbeing Board	17.07.19
Health and Wellbeing Board	18.07.18
Health and Wellbeing Board	14.03.18
Health and Wellbeing Board	15.11.17
Adult Care and Health OSC	13.09.17
Health and Wellbeing Board	19.07.17
Health and Wellbeing Board	15.03.17

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Summary of BCF review - 19/20 recommendations as follows (April 2019):

1. Continue with current funding: (Maintain)

The following schemes have shown effective ROI and positive patient outcomes supporting Healthy Wirral and BCF priorities, including delivery against the High Impact Change Model.

Continue / Maintain						
Scheme / initiative	Provider	Current allocation	Recommendation	Additional funding	Saving	Funding Required.
Care Homes Scheme - Nurse	CCG	40.000	Continue with funding	5,000	0	45,000
Trusted Assessor - Care Homes	WCT	71.000	Continue with funding	0	0	71,000
Administration	WCT /WUTH	12.000	Continue with funding	0	0	12,000
Mobilisation Officer/transformation capacity for T2A Model	WUTH	29.100	Continue with funding	0	0	29.100
Acute Visiting Service (AVS)	Primary care	709.920	Continue with reduced funding	0	65,000	644,920
Homeless Service	3rd Sector	93.279	Continue with funding	0	0	93,279
Street triage	CWP	152.000	Continue with funding	0	0	152.000
Dementia LES	Primary care	71.400	Continue with funding	0	0	71.400
Early onset Dementia	CWP	146.000	Continue with funding	0	0	146.000
Complex Needs Service	CWP	250.000	Continue with funding	0	0	250.000
Crisis Response (dementia nurse)	CWP	150.576	Continue with funding	0	0	150.576
Dementia Nurse	CWP	150.580	Continue with funding	0	75,139	75,290
Whole System Modelling Senior Performance Analyst (VENN-CDM)	Whole System	40.000	Continue with funding	0	0	40.000
Street Triage - enhanced hours of operation	CWP	112.668	Continue with funding	0	0	112.668
Mental Health detention transport	CWP	70.000	Continue with funding	0	0	70.000
Communication and Engagement Lead	Healthwatch	30.000	Continue with reduced funding	0	10,000	20.000
Ward Discharge Coordinators	WUTH	155.000	Continue with funding	0	0	155.000
Primary Care Bid - Clinical Streaming at Front Door	WUTH / WCT	300.000	Continue with reduced funding	0	150.000	150.000
Winter Capacity	System	279.814	Continue with funding	10,713	0	290,527
Specialist Commissioning	Varied	200.000	Continue with funding	0	0	200.000

2. Redesign to optimise the model:

The review has identified areas which whilst critical elements of effective system delivery, have not been able to mobilise to the optimum level to be able to support system demand. Therefore, the following areas require significant system wide transformational redesign Q1 into Q2:

Redesign to Optimise						
Scheme / initiative	Provider	Current allocation	Recommendation	Additional funding	Saving	Funding Required
Home First - MDT (Enhanced Rapid Response Service)	WCT	399.657	Redesign to optimise	0	0	399,657
Home First - Clinical Support/Discharge capacity	WCT	540.808	Redesign to optimise	0	0	540,808
86 x T2A Nursing Beds - core funding	Independent Sector	3,471.472	Redesign to optimise	0	0	3,471,472
Primary Care & Therapies for T2A Beds	Primary care/WCT	967.428	Redesign to optimise	0	0	967,428
Growth in T2A Beds	Independent Sector	219.625	Redesign to optimise	0	137,473	82,152
T2A - 10 beds - Cover for Pressure Periods	Independent Sector	223.812	Redesign to optimise	0	168,000	55,812
Additional MDT support, including clinical cover for extra beds (10)	WCT	106.343	Redesign to optimise	0	0	106,343
Carers Service	Independent sector	818.512	Redesign to optimise	0	78,520	739,992
IV Antibiotics	WUTH/WCT	627.300	Redesign to optimise	0	0	627,300

3. Recommend Investment:

The following schemes, for which there is evidence to increase investment to support Healthy Wirral and BCF priorities and evidence of effective ROI.

- Tele triage: Increase the tele triage offer to support the role out of additional technologies for health care monitoring across the care sector. Supports broader Telehealth model and approach.
 - Links with redesign of SPA as a fit for purpose clinical triage model, maximising technology solutions. Update DOS and associated pathways in line with changes
- New priorities - Same Day emergency care (SDEC) and acute frailty service:
 - Invest in transformation capacity and support to develop and fully implement SDEC and acute frailty services

Systems are required to increase the number of people discharged same day from ED and assessment areas, improving access to required diagnostics, clinical support and follow up if appropriate as an 'out-patient'.

Invest						
Scheme / initiative	Provider	Current allocation	Recommendation	Additional funding	Saving	Funding Required.
Tele-triage costs. Expand as part of Telehealth development.	WCT	207.812	Invest to redesign to optimise	120,210	0	328,022
Supporting 2019/20 planning priorities (patient flow). SDEC and acute frailty service development	WUTH	N/A	Invest	100,000	0	100,000

4. Recommend Decommission:

The following schemes have not been able to evidence current or potential ROI.

There will also be partial decommission in some schemes where a more cost-effective model should be the priority e.g. reduction in residential T2A beds.

Decommission						
Scheme / initiative	Provider	Current allocation	Recommendation	Additional funding	Saving	Funding Required
Wirral Independence Service (falls element IBCF)	Independent sector	220.000	Decommission/redesign to optimise.	0	220,000	0
Adapted Flats	Independent Sector	35.643	Redesign to optimise/ Decommission	0	27,000	8,643
Trusted Assessor - Dom Care	Independent Sector	110.000	Future funding not required. Business as usual.	0	110.000	0
BCF Scheme Lead/ROI Evaluation	LA Staff	35.000	Decommission	0	35,000	0
Home First Capacity - dom care, reablement, mobile nights	Independent Sector	78.955	Future funding not required. New model will provide capacity. Absorbed.	0	78.955	0
10 x T2A Residential Beds - core funding	Independent Sector	273.520	Decommission residential beds and GP contract from end of Sept 2019 (contract end) Low occupancy and will be supported by the home first pathway.	0	149,562	123,958
Transformation Programme Manager Role	Independent Sector	60.000	Decommission	0	60,000	0
Street Triage for NWAS	NWAS	174.752	Decommission. Unable to recruit.	0	174,752	0

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BCF Scheme Title	19-20 Alloc £,000
Wirral Independence Service	3,985
Care Homes Scheme - Nurse	45
Tele-triage recurrent costs	278
Adapted Flats	9
Trusted Assessor - Care Homes	71
Home First - MDT (Enhanced Rapid Response Service)	400
Home First - Clinical Support/Discharge capacity	541
Home First - Administration	12
Home To Assess	143
Mobilisation Officer for T2A Model	29
Acute Visiting Service (AVS)	645
10 x T2A Residential Beds - core funding	124
86 x T2A Nursing Beds - core funding	3,471
Primary Care & Therapies for T2A Beds	967
T2A - 10 beds - Cover for Pressure periods	56
Additional MDT support, including clinical cover for extra beds (10)	106
Community Offer (ASC)	3,972
Community Offer (CCG)	854
Reablement - Commissioned Care	1,231
Dom Care (stabilising the market - 15 min & 7 day retainer)	412
Enhanced Dom Care (Dom Care Plus)	0
Joint Posts - Mental Health	475
Homeless Service	93
Existing Schemes	3,133
ICCT - existing contract - contribution for IMC therapy	426
Comms - Home First	3
Total Integrated Services	21,482
Early Intervention & Prevention	1,199
Carers Service	740
Mobile Night Service	753
Care & Support Bill Implementation	497
Drugs & Alcohol	6,836
Protection of Social Care	18,342
Winter Fundin	1,800
Brokerage	27
Total ASC Services	30,195
CCG Third Sector	485
IV Antibiotics	627
Street triage	152
Dementia LES	71
Early onset Dementia	146
Complex Needs Service	250
Crisis Response	151
Dementia Nurse	75
Total CCG Services	1,958
DFG	4,163
Total Other	4,163
Communication & Engagement Lead Role	20
Whole System Modelling Senior Performance Analyst/Capacity Demand Modelling	40
Mental Health detention transport	70
Ward Discharge Coordinators	155
Supporting 2019/20 planning priorities (patient flow)	100
Clinical Streaming at Front Door	150
	535
Winter Planning	372
Complex/Specialist Commissioning Support	200
	572
Total BCF	58,905
Funding	
Minimum Allocation (CCG)	-27,233
DFG	-4,163
ASC Core Budget Contribution	-2,000
IBCF (i) (Supplementary?)	-2,602
IBCF (ii)	-14,271
Winter Pressures	-1,800
Public Health	-6,836
Total Funding	-58,905

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Wirral Winter and Unplanned Care System Sustainability Plan 2019-20

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1. Winter Plan Background:

Wirral has maintained a strong “System Focus” over the past 12 months, in order to improve and deliver resilient unplanned care services for Wirral residents.

During the past year, the system has moved forward with integration particularly between commissioning (CCG & WBC) and the embedding of the transfer of social care to Wirral Community Trust (year 2) and the more recent transfer of social care specialist teams to CWPT. We have continued to meet weekly as an urgent Care COO group to improve governance and grip, with the operational group overseeing transformational detail and improvement plans.

We have continued to utilise the work completed with Venn on whole system capacity and demand modelling. Modelling for 18/19 was accurate in determining capacity requirements and impacts felt against areas of non-delivery. A similar approach is being taken in 19/20.

Urgent care remains a key priority for Healthy Wirral partners, with pro-active improvement plans in place. Financially, the system is challenged; effective delivery of urgent care is a key factor in moving towards system sustainability.

The BCF continues to support 7 -day services, focussed upon admission avoidance and timely discharge. Whilst we have seen much improvement, we are crucially aware of key areas we must deliver against:

- Rapid assessment, triage and streaming (internally and externally)
- Eliminating corridor care and timely ambulance handover and turnaround
- Reducing Long Stay Patients

We have an understanding and appreciation of the challenges we face in these areas. ECIST is supporting the system to practically address the issues and move forward positively.

We have reviewed and learnt from the positives and negatives of last year and have implemented some key changes to support effective flow. Our priority efforts now are in reducing LOS and long stay patients in both acute and community settings.

2. Learning from Winter 18/19:

Wirral concluded a review of winter, to ensure learning has informed plans for 19/20 (see appendix 1).

2.1 What worked well last winter:

- 4.8% reduction in type 1 ED attendances compared to 17/18.
- NEL for patients aged 65+ reduced by 2.7%. However, overall NEL remained static/as observed fluctuation in paediatrics and younger adults.
- Walk in Centres / Minor injury units continued to achieve 99/100% against 4- hour standard.
- DTOC target (max 2.67%) consistently achieved.
- WUTH commission of GDU (30 beds) supported acute winter capacity planning.
- Pro-active market management with domiciliary and reablement providers, saw 16% increase in activity in 18/19
- Extended Access GP appointments available from APH site providing additional GP resource to support system – WIC/ ED
- Delivery of High impact change model requirements including evidenced delivery of;
 - Trusted Assessor – accelerating discharges to care homes
 - Teletriage – achieving 10% reduction in ambulance conveyances and further reduction in 111 contacts
 - Implementation of new 111 requirements
 - Support to care homes
- System wide capacity and demand modelling with VENN informed commissioning plans. Modelling proved accurate and system pressures and areas of 'heat' were understood and acknowledged.
- Improved system escalation, grip and utilisation of daily calls

2.2 Key Challenges to inform 19/20 plans:

a) Admission Avoidance

Whilst focus on frailty saw a 2.7% reduction in ED attendances, NEL remained broadly static overall. Single Point of Access (SPA) identified as a priority to redesign and maximise technology solutions, increasingly diverting patients to primary and community services, where appropriate. Streaming, whilst streaming improved on overall numbers streamed away from ED over the past year, there is far more we can and need to do to support ED and stream effectively into relevant assessment areas as part of the SDEC requirements. Furthermore, an action plan and trajectory have been developed to move to a position of 20% of ED attendances being streamed to Primary Care, this equates to 60 patients.

o **Actions for 19/20:**

- Targeted neighbourhood focus on High Intensity Users, (frailty/Drug and alcohol and paediatric)
- Implement revised and improved Target Operating Model for Single Point of Access, utilising technology to maximise admission avoidance
- Improve utilisation of Urgent Care GP (previously AVS) by NWAS and Falls pick up services
- Divert NWAS pathways to primary and community services where appropriate.
- Falls pathway agreed for collaborative working across NWAS and Medequip to enable rapid assessment following a fall and where possible avoiding conveyance caused by long waits following fall
- OPAT capacity – streamlining the pathway and linking in GP stream to ensure if patient needs OPAT it is being facilitated rather than admission
- Implement revised and improved Target Operating Model for Rapid Community Response Service and Home First
- Maintain 7 day tele triage service
- PDSA approach and fully implement acute frailty services at the front door, with support from ECIST.
- Implement new streaming model (internal and external) supported by ECIST, increasing numbers of patients streamed delivered through:
 - ED collaborative streaming – primary care nurse and GP supporting simple and complex streaming
 - GPs supporting ambulance corridor using the 'pull' model to identify patients that could be managed within WIC
 - POCT to be implemented to eliminate need for cohort of patients to be seen in ED/Assessment units
 - GP direct access to x-ray and potentially other diagnostics
 - Collaborative working to enable minor injuries to be seen within WIC
 - Enhance frailty at front door to work alongside unplanned care team to turnaround patients at front door of ED

- NWAS to convey directly to WIC
- Targeted condition specific care – trialling respiratory nurse in ED to support COPD patients and where possible support discharge from A&E working closely with the unplanned care team. Access to patient advice lines for patients attending A&E but not admitted are also being looked at along with advice line for HCPs requiring support to prevent an admission.
- Maximising D2A pathways to ensure rapid turnaround from assessment units to maintain flow and avoid unnecessary admissions

b) Ambulance handover and turnaround:

We fell short in performance. Ambulance turnaround deteriorated to an average position of 00.37.29 (01/11/2018 – 28/02/2019). Consequently, this led to corridor queues. Type 1 (ED) 4 hr performance deteriorated during winter 18/19, dropping from average 73.5% (1/11/17-28/2/18) to 63.4% (1/11/18-28/2/19). Acute occupancy over winter did not drop below 97%, typically reporting 98/99%. High occupancy and long length of stays placed the acute and wider system under pressure, patient flow was adversely affected, the impacts directly manifesting in ED and assessment areas.

o **Actions for 19/20:**

- Engagement with Super Six Programme
- Dedicated nurse to support corridor care reducing paramedic delays
- Temporary redesign of ED and assessment areas to create capacity, with reverse 'cohorting' ahead of UTC development
- Implement learning from NWAS audit:
 - o Streamline falls pathway across providers
 - o Consider primary care impacts
 - o Consider improvements to respiratory and cardiology pathways.
 - o Implement learning from PDSA approach to Rapid assessment and triage, supported by ECIST.

(*Key links to patient flow and acute LOS occupancy level's pls refer also to section C)

c) Internal Flow:

Our key priority to ensure we deliver a safe winter is to reduce LOS in both acute and community. Whilst our DTOC has effectively delivered, Long Stay Patient numbers remain high, negatively impacting acute occupancy and adversely effecting patient flow. It is one of our 3 top priorities to reduce LOS and consequently improve acute occupancy and patient outcomes.

- **Actions for 19/20:**
 - Implement long stay patient actions and address themed delays. 2 key reasons for LSP's which remain our priority focus to improve:
 - Ward based care approach
 - Integrated discharge team form and function
 - Additional priorities to be addressed to reduce LLOS and improve weekend discharges include:
 - Criteria led discharge to be accelerated ensuring all wards are utilising to maximise weekend discharges
 - Pathway redesign for management of homeless patients – discussion between council, WCT, WUTH & CWP – this will support reduction in LLOS across both acute and community

d) Discharge and Community Care Market Capacity

An additional 23 winter T2A bed -based capacity was commissioned for winter 18/19. However, in totality the full commission was spread over too many sites (9). Consequently, this diluted the workforce, exacerbated by recruitment challenges, leading to an increased LOS and adversely impacting flow across the system. The current specification was also challenged, as independent sector providers were not able to consistently accept discharges over 7 days, due to the nature of the D2A model and increased levels of acuity. The need for enhanced MDT and clinical support was identified as key going forward. Re-admission rates remained high, approx. 20%. We have completed a bed -based review to analyse outcomes, costs and LOS and make recommendations for future model of intermediate services.

The VENN modelling confirms Wirral has more acute and community beds than are needed, if the system were optimised. However, there continues to be an over-reliance on beds, as part of double running arrangements, as other services establish and are trusted to deliver. We continue to need to address and improve cultural issues across the system as part of our transformational priorities, to ensure services are fully optimised across the whole patient pathway.

We also recognise we currently only utilise approximately 5-10% of the T2A bed base for step up support. We recognise we could increase this to approximately 15%.

As part of the BCF review, we recommissioned our home first model, to ensure the service was able to support demand requirements. The new model went live June 19. The model will be scaled up by winter 19, to support the home first pathway. Reablement and domiciliary care services are evidencing good flow overall and are a key factor in supporting winter capacity and good patient outcomes.

○ **Actions for 19/20:**

- Revise service specification with providers for winter, to improve response and support to care homes.
- Review and re-commission the clinical support element to increase focus and support, reducing LOS.
- Readmission rate from T2A/GDU (20%) will be reduced, this will be supported through updated specifications across providers, MDT and GP support
- A portable flu machine will be added to WIC / GPOOH to enable testing of patients within T2A bases (and on attendance to WIC) to avoid closures within homes, maintaining flow.
- Implement new TOM for Rapid community services, to increase 7- day support across bed and home based services, including therapy.
- Pro-active work with infection control to ensure continued appropriate management of risk and flow
- Progress new T2A commission/tender process in parallel over Q3/4 to implement Q3 20/21
- Fully embed new home to assess model
- Protocols are being agreed for out of area patients within the hospital to ensure smooth and efficient discharge

e) Workforce challenges

Increasing workforce capacity during winter across community and acute proved difficult and by increasing acute and community bed base further workforce issues were exacerbated. Providers struggled to recruit to the additional posts, agency staffing was utilised but costly and staff as a whole were spread too thin. The Independent Sector market was also stretched to capacity.

○ **Actions for 19/20:**

- Focus on reducing LOS in both acute and community to negate the need for additional winter beds by creating capacity via improved performance. System agreement to target MDT's 7 days for more effective outcomes and optimisation of resources. Linked to VENN modelling. Focus on reducing acute long stay patients in line with trajectory which will significantly reduce occupancy and restore flow
- Reduce overall LOS in acute through ward based care and IDT redesign
- Reduce LOS within T2A to achieve agreed position of 5.2 weeks, this will lead to increase of 10-15 beds across system
- Existing wards permanently staffed.
- Cohorting of medically optimised patients with alternative staffing solutions provided by Independent sector or economy collaboration. (GDU)
- Develop workforce strategies, implement generic worker opportunities and blended organisational approaches.
- Maintain effective recommission of domiciliary care and in year (further 17% activity growth in 19/20) support. Continue Council wide focus to support recruitment and retention of staff.

3. Wirral's approach for 19/20

As outlined above, Wirral is committed to delivering a safe winter, avoiding the need to commission additional community Nursing beds or opening additional acute escalation beds. The rationale for this is multifaceted, including:

- Financial challenge- The system has a significant deficit which has to be addressed
- Workforce – core staff recruitment challenges evident across the board with particular issues in therapies, ability to recruit additional staff above core would be extremely challenging, staff are reluctant to do overtime even when remunerated very generously, additional beds would run serious risk of overstressing core staff further, diluting focus and adding to a deteriorating situation
- Capacity and demand– the system has a high number of beds supporting the population, compared to other systems. VENN modelling demonstrates that reducing LOS within T2A to a realistic 5.2 weeks would in effect give the system an additional 10-15 beds, if this could be further reduced to target of 4.2 weeks this would be 32 beds. Likewise, if the proportion of long stay patients is reduced by 40% as per trajectory, occupancy will improve, negating the requirement for additional beds. The modelling suggests that if admissions, internal flow and discharges were managed effectively, the system has an excess of acute beds.

It is therefore our intention to optimise the current pathways and processes to release capacity, by reducing LOS. Following the bed-based review, we will revise the current service specification for winter, addressing the gaps from 18/19. A key element will be to review and improve the clinical support to these beds, with a new TOM in place to improve the MDT support across the Community bed base and home first pathways.

- Domiciliary, reablement and home first capacity is evidencing flow and positive outcomes. Expectations are factored into the modelling, as viable alternatives to bed-based support, improving patient outcomes and experiences.
- Review of need has highlighted a shortfall in dementia T2A services. We will be increasing our commission over winter from **5 to 8 residential EMI beds**.
- With regards Mental Health support, an **additional crisis support worker** will be in place.
- Work is underway with OLA's to agree arrangements for improving SW presence on site to support flow over winter.
- We will continue with a single system plan, incorporating BCF and winter capacity intentions and monitoring via single dashboard incorporating tolerances and triggers.
- We will continue to utilise the VENN capacity and demand model to respond to any changes across the system. The model informs us of the impact of failure on one of our key dependencies i.e. patient flow, rapid response/ home to assess and transfer to assess bed base. This demonstrates the knock-on effect of failure to enable us to plan and respond rapidly. We have modelled based on an occupancy of 95% but have factored in the impact of high demand and pressures across winter to ensure a realistic position.
- Our system wide focus to ensure a 'safe' winter is captured in section 2 with details provided in app 6. However, our key 3 system priorities supported by ECIST are:
 - Embed an effective and sustainable streaming model (internal and external) to reduce overcrowding in ED, eliminating corridor care and ensuring timely ambulance handover and turnaround. This includes use of both primary care nurses and GPs to maximise the numbers of patients that can be streamed (see below)
 - Implement a rapid assessment and triage model at the front door
 - Reduce long stay patients with a LOS 21 days or more in line with trajectory

Mental Health

- Mental health services are scaling up to support system over winter period, this includes the following:
 - Daily bed management calls with clear system escalation
 - Additional investment in crisis home treatment team, plus e-rostering
 - Psychiatry Liaison team is compliant with Core 24 standards
 - Duty workers embedded with Physical Health / Social care. Work ongoing to ensure appropriate management of physical care for our mental health patients potentially reducing LOS within acute mental health inpatient unit
 - Enhanced street triage services
 - AMPH rota expanded to 3 duty workers a day
 - Focus on reducing 30+ and 60+ LOS patients from inpatient unit to enable capacity for any complex mental health patients being managed within WUTH

Primary Care

- Uptake of primary care appointments will be monitored with expectation that GP practices will provide a minimum of 70 minutes prescribing clinician appointments/week per 1000 patients.
- An additional 360 extended access appointments available compared to 18/19

Independent/ 3rd Sector

- Working to ensure 7day services - homeless support, equipment and unplanned carers respite services.

Flu Planning 19/20

- Wirral Seasonal flu planning group held a debrief of last seasons in May 2019 and has agreed an action plan with the aim of improve vaccine uptake across the system.
- Wirral Seasonal Flu Group will continue meeting monthly throughout the 2019-20 flu season to ensure oversight of delivery of agreed priority actions and will monitor activity throughout the season.
- Wirral Intelligence Flu Vaccination Uptake Briefings for last season 2018/19 to be sent out to all Primary Care Networks highlighting variation in uptake between practices for the different cohorts.
- WHCC to promote GP practices having a “prescribing clerk” who can identify priority eligible targets who didn’t get vaccinated in 2018/19 and share with pharmacies by adding info to B side of prescriptions. Which will encourage community pharmacies to proactively engage these hard-to-reach patients.
- WHCC to contact lowest performing GP practices from 2018/19 flu season.
- Review variation in uptake between GP practices share data with Primary Care Networks monthly throughout the flu season. New population health Power BI dashboard being developed by Wirral Intelligence.
- QI team to utilise the on-line forum and managers meetings to promote free flu vaccine and the Gold/Silver/Bronze NHSE accreditation scheme - Individual care homes to self-report their staff flu uptake levels to NHSE regardless of where staff receive their vaccine.
- QI team and IPC team to provide support to care homes including training session on flu preparedness and outbreak management.
- QI team shared the PHE Cheshire and Merseyside Care Home Flu resource pack with care homes.
- Wirral Ways to Recovery to continue to vaccinate at risk service users and promote flu vaccines through the Recovery Café, and through the needle exchanges.

- Community midwives are trained to vaccinate. Midwives shop in Birkenhead to be utilised to administer vaccination. Community hubs/GP surgeries also to be utilised for antenatal clinics to administer vaccine. Antenatal outpatients including clinic and Triage will provide vaccination on request.
- PHE comms toolkit for HCWs 'Help us to help you' shared to all health & care providers.
- Develop and implement a local targeted media campaign aimed at improving uptake in 2&3-year olds.
- Promote uptake of flu vaccine in people who have a BMI over 40 via the tier 2 / tier 3 weight management service.

Proactive Infection Control

- IPC team to provide support to care homes including training session on flu preparedness and outbreak management.
- IPC team to promote use of the PHE Cheshire and Merseyside Care Home Flu resource pack with care homes.
- Antiviral pathway to be agreed with WCT IPC service to coordinate the provision of anti-virals as part of their response to outbreaks of Flu/ILI in care homes.

3.1 System modelling with VENN and planned Intentions for 19/20:

VENN modelling has been refreshed to account for changes to pathways / trajectories agreed for 2019/20. Winter schemes have been embedded within the model and high demand periods were used to assess maximum resources required. Assumptions are being tested to examine the impact of failure to meet each of our set trajectories. This is where the contingency measures will be instigated. This will also enable surges and triggers to be measured across community and acute to enable a system wide planned response ahead of crisis point.

- The modelling considered baseline position, assuming typical day with no delays in the system and no admissions that could have been avoided. This suggested a position of +48 beds.
- However, when current performance is factored in without any improvement being made, we are -38 beds with a 102% occupancy.
- The single biggest mitigation against reaching this point is ensuring grip and improvement on our long length of stay patients.
- The next modelling position assumes 22 acute beds are closed as per contractual plans for October 2019 and it flows through the highest demand activity predicted over the period. It further assumes trajectories are partially met and winter schemes are implemented to give a more realistic position as to where the system will be over winter.
- This position suggests if discharges are efficient and admissions all appropriate, the system is +3 beds with a 95% occupancy. However, if current practice remains, the position is -18 beds with a 99% occupancy. It is important to note that this is depicting the highest demand days, with 22 acute beds closed. It is also taking a more conservative position on trajectories. (i.e. 145 LLOS and 25 a day streamed to primary care)

The schemes taken into the model include:

Scheme		Assumptions	Impact
1	Patient Flow	Enhance % discharges <12 (20%) Reduce LLOS to 145 ED Streaming-25 per day Reduce 22 beds from WUTH Occupancy at 95%	<ul style="list-style-type: none"> • Reduction: Hospital bed requirement (HIGH) • Increase: T2A Beds, community step-down services (LOW)
2	Rapid Response	Pre-admission step up response Enhanced caseload Up to 72 support	<ul style="list-style-type: none"> • Reduction: Hospital bed requirement (MEDIUM), T2A Bed requirement (LOW) • Increase: Community step-up services (HIGH)

3	D2A Transport, assessment and wrap around care	4 slots per day	<ul style="list-style-type: none"> Reduction: Hospital bed requirement (MEDIUM), T2A Bed requirement (LOW) Increase: Community step-down services (MEDIUM)
4	IMC Beds	Reduce Length of Stay to 5.2 days Re-admission rate to Acute remains (c.20%)	<ul style="list-style-type: none"> Reduction: IMC/T2A Bed requirement (HIGH) (releases approx. 15 beds)
5	Home First model	Absorption of residential T2A capacity- Additional 1 person per day who would have previously discharged to IMC Bed (Residential)	<ul style="list-style-type: none"> Reduction: Hospital bed requirement (MEDIUM), IMC/T2A Bed requirement (HIGH) Increase: Community step-down capacity (HIGH) Increase: Dom Care demand (LOW)
6	Frailty Pathways	Frailty at the front door Enhanced frailty support in community	<ul style="list-style-type: none"> Reduction: Hospital bed requirement Increase: Dom Care Demand/ Community Rapid Response / Community Nursing?
7	Respiratory pathways	TBC - Exploring respiratory nurse within ED Access to advice line for patients discharged from ED (currently available following admission) Access to COPD coordinator for GPs/Paramedics requiring advice to avoid admission	

- **NEED** based on:
 - ‘Calculated’ capacity
 - Actual needs of people within Wirral
- **ACTUAL** based on:
 - ‘Calculated’ capacity
 - Actual needs, plus any ‘backfill’ into that provision based on under-capacity in other elements of the system



* Assumes all schemes will be delivered in full

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It is evident from our modelling that the biggest variables contributing to system position are:

- Long length of stay in acute
- Length of stay T2A
- Streaming activity

The challenge will be for the system to ‘right size’ itself quickly, if a high demand period is experienced.

3.2 Mitigations:

The system has agreed the following actions if the above plan fails to deliver and trajectories are missed.

- Retain 22 beds (ward 24) – escalation beds
- Primary care role – focus on urgent rather than routine e.g. QOF, admission prevention work with practices and PCNs. EHCP needs to be better utilised
- 12 Bed Reverse Cohorting Area at Arrowe Park to be staffed 24/7
- Spot purchase additional T2A beds
- Enhanced Medical and Nursing support to be provided at Arrowe Park through additional payment and block booking of NHSP
- Prioritisation of staff to support flow across the system

4. Governance Approach in 19/20

- We have an agreed joint approach to governance, having recently revised our governance arrangements, TOR and agreed principals for unplanned care.
- We have recently introduced an improved version of our system reporting arrangements for urgent care. (see appendix 3 system performance report).
- A and E delivery board, supported by the urgent care COO's will oversee escalation of risk and exception reporting from the Urgent Care Operational Group. Wirral A&E Delivery Board will receive monthly summary of escalated issues and summary status.
- A new escalation protocol has been agreed across providers and commissioners to ensure delays are minimised
- Daily escalation calls are in place to ensure flow and appropriate escalation of issues/delays.

5. Proactive Approach to Escalation of Risk:

We have agreed a joint approach to escalation and have reviewed and updated escalation points at all levels across the system.

This approach supports the OPEL arrangements and is intended to provide early warning of potential pressure in order to facilitate a pre-agreed system response.

This approach will be in line with national and local operational arrangements and include robust operational management arrangements.

5.1 Key Risks Identified:

Risk	Mitigations
<ul style="list-style-type: none"> • Workforce Capacity <ul style="list-style-type: none"> - Health and social care providers - Independent sector market 	<ul style="list-style-type: none"> • Implementation of recommendations • Workforce strategy plans underway • Discussions underway between acute and primary care to explore support into ACU at times of pressure. • Active support for recruitment and retention

<ul style="list-style-type: none"> • Culture and Behaviours 	<ul style="list-style-type: none"> • ECIST support • System focus to address collectively • Revised governance and agreed principals. • Weekly urgent care COO meetings
<ul style="list-style-type: none"> • Insufficient Clinical implementation capacity and therefore delays in implementation. 	<ul style="list-style-type: none"> • Robust oversight of plans • Read across with SDIP's, contractual oversight • Additional Transformation capacity funded though BCF • Revised governance and escalation of risks/delays to COO's and A&E Delivery Board
<ul style="list-style-type: none"> • Financial deficit and ability to meet cost for any additional winter demand 	<ul style="list-style-type: none"> • Healthy Wirral Exec to oversee performance and financial shortfalls • Healthy Wirral Exec exploring opportunity for collaboration and financial sustainability

6 Appendices

Appendix 1	Winter Review and Learning	 <p>Learning Review - Winter 2018 02.05.19.</p>
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Appendix 2	Capacity and Demand Modelling Assumptions	 Winter Plan Slides 19-20_v2 (004).pptx
Appendix 3	Wirral System Urgent Care Reporting pack inc. trajectories	 New Template for AE Delivery Board v6.xlsx



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

REPORT TITLE:	2019/20 Quarter 2 Wirral Plan Performance
REPORT OF:	Director for Health & Care (DASS)

REPORT SUMMARY

This report provides the 2019/20 Quarter 2 (July - September 2019) performance report for the Wirral Plan Pledges under the remit of the Adult Care and Health Overview and Scrutiny Committee.

Relevant Wirral Plan 2020 Pledges are:

- Older People Live Well
- People with Disabilities Live Independent Lives
- Zero Tolerance to Domestic Violence

The report, which is included as Appendix 1, provides an overview of the progress in Quarter 2 and available data in relation to a range of outcome indicators and supporting measures.

The report also includes further performance information that has been requested by Members to enable effective scrutiny. The Adult Social Care and Health Performance Overview is included as Appendix 2.

This matter affects all Wards within the Borough.

RECOMMENDATION/S

Members of the Adult Care and Health Overview and Scrutiny Committee are asked to note the content of the report and highlight any areas requiring further clarification or action

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

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

2.0 OTHER OPTIONS CONSIDERED

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

3.0 BACKGROUND INFORMATION

- 3.1 The Wirral Plan is an outcome-focussed, partnership plan which has 18 supporting strategies that set out how each of the 20 Pledges will be delivered. For Pledges partnership groups have been established to drive forward delivery of the action plans set out in each of the supporting strategies.
- 3.2 The Wirral Plan Performance Management Framework has been developed to ensure robust monitoring arrangements are in place. The Wirral Partnership has a robust approach to performance management to ensure all activity is regularly monitored and reviewed.
- 3.3 Data for the identified indicators is released at different times during the year. As a result of this, not all Pledges will have results each quarterly reporting period. Some indicators can be reported quarterly and some only on an annual basis. Annual figures are reported in the quarter they become available against the 2019/20 year-end column.
- 3.4 For each of the indicators, a trend is shown (better, same or worse). In most cases, this is determined by comparing the latest data with the previous reporting period i.e. 2018/19 year-end. In some cases, i.e. where data accumulates during the year or is subject to seasonal fluctuations, the trend is shown against the same time the previous year. This is indicated in the key at the end of the report.
- 3.5 For some indicators, targets have been set. Where this is the case, a RAGB (red, amber, green, blue) rating is provided against the target and tolerance levels set at the start of the reporting period, with blue indicating performance targets being exceeded.
- 3.6 All Wirral Plan performance reports are published on the performance page of the Council's website. This includes the high-level Wirral Plan overview report and the detailed pledge reports which include updates on progress on all activities set out in the supporting strategy action plans. The link to this web page is set out below:
<https://www.wirral.gov.uk/about-council/wirral-plan-performance>

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

- Older People Live Ageing Well in Wirral – Julie Webster
- People with Disabilities live Independent Lives – Graham Hodgkinson
- Zero Tolerance to Domestic Violence – Mark Camborne

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

4.0 FINANCIAL IMPLICATIONS

4.1 There are no financial implications arising from this report.

5.0 LEGAL IMPLICATIONS

5.1 There are no legal implications arising from this report.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 There are none arising from this report.

7.0 RELEVANT RISKS

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

8.0 ENGAGEMENT/CONSULTATION

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

9.0 EQUALITY IMPLICATIONS

9.1 (a) Yes and impact review can be found at:
<https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments/equality-impact-assessments-2014-15/chief>

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 There are no environmental and climate implications generated by the recommendations in this report.

The content and/or recommendations contained within this report are expected to:

- Have no impact on emissions of CO2.

REPORT AUTHOR: *Nancy Clarkson*
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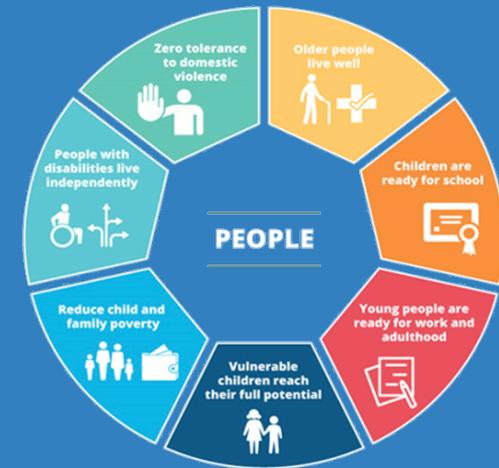
Appendix 1: Wirral Plan – 2019/20 Quarter 2 Pledge Report

Appendix 2 Adult Care and Health Performance Overview – Quarter 2 2019/20

BACKGROUND PAPERS

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Care and Health Overview and Scrutiny Committee	13 September 2017
Adult Care and Health Overview and Scrutiny Committee	28 November 2017
Adult Care and Health Overview and Scrutiny Committee	20 March 2018
Adult Care and Health Overview and Scrutiny Committee	27 June 2018
Adult Care and Health Overview and Scrutiny Committee	12 September 2018
Adult Care and Health Overview and Scrutiny Committee	27 November 2018
Adult Care and Health Overview and Scrutiny Committee	19 March 2019
Adult Care and Health Overview and Scrutiny Committee	26 June 2019
Adult Care and Health Overview and Scrutiny Committee	16 September 2019



Appendix 1

Wirral Plan Adult Care & Health Committee 2019-20 Quarter 2 Reports

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Wirral Plan 2020

Older people live well

Overview from Lead Cabinet Member

Healthy life expectancy at birth for males has worsened from 2014-16 (61.4) to 59.8 and is now the same as at the start of the plan. The healthy life expectancy at birth for females has improved to 61.1 in 2015-17, up from 60.3 in 2014-16, closing the gap to our North West neighbours and the rest of the Country. It has decreased slightly from 61.8 at the start of the plan. Whilst data is released annually, there is a significant time lag.

Latest Employment figures for people ages 50+, 40.3%, (for the period July 2018 – June 2018) show an increase in Wirral of 0.5 percentage points from last quarter and is 6.8 percentage from the start of the Wirral Plan (33.6%).

44 volunteers took part in the first Door Knock of 2019-20 took place in Seacombe in quarter 2. It was very successful: 1,822 doors were knock on, 800 conversations were have at the doorstep and 34 referrals were made to partner organisations. The door knocks aim to increase connectivity among individuals and communities, optimise access to information for all, help to nurture Community Resilience/Self-help/Health & Wellbeing and tackle social isolation.

Following consultation, Age UK have started a monthly Men's Film group aimed at increasing the engagement of men age 50+ in health and social wellbeing activities. 6 men in attendance at first meeting.

The Gautby Road Community Digital Health Hub Pilot has commenced and is designed to improve the health of the local community. The performance indicators are around engaging local people and demonstrating contribution to the public good by:

- Targeting 200 people to use digital health services and information.
- Engaging 50 people in in-depth user testing, user insight and co-creation sessions.
- Recruiting 20 Digital Champions.
- Creating 2 case studies.

The first part of funding has been received from the Good Things Foundation has been received and a project steering group has been created to deliver the initiative.

Wirral Plan Indicator	Indicator	Wirral Plan Start	Benchmark Data	Year End 2018-19	2019-20 Q1	2019-20 Q2	2019-20 Q3	2019-20 Q4	Year End 2019-20	Trend (See Key)	Comment
Healthy Life Expectancy at birth: Females	Annual Higher is better	61.8 (Jan 2011- Dec 2013)	England: 63.8 (2015-17) North West: 62.3 (2015-17)	60.3 (2014-16)					61.1 (2015-17)	Better	The healthy life expectancy at birth for females has improved to 61.1 from 60.3 the previous year closing the gap to our North West neighbours and the rest of the Country. This data comes from the public health outcome framework. Whilst data is released annually, there is a significant time lag. The latest data relates to 2015-17.
Healthy Life Expectancy at birth: Males	Annual Higher is better	59.8 (Jan 2011- Dec 2013)	England: 63.4 (2015-17) North West: 61.2 (2015-17)	61.4 (2014-16)					59.8 (2015-17)	Worse	The healthy life expectancy at birth for males has worsened from the previous year and is now the same as at the start of the plan (59.8). This data comes from the public health outcome framework. Whilst data is released annually in November, there is a significant time lag. The latest data relates to 2015-17.
Proportion of residents aged 50+ volunteering on a regular basis	Annual Higher is better	26% (Oct 2015)		26% (2018-19)						n/a	
Proportion of residents aged 50+ who say that they are satisfied with the choice of housing in their local area	Annual Higher is better	56% (Oct 2015)		57% (2018-19)						n/a	
Supporting Measure	Indicator	Wirral Plan Start	Benchmark Data	Year End 2018-19	2019-20 Q1	2019-20 Q2	2019-20 Q3	2019-20 Q4	Year End 2019-20	Trend	Comment
Percentage of older people (aged 50+) who feel safe when outside in the local area during the day	Annual Higher is better	88% (Oct 2015)		92% (2018-19)						n/a	
Percentage of older people (aged 50+) who feel safe when out in the local area after dark	Annual Higher is better	55% (Oct 2015)		54% (2018-19)						n/a	
Percentage of older people (aged 50+) who reported feeling healthy	Annual Higher is better	65% (Oct 2015)		58% (2018-19)						n/a	
Employment rate of people aged 50+	Quarterly Higher is better	33.5% (Jun 2015)	England: 42.4% (Jul 2018 - Jun 2019) North West: 40.3% (Jul 2018 - Jun 2019)	39.6% (Q4 2019-20)	40.1% (Q1 2019-20)	40.3% (Q2 2019-20)				n/a	Latest figures (for Q2 2019-20 refer to the period July 2018 - June 2018) show an increase of 0.2 percentage points from last quarter and is 6.8 percentage points higher than at the start of the Wirral Plan (33.6%). We're closing the gap on our North West neighbours (40.6%) and the National average (42.8%).

People with disabilities live independent lives

Overview from Lead Cabinet Member

The Employment rate aged 16-64 - Equality Act core or Work Limiting Disabled measure from the Office for National Statistics increased again to 51.8%, its highest level since the Wirral Plan began. It's up 0.8 percentage point since the previous quarter and 12.5 percentage points since the start of the plan. The employment rate is now higher than the rest of the North West for the first time since the plan began and is improving at a faster rate than the rest of the country.

The Department of Work and Pensions (DWP) is working with Wirral Council to progress the Council to Disability Confident Level 3. Wirral Council are also keen to look at how this can best filter down through all departments so it's fully imbedded in the organisation which is really encouraging.

The number of people in receipt of personal budgets this quarter reduced by 1. 8 more adults received personal budgets this quarter (up to 599) whilst the number of young people in receipt of personal budgets reduced by 9 (down to 169). Despite the slight drop this quarter 133 more people are in receipt of personal budgets than at the start of the plan.

Adults with a learning disability who live in stable and appropriate accommodation has improved again this quarter, now up to 88.2% compared to 84% when the measure was introduced at the start of 2016-17. Ensuring people with disabilities have stable and appropriate accommodation improves their safety, increases their independence and reduces their risk of social exclusion.

There will have been an increase of 102 units of extra care by the end of 2019/20. A further 180 will be delivered by the end of 2020-21 and another 257 units by the end of 2021-22. We're on track to deliver more than the original target of 300 units however timescales will not be met owing to the impact of the significant delay on the Government decision regarding funding for Extra Care schemes as part of its review of funding for supported housing schemes.

A Wirral specific guide about moving into independent living is being produced. Examples of good practice from different organisations and geographical regions are being collected and examined. The format of the guide is being discussed and the possibility of producing a video guide is under discussion.

A service review is underway aimed at improving the efficiency and effectiveness of Assisted Travel Service.

Wirral Plan Indicator	Indicator	Wirral Plan Start	Benchmark Data	Year End 2018-19	2019-20 Q1	2019-20 Q2	2019-20 Q3	2019-20 Q4	Year End 2019-20	Trend (See Key)	Comment
Health related quality of life for people with long term conditions	Annual Higher is better	0.698 (Jul 2014 - Mar 2015)	England: 0.737 (Jan-Mar 2017)	0.700 (2018-19)						n/a	We're awaiting the 2019-20 data. Health-related quality of life for people with long-term conditions improved to 0.700 in Jan-Mar 2017 compared to 0.695 the previous period but falls short of the average for the rest of England (0.737). This data is captured by NHS England through the GP Patient Survey and reported as part of the NHS Outcomes Framework.
Employment rate aged 16-64 - Equality Act core or Work Limiting Disabled	Quarterly Higher is better	37.5% (Jul 2014 - Jun 2015)	England: 55.4% (Oct 2017 - Sep 2018) North West: 51.4% (Oct 2017 - Sep 2018)	49.0% (Jan - Dec 2018)	51.0% (Apr 18 - Mar 19)	51.8% (Jul 18 - Jun 19)				Better	The Employment rate aged 16-64 - Equality Act core or Work Limiting Disabled measure from the Office for National Statistics increased again to 51.8%, its highest level since the Wirral Plan began. It's up 0.8 percentage point since the previous quarter and 12.5 percentage points since the start of the plan.

Supporting Measure	Indicator	Wirral Plan Start	Benchmark Data	Year End 2018-19	2019-20 Q1	2019-20 Q2	2019-20 Q3	2019-20 Q4	Year End 2019-20	Trend	Comment
The gap in progress between pupils with a SEN statement/EHCP and their peers at Key Stage 4	Annual Lower is better	(n/a)	England: 1.17 (2017-18 Acad Year) North West: 1.12 (2017-18 Acad Year) Statistical Neighbours: 1.04 (2017-18 Acad Year)	0.97 (2017-18 Acad Year)						n/a	This is an annually reported measure and the latest available figures are for the 2017-18 Academic Year. This figure was reported on in Q4 2018-19. Provisional figures for the 2018-19 Acad year will be available late 2019.
Proportion of people with long term conditions who feel supported to manage their condition	Annual Higher is better	66.7% (Jul 2014 - Mar 2015)	England: 59.6% (Jan-Mar 2018)	60.1% (Jan- Mar 2018)						n/a	We're awaiting the 2019-20 data. The proportion of people who are feeling supported to manage their condition is 60.1% for the period January 2018 - March 2018. This has reduced from 67.2% the previous year. Whilst this reduction is disappointing it reflects the sentiment across the rest of the country. The national average is 59.6%, down from 64% last year.
The number of disabled people in receipt of personal budgets (including Direct Payments and Personal Health Budgets)	Quarterly Higher is better	(n/a)		794 (2018-19)	769 (Q1 2019-20)	768 (Q1 2019-20)				n/a	The number of people in receipt of personal budgets this quarter reduced by 1. 599 adults were reported by the Department of Adult Social Services to be in receipt of personal budgets (up from 591 last quarter). 169 young people were in receipt of personal budgets (down from 178 last quarter). 133 more people are in receipt of personal budgets than at the start of the plan.
Adults with a learning disability who live in stable and appropriate accommodation	Quarterly Higher is better	(n/a)	North West: 85.2% (Q1 2019-20)	84.1% (2018-19)	85.5% (Q1 2019-20)	88.2% (Q2 2019-20)				n/a	The Q2 figure of 88.2% has improved from last quarter (85.5%) and has improved by 4.2 percentage points from when the measure was included at the start of 2016-17 (84%). We're also now performing better than the latest North West benchmark (85.2%).

Zero tolerance to domestic violence

Overview from Lead Cabinet Member

Through a strong coordinated partnership approach, Wirral has developed a range of strategies to tackle the complex issue of Domestic Abuse including, helping children who suffer the effects of domestic abuse, supporting victims and rehabilitating offenders. Putting children and young people at the heart of our response to Domestic Abuse we have commissioned the Leapfrog Programme, through Involve North West (INW). The programme provides support to children and their mothers affected by Domestic Abuse. Operation Encompass directly connects the police with schools to secure better outcomes for children who are subject to or experience police-attended incidents of domestic abuse. Critical to making victims and children safer is to reduce the likelihood of re-offending. Youth Offending Service officers have been trained to support young people who have shown violence and aggression towards their parents/guardians and prevent these young people becoming perpetrators in adulthood. Families have been identified for support and an action plan is set for the year ahead. In addition it was pleasing to attend a civic event at which the Mayor presented 8 organisations with their certificates on signing up to a Domestic Abuse quality mark in their respective organisations. This Quality Mark award recognises organisations who have received training on Domestic Abuse and who have a robust and supportive policy for supporting their staff and clients who may be presenting as victims of domestic abuse.

Wirral Plan Indicator	Indicator	Wirral Plan Start	Benchmark Data	Year End 2018-19	2019-20 Q1	2019-20 Q2	2019-20 Q3	2019-20 Q4	Year End 2019-20	Trend (See Key)	Comment
Number of domestic abuse Wirral MARAC cases per 10,000 adult females (annualised)	Quarterly	54.0 (2014-15)	Most Similar Force Group: 58.0 (Jul 2018 - Jun 2019) National: 39.0 (Jul 2018 - Jun 2019)	52.4 (2018-19)	44.2 (Jul 2018 - Jun 2019)	47.0 (Oct 2018 - Sep 2019)				n/a	The number of Wirral MARAC cases heard were 47.04 females (over 16) per 10,000 population (this includes repeat victims within the 12 month period). This compares to 52.4 year end 2018-19. 1202 referrals were received between Oct 2018 and Sept 2019 (annualised). This compares to 988 in the period Oct 2017 to Sept 2018 demonstrating an increase of 214 referrals, an increase of 21.6% It is unclear why there has been an increase however some known factors include, an increase in public awareness due to campaigns, changes in centralised police reporting systems and additional awareness within agencies for example the presence of An IDVA at Arrows Park Hospital.
Children and young people experience domestic abuse (Wirral MARAC cases)	Quarterly	1,289 (2014-15)		1,192 (2018-19)	226 (Apr - Jun 2019)	458 (Jul-Sep 2019)				n/a	This includes children of victims and perpetrators, for example perpetrators children who live with another parent but have contact.
Percentage of incidents of repeat domestic abuse (Wirral MARAC cases)	Quarterly Lower is better	16.0% (2014-2015)	Most Similar Force Group: 35.0% (Jul 2018 - Jun 2019) National: 30.0% (Jul 2018 - Jun 2019)	27.1% (2018-19)	22.3% (Apr 2018 - Mar 2019)					Better	October to September to be announced in Q3
Supporting Measure	Indicator	Wirral Plan Start	Benchmark Data	Year End 2018-19	2019-20 Q1	2019-20 Q2	2019-20 Q3	2019-20 Q4	Year End 2019-20	Trend	Comment
Number of Domestic Abuse cases referred to the Family Safety Unit (FSU)	Quarterly	949 (2014-15)		1,111 (2018-19)	224 (Apr - Jun 2019)	393 (Jul - Sep 2019)				n/a	This figure is for Q2 equates to 393 referrals in total. Of these 240 were heard at MARAC, 380 were female, 13 were male (3.3% compared with national average of 4.2%), 109 did not meet MARAC threshold and 44 deleted as errors
% of children and Young People single assessments completed with Domestic Violence (DV) related factors	Quarterly Lower is better	(n/a)		27.0% (2018-19)	21.1% (Apr - Jun 2019)	19.3% (Apr - Sep 2019)				Better	This compares to Q2 2018 32.4% and Q2 2017 33.8% This compares to Q2 2018 32.4% and Q2 2017 33.8%
Rate of referrals to social care presenting Domestic Violence issues (adults aged 18+ years) per 100,000	Quarterly Higher is better	(n/a)		12.12 (2018-19)	1.24 (Apr - Jun 2019)	2.17 (Apr - Sep 2019)				Worse	This compares to Q2 2018 6.52 and Q2 2017 7.49

Report Key

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

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

Action - These are shown as either:

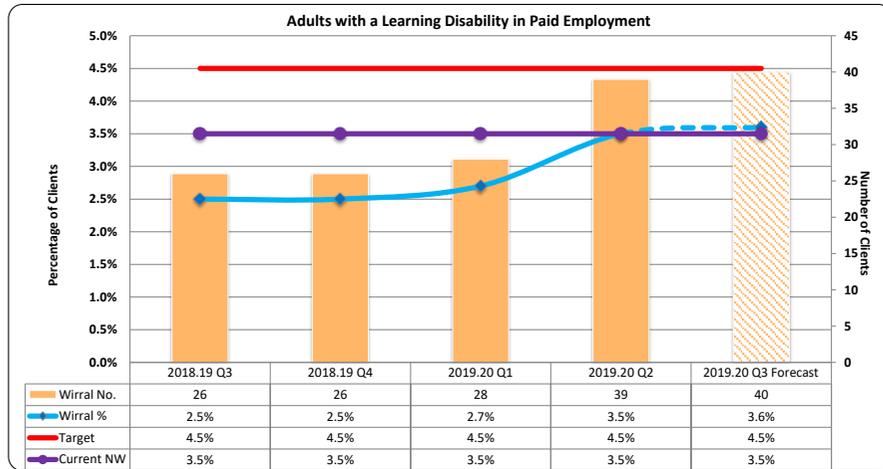
- Green (on track to deliver on time)
- Amber (off track but action being taken to deliver on time)
- Red (off track and won't deliver on time)



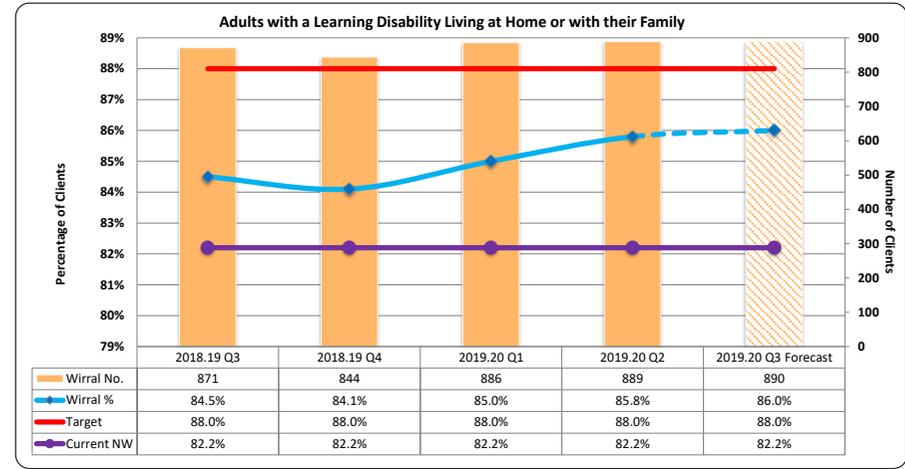
ADULT HEALTH AND CARE PERFORMANCE OVERVIEW

2019/20 QUARTER 2

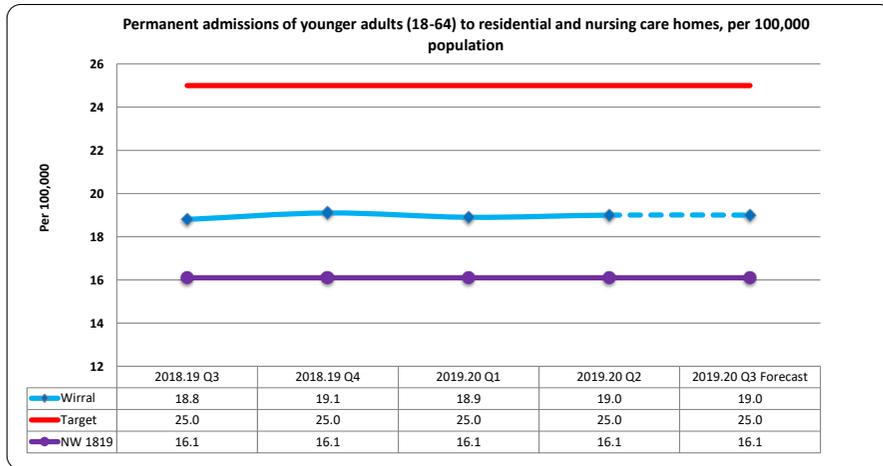




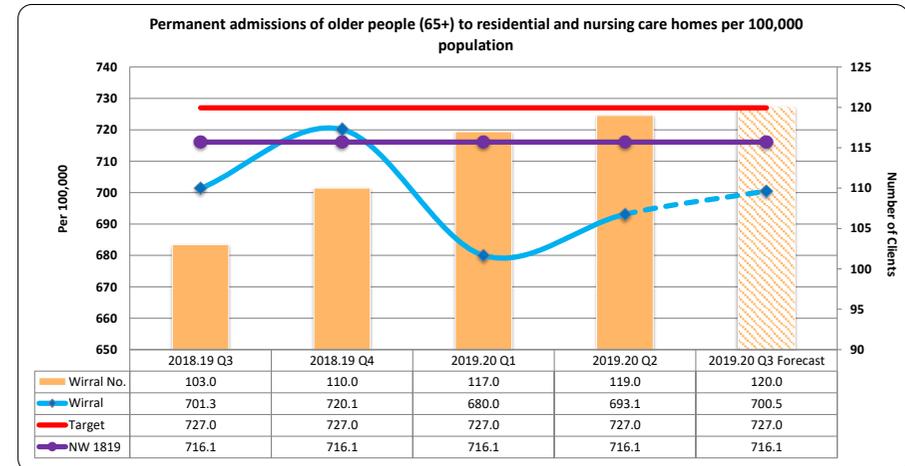
A total of 39 people (of 1,061) with a learning disability are currently in paid employment. Although this falls short of Wirral's target, performance at the current rate is consistent with the North West average. The Council has recently been awarded Disability Confident Employer status and is becoming a Disability Confident Leader in conjunction with the Wirral Chamber of Commerce. A programme of internships is being developed with Wirral Met College and the DWP have an employment advisor working with disabled people and small businesses.



There has been a slight increase since the last quarter. The plan to develop further extra care units for people with a learning disability will support the continued improvement on this indicator. Work is under way with delivery partners to ensure that people's accommodation status is correctly recorded in all cases. Current performance is above the North West average.

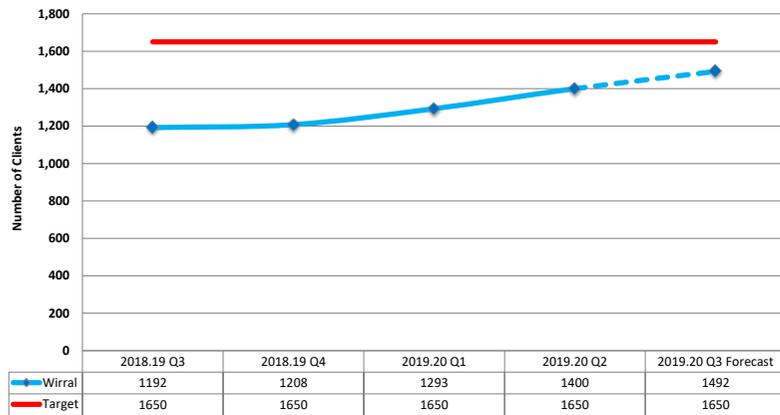


Wirral continue to focus on providing support to people in their own homes. A small number of working age adults have such complex needs that they require care home provision where we cannot meet their needs in a community setting. We continue to develop services to support people to remain in their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



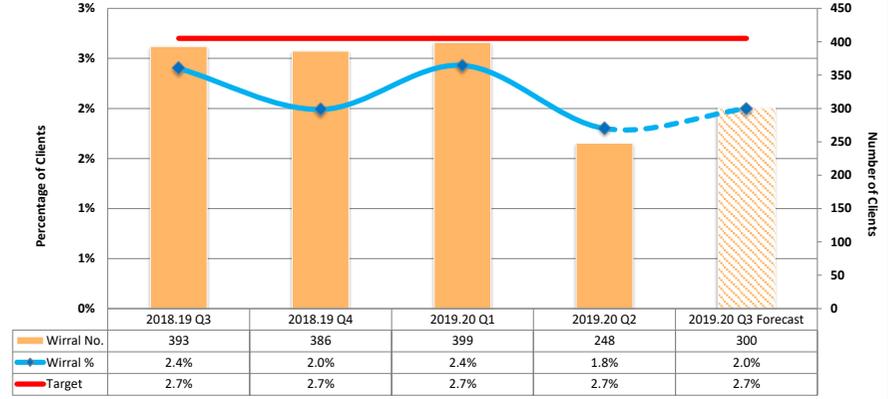
The council is promoting independent living increasingly, however there has been an increase over recent months which correlates with high levels of demand for all provision. We continue to invest in intermediate and reablement services to maximise individual opportunities to return home. We continue to perform well and are meeting the target.

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



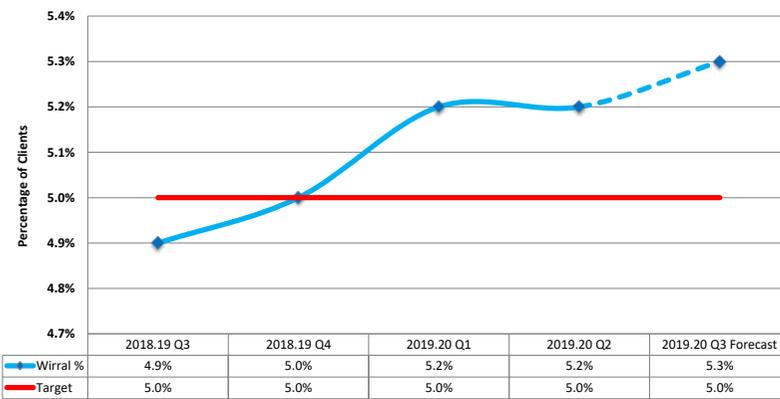
Wirral continues to focus on supporting people to remain in their own homes. Performance demonstrates a consistent picture of older people being supported in the community and fewer placements into long term care homes.

DToC - Delayed Transfer of Care



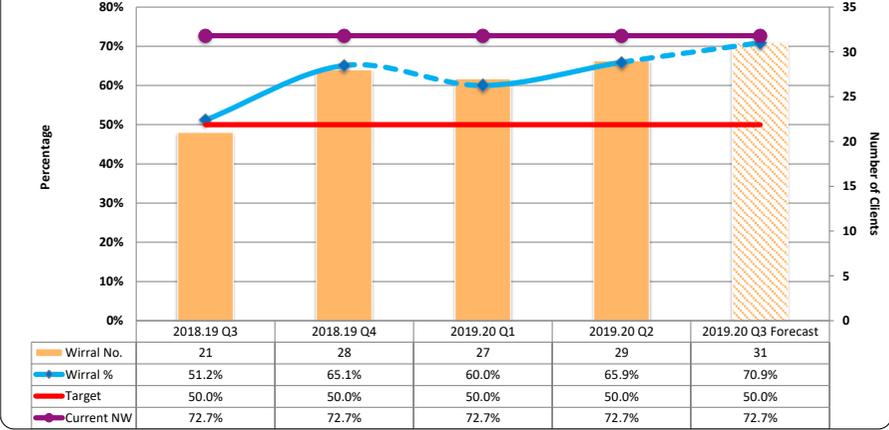
High levels of demand through the winter period can have a significant affect on DToCs. Local teams have maintained excellent performance within the upper quartile nationally during this period however it is likely that as pressures increase their will be a small shift upwards, however it is highly likely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

Proportion of new requests for support resulting in long term services



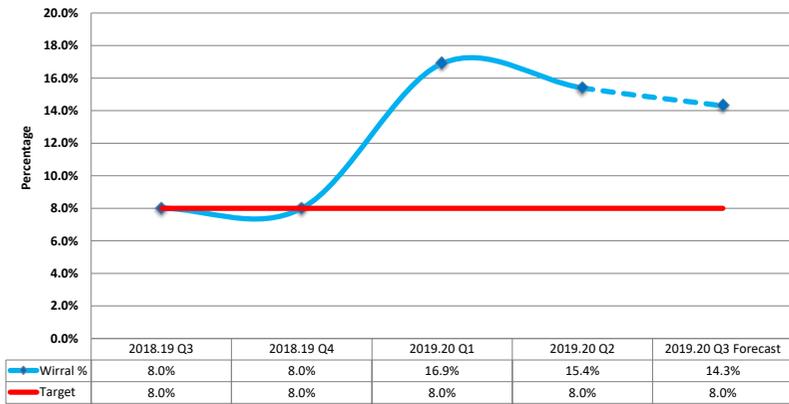
The service continues to perform well and is supporting the majority of people making a new request for support with information and advice, preventative and reablement services and short term care for the time that it is needed.

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



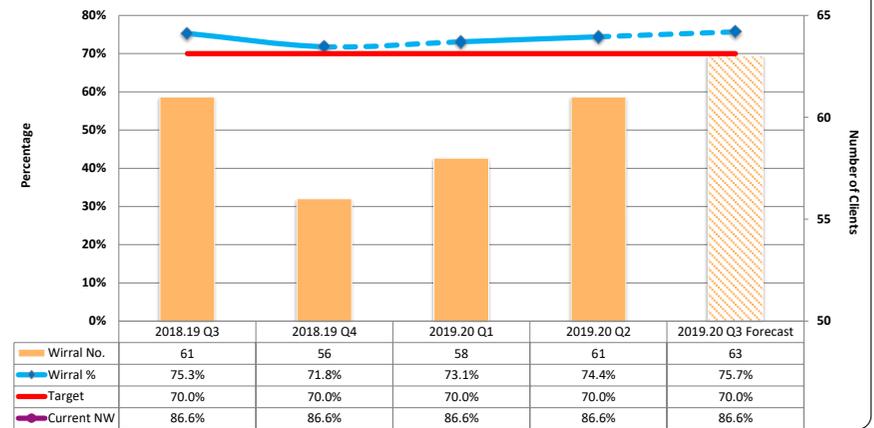
CQC inspections will continue throughout the year and we should ensure we support homes to achieve a 'Good' or 'Outstanding' grading. We continue to work with providers who require improvement and are performing to target with a sustained improvement across the sector. We have seen an improvement in quality ratings of Wirral nursing care homes.

% of Beds available in Residential and Nursing Homes



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

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



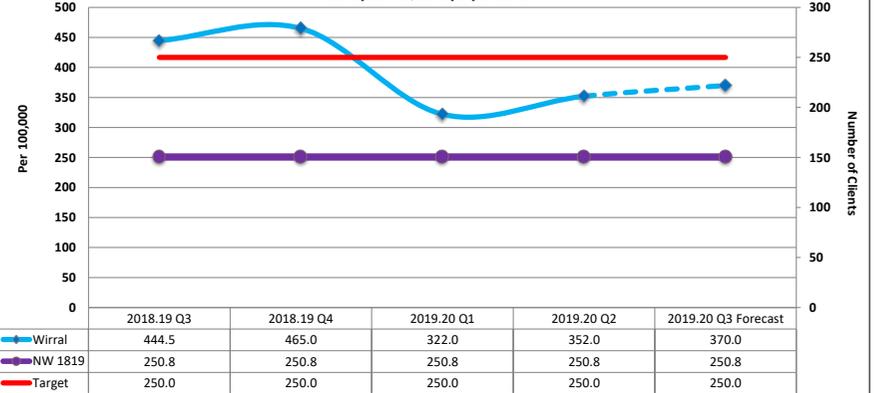
CQC inspections will continue throughout the year and we should ensure we support homes to achieve a 'Good' or 'Outstanding' grading. We continue to work with care homes in the sector to improve quality ratings.

% of Safeguarding Contacts Completed within 24 Hours

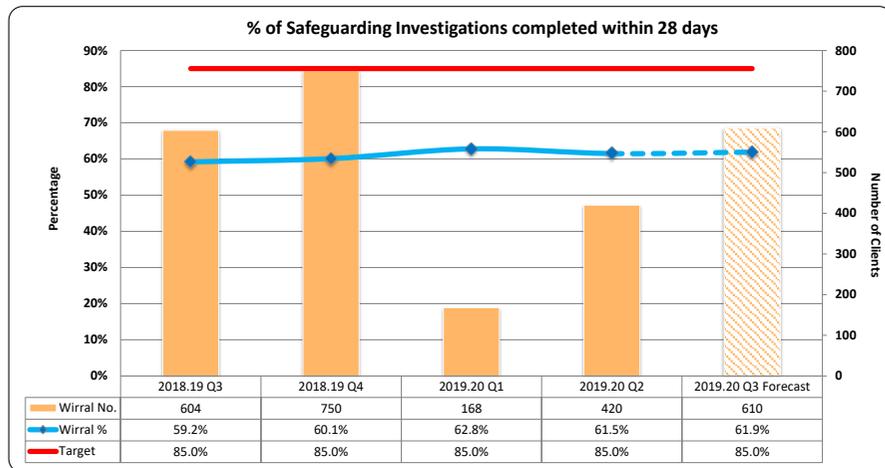


Work is underway with LCR partners to consider referral routes for safeguarding and the handling arrangements for safeguarding concerns. The measure for safeguarding contacts being completed has been changed to reflect an approach based on quality decision making and partnership working. The new measure will be reported from Q3.

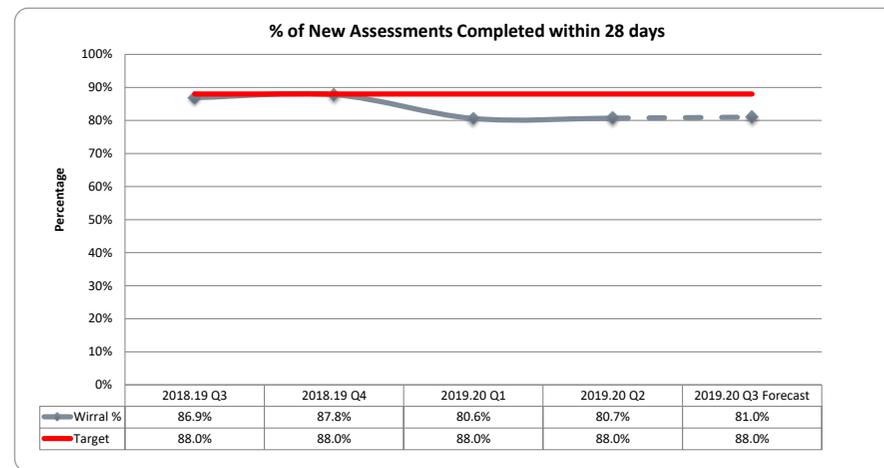
Number of episodes of reablement / intermediate care intervention for clients aged 65+ per 10,000 population



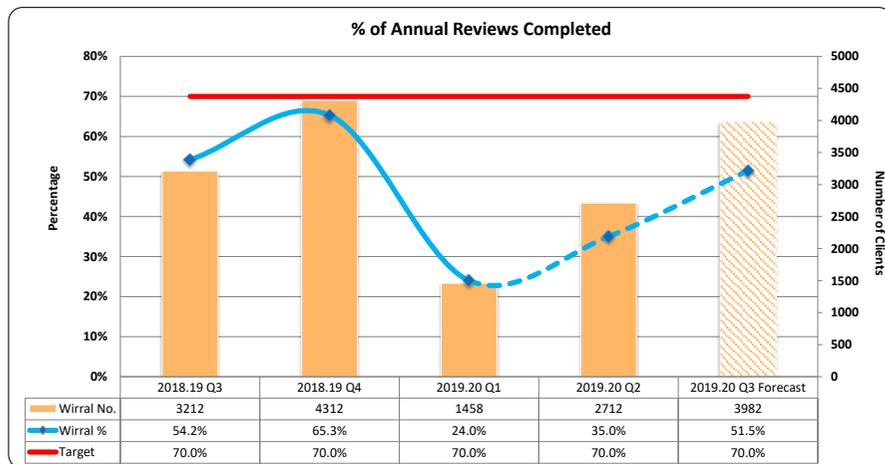
Wirral are performing significantly better than the North West average. Capacity of home based reablement has been affected by pressures within the domiciliary care market and in order to support an outcomes focussed approach the Council has agreed to pay all calls as a minimum of 30 minutes and to increase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



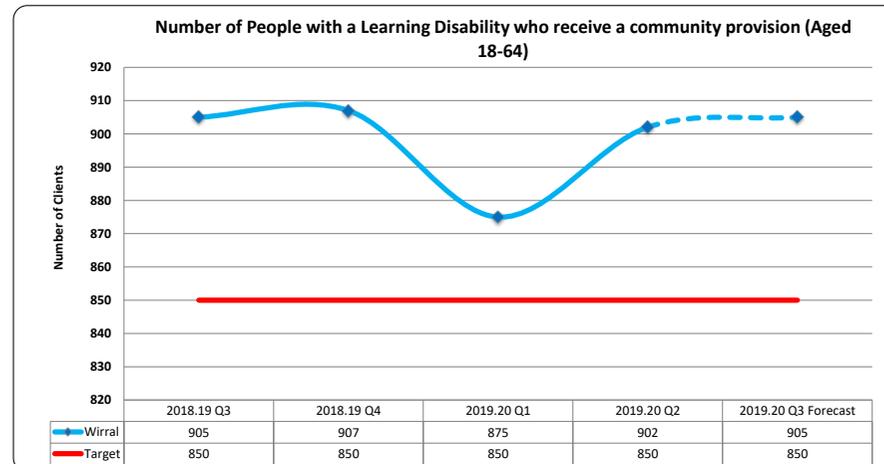
Safeguarding investigations can take longer than 28 days due to external factors such as police investigations. Current performance reflects the complexity of safeguarding investigations where multiple professionals and partner organisations are involved.



Focused work in this area continues to ensure a good standard of service delivery.



This performance measure demonstrates good practice in reviewing the majority of cases. The measure builds throughout the year as the numbers of reviews undertaken accumulates. Care has been taken to ensure that out of area care home reviews are undertaken.



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

Learning Disabilities and Access to Employment						BOXI
	2018.19 Q3	2018.19 Q4	2019.20 Q1	2019.20 Q2	2019.20 Q3 Forecast	
Wirral %	2.5%	2.5%	2.7%	3.5%	3.6%	
Wirral No.	26	26	28	39	40	
Target	4.5%	4.5%	4.5%	4.5%	4.5%	
Current NW	3.5%	3.5%	3.5%	3.5%	3.5%	

Adults with a Learning Disability Living at Home or with their Family						BOXI
	2018.19 Q3	2018.19 Q4	2019.20 Q1	2019.20 Q2	2019.20 Q3 Forecast	
Wirral %	84.5%	84.1%	85.0%	85.8%	86.0%	
Wirral No.	871	844	886	889	890	
Target	88.0%	88.0%	88.0%	88.0%	88.0%	
Current NW	82.2%	82.2%	82.2%	82.2%	82.2%	

Permanent admissions of younger adults (18-64) to residential and nursing care homes, per 100,000 population						BOXI
	2018.19 Q3	2018.19 Q4	2019.20 Q1	2019.20 Q2	2019.20 Q3 Forecast	
Wirral	18.8	19.1	18.9	19.0	19.0	
Target	25.0	25.0	25.0	25.0	25.0	
NW 1819	16.1	16.1	16.1	16.1	16.1	

Permanent admissions of older people (65+) to residential and nursing care homes per 100,000 population						BOXI
	2018.19 Q3	2018.19 Q4	2019.20 Q1	2019.20 Q2	2019.20 Q3 Forecast	
Wirral	701.3	720.1	680.0	693.1	700.5	
Wirral No.	103.0	110.0	117.0	119.0	120.0	
Target	727.0	727.0	727.0	727.0	727.0	
NW 1819	716.1	716.1	716.1	716.1	716.1	

Number of People in a long term residential / nursing home bed (Aged 65+)						BOXI
	2018.19 Q3	2018.19 Q4	2019.20 Q1	2019.20 Q2	2019.20 Q3 Forecast	
Wirral	1192	1208	1293	1400	1492	
Target	1650	1650	1650	1650	1650	

DToC - Delays in Transfers						DToC
	2018.19 Q3	2018.19 Q4	2019.20 Q1	2019.20 Q2	2019.20 Q3 Forecast	
Wirral %	2.4%	2.0%	2.4%	1.8%	2.0%	
Wirral No.	393	386	399	248	300	
Target	2.7%	2.7%	2.7%	2.7%	2.7%	

Proportion of new requests for support resulting in long term services						BOXI
	2018.19 Q3	2018.19 Q4	2019.20 Q1	2019.20 Q2	2019.20 Q3 Forecast	
Wirral %	4.9%	5.0%	5.2%	5.2%	5.3%	
Target	5.0%	5.0%	5.0%	5.0%	5.0%	

Number of episodes of reablement / intermediate care intervention for clients aged 65+ per 10,000 population						BOXI
	2018.19 Q3	2018.19 Q4	2019.20 Q1	2019.20 Q2	2019.20 Q3 Forecast	
Wirral	444.5	465.0	322.0	352.0	370.0	
Target	250.0	250.0	250.0	250.0	250.0	
NW 1819	250.8	250.8	250.8	250.8	250.8	

% of Safeguarding Contacts completed within 24 hours						BOXI
	2018.19 Q3	2018.19 Q4	2019.20 Q1	2019.20 Q2	2019.20 Q3 Forecast	
Wirral %	97.3%	98.1%	90.8%	90.2%	89.6%	
Wirral No.	995	1105	1118	2634	3907	
Target	98.0%	98.0%	98.0%	98.0%	98.0%	

% of Safeguarding Investigations completed within 28 days						BOXI
	2018.19 Q3	2018.19 Q4	2019.20 Q1	2019.20 Q2	2019.20 Q3 Forecast	
Wirral %	59.2%	60.1%	62.8%	61.5%	61.9%	
Wirral No.	604	750	168	420	610	
Target	85.0%	85.0%	85.0%	85.0%	85.0%	

% of New Assessments Completed within 28 days (Length of time between initial assessment and completion of assessment)						BOXI
	2018.19 Q3	2018.19 Q4	2019.20 Q1	2019.20 Q2	2019.20 Q3 Forecast	
Wirral %	86.9%	87.8%	80.6%	80.7%	81.0%	
Target	88.0%	88.0%	88.0%	88.0%	88.0%	

% of Annual Reviews Completed						BOXI
	2018.19 Q3	2018.19 Q4	2019.20 Q1	2019.20 Q2	2019.20 Q3 Forecast	
Wirral %	54.2%	65.3%	24.0%	35.0%	51.5%	
Wirral No.	3212	4312	1458	2712	3982	
Target	70.0%	70.0%	70.0%	70.0%	70.0%	

Number of People with a Learning Disability who receive a community provision (Aged 18-64)						BOXI
	2018.19 Q3	2018.19 Q4	2019.20 Q1	2019.20 Q2	2019.20 Q3 Forecast	
Wirral	905	907	875	902	905	
Target	850	850	850	850	850	

% of Beds in Residential Homes rates as 'Outstanding' or 'Good'						CQC data
	2018.19 Q3	2018.19 Q4	2019.20 Q1	2019.20 Q2	2019.20 Q3 Forecast	
Wirral %	75.3%	71.8%	73.1%	74.4%	75.7%	
Wirral No.	61	56	58	61	63	
Target	70.0%	70.0%	70.0%	70.0%	70.0%	
Current NW	86.6%	86.6%	86.6%	86.6%	86.6%	

% of Beds in Nursing Homes rates as 'Outstanding' or 'Good'						CQC data
	2018.19 Q3	2018.19 Q4	2019.20 Q1	2019.20 Q2	2019.20 Q3 Forecast	
Wirral %	51.2%	65.1%	60.0%	65.9%	70.9%	
Wirral No.	21	28	27	29	31	
Target	50.0%	50.0%	50.0%	50.0%	50.0%	
Current NW	72.7%	72.7%	72.7%	72.7%	72.7%	

% of Beds available in Residential and Nursing Homes						Mal Price
	2018.19 Q3	2018.19 Q4	2019.20 Q1	2019.20 Q2	2019.20 Q3 Forecast	
Wirral %	8.0%	8.0%	16.9%	15.4%	14.3%	
Target	8.0%	8.0%	8.0%	8.0%	8.0%	

CCG Data

Note Qtr figure is the last month of the qtr - snapshot

Referral To Treatment (RTT)					
	2018.19 Q3	2018.19 Q4	2019.20 Q1	2019.20 Q2	2019.20 Q3 Forecast
RTT Admitted	66.56%	62.24%	65.00%	72.67%	
RTT Non Admitted	82.98%	83.00%	77.07%	79.68%	
RTT Incomplete	79.62%	81.35%	81.96%	81.72%	
RTT Admitted Target (National)	90.0%	90.0%	90.0%	90.0%	
RTT Non Admitted Target (National)	95.0%	95.0%	95.0%	95.0%	
RTT Incomplete (National)	92.0%	92.0%	92.0%	92.0%	

Q2 includes only Jul & Aug. Not Sep.

Healthcare Acquired Infections					
	2018.19 Q3	2018.19 Q4	2019.20 Q1	2019.20 Q2	2019.20 Q3 Forecast
MRSA Cumulative	0	2	0	0	
Cdifficile Cumulative	54	80	50	80	
MRSA Cumulative target	0	0	0	0	
Cdifficile Cumulative target	38	56	27	57	

Full Q2

Cancer					
	2018.19 Q3	2018.19 Q4	2019.20 Q1	2019.20 Q2	2019.20 Q3 Forecast
2 Week Wait	94.0%	94.6%	93.5%	93.7%	
62 Day Standard Wait	86.6%	82.4%	86.6%	87.5%	
2 Week Wait Target	93.0%	93.0%	93.0%	93.0%	
62 Day Standard Wait	85.0%	85.0%	85.0%	85.0%	

Q2 includes only Jul & Aug. Not Sep.

LOCAL SDIP IS MONTHLY ONLY

RTT - Local SDIP - WUTH Only												
	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
RTT Incomplete	78.9%	79.3%	80.0%	78.3%	79.1%	80.0%	79.0%	80.7%	80.2%	82.0%	81.7%	81.7%
RTT Incomplete Target (SDIP)	78.5%	79.0%	79.0%	79.0%	79.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%

Arrowe Park Hospital Site (A&E & WIC) WUTH - Local SDIP												
	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Arrowe Park Site	77.8%	75.2%	75.0%	74.0%	74.0%	76.7%	73.6%	81.1%	83.5%	81.9%	79.9%	75.6%
RTT Incomplete Target (SDIP)	91.0%	92.0%	92.0%	90.5%	90.5%	95.0%	80.0%	81.0%	82.0%	85.0%	87.0%	90.0%

Friends and Family Test Response Rates					
	2018.19 Q3	2018.19 Q4	2019.20 Q1	2019.20 Q2	2019.20 Q3 Forecast
A&E (WUTH)	11.53%	10.16%	9.95%	11.65%	
Ambulance (NWS)	0.41%	0.34%	0.34%	0.13%	
Community (CT)	NULL	0.77%	0.94%	1.12%	

Note Qtr figure is the last month of the qtr - snapshot

RTT Excessive Waiters					
	2018.19 Q3	2018.19 Q4	2019.20 Q1	2019.20 Q2	2019.20 Q3 Forecast
40 to 41 Wks	51	42	51	40	
41 to 42 Wks	47	56	34	45	
42 to 43 Wks	46	50	30	38	
43 to 44 Wks	35	12	22	26	
44 to 45 Wks	31	32	28	21	
45 to 46Wks	26	34	11	16	
46 to 47 Wks	20	18	15	15	
47 to 48 Wks	17	28	22	17	
48 to 49 Wks	12	12	11	15	
49 to 50 Wks	6	10	6	12	
50 to 51 Wks	7	5	9	6	
51 to 52 Wks.	6	4	2	5	
>52 Wks	32	0	0	0	

Q2 includes only Jul & Aug. Not Sep.

A&E Waiting Times					
	2018.19 Q3	2018.19 Q4	2019.20 Q1	2019.20 Q2	2019.20 Q3 Forecast
Arrowe Park A&E	75.42%	66.01%	70.08%	69.04%	
Arrowe park WIC	99.95%	99.97%	99.86%	99.95%	
ED & WIC (APH) Combined	82.39%	75.99%	79.40%	79.12%	
Total A&E, MIU and WIC	89.14%	85.13%	87.18%	87.33%	
National Target ED & WIC (APH) C	95.00%	95.00%	95.00%	95.00%	
Locally Agreed Plan ED & WIC (AP	90.00%	92.00%	81.00%	87.33%	

Full Q2

Friends and Family Test Net Promoter Scores					
	2018.19 Q3	2018.19 Q4	2019.20 Q1	2019.20 Q2	2019.20 Q3 Forecast
A&E	88.1%	87.2%	88.8%	91.1%	
Ambulance	93.0%	95.4%	95.0%	95.6%	
Community	89.6%	95.2%	95.4%	94.0%	

Dental (CCG) ^L	0.28%	0.26%	0.23%	0.25%	
GP (CCG) *	0.54%	0.53%	0.26%	0.52%	
Inpatient (WUTH)	20.58%	20.00%	23.90%	35.84%	
Maternity - Birth (WUTH)	27.38%	15.55%	13.72%	17.35%	
Mental Health (CWP)	1.23%	1.52%	1.12%	1.15%	
Outpatient (WUTH)	21.64%	21.28%	18.74%	18.33%	

Q2 includes only Jul & Aug. Not Sep.

There's an error from the community data submitted for 2018/19 Q3, so no figure available.

^L There is no figure provided for the number of pts who were seen in the month. The data shows the number's seen in the last 12 months as the denominator.

* There is no figure provided for number of pts who were seen in the month. The data simply displays the list size as the denominator

Dental	98.7%	99.4%	98.6%	98.0%	
GP	93.8%	95.4%	94.7%	93.4%	
Inpatient	97.9%	97.8%	96.8%	97.5%	
Maternity - Birth	98.2%	96.2%	99.4%	98.9%	
Mental Health	92.6%	88.2%	89.7%	82.4%	
Outpatient	94.5%	94.4%	94.4%	94.3%	

Q2 includes only Jul & Aug. Not Sep.

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

REPORT TITLE:	REPORT OF HEALTH AND CARE PERFORMANCE WORKING GROUP
REPORT OF:	HEAD OF INTELLIGENCE, STATUTORY SCRUTINY OFFICER

REPORT SUMMARY

This report provides an overview of the Health and Care Performance Working Group meeting held on 9th October 2019. The report provides feedback to members of the Adult Care and Health Overview and Scrutiny Committee around key discussions and areas of interest resulting from the meeting.

RECOMMENDATION/S

Members are requested to note the contents of the report of the Health and Care Performance Working Group.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

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

2.0 OTHER OPTIONS CONSIDERED

Not Applicable

3.0 ATTENDEES

Members

Councillor Moira McLaughlin (Chair)
Councillor Phil Gilchrist
Councillor Yvonne Nolan
Councillor Sharon Jones
Councillor Kate Cannon
Councillor Christina Muspratt
Councillor Mary Jordan
Councillor Kate Cannon
Councillor Chris Carubia

Other Attendees

Jacqui Evans (AD Unplanned Care and Community Care Market Commissioning, Wirral Health and Care Commissioning)
Jason Oxley (AD Health and Care Outcomes, Wirral Health and Care Commissioning)
Amanda Parry-Mateo (Integrated Senior Manager Quality and Safeguarding, Wirral Health and Care Commissioning)
Karen Kauffman (Market Transformation and Contracts Senior Manager, Wirral Health and Care Commissioning)
Simone White (Deputy Director for Children's Services)
Lorna Quigley (Director of Quality & Safety, Wirral Health and Care Commissioning)
Alex Davidson (Scrutiny Officer, Wirral Council)

Visitors

Sarah Quinn (Head of Operations, Cheshire and Wirral Partnership NHS Foundation Trust)

Apologies

Councillor Sharon Jones
Karen Prior (Chief Officer, Healthwatch Wirral)

4.0 ALL AGE DISABILITY AND MENTAL HEALTH SERVICE UPDATE

- 4.1 Jason Oxley, Assistant Director Health and Care Outcomes, provided the group with an update on the All Age Disability and Mental Health Service, 12 months after its implementation by Cheshire and Wirral Partnership NHS Foundation Trust (CWP). In August 2018, approximately 128 Council staff were transferred to the NHS in order to deliver this service; and to integrate the assessment, support planning and case management processes for children and adults with the most complex disabilities and

adults with mental health needs. Members were apprised of the initial rationale for the integration and the strategic aims of the service, as well as providing performance and activity data. The Assistant Director stated that a key objective of the service is to ensure that people are in the right care setting and are required to tell their story only once.

- 4.2 Members questioned the four-year efficiency programme for the learning disability service, and whether this would be met through reductions in staff. Officers assured the Panel that although restructures have taken place, there has been no reduction in staffing. This is a £16m efficiency as part of the medium-term financial strategy agreed savings on Adults learning disability budgets. In addition, Members questioned why the data did not include numbers of Children Looked After within the service, with officers providing the data to the Group and clarifying that proportionally these numbers were quite small.
- 4.3 There was in-depth discussion amongst the working group around the use of the phrase 'transition', with Members stating that a true All Age Disability service should be a seamless process of support for those that need it, regardless of whether they are a child or an adult. Officers agreed with this reasoning and assured the Group that the service does have the components of a successful all age service in terms of skill mix, but that it should be noted that a number of disparate teams have been brought together and ways of working still need to be developed. Sarah Quinn, Head of Operations at CWP, spoke to Members about the need for these first 12 months to stabilise the service – but that redesign and further transition is the next step in the continued evolution of the service to ensure a truly integrated provision.
- 4.4 This programme of development and transformation of the service is a key focus for CWP going forward, with a Transition Planning Process agreed with all agencies in April 2019. As part of this plan, there will be development in year two of the 0-25 Integrated Disability Service (IDS) and for Children with Disabilities (CWD), with improvements for service users view being less changes and a consistent approach to care. Within the Mental Health service, there has been a focus on graduate recruitment to the Community Mental Health Teams, in order to address the current shortfall in approved mental health professionals. Members asked if there are timescales in place for delivery of this more consistent service, with an action arising that the Health and Care Performance Working Group be given sight of the plan once it has been approved by the CWP Board in January 2020.
- 4.5 The working group were presented with performance and activity data relating to the service. Officers advised Members of the need for prescriptive reporting processes and concrete key performance indicators (KPIs) in the first year to ensure that there was sufficient oversight of the service and that quality and responsiveness were monitored effectively. However, the ADASS Peer Review and staff feedback indicated that staff felt that often decisions were made in the context of speed rather than quality, and as a result some KPIs have been revised to reflect this. One example of note is the review of safeguarding concern handling, with previous 24-hour targets now relaxed to 5 days to align with other Liverpool City Region authorities. This target extension gives time for better triaging and decision-making, and still allows performance monitoring but in a more meaningful way. These revised KPIs have subsequently been shared with Members of the Group. There has been no relaxation of Children's targets.

4.6 Members were assured to hear that the transfer of staff has significantly improved how teams work together and that the co-location of staff means that best practice is shared and allows a focus on what works well and what needs improvement.

5.0 PARK HOUSE IMPROVEMENT PLANS UPDATE AND CARE HOME COMPLAINTS

5.1 At the last meeting of the Health and Care Performance Working Group, Members were provided with an update on under performing care homes across the Borough, specifically Park House Care Home in Birkenhead which had been rated as 'Inadequate' by the Care Quality Commission (CQC). Officers were requested to bring a follow-up report to this meeting with the objective of ensuring close scrutiny of improvement and contingency plans within residential care settings and in order to keep the wellbeing of residents in 'inadequate' homes at the forefront of the working group's priorities. At the time of the meeting, Park House Care Home remained suspended from admitting new residents whilst commissioners worked closely with providers to make improvements. Members were also advised that Bebington Care Home, which has also been rated 'Inadequate' by CQC, has been placed in similar measures.

5.2 Members were advised that Four Seasons Health Care (FSHC), the provider of care at Park House Care Home, have established 'turnaround' teams at Park House and continue to have weekly meetings with senior commissioners to support improvement plans. Officers stated that the provider is committed to change but admitted that change at Park House is a long-term issue. There have been consistent problems with staff turnover and a high usage of agency staff at the home, although officers assured the Group that continual monitoring is taking place to ensure staffing levels are maintained. Alongside this, recruitment is a key focus in order to ensure the sustainability of the home.

5.3 With Park House Care Home and similar homes (such as Bebington Care Home) currently suspended from admitting new residents, Members showed real concern around the impact of low occupancy. Assurances were sought around the presence of a contingency plan if a provider were to decide that homes in these circumstances were no longer economically viable. Officers advised the Group that they are acutely aware of this possibility and assured Members that they have been explicit with providers in their expectations and have assessed the providers' willingness to deliver the necessary investment to bring about long-term improvement. In the case of the closure of any care home on Wirral, there is a comprehensive resettlement procedure that is focussed on each individual resident's need and choice, including involvement of families and advocates – with market capacity on Wirral of around 8%. Members requested that commissioners remain as open as possible with residents and families, as often uncertainty and worry can heavily impact on their personal wellbeing.

5.4 There was discussion amongst the working group reflecting previous concerns around care homes that regularly 'yo-yo' between CQC ratings of 'Inadequate' and 'Requires Improvement', often improving just enough to emerge from special measures before standards then fall again. With some care homes this has been a pattern over a number of years, and Members were keen to receive further assurance that there were processes in place to avoid this. Members were reminded of the recent implementation of an option to improve contract compliance and performance in care homes. Commissioners are now able to permanently suspend all care homes that have had three 'Requires Improvement' or 'Inadequate' ratings over a two-year period. This suspension remains in place until the home returns to a 'good' rating, or until there are evidence sustained improvements.

5.5 Members had previously requested a timeline of actions and interventions made by the authority at Park House by commissioners. Although this was provided, Members felt that there was not enough detail on historical action at the home and requested further detail dating back to 2016 – an action that has been noted. Commissioners invited Members of the Working Group to take part in a visit to Park House Care Home and Bebington Care Home, co-ordinated by Healthwatch. These visits will be added to the Working Group work programme and scheduled for a suitable time.

5.6 In addition to the overview of the current status of Park House, a brief description of the current complaints procedure for care homes was provided. An improved process has recently been implemented in order to record complaint data for care homes more effectively and to allow officers to evaluate and improve services based on ‘lessons learned’. This process is currently being established for providers across the Borough, with potential for the Health and Care Performance Working Group to look in more detail at this data in future.

6.0 SUMMARY OF ACTIONS

6.1 Reviewed KPIs for the All Age Disability service to be shared with Members of the Working Group - Action Complete.

6.2 A timeline of actions in relation to the improvement plan for Park House Care Home, dating back to 2016, to be circulated to Members of the Working Group.

6.3 A Member visit to underperforming care homes to be arranged through co-ordination with Healthwatch Wirral.

6.4 An updated list of resident care home CQC ratings to be circulated to Members of the Working Group – Action Complete.

7.0 FINANCIAL IMPLICATIONS

7.1 Not Applicable

8.0 LEGAL IMPLICATIONS

8.1 Not Applicable

9.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

9.1 The delivery of the Working Group work programme will be met from within existing resources.

10.0 RELEVANT RISKS

10.1 Not Applicable

11.0 ENGAGEMENT/CONSULTATION

11.1 Not Applicable

12.0 EQUALITY IMPLICATIONS

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

13.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

13.1 Not Applicable

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APPENDICES

BACKGROUND PAPERS

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Care and Health Overview & Scrutiny Committee	26th June 2019
Adult Care and Health Overview & Scrutiny Committee	16th September 2019



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

REPORT TITLE:	ADULT CARE AND HEALTH OVERVIEW & SCRUTINY COMMITTEE - WORK PROGRAMME UPDATE REPORT
REPORT OF:	HEAD OF INTELLIGENCE (SCRUTINY TEAM MANAGER) BUSINESS SERVICE

REPORT SUMMARY

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

It is envisaged that the work programme will be formed from a combination of scrutiny reviews, standing items and requested officer reports. This report provides the Committee with an opportunity to plan and regularly review its work across the municipal year. The work programme for the Adult Care and Health Overview & Scrutiny Committee is attached as Appendix 1 to this report.

RECOMMENDATION/S

Members are requested to approve the proposed Adult Care and Health Overview & Scrutiny Committee work programme for 2019/20, making any required amendments.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

To ensure members of the Adult Care and Health Overview & Scrutiny Committee have the opportunity to contribute to the delivery of the annual work programme.

2.0 OTHER OPTIONS CONSIDERED

Not Applicable

3.0 BACKGROUND INFORMATION

3.1 THE SCRUTINY WORK PROGRAMME AND THE WIRRAL PLAN

The work programme should align with the priorities of the Council and its partners. The programme will be informed by:

- The Wirral Plan pledges
- The Council's transformation programme
- The Council's Forward Plan
- Service performance information
- Risk management information
- Public or service user feedback
- Referrals from Cabinet / Council

The specific Wirral Plan pledges and associated strategies of particular relevance to the Adult Care and Health Overview & Scrutiny Committee are:

Pledge	Strategies
Older People Live Well	Ageing Well in Wirral https://www.wirral.gov.uk/sites/default/files/all/About%20the%20council/Wirral%20Plan/Ageing%20Well%20Strategy.pdf
People with Disabilities Live Independently	All age disability strategy: People with disabilities live independently https://www.wirral.gov.uk/sites/default/files/all/About%20the%20council/Wirral%20Plan/All%20Age%20Disability%20Strategy.pdf
Zero Tolerance to Domestic Violence	Zero tolerance to domestic abuse https://www.wirral.gov.uk/sites/default/files/all/About%20the%20council/Wirral%20Plan/Domestic%20Abuse%20Strategy.pdf

In addition, members of the Adult Care and Health Overview & Scrutiny Committee will also want to consider how best to undertake their health scrutiny role.

3.2 PRINCIPLES FOR PRIORITISATION

Good practice suggests that, in order to maximise the impact of scrutiny, it is necessary to prioritise proposed topics within the work programme. Members may find

the following criteria helpful in providing a guideline towards ensuring that the most significant topics are prioritised:

Principles for Prioritisation	
Wirral Plan	Does the topic have a direct link with one of the 2020 pledges?
	Will the review lead to improved outcomes for Wirral residents?
Public Interest	Does the topic have particular importance for Wirral Residents?
Transformation	Will the review support the transformation of the Council?
Financial Significance	Is the subject matter an area of significant spend or potential saving?
	Will the review support the Council in achieving its savings targets?
Timeliness / Effectiveness	Is this the most appropriate time for this topic to be scrutinised?
	Will the review be a good use of Council resources?

By assessing prospective topics using these criteria, the Committee can prioritise an effective work programme that ensures relevance and the highest potential to enhance outcomes for residents.

3.3 DELIVERING THE WORK PROGRAMME

It is anticipated that the work programme will be delivered through a combination of:

- Scrutiny reviews undertaken by task & finish groups
- Evidence days and workshops
- Committee reports provided by officers
- Standing committee agenda items, for example, performance monitoring and financial monitoring
- Spotlight sessions
- Standing panels or working groups (where deemed necessary)

As some of the selected topics may well cut across the Wirral Plan themes, it is anticipated that some of the scrutiny topics may be of interest to members of more than one committee. In these circumstances, opportunities for members of more than one committee to work jointly on an item of scrutiny work will be explored.

Regular work programme update reports will provide the Committee with an opportunity to plan and regularly review its work across the municipal year.

3.4 SCRUTINY WORK PROGRAMME ITEMS

3.4.1 Performance Reporting Review

The Committee held a scrutiny workshop on 31st October 2019 in order for Members to review the performance reporting measures for health and care. This was an opportunity for the Committee to discuss their proposals for changes to performance

reports with lead officers, with updated reports presented to future committee meetings.

3.4.2 Pooled Fund Arrangements

On 30th October 2019, the Committee invited all Overview & Scrutiny Members to take part in a scrutiny workshop to review the pooled fund arrangements for 2020/21. The purpose of the session was to illustrate integration arrangements for the next year, enable scrutiny of the proposed pooled fund and ensure that Member questions and concerns were comprehensively responded to. In addition, the workshop provided an opportunity for Members to hear from a number of witnesses who experience integrated services first-hand. A detailed scrutiny report, and any recommendations arising from the workshop, will be presented to Committee in January 2020.

3.4.3 2020/21 Budget Scrutiny

In line with previous municipal years, Members will be invited to review budget proposals and savings plans for 2020/21 within the remit of the Committee. The budget scrutiny process is currently under review and will be agreed by the Chairs of all Overview & Scrutiny Committees.

3.4.4 5G and Public Health

Following interest from Members, and a public question at the Council meeting of 14th October 2019, a workshop for all Members on the implications of the roll out of 5G will be arranged. Further information on the content and format of this workshop will be provided in due course.

3.5 FURTHER DEVELOPMENT OF THE SCRUTINY WORK PROGRAMME

In line with the remit of the Committee and the principles for prioritisation, as described above, Members are requested to suggest possible topics for inclusion in the work programme. Committee Members should also consider how best to further develop the work programme in advance of the next scheduled Committee meeting in January. This could be achieved by Committee providing delegated authority to the Chair and Party Spokespersons to provide further detailed input to the work programme's development.

4.0 FINANCIAL IMPLICATIONS

4.1 Not Applicable

5.0 LEGAL IMPLICATIONS

5.1 Not Applicable

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

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

7.0 RELEVANT RISKS

7.1 Not Applicable

8.0 ENGAGEMENT/CONSULTATION

8.1 Not Applicable

9.0 EQUALITY IMPLICATIONS

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

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 Not Applicable

REPORT AUTHOR: **Alexandra Davidson**
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APPENDICES

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

BACKGROUND PAPERS

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Care and Health Overview & Scrutiny Committee	26th June 2019
Adult Care and Health Overview & Scrutiny Committee	16th September 2019

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ADULT CARE AND HEALTH OVERVIEW & SCRUTINY COMMITTEE WORK PROGRAMME

PROPOSED AGENDA ITEMS – Tuesday 19th November 2019

Item	Format	Lead Departmental Officer
Minutes from Adult Care & Health OSC (16 th September)	Minutes	
2019/20 Q2 Financial Monitoring	Report	Mathew Gotts
Clatterbridge Cancer Centre – Specialist Cancer Hospital Update	Report	Liz Bishop (Clatterbridge Cancer Centre)
Domestic Abuse – Service Update	Report	Mark Camborne
Public Health Annual Report 2018/19	Report	Julie Webster
Better Care Fund/Winter Pressure Arrangements	Report	Graham Hodgkinson
2019/20 Q2 Wirral Plan and Health and Care Performance Monitoring	Report	Graham Hodgkinson
Report of the Health and Care Performance Working Group	Report	Scrutiny Officer
Adult Care and Health Overview & Scrutiny Committee Work Programme Update	Report	Scrutiny Officer
Deadline for cleared reports: Tuesday 29th October 2019		

PROPOSED AGENDA ITEMS – Tuesday 21st January 2020

Item	Format	Lead Departmental Officer
Minutes from Adult Care & Health OSC (19 th November)	Minutes	
Budget Scrutiny	Report	Finance Team
Clatterbridge Sub-Acute Ward Update	Report	Anthony Middleton (WUTH)
Annual Social Care Complaints Report 2018/19	Report	Simon Garner
Adults Safeguarding Annual Report 2018/19	Report	Lorna Quigley
Pooled Fund Scrutiny Workshop Report	Report	Scrutiny Officer
Report of the Health and Care Performance Working Group	Report	Scrutiny Officer
Adult Care and Health Overview & Scrutiny Committee Work Programme Update	Report	Scrutiny Officer
Deadline for cleared reports: Tuesday 17th December 2019		

ADDITIONAL FUTURE AGENDA ITEMS TO BE SCHEDULED

Item	Format	Approximate timescale	Lead Departmental Officer
WUTH – CQC Improvement Plan	Report	To be agreed	Janelle Holmes/ Paul Moore (WUTH)
ADASS Peer Review Action Plan	Report	To be agreed	Jason Oxley
Urgent Care Transformation – Gladstone and Moreton Update	Report	March 2020	Simon Banks
North West Ambulance Service – Forward Plan	Report	March 2020	Madeline Edgar (NWAS)

WORK PROGRAMME ACTIVITIES OUTSIDE COMMITTEE

Item	Format	Timescale	Lead Departmental Officer
Health & Care Performance Reporting Review	Workshop	October 2019	Graham Hodkinson
Pooled Fund Arrangements 2020/21 Scrutiny Workshop	Workshop	October 2019	Graham Hodkinson
The NHS Long Term Plan	Workshop	December 2019	Graham Hodkinson/Simon Banks
Impact of 5G	Workshop	TBC	TBC
'County Lines'/Community Safety Strategy	Workshop/Seminar	TBC	TBC
Women's Services and Domestic Abuse	Scrutiny Review	December 2019	Mark Camborne
All Age Disability	To be agreed	To be agreed	To be agreed
Quality Accounts 2019/20	Scrutiny Review	May 2020	Scrutiny Officer
Transformation Programme	To be agreed	As and when	Tim Games