



Adult Care and Health Overview and Scrutiny Committee

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|---------------|---------------------------------------|
| Date: | Tuesday, 21 January 2020 |
| Time: | 6.00 p.m. |
| Venue: | Committee Room 1 - Wallasey Town Hall |

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

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AGENDA

1. **APOLOGIES FOR ABSENCE**
2. **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 19 November 2019 as a correct record.
4. **CLATTERBRIDGE SUB-ACUTE WARD UPDATE** (Pages 11 - 26)
5. **ANNUAL SOCIAL CARE COMPLAINTS REPORT 2018/19**
(Pages 27 - 44)
6. **ADULTS SAFEGUARDING ANNUAL REPORT 2018/19**
(Pages 45 - 78)
7. **URGENT CARE TRANSFORMATION - PROGRESS UPDATE**
(Pages 79 - 126)
8. **POOLED FUND ARRANGEMENTS 2020/21 SCRUTINY REPORT**
(Pages 127 - 140)
9. **ADULT CARE AND HEALTH OVERVIEW & SCRUTINY COMMITTEE WORK PROGRAMME UPDATE** (Pages 141 - 148)

10. DATE OF NEXT MEETING

A special meeting of the Adult Care and Health Overview and Scrutiny Committee will be held at 18:00hrs on Wednesday 29 January 2020, to consider aspects of the Council Budget 2020/21 falling under its purview.

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ADULT CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Tuesday, 19 November 2019

Present: Councillor M McLaughlin (Chair)

Councillors

| | |
|-------------|------------------------------------|
| B Berry | M Jordan |
| K Cannon | Y Nolan |
| T Cottier | T Norbury |
| S Frost | L Rowlands |
| P Gilchrist | A Wright |
| P Hayes | J Bird (In place of C Muspratt) |
| S Jones | |

26 APOLOGIES FOR ABSENCE

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

27 MEMBERS DECLARATIONS OF INTEREST

| | |
|-----------------------------|--|
| Councillor Moira McLaughlin | Personal interest by virtue of her daughter's employment within the NHS. |
| Councillor Phil Gilchrist | Personal interest by virtue of his role as a Governor appointed to the Cheshire and Wirral NHS Partnership Trust, and as a member of the Health and Wellbeing Board. |
| Councillor Mary Jordan | Personal interest 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 Sharon Jones | Personal interest by virtue of employment within the NHS. |
| Councillor Tony Norbury | Personal interest by virtue of his daughter's employment within Adult Social Services. |

28 MINUTES

Resolved – That the minutes of the meeting held on 16 September 2019, be approved.

29 2019/20 Q2 FINANCIAL MONITORING

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 2, 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:

- Performance against the revenue budget (including savings / overspends); and
- Performance against the capital budget.

The Principal Accountant highlighted key areas within the report that included demand for services as being the key driver of cost in Adult Care and Health: with increased demand for adult social care services being seen predominantly in the care at home sector, where the volume of home care and supported living services provided in the last twelve months had increased by 6% and 8% respectively.

Members were also apprised that there was a combined total of £4,500k known budget challenge 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 was ongoing to quantify the mitigation identified against these pressures.

The Principal Accountant added that the ringfenced Public Health grant continued to be forecast to balance to budget.

When questioned on the reason for the increased demand on services the Assistant Director, Health and Care Outcomes informed that the year on year increase related to key areas of an ageing population, demographics, mental health support, and complex needs. These were also affected by an increase in volume of hospital discharges and need for domiciliary care at home.

A Member questioned how the service could offer reassurance about maximising care and wellbeing within budget. The Assistant Director, Health and Care Outcomes explained how by focusing on optimum level of care, proportionate to needs a balance of care helped ensure 'independence and wellbeing' for those in receipt of care, avoiding more costly interventions.

A short discussion followed on the subject of winter pressures, winter care and reduction in the number of long stay beds that would result in a rise in level of home care and how this could be tackled.

Members noted that the CCG and the Council were working together to do whatever was possible to increase capacity across services under their remit. It was further noted that Wirral had an above national average elderly population.

Resolved – That the report be noted.

30 **UPDATE ON THE CLATTERBRIDGE CANCER CENTRE**

Further to minute 21 (16 September 2019), Dr Liz Bishop, Chief Executive - Clatterbridge Cancer Centre NHS Foundation Trust introduced her report that provided a progress briefing on the development of a new comprehensive cancer centre - expanding The Clatterbridge Cancer Centre services into central Liverpool by 2020. Members were apprised that the new hospital was part of a £162m programme of capital investment to expand and improve cancer care in Cheshire and Merseyside, and that part of a programme that would also see investment in the current cancer treatment sites in Wirral and Aintree, with both sites continuing to provide outpatient cancer treatments.

Dr Bishop informed the Adult Care and Health Overview and Scrutiny Committee that Clatterbridge Cancer Centre-Liverpool was scheduled to open in May 2020, part of progress in the Trust's plans to transform cancer care across Cheshire & Merseyside.

Dr Bishop explained that the new specialist cancer hospital in Liverpool - The Clatterbridge Cancer Centre – will be an 11-floor specialist cancer hospital located in the heart of Liverpool, next to The Royal Liverpool University Hospital and The University of Liverpool and would form part of the 'Knowledge Quarter' development. The development of the new hospital was progressing to plan and the Trust was making preparations to take control of the building in February 2020 prior to beginning to deliver services to patients from May 2020.

Members were apprised that the new hospital will be in addition to the existing Clatterbridge Cancer Centres in Wirral and Aintree and was part of the plan to bring ambulatory cancer care closer to home, alongside co-locating to an acute site for the sickest patients. The new hospital would provide inpatient cancer care for Cheshire & Merseyside as well as ambulatory cancer care for Liverpool. The move date for haemato-oncology in-patients to the new build was yet to be confirmed. Dr Bishop informed that it was estimated that around 90% of patients from Wirral and West Cheshire would continue to attend the Wirral site. Patients would only need to travel to Liverpool for inpatient care i.e. the more complex treatments, or if their treatment was part of an early-

stage clinical trial. All outpatient chemotherapy would continue at Wirral, as well as radiotherapy for common cancers.

The satellite radiotherapy unit at Aintree would continue, with radiotherapy for common cancers and the specialist stereotactic radiosurgery service for brain tumours. Chemotherapy clinics at Aintree and other locations across Merseyside and Cheshire would also continue, as would out-patient clinics.

In response to Member questions, Dr Bishop informed that staff, who came from all over the region, would be largely given choice of location to work and where not the case, travel plans were in the process of being established – to include car parking and a shuttle bus (also available to patients). Dr Bishop advised that parking arrangements were being made with the Royal – given the staff's unsocial hours and shift working – she added that excess travel costs to staff would be covered as part of the re-location / transfer.

Resolved – That

- 1) the report be noted; and**
- 2) a follow up report on progress for improvements to the Wirral Clatterbridge Cancer Treatment site be presented to the Adult Care and Health Overview and Scrutiny Committee in June 2020.**

31 DOMESTIC ABUSE

Elizabeth Hartley, Assistant Director Early Help and Prevention and Wendy Monnelly, Head of Service introduced their report that provided 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 set out the national and local context, described findings of an in-house review and outlined next steps to improve services and reduce the detrimental impact of domestic abuse on Wirral residents.

The report provided a detailed summary and statistical breakdown of the issue of domestic abuse in Wirral, with specific focus on the impact on families with children.

The Committee was also apprised of the National Impact and the positive impact of early intervention and dealing with the issue in one place.

The Assistant Director Early Help and Prevention informed Members of the departmental plan and findings of Ofsted Inspection, which had identified domestic abuse as a priority area. The Chair stated that she was pleased to see development of a strategy in this area but expressed concern that 85% of

victims of abuse had been identified as having sought help 5 times from professionals.

The Assistant Director informed that there was limited access to the 'perpetrator programme' that must be self-funded by the perpetrator unless referred by the Court.

A Member commented that although the report focused primarily on the impact on children, domestic abuse also happened to adults. She questioned if there was an integrated front door arrangement for adults, with support and recognition of the problems. The Head of Service advised that specific training was being developed to help address the '5 time' issue and 40% of high-risk victims of abuse reported mental health difficulties.

Further discussion took place with the Officers responding to questions from Members.

The Chair clarified that future reports to the Adult Care and Health Overview and Scrutiny Committee should contain sufficient information on the progress and improvements to the service, and not just rely on statistical performance indicators.

Resolved – That

- 1) the report be noted; and**
- 2) further reports be presented to the Adult Care and Health Overview and Scrutiny Committee on a quarterly basis to monitor progress and ensure improvement of services.**

32 PUBLIC HEALTH ANNUAL REPORT 2019 – CREATIVE COMMUNITIES

Julie Webster, Director for Health and Wellbeing introduced the Public Health Annual Report (PHAR) 2019, an independent annual report, and a statutory requirement. The PHAR had been considered by Cabinet at its meeting held on 30 September 2019 (minute 32 refers) and by Council at its meeting held on 14 October 2019 (minute 71 refers). The report informed that engaging with cultural activities had several positive benefits; it helped people to recover from illness, both physical and mental and helped preventing illness and keeping people well.

The 2019 Report, Creative Communities, explored the role of culture as a means of improving health and wellbeing, presented local examples of those benefits and called for everyone in Wirral to be part of a Borough of Culture legacy that left people happier and healthier.

The Adult care and Health Overview and Scrutiny Committee noted that the PHAR was an important vehicle to identify key issues, flag up problems, report progress and inform local inter agency action. The purpose of the PHAR was to draw attention to local issues of importance which had an impact on population health. Since the Council took back responsibility for Public Health in 2013 it had 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

The Committee was informed that these reports had 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 local communities from alcohol abuse and gambling.

The 2019 Report sought to influence the developing narrative around social prescribing and how the Council engaged and worked with local people to support them to live healthier lives.

The Director for Health and Wellbeing informed Members of the strong relationship held between the Council and grass root organisations such as Age UK and Open Door and explained how Wirral's tenure as 'Borough of Culture' had played a significant role as part of, and integral to, healthcare of residents.

A Member commented that in terms of public health she had been surprised that engagement in cultural activities had been the focus of this year's annual report, and felt there should be more focus on poverty, housing, and age/health inequalities – all of which were significant issues that needed to be addressed and reported.

The Chair highlighted that there didn't appear to be any reference to fuel / food poverty, and although not dismissing report, because there were benefits evident, she felt the annual report needed to report on and address such key issues as a priority.

A short discussion took place, with Members expressing views on such matters as a more 'back to basics' public health report – covering obesity, alcohol, housing, dental care, and vaccinations – with supporting data to be provided. Other issues raised by Members included monitoring levels of air pollution, indices of deprivation, cancer, and general life expectancy based upon where people lived.

The Director for Health and Wellbeing agreed that there was a clear demand from the Overview and Scrutiny Committee to understand the issues affecting Wirral's health and that she would come back to the Committee with more specific and regular reporting on key areas of concern e.g. housing and food poverty.

The Chair thanked the Director for Health and Wellbeing for her report.

Resolved – That the report be noted.

33 **BETTER CARE FUND - WINTER PRESSURE ARRANGEMENTS**

Jacqui Evans, Assistant Director, Unplanned Care and Community Care Market Commissioning introduced her report that provided an update position for the Adult Care and Health Overview and Scrutiny Committee on the recent Better Care Fund (BCF) submission for Wirral, currently part of the regional and national assurance process, and intentions with regards planning for Winter 2019/20.

The report informed that Wirral continued to use the Better Care Fund (BCF) to drive integration and prioritises transformational change and development of services which ultimately improved patient outcomes, supporting the move to financial sustainability within an integrated system. Priorities directly support the planned and unplanned elements of the Council's 5-year plan. The report further informed that the key focus had 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.

Members noted that whilst the BCF had supported a fundamental shift in Wirral, with a stark reduction in the need for long term care (20% reduction in the past 2 years) and a 17% growth in domiciliary activity in the past 18 months, there remained challenges in some areas, notably Length of Stay (LOS) in acute and community bed-based settings.

The report also informed that work was well underway to improve pathways and strengthen Wirral's community services to reduce the numbers of people attending the Emergency Department (ED) and being admitted. The BCF was seen as core to 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.

The Assistant Director, Unplanned Care and Community Care Market Commissioning updated the Adult Care and Health Overview and Scrutiny Committee on key elements of her report, and outlined the key challenges faced by the BCF in the coming months.

Members questioned the Assistant Director in detail on areas such as system sustainability, access to mental health service provision, funding allocations and general levels of service provision in areas of deprivation, and specific details regarding additional GP appointments and the management thereof.

The Assistant Director responded accordingly but highlighted the workforce challenges faced in Wirral and successes in avoiding high numbers of hospital readmissions, with 85% of people remaining at home 91 days after discharge.

The chair thanked the Assistant Director, Unplanned Care and Community Care Market Commissioning for her report.

Resolved – That the report be noted.

34 **2019/20 QUARTER 2 WIRRAL PLAN PERFORMANCE**

The Director of Adult Care and Health introduced his report that provided the 2019/20 Quarter 2 (July – September 2019) performance for the Wirral Plan pledges under the remit of the Adult Care and Health Overview and Scrutiny Committee. The report provided an overview on progress in Quarter 2 and available data in relation to a range of outcome indicators and supporting measures. The report also included further performance information that had been requested by Members to enable effective scrutiny.

The report summary provided information on the following 3 key areas:

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

The Director of Adult Care and Health reported success in some areas, and a satisfactory 'flat' response in the majority of areas – based on survey results undertaken during the period in question.

The Chair provide a brief update to the Committee on the outcome of a workshop session that had been held since last meeting.

Resolved – That the report be noted.

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

The Chair introduced the report of the Head of Intelligence, Statutory Scrutiny Officer that provided an overview of the Health and Care Performance Panel meeting held on 9 October 2019 and 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 included updates on the following key items, namely:

- All Age Disability and Mental Health Service Update – provided by Jason Oxley, Assistant Director Health and Care Outcomes.
- Park House Improvement Plans Update and Care Home Complaints.

The Chair informed the Adult Care and Health Overview and Scrutiny Committee that options for improving performance and contract compliance in Care Homes and review of Health and Care providers was to be scheduled as a matter for consideration by the Committee under its work programme, to be reviewed in terms of a revisit of past recommendations.

Resolved – That the report be noted.

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

The Chair 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 16 September 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 update report provided the Committee with an opportunity to plan, review and evaluate its work across the municipal year. The work programme for the Adult Care and Health Overview and Scrutiny Committee for the remainder of the 2019/20 municipal year was attached as Appendix 1 to the report. The report also contained a list of topics for future consideration, work programme activities with suggested dates / deadlines.

A Member requested that the Urgent Care Transformation Update be brought forward from its scheduled March slot to be considered by the Adult Care and Health Overview and Scrutiny Committee at its January 2020 meeting.

The Chair also expressed concern over budget scrutiny and suggested that a provisional date be agreed for the Committee to consider this matter at a special meeting in also in January 2020.

Subject to the above suggested amendments to the scheduled Work Programme, it was:

Resolved – That the report be noted.

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|--|---|
| | |
| Agenda Item | Grove Discharge Unit, Clatterbridge Hospital |
| Title of Report | Progress Briefing |
| Date of Meeting | January 2020 |
| Author | Anthony Middleton, Chief Operating Officer Amanda Pattullo, Wirral System Lead for Discharge |
| Accountable Executive | Anthony Middleton |
| BAF References | |
| <ul style="list-style-type: none"> • Strategic Objective • Key Measure • Principal Risk | |
| Level of Assurance | Positive |
| <ul style="list-style-type: none"> • Positive • Gap(s) | |
| Purpose of the Paper | For Noting |
| <ul style="list-style-type: none"> • Discussion • Approval • To Note | |
| Data Quality Rating | Bronze - qualitative data |
| FOI status | Document may be disclosed in full |
| Equality Analysis completed Yes/No | No |
| If yes, please attach completed form. | |

1. Executive Summary

The purpose of this report is to provide a progress update in respect of the 30-bedded Transfer to Assess (T2A) facility, Grove Discharge Unit (GDU), which came into operation at the end of November 2018, operating on the Clatterbridge site. This report will focus specifically on performance within the Unit for the 6-month period from July to mid December 2019.

2. Background

As outlined in the previous report presented to the September meeting, GDU operates under the direction of Tamaris-Four Seasons Healthcare and fulfils the purpose of providing a sub-acute model of care. The contract is a 2-year tenure with the mutually agreed option of a 2-year extension.

The principle drivers for the partnership with Tamaris-Four Seasons in November 2018 were high bed occupancy in the acute trust (98% against the recommended 85%), the need for additional beds during winter and recognition of the challenges in recruiting trained nurses to staff additional beds (approx. 92 vacancies in trained nursing posts with Medicine and Acute Division).

3. Functionality of the Unit

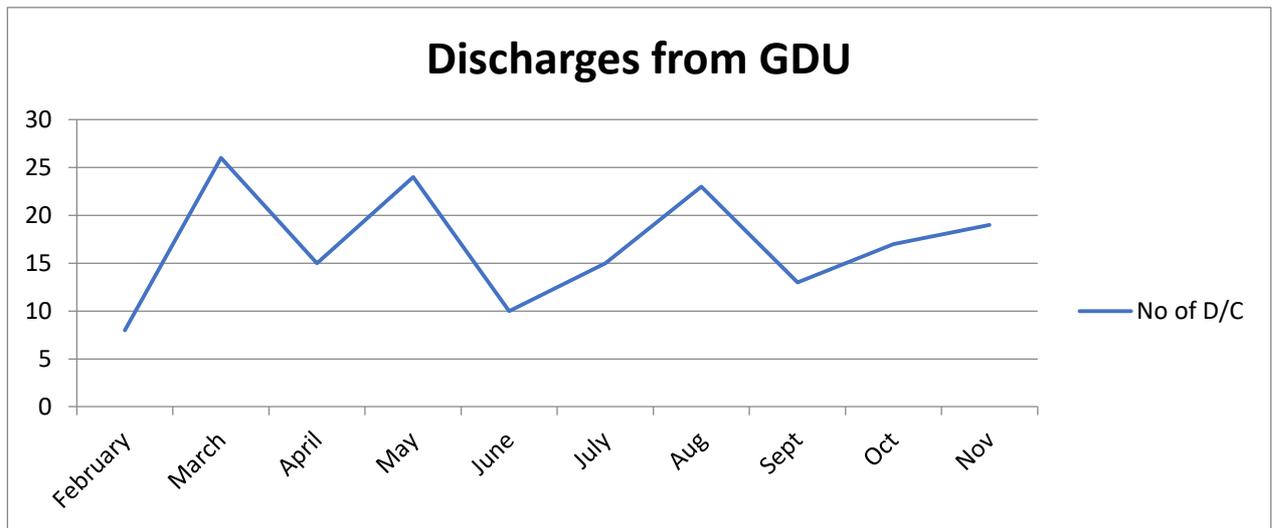
The 30-bedded Nurse-led Unit continues to support flow in the acute setting by enabling the transfer of medically optimised patients, thus freeing up valuable capacity on the Arrowe Park site for patients requiring general and specialist acute care.

Aiming to promote independence and self-care, encouraging patients to take greater responsibility for their own physical and mental health and live independently as part of their communities, the Unit provides short-term support whilst health and social assessments are undertaken, aiming to reduce permanent admissions to Care Homes. The intended maximum length of stay is 4.2 weeks, including weekend and Bank Holidays.

4. Admission and Discharge Activity Data

During the period of July to mid December 2019 a total of 101 people were transferred to the unit.

Monthly discharges from the Unit remain variable which is consistent with other T2A providers on Wirral. The ability to support early discharge for patients is entirely reliant on consistent Social Worker support and also the availability of domiciliary/reablement services to support those patients returning to their own home.



5. Patient Outcomes

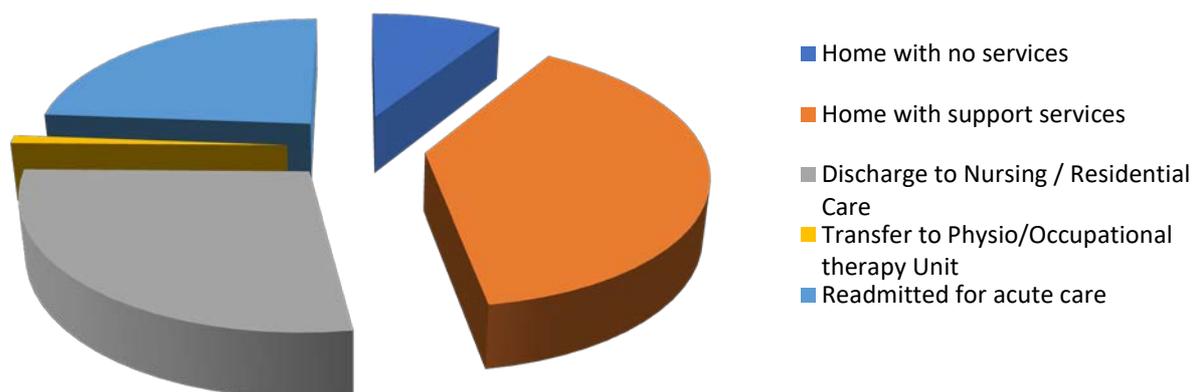
Analysis of the discharge destination for the 101 patients discharged from GDU during July to mid-December has revealed the following:

| Discharge Outcome | No of patients |
|--|----------------|
| Home with no services | 9 |
| Home with support services | 39 |
| Discharge to Nursing / Residential Care | 28 |
| Transfer to Physio/Occupational therapy Unit | 1 |
| Readmitted for acute care | 24 |
| Total | 101 |

5.1 Discharge Destination

It is extremely positive that following their stay on GDU approximately 50% of the patients discharged were able to return to their own home.

Destination on Discharge



5.1.1 Readmission for acute care

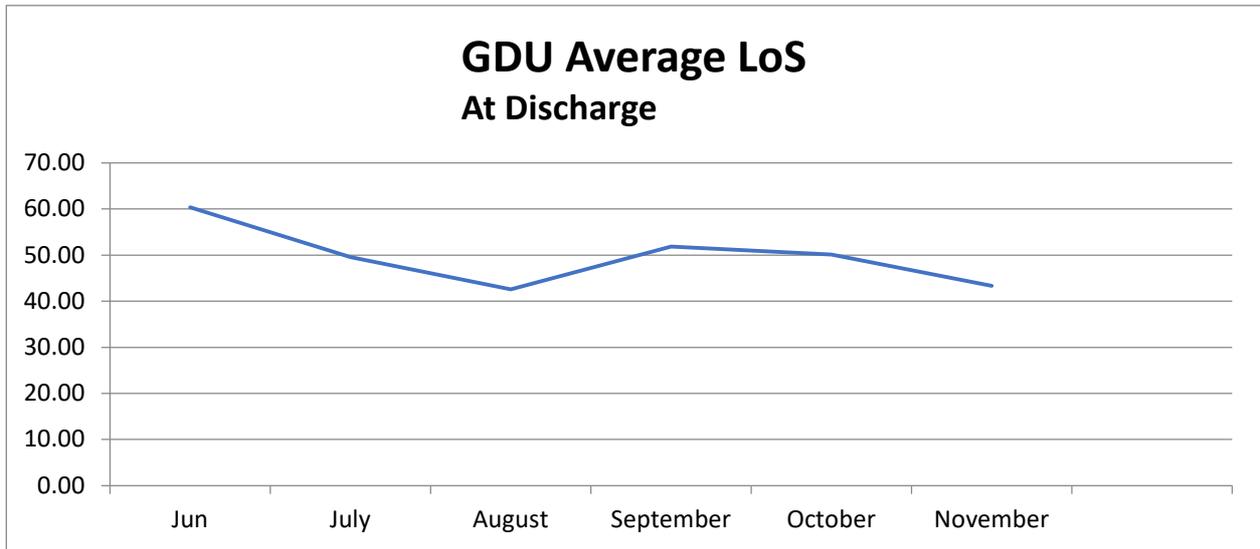
For the reporting period July to mid-December there were 24 readmissions for acute care. This is a 28% reduction when compared to the first 6 months of GDU activity data. Further analysis of this cohort of patients has revealed that all were appropriate admissions to GDU and the timeframe and reason for readmission for acute care is variable, as detailed below:

| Time on GDU | No of readmissions | Comment |
|-------------|--------------------|--|
| 0-7 | 6 | 3 of these relate to one patient with a complex medical history requiring short periods of readmission for acute care before returning to GDU for discharge planning |
| 8-14 | 5 | Only 1 of the 5 patients returned to GDU following their readmission for acute care |
| 15-21+ | 13 | Readmission for acute care was appropriate as medical condition had deteriorated |

6. Length of Stay (LoS) Data

Reducing the overall length of stay for patient in GDU remains a significant challenge for patients with highly complex care needs. Availability of large scale domiciliary/reablement care has had a significant impact upon the number of delayed discharges. However, since September there has

been a steady downward trend in the average length of stay:



In December with consistent Social Work support and the availability of domiciliary/reablement care, we have successfully discharged 4 of the longest stay patients, each with a LoS of >140 days, which will have had a significant impact upon the monthly average figure for the Unit, increasing it to 64 days. However, the Unit average excluding these 4 patients is 32 days which is closely aligned to the target of 4.2 weeks.

| Month of Discharge | Length of stay on GDU | Discharge Destination |
|--------------------|-----------------------|---------------------------------|
| December | 142 days | Supported Housing |
| | 145 days | Home with short-term reablement |
| | 150 days | Home with short-term reablement |
| | 194 days | Out of Area Placement |

7. Quality Assurance and Patient Experience

The quality assurance system operated by Tamaris-Four Seasons is known as Quality of Life ("QOL"). Tablet (iPad) technology is used in the home to capture data. There are a number of strands to QOL, including:

- (i) Daily walk-around and monthly medication short audits:

| | Monthly Medication | | | | | ICTRaCA (admissions, progress and discharge) | | | | | Daily Walkabout | | |
|--------|--------------------|-------|----------------|-------------------------|----------------------|--|-------|----------------|-------------------------|----------------------|-----------------|-------|----------------------|
| Freq. | Monthly | | | | | As required | | | | | Daily | | |
| Month | Volume | Score | Actions raised | Average days to resolve | *Outstanding Actions | Volume | Score | Actions raised | Average days to resolve | *Outstanding Actions | Volume | Score | *Outstanding Actions |
| Jan-19 | 1 | 91.7 | 10 | 4 | 0 | 63 | 98.3 | 31 | 2 | 0 | 33 | 94.8 | 0 |
| Feb-19 | 1 | 96.6 | 5 | 1 | 0 | 54 | 96.7 | 70 | 3 | 0 | 29 | 92.8 | 0 |
| Mar-19 | 1 | 99.2 | 3 | 4 | 0 | 74 | 96.4 | 81 | 3 | 0 | 33 | 96.1 | 0 |
| Apr-19 | 1 | 97.0 | 6 | 3 | 0 | 62 | 98.4 | 38 | 2 | 0 | 35 | 97.1 | 0 |
| May-19 | 2 | 97.1 | 8 | 8 | 0 | 64 | 98.0 | 41 | 3 | 0 | 31 | 99.0 | 0 |
| Jun-19 | 1 | 93.3 | 8 | 3 | 0 | 46 | 96.1 | 67 | 4 | 0 | 32 | 99.1 | 0 |
| Jul-19 | 1 | 93.9 | 8 | 1 | 0 | 57 | 98.8 | 22 | 1 | 0 | 35 | 99.7 | 0 |
| Aug-19 | 1 | 91.2 | 10 | 2 | 0 | 66 | 98.3 | 43 | 4 | 0 | 33 | 99.7 | 0 |
| Sep-19 | 1 | 97.7 | 3 | 1 | 0 | 42 | 99.2 | 20 | 3 | 0 | 28 | 100 | 0 |
| Oct-19 | 1 | 97.7 | 3 | 2 | 0 | 53 | 97.6 | 60 | 5 | 0 | 33 | 100 | 0 |
| Nov-19 | 1 | 99.2 | 1 | 1 | 0 | 59 | 98.3 | 38 | 2 | 0 | 30 | 100 | 0 |
| Dec-19 | 2 | 99.2 | 2 | 7 | 1 | 52 | 98.4 | 34 | 3 | 0 | 31 | 100 | 0 |

(ii) Monthly food, dining and housekeeping quality audit data:

| | Food Safety | | | | | Dining Experience | | | | | Housekeeping | | | | |
|--------|-------------|-------|----------------|-------------------------|----------------------|-------------------|-------|----------------|-------------------------|----------------------|--------------|-------|----------------|-------------------------|----------------------|
| Month | Volume | Score | Actions raised | Average days to resolve | Outstanding Actions* | Volume | Score | Actions raised | Average days to resolve | Outstanding Actions* | Volume | Score | Actions raised | Average days to resolve | Outstanding Actions* |
| Jan-19 | 1 | 100 | 0 | 0 | 0 | 1 | 100 | 0 | 0 | 0 | 1 | 100 | 0 | 0 | 0 |
| Feb-19 | 1 | 100 | 0 | 0 | 0 | 1 | 100 | 0 | 0 | 0 | 1 | 100 | 0 | 0 | 0 |
| Mar-19 | 1 | 100 | 0 | 0 | 0 | 1 | 100 | 0 | 0 | 0 | 1 | 100 | 0 | 0 | 0 |
| Apr-19 | 2 | 100 | 0 | 0 | 0 | 2 | 100 | 0 | 0 | 0 | 1 | 100 | 0 | 0 | 0 |
| May-19 | 3 | 100 | 0 | 0 | 0 | 3 | 100 | 0 | 0 | 0 | 2 | 100 | 0 | 0 | 0 |
| Jun-19 | 3 | 97.9 | 2 | 6 | 0 | 3 | 100 | 0 | 0 | 0 | 3 | 100 | 0 | 0 | 0 |
| Jul-19 | 1 | 100 | 0 | 0 | 0 | 1 | 100 | 1 | 1 | 0 | 1 | 100 | 0 | 0 | 0 |
| Aug-19 | 1 | 100 | 0 | 0 | 0 | 1 | 100 | 0 | 0 | 0 | 1 | 100 | 0 | 0 | 0 |
| Sep-19 | 1 | 100 | 0 | 0 | 0 | 1 | 100 | 0 | 0 | 0 | 1 | 100 | 0 | 0 | 0 |
| Oct-19 | 1 | 100 | 0 | 0 | 0 | 1 | 100 | 0 | 0 | 0 | 1 | 100 | 0 | 0 | 0 |
| Nov-19 | 1 | 100 | 0 | 0 | 0 | 1 | 100 | 0 | 0 | 0 | 1 | 100 | 0 | 0 | 0 |
| Dec-19 | 1 | 100 | 0 | 0 | 0 | 1 | 100 | 0 | 0 | 0 | 1 | 100 | 0 | 0 | 0 |

(iii) Staff and Patient Feedback:

Tamaris/Four Seasons are very proactive in obtaining regular staff and patient feedback which is then utilized to drive quality improvement within the Unit.

All staff working on GDU are required to complete a questionnaire (Appendix 1) detailing their experience as an employee. This is undertaken randomly 3 times per week. The questions are

focussed on a range of aspects including values and behavior, teamwork and leadership.

In addition, all patients in receipt of care on GDU are invited to provide feedback on their experience by completing a questionnaire (Appendix 2). The questions are focused on patient and carer involvement in goal setting and decision making, communication, quality of care and discharge planning.

| | Colleague feedback | | | Customer feedback | | |
|--------|--------------------|-------|----------------------|-----------------------------|-------|----------------------|
| Freq. | 3 per week | | | 10% effective beds per week | | |
| Month | Volume | Score | Outstanding Actions* | Volume | Score | Outstanding Actions* |
| Jan-19 | 16 | 88.2 | 0 | 35 | 98.0 | 0 |
| Feb-19 | 13 | 95.9 | 0 | 26 | 94.3 | 0 |
| Mar-19 | 15 | 88.3 | 0 | 34 | 98.1 | 0 |
| Apr-19 | 12 | 93.8 | 0 | 33 | 92.6 | 0 |
| May-19 | 19 | 87.6 | 0 | 36 | 97.8 | 0 |
| Jun-19 | 21 | 90.3 | 0 | 34 | 97.4 | 0 |
| Jul-19 | 18 | 86.3 | 0 | 31 | 98.5 | 0 |
| Aug-19 | 20 | 75.6 | 0 | 44 | 98.3 | 0 |
| Sep-19 | 18 | 90.3 | 0 | 44 | 99.1 | 0 |
| Oct-19 | 12 | 89.9 | 0 | 36 | 96.9 | 0 |
| Nov-19 | 14 | 95.2 | 0 | 36 | 97.8 | 0 |
| Dec-19 | 15 | 88.8 | 0 | 46 | 98.7 | 0 |

8. Future Sustainability

Despite previous concerns about the future financial stability of Tamaris-Four Seasons, the Trust have again been given assurance that there will be no closure of homes and that the priority remains to ensure continuity of care for residents and patients.

9. Further Opportunities to Optimise Care

In order to improve the flow of patients and avoid undue delay for patients requiring a period of rehabilitation, WUTH is currently exploring a model whereby GDU would support the 40-bedded Rehabilitation Unit, M1, at CBH by facilitating the stepdown of patients who have achieved their rehabilitation goals but are awaiting discharge with domiciliary/reablement care. This would release sought-after therapy capacity on M1 to facilitate the timely transfer of patients from APH, thus supporting the philosophy of right care in the right place at the right time.

10. Summary

The overall performance of GDU as a step-down Unit remains good, particularly in relation to the quality of care provided to patients. The outcome of care for patients remains extremely positive with almost 50% of patients being able to return home on discharge. We continue to work with our Health and Social Care partners to address the issues of delayed discharge, particularly in relation to domiciliary and reablement care for the most complex patients.

Appendix 1 – Staff Questionnaire

Export from the Meridian Desktop - Page: HR >> Colleague Engagement >> Questionnaire Search

Colleague Engagement survey

Your questionnaire can be viewed below. Please scroll to the bottom to see a breakdown of scores and summary information relating to this questionnaire.

General Information

| | |
|------------------|---------------------|
| Questionnaire ID | 4082485 |
| Home | (CLA) Clatterbridge |
| Completion Date | 06/01/2020 |
| Day of the week | Monday |

Colleague Engagement Survey

| | | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | N/A |
|---|---|-------------------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|
| 1 | I feel part of a team? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | I have the knowledge and tools I need to do a good job? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | I trust my manager to do the best for me and the home? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Manager is proactive in looking after the unit | | | | | | |
| 4 | I plan to continue my career here? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | I would recommend my home to a friend or colleague? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | I understand how my work contributes to our success? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | I am clear about what I am expected to do in my job? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | | |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

| Sections | Score | Result |
|-----------------------------|--------|---------|
| Colleague Engagement Survey | 700.00 | 100.00% |
| Overall Section Ratings | 700 | 100.00% |

Appendix 2 – Patient Feedback

Intermediate Care Patients Feedback

Your questionnaire can be viewed below. Please scroll to the bottom to see a breakdown of scores and summary information relating to this questionnaire.

General Information

| | |
|------------------|---------------------|
| Questionnaire ID | 3987176 |
| Home | (CLA) Clatterbridge |
| Completion Date | 14/11/2019 |
| Day of the week | Thursday |

We would like you to think about your recent experiences of our service.

| | | | | | | | |
|---|---|-------------------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|
| 1 | How likely are you to recommend our Service to friends and family if they needed similar care or treatment? | Extremely likely | Likely | Neither likely or unlikely | Unlikely | Extremely unlikely | Don't know |
| | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Intermediate Care Patients Feedback

| | | | | | | |
|---|---|-------------------------------------|--------------------------|--------------------------|--------------------------------------|---|
| 2 | The staff that cared for me had been given all the necessary information about my illness or condition from the person that referred me. | Yes | No | Don't know | | |
| | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 3 | I was given enough information about my condition and rehabilitation plan. | The right amount | Too much | Not enough | | |
| | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4 | Staff explained to me what we were aiming to achieve with my rehabilitation plan e.g. to be mobile at home, to be independent at home, to be able to go out shopping, to understand and managed my health better. | Yes | No | Not sure | | |
| | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 5 | I was involved in setting these aims. | Yes, always | Yes, sometimes | No | | |
| | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 6 | I was involved in discussions and decisions about my care, support and treatment as I wanted to be. | Yes, definitely | Yes, to some extent | No | | |
| | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7 | My family, carer or friend were also involved in these decisions as much as I wanted them to be. | Yes, definitely | Yes, to some extent | No | There was no family, carer or friend | I did not want my family, carer, friend to be |

| | | | | | | |
|----|--|-------------------------------------|---|----------------------------|---|---|
| | | | | | available | involved |
| | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | When I had important questions to ask, staff were available to listen and reassure me. | Yes, always | Yes, sometimes | No | I had no need to ask | |
| | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9 | I had confidence and trust in the staff treating and supporting me. | Yes, always | Yes, sometimes | No | | |
| | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10 | I always knew who was coordinating my care. | Yes | No, I coordinated my own care and support | I don't know / not sure | | |
| | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 11 | I was involved in the decision about my discharge and the agreed discharge date. | Yes, definitely | Yes, to some extent | No | I didn't want to be involved | |
| | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12 | Staff took into account my family and home life when planning my discharge. | Yes, completely | Yes, to some extent | No | It was not necessary | Don't know |
| | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 | Staff gave to my family, carer or friend all the information required to care for me at home. | Yes, definitely | Yes, to some extent | No | There was no family, carer or friend available. | I didn't want my family, carer or friend to be involved |
| | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 | Overall I felt I was treated with respect and dignity whilst I was receiving care from this service. | Yes, always | Yes, sometimes | No | | |
| | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 15 | Since having received care from this service, my ability to maintain social contacts has improved. | Yes | Yes, to some extent | No | I am not concerned about this | |
| | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 16 | I have been sufficiently informed about the other services that are available to people in similar circumstances including supporting organisations. | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
| | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 | Do you feel that there is something that could have made your experience of the service better? | Yes | | | No | |
| | | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | |

| | | |
|----|--------------------------------|--|
| 18 | If yes, could you detail here. | |
|----|--------------------------------|--|

| Sections | Score | Result |
|---|---------|---------|
| <u>We would like you to think about your recent experiences of our service.</u> | 100.00 | 100.00% |
| <u>Intermediate Care Patients Feedback</u> | 1600.00 | 100.00% |
| Overall Section Ratings | 1700 | 100.00% |

Intermediate Care Patients Feedback

Your questionnaire can be viewed below. Please scroll to the bottom to see a breakdown of scores and summary information relating to this questionnaire.

General Information

| | |
|------------------|---------------------|
| Questionnaire ID | 3967176 |
| Home | (CLA) Clatterbridge |
| Completion Date | 14/11/2019 |
| Day of the week | Thursday |

We would like you to think about your recent experiences of our service.

| | | | | | | | |
|---|---|-------------------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|
| 1 | How likely are you to recommend our Service to friends and family if they needed similar care or treatment? | Extremely likely | Likely | Neither likely or unlikely | Unlikely | Extremely unlikely | Don't know |
| | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Intermediate Care Patients Feedback

| | | | | | | |
|---|---|-------------------------------------|--------------------------|--------------------------|--------------------------------------|---|
| 2 | The staff that cared for me had been given all the necessary information about my illness or condition from the person that referred me. | Yes | No | Don't know | | |
| | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 3 | I was given enough information about my condition and rehabilitation plan. | The right amount | Too much | Not enough | | |
| | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4 | Staff explained to me what we were aiming to achieve with my rehabilitation plan e.g. to be mobile at home, to be independent at home, to be able to go out shopping, to understand and managed my health better. | Yes | No | Not sure | | |
| | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 5 | I was involved in setting these aims. | Yes, always | Yes, sometimes | No | | |
| | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 6 | I was involved in discussions and decisions about my care, support and treatment as I wanted to be. | Yes, definitely | Yes, to some extent | No | | |
| | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7 | My family, carer or friend were also involved in these decisions as much as I wanted them to be. | Yes, definitely | Yes, to some extent | No | There was no family, carer or friend | I did not want my family, carer, friend to be |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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ADULT CARE AND HEALTH OVERVIEW & SCRUTINY COMMITTEE

21 JANUARY 2020

| | |
|---------------------|--|
| REPORT TITLE | Adult Social Care – Annual Complaints Report (April 2018 to March 2019) |
| REPORT OF | Graham Hodgkinson Director of Care and Health |

REPORT SUMMARY

It is a statutory requirement for the Council to produce an annual report about complaints made by, or on behalf of people who receive support or services from Adult Social Care. The annual report also provides a mechanism by which the Council can monitor the quality and effectiveness of services and of its complaints procedure.

This report provides an overview and analysis of all complaints received during the reporting period 1 April 2018 to 31 March 2019; including a summary of identified issues, examples of service improvement and details of future objectives for 2019/20.

This matter affects all Wards within the Borough.

RECOMMENDATION/S

Members are asked to note the contents of the report.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 It is a statutory requirement to provide an annual complaints report.

2.0 OTHER OPTIONS CONSIDERED

2.1 N/A

3.0 BACKGROUND INFORMATION

3.1 The Report is attached as Appendix 1, and provides details of the number of complaints received, the nature of the complaint, response times and the proportion of complaints that are upheld and not upheld. The report also describes the process for complaints directly to service providers and also how learning from complaints is captured and used to continually improve service performance.

4.0 FINANCIAL IMPLICATIONS

4.1 There are no financial implications arising from the report.

5.0 LEGAL IMPLICATIONS

5.1 It is a statutory requirement for the Council to produce an annual report.

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

6.1 There are no resource implications arising from the report.

7.0 RELEVANT RISKS

7.1 There are no specific risks arising from this report but there can be reputational risks arising from specific complaints

8.0 ENGAGEMENT/CONSULTATION

8.1 There has been no reason to engage/consult as part of this report.

9.0 EQUALITY IMPLICATIONS

9.1 There are no equality implications arising from the report.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 There are no environment or climate implications arising from the report.

REPORT AUTHOR: *Jen Harris*
(Interim Complaints Manager – Adult Social Care)
Telephone: (0151 666 4810)
E-mail: jennyharris@wirral.gov.uk

APPENDICES

Appendix 1 - Full Annual Complaints Report 2018/19

BACKGROUND PAPERS

SUBJECT HISTORY (last 3 years)

| Council Meeting | Date |
|---|-------------------|
| 1. Adult Care and Health Overview and Scrutiny Committee – Annual Complaints Report 2017/18 | 27 November 2018 |
| 2. Adult Care and Health Overview and Scrutiny Committee – Annual Complaints Report 2016/17 | 13 September 2017 |
| 3. People Overview and Scrutiny Committee – Annual Complaints Report 2015/16 | 23 March 2017 |

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Adult Social Care Annual Complaints Report

April 2018 - March 2019

Contents

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| 3. How to Make a Complaint | 5 |
| 4. Advocacy | 5 |
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| 10. Looking Forward | 13 |

1. Executive Summary

- 1.1 It is a statutory requirement to produce an annual report about complaints made by, or on behalf of people who receive support or services from Adult Social Care. This annual report also provides a mechanism by which the Council can monitor the quality and effectiveness of services and of its complaints procedure.
- 1.2 This report provides an overview and analysis of all complaints received during the reporting period 1 April 2018 to 31 March 2019; including a summary of identified issues, examples of service improvement and details of future objectives for 2019/20. Comparisons from the previous reporting period, i.e. from 1 April 2017 to 31 March 2018, have been included where available.
- 1.3 The report will be published on the Council's website, and made available to managers and staff, elected members, residents and inspection bodies. During 2018/19, 10,884 service contacts were received from new clients by Adult Social Care and Health. At the beginning of April 2018, 4,098 people were being provided with ongoing support. This report provides information about complaints received by Adult Social Care for the same period
- 1.4 Under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, it is a statutory requirement to produce an Annual Report which provides information on the quantity of the complaints received and the performance of the complaints response.
- 1.5 Each complaint will be acknowledged within 3 days and complainants will be informed of the expected timescale at the outset. In all cases complaints should be dealt with expediently however some complaints of a more complex nature will require more time to investigate and resolve. The maximum amount of time allowed to deal with any complaint is six months. Investigations will be conducted in an impartial, reasonable and proportionate manner. Full regard will be taken of the desired outcomes of the complainant. Where mistakes have been made, we will acknowledge them, apologise and seek to rectify the situation, by a prompt, appropriate and proportionate remedy.
- 1.6 Complaints should be managed effectively at all stages of the procedure by having clear and straightforward systems in place to capture them. Processes for making a complaint should be readily accessible to all clients, and decisions taken as quickly as possible; where fault is found, lessons learnt are then fed back into service improvements. We also seek to use our intelligence and work with operational teams to reduce the level of dissatisfaction occurring.
- 1.7 As noted in last year's report, in June 2017, the Council formally integrated some of its Adult Social Care assessment and support planning services with Wirral Community NHS Foundation Trust (WCNFT). This resulted in some Council staff like Social Workers and Care Navigators moving over to work for WCNFT. The second phase of this integration took place during 2018/19. This involved the

remaining Adult Social Care assessment and support planning services formally transferring to Cheshire and Wirral Partnership Trust (CWP). This change took place in August 2018. Following both stages of integration, complainants now have the option to raise their complaint with either the Council or the NHS. These significant changes have had an impact on the level of complaints made to the Council in relation to Adults Social Care.

2. Background – Statutory Complaints Procedure

2.1 A complaint is defined as any expression of dissatisfaction about the exercise of Adult Social Care functions that requires a response. Complaints that are made orally and can be resolved on the same working day may be excluded from the procedures; all other complaints are dealt with through the complaints procedure.

2.2 Complaints must be made by an eligible person. An eligible person is either

- (i) a person who receives services or may be eligible to receive services
- (ii) a person who is affected, or likely to be affected by the action, omission or decision of the Department, or;
- (iii) a person with sufficient interest or consent acting on behalf of a person described in (i) & (ii).

2.3 A complaint must be made within 12 months of the event complained about. This may be extended at the discretion of the Complaints Manager.

2.4 Commissioned services are services provided by an external company or voluntary agency on behalf of the Council. Complaints about commissioned services can be made direct to the Council or to the Provider. Complaints made to the Provider can subsequently be referred to the Council for consideration if the complainant is not satisfied. If the Provider escalates a complaint through its internal complaints procedure, the complainant (if dissatisfied) can then forward their complaint direct to the Local Government Ombudsman (LGO). It is relevant to note that the Council may have no knowledge of the complaint until contact from the LGO is received.

2.5 Stage One – Local Resolution Stage

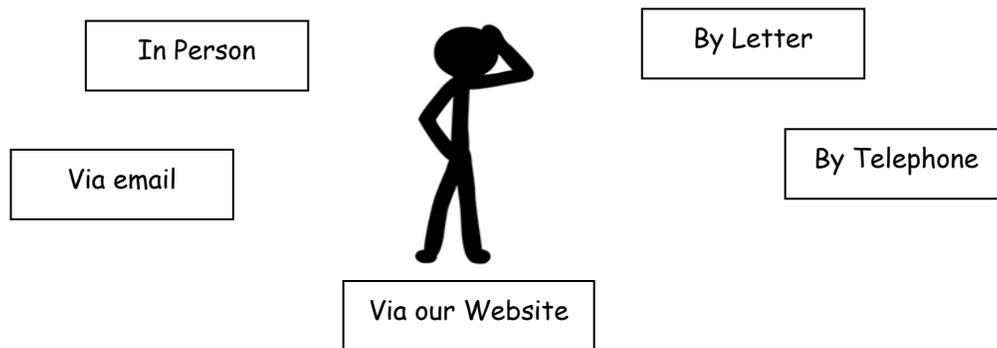
This stage provides the opportunity for managers and staff who have responsibility for the case to try and resolve issues of dissatisfaction at a local level, as early as possible. The Complaints Team provides support and guidance to both the complainant and the service manager, to help achieve early resolution. Where failings have been identified, the Team will work to ensure that matters are put right quickly with lessons learned captured, feeding this intelligence back into the relevant service areas to ensure improvements are made. The timescale for resolving these complaints is 25 working days. Dependent on the complexity of the complaint, the Complaints Team will arrange a meeting with the complainant and a senior officer to explore the concerns raised.

2.6 Local Government Ombudsman (LGO) stage

If a complainant remains dissatisfied after receiving a response to their complaint, they can forward their complaint to the LGO. A complainant can access the LGO at any point; but the LGO normally provides the Council with the opportunity to process the complaint through the statutory procedure before dealing with the complaint. Over the last 12 months, the LGO has implemented a two staged approach to complaints received. The first being the Enquiry Stage, a new team review the complaint, the Council are usually given between 3/4 days to provide some initial information (Council's final response letter and any other key information). The LGO will then either escalate the complaint to an Investigation Stage or close the complaint. The reasons for closure may include, a late referral (i.e. over 12 months old) or that they are satisfied the Council has managed the complaint. If the LGO has chosen to investigate the complaint, the timescale for responding to the investigation is usually 28 calendar days, which the Council is required to adhere.

3. How to make a complaint

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



Full details can be found at:

<http://www.wirral.gov.uk/about-council/complaints/complaints-about-adult-social-services>

4. Advocacy

Advocacy, in its broader sense, is about empowering people to make sure that their rights are respected. It is also paramount that individual's views and wishes are fully considered and reflected in decision-making about their own lives. In general, where clients or carers wish to use an advocate, the Council has commissioned an organisation called Ncompass. This company provide free, confidential and

independent advocacy to people who use care and community services in Wirral. Alternatively, people can contact a relevant disability or carers organisation for assistance; such as Age UK, Learning Disability Experience or Carers UK. The Complaints Team can put complainants in touch with advocacy organisations where requested or for cases which it is felt would benefit from such support.

5. Confidentiality

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

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

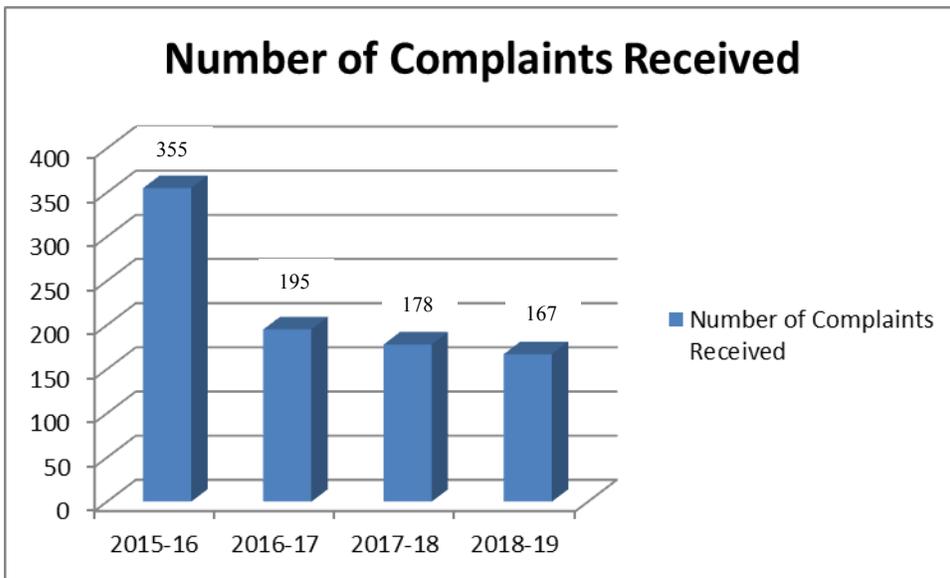
6. Complaints and other logged contacts 2018/19

6.1 Over the course of the year, the Team formally logged 193 contacts. These have been defined into 5 key areas:

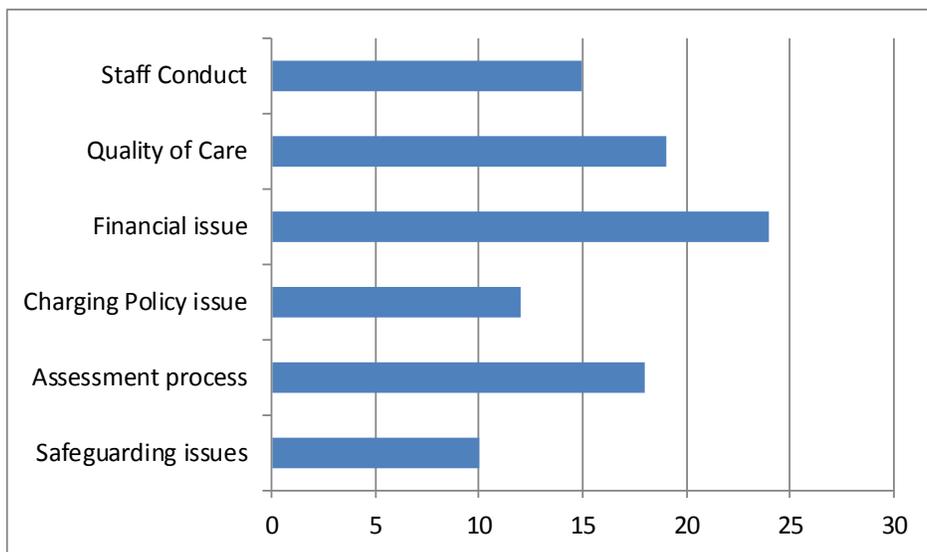
- Complaints (167)
- Concerns (3)
- Local Government Ombudsman cases (18)
- Transferred to other Departments (2)
- Whistleblowing (2)

Complaints Received

6.2 The total number of complaints registered in 2018/19 was 167, slightly down from the number logged in the previous year of 178. As discussed in 1.7 above, complainants now have the option to raise their concerns directly to social care delivery partners (WCNFT/CWP), which explains the reduction compared to previous years. The complaints shared with our NHS partners are reported to the Council through contractual meetings and inform practice improvement in the same way, had they been received by the Council.



- 6.3 Of the above complaints, 86% were acknowledged within the first 3 days.
- 6.4 Each year the team receive a wide range of concerns and issues. During 18/19 a third of all complaints received were about commissioned services, including Care Homes, Domiciliary Care Agencies, Supported Living providers and Assistive Technology.
- 6.5 A more detailed analysis of the issues complained about, shows that there are some key themes emerging which are illustrated in the table below. The complaints in the table represent almost 60% of the complaints received:



- 6.6 As referenced in last year's report, the Team had seen an increase in complaints about financial concerns; this theme has continued into 2018/19. The key financial concerns shared involve disputed invoices, misunderstanding of charging implications of receiving care, lack of clear information on the charging process, backdated charges/invoices and delayed financial assessments. In addition to this, we have also seen a rise in complaints about the quality of care, whereby the complainant is asking for the charges to be waived.
- 6.7 Of the complaints received, 89% were resolved at the Local Resolution Stage by the Complaints Team and did not progress to the Local Government Ombudsman. This compares to 79% in the previous reporting period of 2017/18.

Complaints about Care Providers

- 6.8 As discussed above, a third of complaints received were about commissioned packages of support. Complaints about commissioned services may be made to the Provider in the first instance. They may then be referred to the Complaints Team if the complainant is not satisfied with the response. Complainants may wish to approach the Complaints Team in the first instance, which is also acceptable. In such cases, the Providers will be expected to provide a detailed draft response to the complainant, which the Complaints Team will review to ensure it is appropriate and addresses the concerns raised. It is relevant to note that Registered Care Providers are contractually obliged to inform the Council about complaints shared directly with them; this information is shared on a monthly basis. The Care Quality Commission (CQC) also review complaints received by the Provider as part of the inspections it undertakes.
- 6.9 In previous years, the report has shared complaints in four broad areas including:
- Staff Conduct
 - Quality of Care
 - Late/missed domiciliary care calls
 - Medication errors

The Complaints Team is of the opinion that complaints received during 2018/19 have increased in terms of their complexity, which can be difficult to capture and convey within reports.

- 6.10 With this in mind, the following Case Studies have been shared from complaints about commissioned services. It is hoped this will provide a better insight for members of the intricate investigatory work required and being undertaken within the team:



Case Study 1 (Supported Living) – client was left unsupervised by the Care Team and was able exit the premises without staff being aware, safeguarding concerns, lack of continuity of care support, family unable to make telephone contact with the Provider, low staffing levels, client not provided assessed 1:1 support

Case Study 2 (Nursing Home) - Poor nursing care for ulcers and pressure sores, oppressive nursing practices, inappropriate comments made by staff, poor communication between the Provider, client and their family



Case Study 3 (Residential/Nursing Home) - Safety and wellbeing concerns for staff and residents at Home, low staffing levels, residents left unsupported, nursing clients left on residential wing, Manager aware but not acting on concerns, clients not receiving 2:1 support, risk assessments for staff not being undertaken

Case Study 4 (Transfer to Assess placement) - No physiotherapy provided, odour some room, lack of shower/bath, poor appearance, not toileted regularly, incidents not being recorded, no checks on medication taken, delayed hospital admission



Case Study 5 (Domiciliary Care) – Care has always been provided at 9am for several years. Care Visits during 2019 began at 10am without any consultation. The Care Worker fitted a piece of equipment to the client back to front, causing much discomfort. Care Provider treated client and family with contempt and also the care visits were shorter than commissioned time.

The concerns raised in the above Case Studies are not isolated to these cases.

Responding to Complaints

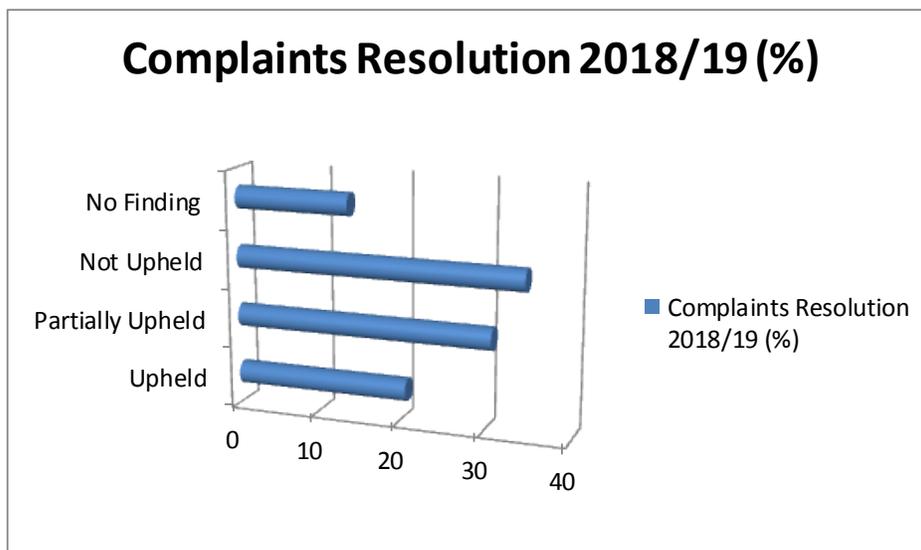
- 6.11 Timescales for responding to complaints are not statutorily prescribed, however they must be as short as reasonably possible to allow for effective consideration. Guidelines are in place to determine what a reasonable timeframe is in most circumstances. Our target is to respond to 70% of complaints within 25 working days and an expectation that all complaints are fully responded to within 6 months.
- 6.12 The average time to respond to complaints was 46 working days. This has significantly reduced from last year when the average time to respond was 104 days, which we see as a positive step and is reflective of additional staffing resources made available to the Complaints Team during the year. However, only 47% of complaints were closed within 25 days, which falls below the expected target of 70%. In addition to this, 6% of complaints exceeded the 6-month timescale. This is still an improvement on last year's figures of 25% but falls below the target of 100%.

6.13 In terms of the timescales, the Team believe the complexities of the complaints as discussed in point 6.10 above, does have a clear impact on timescales. For the most serious complaints, a formal investigation is undertaken by the Complaints Team which involves an in-depth review of the case files and may also involve interviews taking place with the Social Work Team, the Care Workers, other relevant colleagues. For complaints which require formal investigation, the timescale of 25 working days is mostly exceeded.

A comparison of performance over previous years is shown below:

| Response | Performance | | | | | Target |
|--|-------------|---------|---------|---------|------------|--------|
| | 2014/15 | 2015/16 | 2016/17 | 2017/18 | 2018/19 | |
| Average Days to Respond | 37 | 47 | 65 | 104 | 46 | |
| Percent of complaints to be responded to within 25 days <small>(from 2014-2017 15 working days)</small> | 55% | 47% | 22% | 24% | 47% | 70% |
| Percentage complaints fully responded to within 6 months | 98% | 95% | 91% | 76% | 94% | 100% |

6.14 Of the complaints responded to just over half (52%) were either fully or partially upheld. Where complaints were upheld appropriate apologies were made and relevant action taken. The chart below represents the overall position for 2018/19:



Listening to Users of Services and Learning from Complaints

6.15 Complaints are valuable to the service. As well as providing an efficient and effective way for users of public services to get their issues addressed, they also offer a chance to gain an accurate picture of the level and quality of service offered from the perspective of the user. They provide feedback on service delivery and provide a means for the user to have an input into the continuous improvement of the service. The Complaints Team work alongside the Council's Professional Standards Team and have developed a close link to the Principal Social Worker. Relevant actions arising from complaints are shared between the two teams and any learning is built into practice audits and instilled within both professional development and training moving forward. This link is pivotal to ensure we improve processes and use this intelligence as part of the learning process.

7. Training and Development

7.1 Training on complaint handling, customer care, data protection and General Data Protection Regulations (GDPR) can be accessed through the Council's Website. The Complaints Team is available to support and advise staff; to ensure that best practice is followed during a complaints investigation; and to provide targeted training with individual members of staff and managers on request.

8. Integrated Services

8.1 As discussed following the decision to formally integrate the Adult Social Care assessment and support planning services to both Wirral Community Foundation NHS Trust (WCNFT) and Cheshire and Wirral Partnership Trust (CWP) complaints can now be presented to one of three organisations:



Some positive work has taken place over the course of the year to ensure the three teams work closely on complaints, ensuring:

- A consistent approach is adopted for all Adult Social Care complaints
- That clients/clients families are clear what procedure they are being supported within
- A joint response is applied as and when required
- A robust review/investigation of the complaint is undertaken

- That all responses offer the complainant the option to refer their social care complaint onto the Local Government Ombudsman (LGO)

9. Local Government Ombudsman (LGO) Complaints

9.1 We received 18 complaints from the Ombudsman in the past year; of which 17 Decisions were made and 1 Public Report was issued against Adult Social Care. Out of the 18 cases, 9 were upheld, which represents a similar picture to the previous year.

9.2 The outcomes are shown below:

| LGO Outcome | 2015/16 | 2016/17 | 2017/18 | 2018/19 |
|---|-----------|-----------|-----------|-----------|
| Upheld, Maladministration, Injustice | 5 | 6 | 10 | 8 |
| Upheld, Maladministration, No Injustice | 1 | 1 | 0 | 1 |
| Upheld, No Further Action | 1 | 0 | 0 | 0 |
| Closed, No Further Action | 1 | 6 | 3 | 3 |
| Premature | 4 | 1 | 0 | 2 |
| Not Upheld, No Maladministration | 1 | 2 | 3 | 4 |
| Still Open | 0 | 0 | 4 | 0 |
| Total | 13 | 16 | 20 | 18 |

9.3 As discussed earlier in the report, in accordance with good practice all three Complaints Teams inform each complainant of the right to complain to the LGO. We also seek a positive relationship with the Ombudsman and agree early resolution where possible.

LGO Public Report

9.4 It has been over 10 years since the service received a Public Report from the LGO (Case Number: 17020182). Public Reports vary from Decisions, in that the LGO actively publicises the outcome of the complaint by issuing a Press Release which records the failings.

9.5 The LGO summarised the complaint as relating to a domiciliary care package commissioned by the Council which was 'not adequate'. The report noted the Council charged the client for a service he did not receive. When the client's son raised a formal complaint, the Council failed to deal with the complaints properly or take effective safeguarding action. As part of the initial complaint response, the Council acknowledged and apologised for several faults. The LGO noted that some of the faults referenced were serious, particularly around the way the Council dealt with the complaint which contained safeguarding issues. Following the LGO's investigation, the Council agreed to the following recommendations which have now been completed:

- apologise to the complainant detailing the faults identified above and the action taken to avoid similar faults in the future
- waive 50% of the clients care fees to remedy the financial loss caused
- pay the complainant £200 to remedy the frustration and stress caused
- refer this case to the Local Safeguarding Board for review
- ensure all relevant complaints and assessment staff receive appropriate safeguarding training to ensure safeguarding issues are dealt with promptly and appropriately
- review the complaint handling in this case and develop an action plan to ensure an improved service in future

The Assistant Director (Care and Health) presented a report at the Council's Standards and Constitutional Oversight Committee on Tuesday, 11 June 2019. Following this meeting, the report was also presented to Cabinet and the contents were noted.

10. Looking Forward

- 10.1 The Complaints Team will continue to work towards the agreed complaints targets.
- 10.2 The Complaints Team continue to develop working practices with the Council's Professional Standards Team and the Principal Social Worker. This relationship will ensure any learning is built into practice audits and instilled within both professional development and training moving forward. As noted, this link is pivotal to ensure we improve processes and use this intelligence as part of the learning process.
- 10.3 The current Complaints Database is now 10 years old and no longer provides the basic requirements for a system that can log, process and collate learning for complaints. The Team are working closely with Business Support, Children's Services, Corporate Complaints, IT and Procurement to identify a more functional package to record complaints. It is expected that the database will allow for learning from complaints to be accurately recorded and distributed to relevant Teams across the Adults Care and Health and other partners.

Jen Harris
Interim Complaints Manager
December 2019

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ADULT CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

DATE: 21 JANUARY 2020

| | |
|---------------------|---|
| REPORT TITLE | Merseyside Safeguarding Adults Board Annual report 2018-19 |
| REPORT OF | Lorna Quigley- Director of Quality and Safety |

REPORT SUMMARY

This is the second annual report which outlines the actions and the work that has been undertaken by the board and the sub groups of the previous year (2018-19).

Background

In April 2017, the former safeguarding adults boards in Knowsley, Liverpool, Sefton and Wirral joined together to form the Merseyside Adults Safeguarding Board (MSAB) with the aim of working together to achieve more effective and personalised safeguarding.

The purpose of the board is to work in partnership to safeguard adults within these areas who are experiencing or at risk of abuse or neglect. It is committed to effective communication between communities, professionals and partners in developing effective safeguarding for those at risk.

The core duties of the board are set out in chapter 14 of the Care Act Statutory Guidance issued under S78 of the care act 2014 which requires the board to:

- Publish a strategic plan for each financial year detailing how it will meet its main objectives and what members will do to achieve this
- Publish an annual report detailing what the board has done during the year.
- Arrange safeguarding adults review in accordance with Section 44 of the care act 2014.

RECOMMENDATION/S

To note the contents of the report, and to support the priorities of the board for the forthcoming year.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

The priorities set in 2018 are a two year programme, 2020 is the final year of these priorities.

2.0 OTHER OPTIONS CONSIDERED

Nil

3.0 FINANCIAL IMPLICATIONS

No additional finance required.

4.0 LEGAL IMPLICATIONS

Safeguarding is a statutory requirement of both the Local Authority and the NHS under the Care Act 2014.

5.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

Nil

6.0 RELEVANT RISKS

None identified

7.0 ENGAGEMENT/CONSULTATION

Engagement with services users has taken place this year and will continue in the forthcoming year.

8.0 EQUALITY IMPLICATIONS

Included within the report; safeguarding protect the vulnerable adults and those with protected characteristics.

REPORT AUTHOR: **Name: Lorna Quigley**
 Role: Director of Quality and Safety
 telephone: 0151 201 0011
 email: lorna.quigley@nhs.net

APPENDICES

<https://www.merseysidesafeguardingadultsboard.co.uk/wp-content/uploads/2020/01/MSAB-Annual-Report-2018-2019.pdf>

REFERENCE MATERIAL

www.merseysidesafeguardingadultsboard.co.uk

SUBJECT HISTORY (last 3 years)

| Council Meeting | Date |
|--|------------------------|
| Wirral Adult Care and Health Overview and Scrutiny Committee (Merseyside safeguarding Adults board annual report 2017-18) | 29 January 2019 |

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Merseyside Safeguarding Adults Board

(Knowsley, Liverpool, Sefton and Wirral)

Annual Report 2018-2019

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**SAFEGUARDING IS EVERYBODY'S
BUSINESS**

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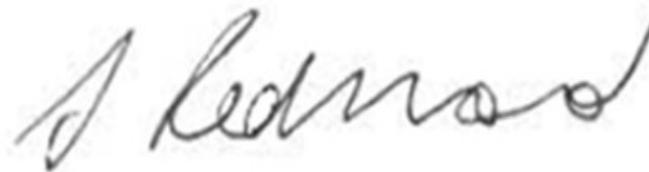
One of the most important roles in the community is ensuring adults are safe from abuse, exploitation and harm. That is why as part of the 'The Care Act 2014' all Local Authorities were required to establish a Safeguarding Adults Board (SAB) for their area, to ensure that people who have health and support needs are protected.

The Board operates at a senior level with membership across a wide range of partners and has a statutory responsibility to monitor and evaluate what is done by partner agencies, individually and collectively, to safeguard and promote the welfare of everyone in the areas covered by the Board.

In 2017 Knowsley, Liverpool, Sefton and Wirral areas moved from having individual Safeguarding Boards to one combined Board for all 4 areas, which is now known as the Merseyside Safeguarding Adults Board. All partners agreed that by combining and working across the wider area better use could be made of resources and that a greater impact could be made for local people in raising quality in all services across the area. Two years in the Board has agreed to look at how it works and see how it can increase its effectiveness and reflect on what is the best way of working and will be taking part in a peer review later in the coming year.

This report is the second annual report of the Board and highlights its work, its members and the sub groups who do most of the work on behalf of the Board. Members are committed to being part of a Board which is in touch with the real issues that affect people who use services and also frontline staff in all agencies, and we are attempting to embed peoples life experiences in all we do in the future to enable people to be able to live their lives free from fear and harm. Members are committed to regular visits to services and to voluntary groups and to hearing the voices of people who use services and this has been and continues to be the way we will work. The most important part of the work of the Board is to learn lessons from serious case reviews, details of which are described in the report. We need to ensure the learning is taken forward into all areas to prevent such incidents from happening again. This will be our top priority for the coming year.

Once again I would like to thank all those people and groups who have presented and shared their experiences with the Board, especially to the individuals and staff who are taking part in the Voices project which is so crucial to the Boards work in the future. Thank you also to the sub groups chairs and members and to all partners who are fully committed to the work of the Board. And a huge thanks on behalf of all members to the Board Business Unit team who do so much behind the scenes to enable us to do our work.



Foreword by the Chair



The Merseyside Safeguarding Adults Board



About the board

About Merseyside Safeguarding Adults Board

Safeguarding agencies across Knowsley, Liverpool, Sefton and Wirral are working together to ensure that adults are able to live in safety and free from abuse and neglect. In April 2017 the former Safeguarding Adults Boards in these areas joined together to form the Merseyside Safeguarding Adults Board (MSAB) to work together to achieve more effective and personalised safeguarding.

This combined board has been established for two years and has built on the work of the previous Safeguarding Adults Boards and the valued contributions of partner agencies.

Using the experiences and advice of our communities together with the expertise of its members, the Board leads adult safeguarding arrangements, overseeing and coordinating the effectiveness of the safeguarding work of its partner agencies.

The purpose of the Merseyside Safeguarding Adults Board is to work in partnership to safeguard adults in Knowsley, Liverpool, Sefton and Wirral; who are experiencing, or at risk of abuse or neglect. It is committed to effective communication between communities, professionals and partners in developing effective safeguarding for those at risk.

The core duties of the Board are set out in Chapter 14 of the Care Act Statutory Guidance issued under S78 of the Care Act 2014 which requires the Board to:

- Publish a Strategic Plan for each financial year detailing how it will meet its main objectives and what members will do to achieve this
- Publish an Annual Report detailing what the Board has done during the year
- Arrange Safeguarding Adults Reviews in accordance with Section 44 of the Care Act 2014

Membership

The following statutory organisations are represented on the MSAB:

Knowsley Borough Council

Liverpool City Council

Sefton Borough Council

Wirral Health & Care

(Wirral Council & NHS Clinical Commissioning Group)

Merseyside Police

NHS Knowsley Clinical Commissioning Group

NHS Liverpool Clinical Commissioning Group

NHS South Sefton Clinical Commissioning Group

NHS Southport and Formby Clinical Commissioning Group

The non-statutory organisations include:

Merseyside Fire and Rescue Service

Healthwatch

Sefton CVS

Merseyside Community Rehabilitation Company

National Probation Service

HM Prisons

NWAS

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

Terms of Reference

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

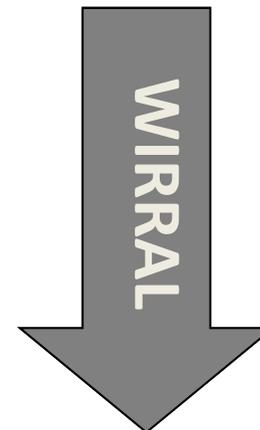
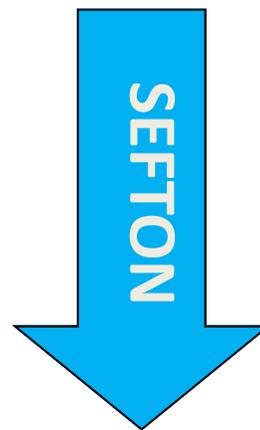
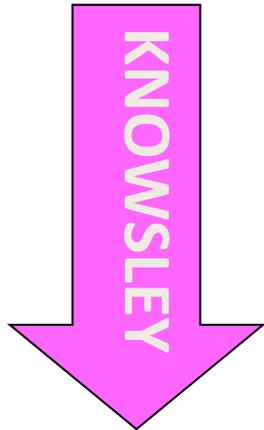


About the board

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

The subgroups of the MSAB are as follows:

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



MERSEYSIDE SAFEGUARDING ADULTS BOARD

Safeguarding
Adult Review
Sub-group

Engagement &
Communication
Sub-group

Policy, Proce-
dure & Practice
Sub-group

Performance
& Audit
Sub-group

Quality
Assurance
Sub-group

Workforce
Development
Sub-group



About the board



The Voices Project

This 12 month project was commissioned by Merseyside Safeguarding Adults Board (MSAB) in collaboration with the Healthwatch teams in each of the Board's four areas: Knowsley, Liverpool, Sefton and Wirral. Its aims were threefold:

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1. To capture the voices of front line staff, community members and service users in relation to their knowledge, understanding and lived experiences of safeguarding;
2. To organise, deliver and evaluate a community engagement event;
3. To utilise the project findings and resulting recommendations to inform the work of MSAB and its Sub Groups.

Project activities included:

- Engagement with a wide range of established voluntary and community services and user/carer groups across Sefton, Knowsley, Wirral and Liverpool.
- Focus group interviews/discussions with 'front-line' staff were facilitated in each of the four areas and involved people working in statutory, non-statutory and community/voluntary services:
- A wide-ranging series of shadowing/observation exercises were undertaken with the Safeguarding and/or Social Care Teams of all four Local Authorities.
- A schedule of loosely structured telephone conversations with samples of people and/or their advocates/family members who had experienced a Section 42 Safeguarding Enquiry within the previous 6-9 months.



What People have told us

Analysis of the voices...

Analysis of the focus group data revealed common critical perspectives around a number of central, over-arching themes i.e. connectivity, communication, contestability, collaboration – each of these has been addressed within the project recommendations..

Analysis of telephone interview data: What ‘good’ looks and feels like.

- Adopting a “human touch” - evidenced by the conveyance of compassion, patience, understanding and a willingness to be flexible;
- Experiencing clarity, transparency (“honesty”), the facilitation of understanding and active involvement/consultation at each stage of the enquiry process;
- Joined-up agency working (particularly at the assessment stage or initial stages of the enquiry when people are being asked to recount their issue/s and determine their priorities);
- Consistency of approach (irrespective of allocated practitioner); this was particularly apparent in two instances; one in a hospital setting and one in relation to the hand over of ongoing social care support for somebody who was self-neglecting/hoarding;
- Effective collaboration between, for example, day services and family members in relation to the management of service user behaviour - the examples cited by interviewees demonstrated a willingness to learn and co-operate on both sides; the adoption of a ‘softly, softly’ approach to engagement with people who are experiencing complex issues and an understanding that ‘engagement’ needs to proceed at a “negotiated pace”;
- Demonstrating a willingness to look for alternatives as opposed to merely repeating previous actions that did not result in the desired outcomes;
- A graduated (as opposed to an abrupt) withdrawal at the end of the enquiry. This was particularly notable in experiences that involved an enquiry process that was (for legitimate reasons) protracted in nature;
- Demonstrable, empathic engagement with the wider contextual issues impacting on an often complex situation. This issue was raised on a number of occasions and mostly in relation to the provision of home care packages as opposed to a care home facility;
- Sustainable improvement/reduction of the risk of future recurrence of similar issues via the encouragement of knowledge/skills acquisition during the enquiry process “there are many ways to solve a problem – don’t just fix it, let’s learn from it”;
- In similar vein: going beyond the resolution of the issue to incorporate preventative actions;

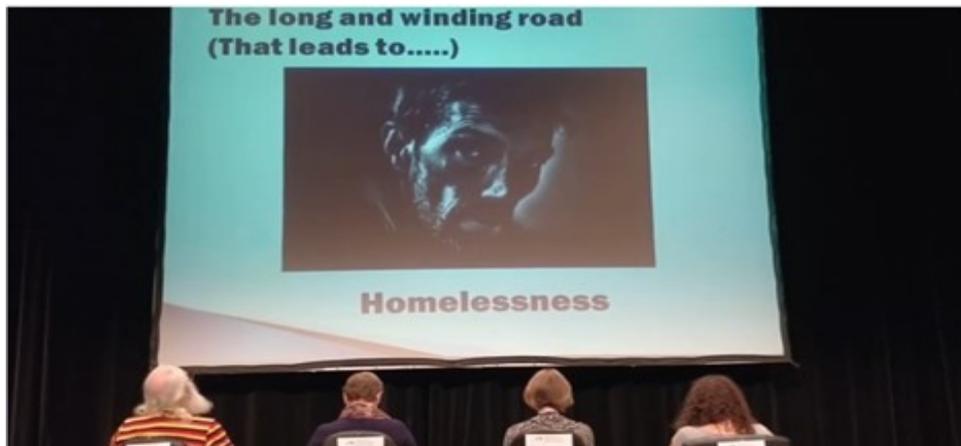


The Voices event...

In order to drive the form and content of the engagement event, a series of repeat discussions/interviews were held with a number of individuals and groups in order to capture the 'voices' of a wide range of stakeholders. The information gathered during these conversations was then used to create a series of 4-500 word 'scripts' which were refined and amended until the participants were satisfied with the representativeness and accuracy of their indicative 'voice'.



**“You are about to hear the voices of a FEW but...
....they speak on behalf of MANY and....
...will resonate with MANY, MANY more.”**



Because of the success of both the project and the event, we decided to record eight of the voices and ensure wide accessibility to the film for training, development and/or general interest purposes. These are free to use and can be found at;

<https://www.merseysidesafeguardingadultsboard.co.uk/safeguarding-voices/>



What People have told us

The Voices Recommendations.....

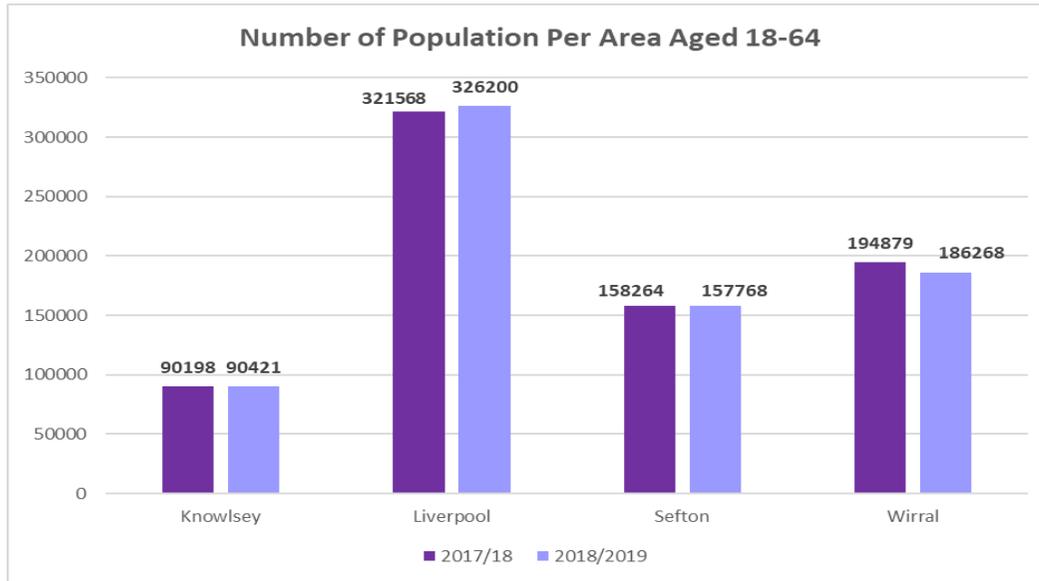
- The assimilation of post-experience telephone interviews within the practices of all agencies and that the outcomes of such are incorporated into statutory reporting functions.
- The establishment of an annual 'Safeguarding Voices' event that is, in part, 'themed' around priority issues and is co-produced with service users/community members;
- The development of a community engagement/involvement strategy/plan that reflects both the approach and outcomes of the Safeguarding Voices event.
- The development of a series of quarterly, cross-sector 'Safeguarding Surgeries' in each of the four areas.
- The design and delivery of a Regional Safeguarding Conference in 2020.
- The design and implementation of a quarterly series of 'Spotlight On...' assurance activities where all of the Board area-specific agencies are given the collective opportunity (in turn) to focus on a number of practice and performance issues emerging from this project

To request a copy of the full project report please email: merseysidesab1@wirral.gov.uk



What People have told us

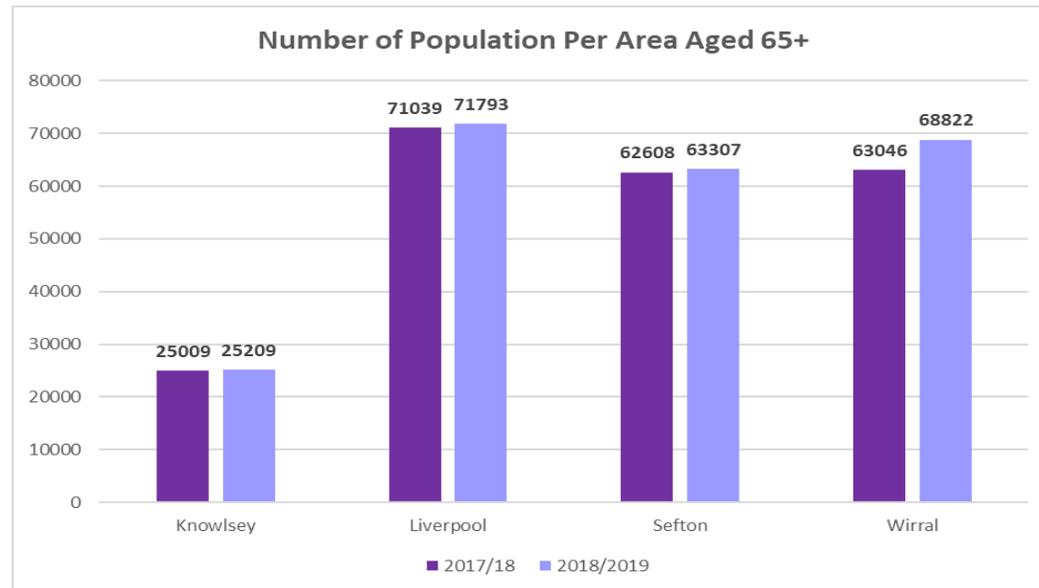
Demographics



The total population of the Merseyside footprint for adults in 2017/18 was **983970** and for 2018/19 is **989788**, this is an increase of **5818**

The current adult population across the geographical areas of Knowlsey, Liverpool, Sefton and Wirral when broken down for 2018/19 is as follows:

- Knowlsey is **115,630**
- Liverpool is **397,993**
- Sefton is **221,075**
- Wirral is **255,090**



Data Collection Headings



The Performance and Audit sub group of the Board have streamlined the current adult social care dataset to include core indicators which are presented on a quarterly basis.

This information comes from The North West Performance Leads - quarterly benchmarking Data- reported to Safeguarding Adults Collection (SAC). Nb. Liverpool and Wirral acknowledged slight changes within their data since publication.

The four councils also provide narrative to explain the data.

Although the North West Performance leads provide **42** datasets covering safeguarding, this is broken down into **5** headings and the following pages cover the areas that the Performance sub group discuss. The sub group focuses on the following headings with a number of sub headings sitting underneath:

Safeguarding Demand numbers

Safeguarding By Allegation Type %

Location %

Action and responses%

Personalisation %

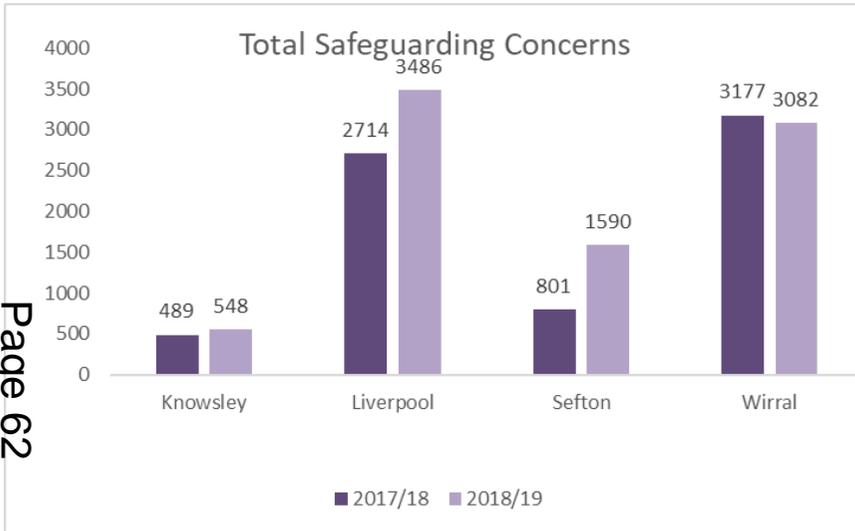
Safeguarding Data

Safeguarding Demand Data 1st April 2017—31st March 2018 & 1st April 2018—31st March 2019



Safeguarding Data

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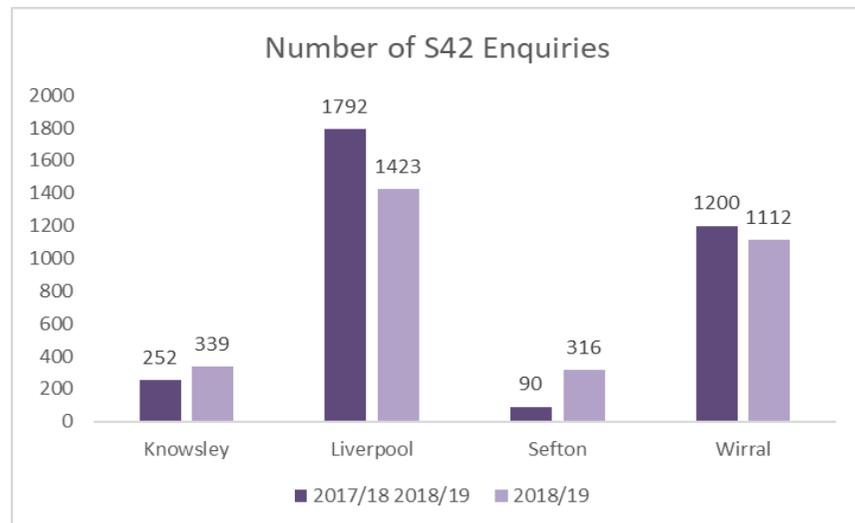
The board has worked closely with the four councils in order to better understand both the fluctuations in initial contacts and the number of contacts that become an enquiry known as a Section 42.

A Section 42 enquiry means that a social worker will be appointed to support the person. As the graph shows there has been an increase in the number of initial contacts. This indicates a broader use of safeguarding reporting avenues, in particular the number of concerns raised by organisations who provide services.

This means that they are ensuring that when concerns are raised, they are contacting social care. When comparing the figure of contacts to those that become a Section 42 a large number of contacts are offered advice and guidance and then closed to social care.

The four councils are working closely together with the board and are in the process of creating a single electronic referral form so all agencies who have safeguarding concerns can complete the form.

This will also help ensure that the best service is offered at the earliest opportunity.

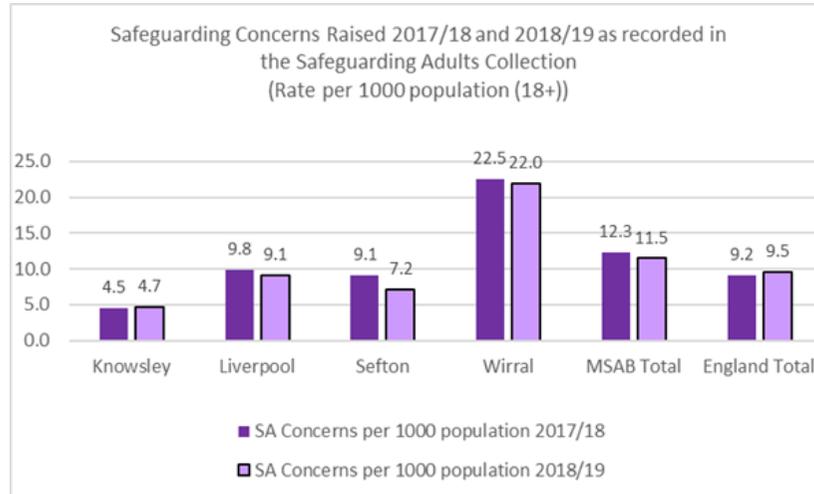


Safeguarding Demand Data 1st April 2017—31st March 2018 & 1st April 2018—31st March 2019 Rate per 1000 population

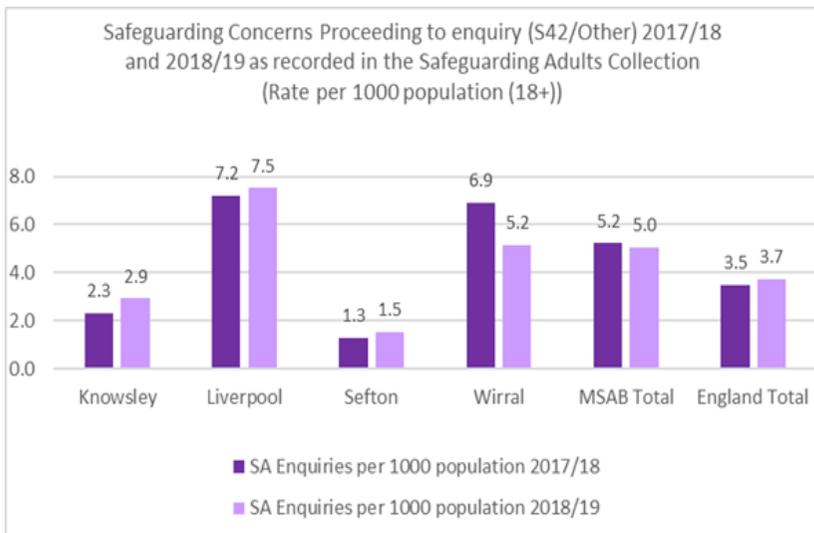


Safeguarding Data

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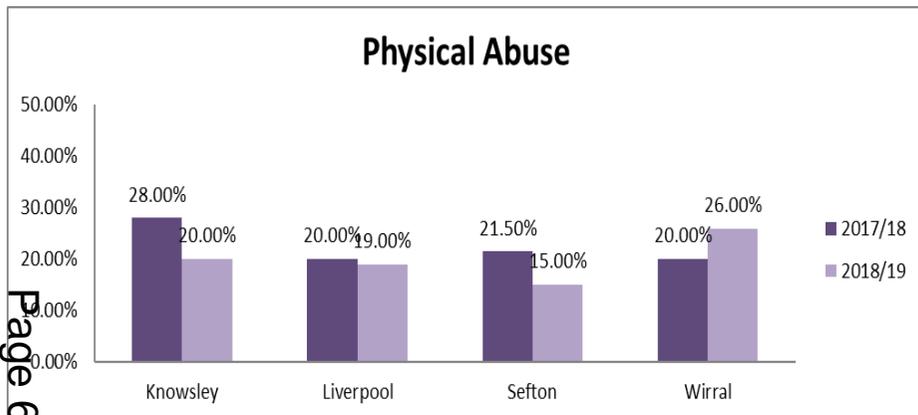
As you can see from the graphs to the left, when looking at the safeguarding rates raised by rate per 10000 Wirral's in significantly higher. This is due to their current processes when people raise concerns and is something that they are currently revising. Some of the other areas have a triage system in place but Wirral currently do not.



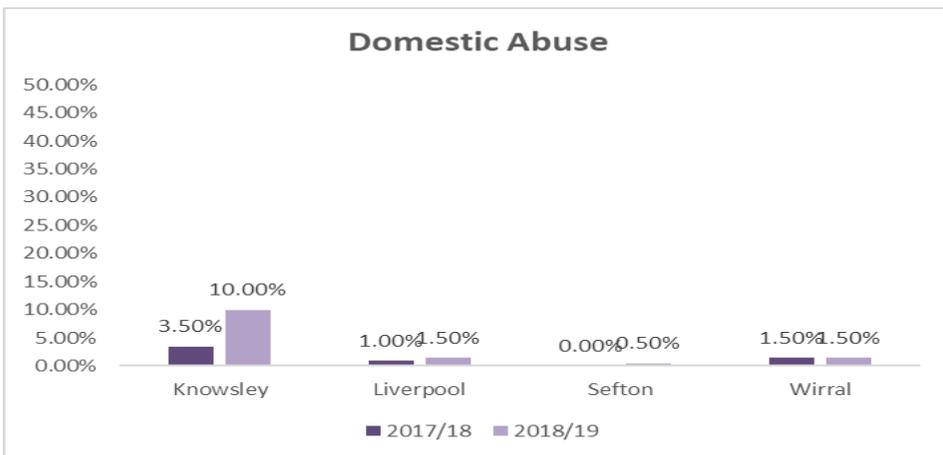
However, when looking at the rates of cases that proceed to a safeguarding enquiry we can see that the figures show similarities, with a range of 1.3% at the lowest (Sefton) and 7.5% at the highest (Liverpool).

Safeguarding by Allegations Type 1st April 2017—31st March 2018 & 1st April 2018—31st March 2019

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



An incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality. It can include: psychological, physical, sexual, financial, emotional abuse; 'honour' based violence; Female Genital Mutilation; forced marriage.



The board have been working closely with all partners in relation to domestic abuse and the complexities of this issue. The board has facilitated several workshops during 2018 as it was recognised that when domestic abuse includes aspects such as physical abuse and certain other abuse areas the figures change. There has also been other public and social work awareness and knowledge in relation to all aspects of this category due to various recognised campaigns such as, public health and a development in working relationship with Domestic Abuse providers, multi-agency learning events re DA & coercive and controlling behaviour.

This is one of the reasons why the percentage of people who are being physically abused has reduced across Merseyside as it has been recognised that some of the victims have been in a domestic abuse situation. In the majority of reported cases the victim and perpetrator are known to each other with the most common scenario being service user on service user incident within a residential care setting.

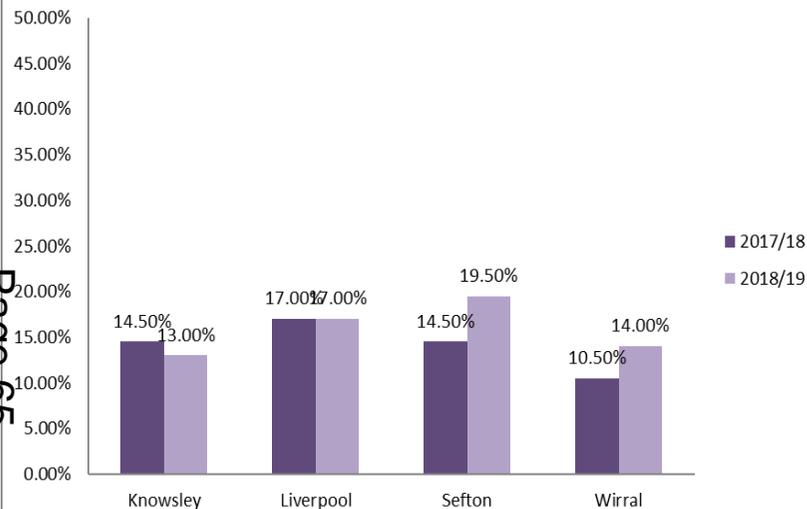


Safeguarding Data

Safeguarding by Allegations Type 1st April 2017—31st March 2018 & 1st April 2018—31st March 2019



Financial or Material Abuse

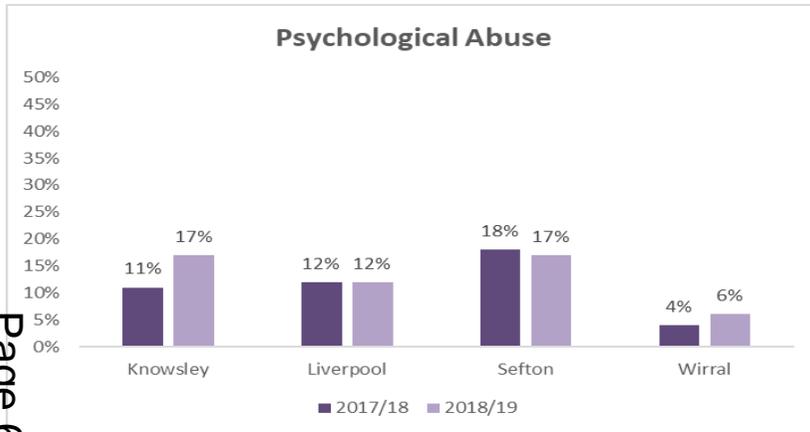


Includes theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Financial or material abuse is a complex issue and this has been recognised with an increase across Merseyside due to more publicity. This is also reflected nationally. It is recognised that neglect may enable or facilitate opportunistic abuse. There has been a campaign to raise awareness of the different forms of financial abuse by Sefton Trading Standards and partners. Financial or material abuse can occur in isolation, but research has shown where there are other forms of abuse, there is likely to be financial abuse occurring. Although this is not always the case, everyone should be aware of this possibility. Potential indicators of financial abuse include:

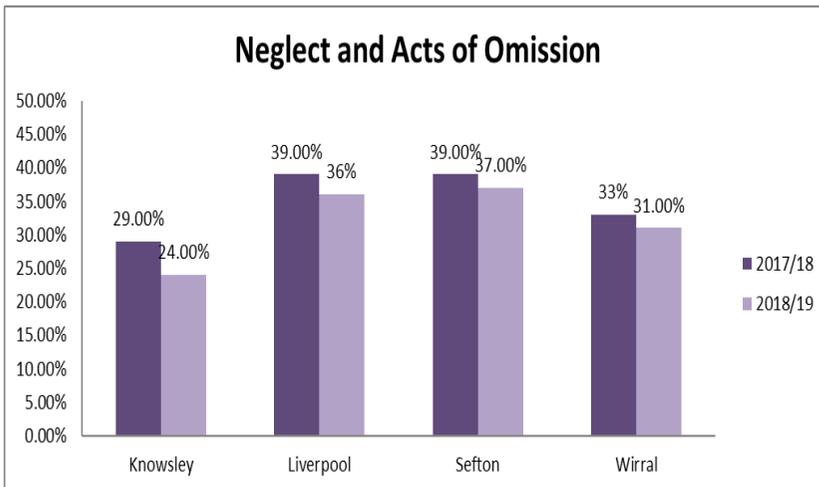
- Change in living conditions
- Lack of heating, clothing or food
- Inability to pay bills/unexplained shortage of money
- Unexplained withdrawals from an account
- Unexplained loss/misplacement of financial documents
- The recent addition of authorised signers on a client's or donors signature card
- Sudden or unexpected changes in a Will or other financial documents.

Safeguarding by Allegations Type 1st April 2017—31st March 2018 & 1st April 2018—31st March 2019



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

Psychological abuse, also known as emotional abuse is a relatively new concept in terms of safeguarding and although this area could sit within domestic abuse the Performance sub group feels that this area merits scrutiny. As an abuse area it remains fairly consistent across Merseyside



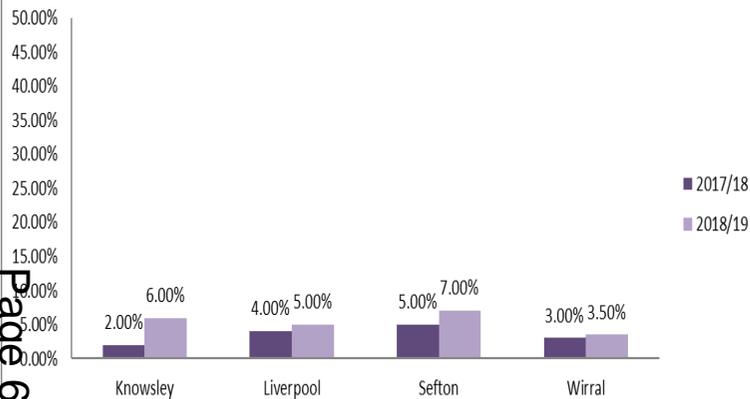
In 2017 the MSAB commissioned Liverpool University to run several workshops in relation to neglect as this was recognised as a significant issue across the Merseyside footprint. This is also reflected nationally. The MSAB, working with the university published tools and guidance to support practitioners to, not only, recognise neglect early but to also support the practitioners supporting the public with this issue. As can be seen within the figures the levels of neglect cases coming into social care has reduced across Merseyside. It has also been acknowledged within the data that in the majority of cases alleged perpetrators were known to the individual. Although the MSAB recognise the decrease of cases, neglect and acts of omission still remains the most recognised and significant safeguarding allegation type.

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

Safeguarding by Allegations Type 1st April 2017—31st March 2018 & 1st April 2018—31st March 2019



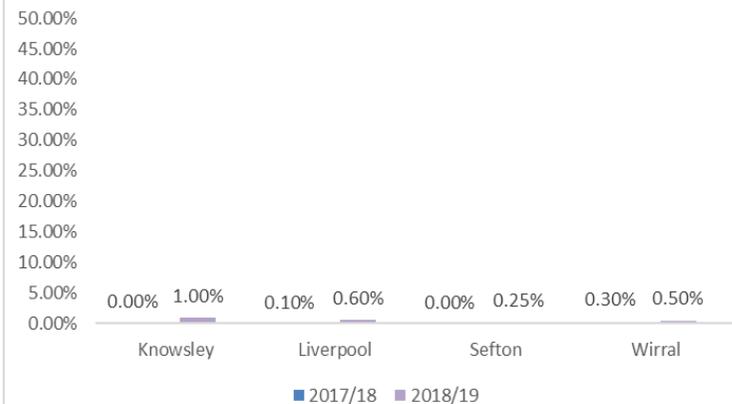
Sexual Abuse



Includes rape and sexual assault, sexual acts to which the adult has not consented, could not consent or was pressured into consenting.

As the graph shows; the reporting of sexual abuse has increased across Merseyside. This increase in reporting may indicate that services and aftercare have instilled greater confidence in victims empowering them to report these incidents. In the majority of cases the alleged perpetrators were known to the individual and most incidents took place within the victims own home.

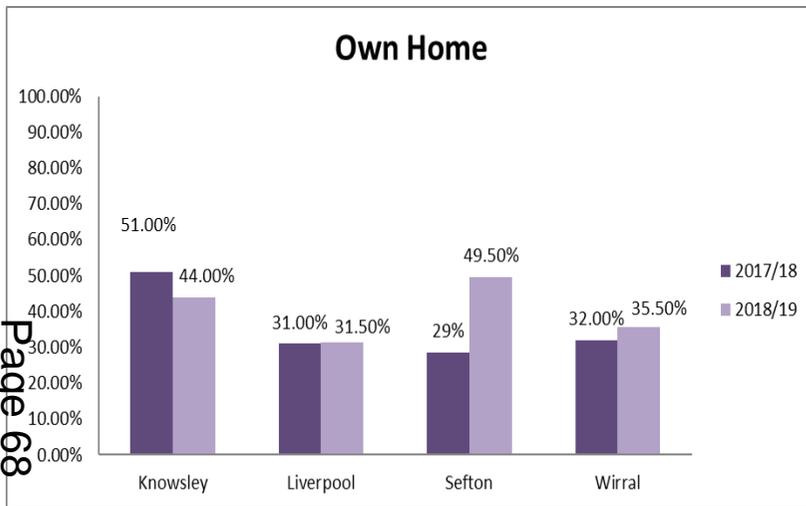
Sexual Exploitation



The sexual exploitation of adults is a form of sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive an adult at risk into sexual activity (a) in exchange for something the adult at risk needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The adult at risk may have been sexually exploited even if the sexual activity appears consensual. Sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

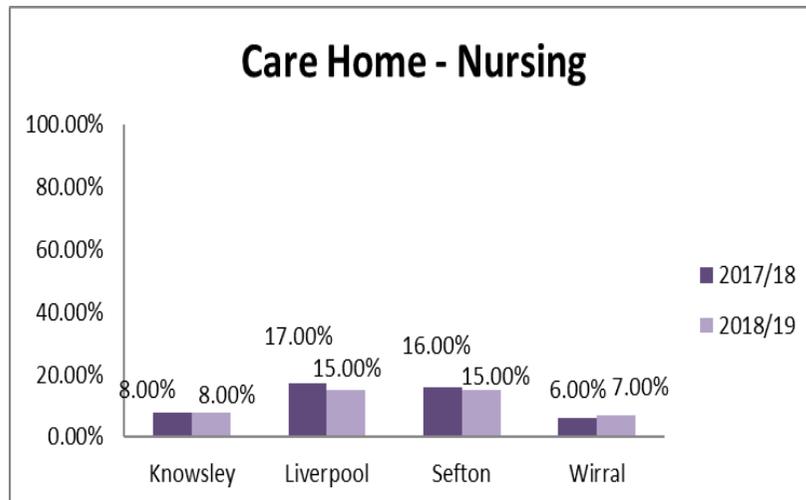
Identification of sexual exploitation is a developing area and it is understood that it is a hidden problem across the county. It is vital that there is a clear distinction between sexual abuse and sexual exploitation although it is also acknowledged that sexual exploitation is still sexual abuse. The MSAB is aware that categorisation guidance is to be re-issued to staff within Merseyside.

Safeguarding by Location Type 1st April 2017—31st March 2018 & 1st April 2018—31st March 2019



The residence where the adult at risk usually lives. Includes property owned by the individual, family or friends. Can include rented or supported accommodation.

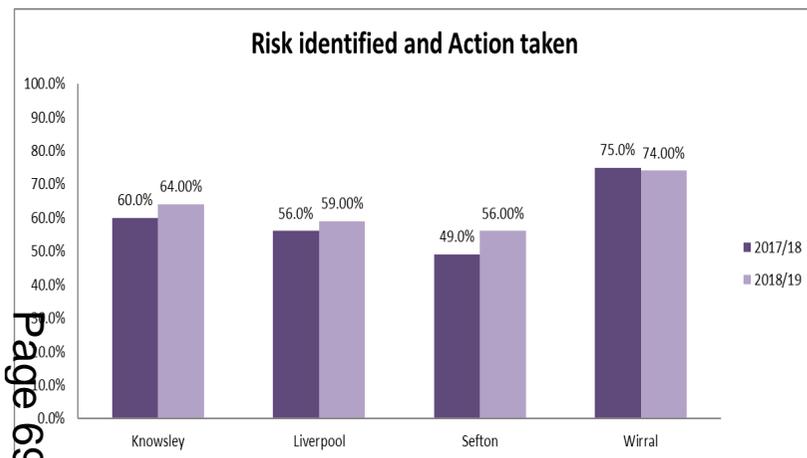
The figures within this category fluctuate across the four LAs within Merseyside and from 2017/18 to 2018/19. One of the reasons for this is in relation to how this area of ‘own home’ has been categorised and some internal changes. For example, within Sefton there has been an increase of 20%, this is because concerns raised by carers who are employed to visit people within their own home are included within this category. The increase could be reflective of pressure placed on domiciliary care providers in delivering of quality service and is being addressed by Sefton



The residence where the adult at risk usually lives. Includes property owned by the individual, family or friends. Can include rented or supported accommodation.

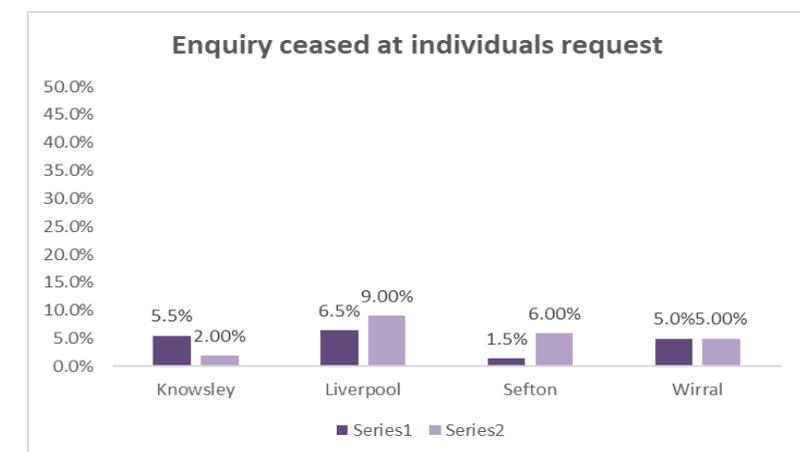
During the past twelve months there has been a significant programme of support for care and nursing homes. This has included areas such as leadership programmes for care home managers, link social workers for homes and learning activities at the care and nursing home provider forum. Merseyside are now seeing increases in homes rated good by CQC and improved quality care.

Actions and Responses 1st April 2017—31st March 2018 & 1st April 2018—31st March 2019



Evidence is found of, or potential for, abuse or neglect which could possibly cause harm to the vulnerable adult.

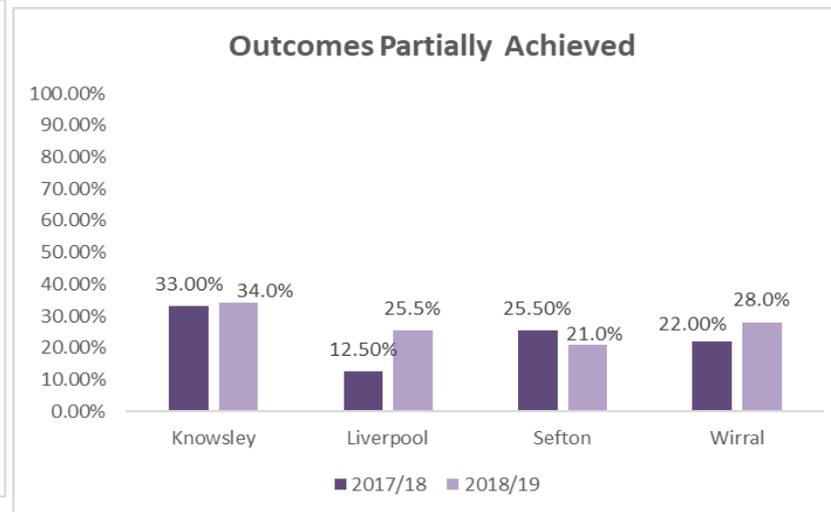
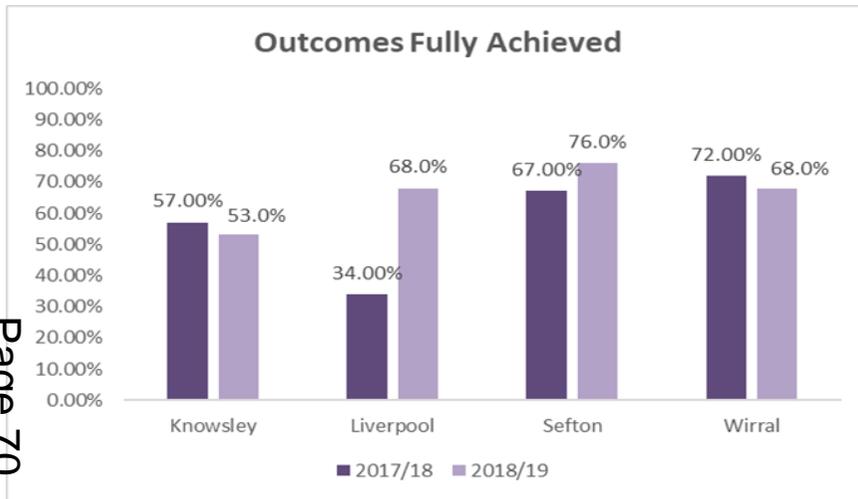
It has been recognised across Merseyside that there has been a slight increase of risks being identified. This means that organisations are seeing that something is a safeguarding issue early on. This could be due to a number of factors, but one is the possible identification of domestic abuse within the home setting from different agencies visiting. An audit of 20 cases was undertaken in one LA with a 100% evidencing that the concern was correct and the outcome was achieved.



This refers to cases where the individual at risk does not wish for an enquiry to proceed for whatever reason and so preclude a conclusion being reached

This area is very important to the board in relation to making all safeguarding personal to the individual and hearing their voice in relation to their safeguarding experience and is something that the board has done a lot of work on. A consequence of this is that people, with capacity, have opportunity not to progress to a full enquiry

Personalisation % 1st April 2017—31st March 2018 & 1st April 2018—31st March 2019



All expressed outcomes have been achieved. Can be decided by the adult at risk, their representative or a member of the safeguarding team.

This could relate to when some outcomes have been achieved but not others or if outcomes have been partially fulfilled. Can be decided by the adult at risk, their representative or a member of the safeguarding team.

This indicator attempts to record how people felt about their experience of the safeguarding system and if they felt they had been listened to and understood. As can be seen within the graphs above, there has been some improvement within these areas across Merseyside. It is recognised that individual’s desired outcomes are checked throughout the course of an enquiry and practitioners strive to engage individuals on a realistic achievable basis. This area is consistently developing within front line practice and it is the expectation of the board to see this increase within next years figures. In relation to Wirral, from 1st November 2019 Wirral has broadened the scope of its MSP questions in line with the outcome focussed questions included within the Making Safeguarding Personal Outcomes Framework

Safeguarding Adults Review Groups

Chaired by Senior Officers, Merseyside Police

The 4 individual SAR (Safeguarding Adults Review) groups, in this year, were responsible for the consideration of Safeguarding Adults Review referrals, providing recommendations to the Independent Chair of the Merseyside Safeguarding Adults Board and undertaking reviews. The groups fulfilled the MSAB statutory duty under section. 44 Care Act (2014)

ACHIEVEMENTS

- During this year the 4 single SAR groups (1 in each Local Authority area) continued to operate and consider cases from their own geographical areas
- 4 SAR's were presented to board in this year. This included our first joint DHR (Domestic Homicide Review) and SAR which took place in Liverpool and 3 SARs from Knowsley
- A significant amount of work was undertaken this year in preparation for the establishment of a single SAR group for the board
- A new SAR procedure and toolkit for professionals to assist them in the process(es) for undertaking SAR was developed
- An online SAR referral and management system was commissioned
- A leaflet for individuals involved in reviews and their families / carers was developed in consultation with individuals
- A Learning & Review Officer was recruited to work within the Business Unit of the Board and lead on the co-ordination of re-

WORK GOING FORWARD 2019-2020

Going forward the single SAR group will be established and the individual groups in each area will be disbanded.

- **New Referrals**—During the first 6 months of the new group (May— October 2019) there have been 24 referrals into SAR subgroup in the first 6 months
- **Online system**– this will be rolled out and will enable anyone to submit a referral into the SAR subgroup via the MSAB website
- **Development of pool of reviewers** – given the volume of SARs and MSAB multi-agency, a number of professionals across Merseyside will be trained to undertake SARs and multi-agency reviews.
- **Embedding of learning and keeping track of actions** – this is key to improving/changing practice based on learning from reviews. Work with other subgroups including QA and WFD will assist in taking this forward, as well as learning from national research into this area.



Work of the Sub-Groups

Communication and Engagement

Chaired by Senior Officer, Merseyside Fire and Rescue

The **Communication and Engagement** subgroup leads the development, implementation and evaluation of a multi-agency strategy aimed at increasing the awareness of safeguarding adults and promoting the involvement of adults at risk, carers and advocates in the Knowsley, Liverpool, Sefton and Wirral.

ACHIEVEMENTS

- The subgroup met 4 times plus 1 workshop in this year
- The subgroup supported the lead for the 'Voice of the service user and front line worker' project detailed earlier in this report
- A workshop was held with colleagues across all areas and agencies to better understand the communication needs of the board
- Media training for board members was provided through the group, enabling senior board representatives to engage more effectively with various forms of media
- Planning work has been undertaken ahead of National Safeguarding Adults Awareness week in November 2019
- Members of the group have promoted the MASB through presentations to Community Advisory Groups which are organised by Merseyside Police
- The subgroup continued to support the MSAB website and newsletters through updates on national and local events as well as publications for practitioners.

WORK GOING FORWARD 2019-2020

- **Communications Group**—Work is ongoing to develop and consolidate a 'virtual' communications group and improve the communications work of the board
- **Media Strategy**— this will be produced and published
- **Website & Newsletter**—these will continue to be updated and published
- **National Safeguarding Week**—the subgroup will plan, support and undertake a range of awareness raising activities during National Safeguarding Awareness week in November 2019
- **Voices Project**—Funding for the evolution and continuation of the 'Voices' project into 2022 will be progressed.



Policy, Procedure and Practice

Chaired by the Head of Safeguarding, Knowsley Council

The **Policy, Procedure and Practice** subgroup leads the development, implementation and promotion of Merseyside Safeguarding Adults policies, procedures and practice guidance.

ACHIEVEMENTS

- The subgroup met 5 times during this year
- The subgroup supported and facilitated a number of multi-disciplinary workshops designed to shape and develop guidance for practitioners dealing with adults who self-neglect. This work was undertaken in conjunction with Liverpool John Moores University and groups of individuals who self-neglect
- The self-neglect guidance has now been published and has been well received.
- A prevention plan has been developed and is currently with board for further discussion and development
- The subgroup has also formulated an Information Sharing Agreement (ISA) agreed by the constituent board agencies, allowing and supporting all staff to share information lawfully and appropriately.

WORK GOING FORWARD 2019-2020

- **Engaging and supporting people who are not yet engaged with services**—the subgroup will be supporting, in conjunction with Liverpool John Moores University, the development of guidance for practitioners
- **Aligning local area's safeguarding procedures** - A task and finish group will be established to develop Safeguarding criteria and approaches to safeguarding practices to bring about more consistency and achieve better outcomes across the Boards area. This will have academic support from Edgehill University
- **Prevention strategy** - work on a prevention strategy for the board will continue and will form part two of the 'Voices' project.



Work of the Sub-Groups

Quality Assurance

Chaired by the Chief Nurse, NHS Liverpool CCG

The **Quality Assurance subgroup** aims to ensure that there are effective quality assurance systems in place across the footprint of the board for all agencies working within the field of safeguarding and provides information to the board in relation to this.

ACHIEVEMENTS

- The subgroup met 4 times during this year
- A multi-agency audit was undertaken in relation to referrals into Social Services and as a result of that this group developed a single referral form for use across all 4 areas of the board
- Following completion of the 1st Chapter 14 self assessment a 2nd audit meeting took place in October 18 reviewing Chapter 14 responses and evidence reconciliation meetings took place with key agencies requiring further action
- Work was undertaken to review the Chapter 14 self-assessment tool in readiness for the 2019 self-assessment
- SAR recommendations work streams were taken forward via a task and finish group
- Audit of Safeguarding frameworks within Commissioned services was initiated.

WORK GOING FORWARD 2019-2020

- **Chapter 14 self assessment**—An updated version of the self-assessment will be rolled out from April 2019 and accountability meetings will be held with relevant agencies
- **Single Referral Form**—this will be rolled out for use across all board areas
- **Commissioned services**— the audit of Safeguarding Adult Frameworks for commissioned services will be completed and lead to further work on behalf of the board
- **Safeguarding Adult Reviews (SAR)**—an annual audit of SAR recommendations will take place to once again highlight areas for development to the board
- **Adult Social Care**—following the work undertaken in 17-18 to understand how the departments receiving referrals in Adult Social Care are set up they will be revisited to understand how initial recommendations have been implemented.



Work of the Sub-Groups

Performance and Audit

Chaired by the Acting Director of Adult Social Care for Sefton Council

The **Performance and Audit subgroup** receives validated data from partner agencies and scrutinises the data to identify trends and themes for the board. It also undertakes Multi-agency audits.

ACHIEVEMENTS

- The subgroup met 5 times in this year
- Quarterly data has been received from Local Authority performance leads in adult social care and presented at each group
- A multi-agency audit was undertaken to look at referrals into adult social care which led to the development of a single referral form
- An annual audit plan was signed off and implemented
- Work was commenced on a multi-agency dashboard for safeguarding data
- A workshop was held with both the Performance and Audit subgroup and the QA subgroup looking at areas of commonality and how the groups can work together on key themes

WORK GOING FORWARD 2019-2020

- **Data**—Social Care data continues to be streamlined as intelligence rather than just data collection to inform future audit work. Work will continue on the multi-agency dashboard
- **Multi-Agency thematic audits** - these will continue to take place in order to support the board in the identification of areas requiring development work
- **Single Referral Form**—this will be rolled out for use across all board areas.



Work of the Sub-Groups

Workforce Development

Chaired by Director of Quality and Safety for Wirral Health and Care Commissioning

The **Workforce Development subgroup** supports the MSAB to be re-assured that the statutory responsibilities in relation to workforce development and training provision as required by the Care Act 2014 continue to be met.

ACHIEVEMENTS

• Page 76

- The sub group met 6 times in this year
- Reviewed the outcomes from the Chapter 14 assessment process and identified common learning needs
- Developed, via the Virtual College platform, a Safeguarding Training assurance framework to capture the nature and levels of multi-agency training being delivered across all geographical areas
- Developed a training strategy on behalf of the board
- Jointly commissioned and completed a project to capture the voice of those who use services and facilitated discussions with frontline practitioners
- Supported the appointment of a Learning and Review officer, whose principle task is to facilitate the learning from Safeguarding Adult Reviews (SARs) across the partnership.

WORK GOING FORWARD 2019-2020

- **Training Audit**— to analyse and implement the findings of the training audit currently under way and present the findings to the board
- **Learning Hub**—To research suitable learning hub models in operation in other authorities across the country and assess their suitability for adoption by the MSAB
- **Training for Board members**—Commission professional development training for all board members to enable them to undertake their roles as board members effectively
- **Safeguarding Adult Reviews**—To review SARs carried out since 2018 to identify and disseminate the learning from those reviews



Work of the Sub-Groups

Priorities for 2018 — 2020

Building on the work undertaken by the Sub Groups and the Business Unit in its first year, the board agreed 5 priority areas for the following two years. These priorities have and will continue to be the focus of our work and specific actions and timelines for each are detailed in the boards Strategic and Business Plan.

- Page 77
- 1. Voice of the Service User and Front Line Staff**
 - 2. Assurance and Challenge**
 - 3. Safeguarding Adult Reviews (SAR's)**
 - 4. Effective Communication**
 - 5. Effectiveness of the Board**



Priorities for

Glossary of Terms

| | |
|-------------|---|
| MSAB | Merseyside Safeguarding Adults Board |
| SAR | Safeguarding Adults Review |
| DHR | Domestic Homicide Review |

<https://www.merseysidesafeguardingadultsboard.co.uk>

Email: merseysidesab1@wirral.gov.uk

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Committee Name: Adult Care and Health Overview & Scrutiny Committee

Meeting Date: Tuesday 21st January 2020

| | |
|----------------------|--|
| REPORT TITLE: | Urgent Care Transformation Update |
| REPORT OF: | Lead Director: Nesta Hawker, Wirral Health and Care Commissioning |

REPORT SUMMARY

The NHS Long Term Plan outlines the aim to ensure patients get the care they need fast and to relieve pressure on Accident and Emergency Departments (A&E). It is recognised nationally that there is unnecessary pressure on A&E and other parts of the urgent and emergency care system. Wirral is not immune to these issues. Analysis of data shows that half of the patients that attend A&E could have been treated in a more appropriate setting to deliver the same outcome, e.g. community health venues, pharmacies etc. This additional pressure means that those patients, who are very poorly and in need of emergency interventions, may not be seen as timely as they could be. We also know that we are not meeting the required performance (4 hour) standard locally within A&E which impacts negatively on a range of concerns, most notably delivery of a high quality safe service that provides a dignified patient experience.

The introduction of an Urgent Treatment Centre (UTC) on the Arrowe Park Hospital site will mean that we can support A&E by ensuring patients are seen in the right place, at the right time, by the right person. We can also ensure that only the most appropriate patients are seen in an emergency environment, freeing up clinicians to attend to those most in need.

This report outlines the current position of the urgent care transformation work with regards to the Interim Urgent Treatment Centre on the Arrowe Park Hospital Site as well as the community urgent care offer.

1. Interim Urgent Treatment Centre

- 1.1. Implementation of an Interim Urgent Treatment Centre (IUTC) on the Arrowe Park Hospital site, operational from the 19th December, 2019

2. Hospital Re-development Programme

- 2.1. Capital funding secured to assist in the re-development of the Arrowe Park Hospital site, including the urgent care footprint with the development of the Emergency Department and the IUTC, creating a single front door to access urgent and emergency care.
- 2.2. This programme is scheduled to commence in spring 2020 with a 3 year programme of works which will see the UTC opening in 2023 (subject to programme change).

3. Primary Care Hub Model

3.1. The introduction of Primary Care Hubs across Wirral will enable all age walk in access as well planned GP and Nurse Appointments. The hubs will be located in the following locations:

- Birkenhead Medical Centre
- Victoria Central Hospital
- Eastham Clinic

The existing Walk in Centres will no longer operate in their current format; instead patients will have access to all age walk in provision as well as GP and Nurse appointments within the primary care hubs.

This model of care includes changes to the future provision of the current Minor Illness and Injury Units (MIUs): Gladstone (formerly Parkfield) and Moreton. The decision is to stop the provision of the Gladstone MIU and to change the provision at Moreton MIU. In reaching this decision we have taken into account the activity through each of the services and to mitigate the high level of demand for dressings/wound care through the Moreton MIU a specific dressings service will be established for this area. We are currently working with providers to develop this model and this will be replicated across the primary care hubs. Full details of the impact of this model of care are outlined in the Quality and Equality Impact Assessments (Appendix 1 & 2).

This matter affects all Wards within the Borough.

This report is for information purposes only and therefore no key decision is required.

RECOMMENDATION/S

1.0 To note the current status of the transformation program contained within this report to inform the scrutiny function of this committee. **BACKGROUND INFORMATION**

1.1 NHS Wirral CCG Governing Body undertook a consultation and engagement exercise to determine how to improve urgent care services across Wirral, including the introduction of an Urgent Treatment Centre (UTC) and improved community urgent care provision. The results of this exercise (together with a national mandate to move away from the existing model of care) demonstrated that there is a lot of inconsistency across the Wirral health system and many opportunities for improvement.

1.2 The NHS England national mandate requires the implementation of standardised urgent treatment centres, setting out a core set of standards to establish as much commonality as possible. Although this is a national mandate, we needed to understand the local context in order to ensure that the opportunity to improve urgent care was focused on addressing the needs particular to Wirral. ***The aim of these national developments is to improve urgent care services for patients and to ensure that Accident and Emergency Departments have the capacity to treat people with the most serious or life threatening clinical needs.***

1.3 The strategic model for the UTC will be 24 Hours per day, 7 days a week, matching the hospital's A&E hours. The urgent treatment centre will be GP led and will include access to diagnostics (e.g. x-rays, bloods etc.) and will be integrated with A&E to

enable consultant advice where required. The centre will comply with the 27 standards set out by NHS England within 'Urgent Treatment Centre's Principles and Standards' July 2017: <https://www.england.nhs.uk/wp-content/uploads/2017/07/urgent-treatment-centres%E2%80%93principles-standards.pdf>. In the interim period (December 2019 – April 2023) the IUTC will be open from 8am – 10pm 7 days a week with the GP Out Of Hours service providing services over the remaining 10 hours. However, we will be working with the provider to continually build capacity leading up to the new urgent treatment centre opening in April 2023

- 1.4 Following public engagement in 2018, the new model of care was approved by the CCG Governing Body in July 2019.
- 1.5 Following this approval, detailed clinical modelling and preparatory work has been undertaken with stakeholders
- 1.6 This entire process has been subject to scrutiny and approval via the NHS England Service Change Assurance Process as well as a review by the Greater Manchester, Lancashire and South Cumbria Clinical Senate.
- 1.7 Throughout this process, commissioners have ensured that due process has been adhered to in line with both our internal commissioning requirements and the statutory public duties relating to consultation and engagement.

2.0 FINANCIAL IMPLICATIONS

- 2.1 The 2018/19 contractual values for each commissioned area within the scope of the review was identified as £4.2m.
- 2.2 The UTC costs were based on the model determined to deliver the capacity required i.e. those patients currently attending the Arrowe Park Walk-in Centre, the small number of Moreton patients that could not be managed by GP extended hours plus the patients attending A&E with minor illnesses and ailments. An additional 6% has been built into the capacity of the UTC appointments to manage increasing population numbers. The Community offer has been calculated similarly by determining current and expected demand and using the actual provider costs.

3.0 LEGAL IMPLICATIONS

- 3.1 The consultation has been undertaken in accordance with NHS Wirral CCG's statutory duties for public and patient engagement.

4.0 RESOURCE IMPLICATIONS; STAFFING, ICT AND ASSETS

- 4.1 Capital, estate and workforce requirements resulting from the decision to implement the this model of care are being fully considered and worked through with system stakeholders as we develop the detailed clinical model. Any impacts for workforce changes will be minimised.

5.0 RELEVANT RISKS

- 5.1 A full project and implementation plan has been developed in collaboration with providers. A communication and engagement strategy will be managed by lead organisations to mitigate any risks associated with changes to service provision. A

phased approach to service change will be adopted which affords the opportunity to pilot specific initiatives and monitor progress/success prior to continuation of phasing.

6.0 ENGAGEMENT/CONSULTATION

6.1 A 12 week consultation and engagement process was completed from September to December 2018 and the outcome of this process has been previously shared.

6.2 Following this formal consultation process we have attended a number of Overview & Scrutiny Committees and provided regular updates.

6.3 We have also engaged with the Patient and Public Advisory Group at intermittent stages throughout this process.

6.4 Healthwatch Wirral has been involved throughout this process.

7.0 QUALITY & EQUALITY IMPLICATIONS

7.1 Quality and equality impact assessments have been completed and updated throughout this process. (See Appendix 1 & 2).

8.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

8.1 The content and/or recommendations contained within this report are expected to:
Reduce emissions of CO2

9.0 INTERIM URGENT TREATMENT CENTRE

9.1 As a result of the NHS England national mandate for the implementation of standardised urgent treatment centres to treat category 3 and 4 patients, the current Walk in Centre on the Arrowse Park Hospital site is being re-designated as an Interim Urgent Treatment Centre (IUTC) from the 19th December 2019 until the main hospital re-development programme is complete (2023) which will see a fully integrated urgent treatment centre established as part of the development of the urgent care footprint creating a single front door to access urgent and emergency care.

9.2 The staffing of the IUTC will be managed by Wirral Community Health and Care NHS Foundation Trust (as per the current Walk in Centre).

9.3 The aim of the IUTC is to provide high quality urgent care services, including assessment and treatment of patients presenting with minor and moderate illness and minor injuries. The IUTC will work collaboratively across the wider health and social care community to ensure that an integrated approach will maximise its resources safely, effectively and efficiently. The IUTC will support the delivery of services and will contribute to reducing demand on secondary care services.

9.4 An appropriately trained and competent multidisciplinary clinical workforce will be deployed within the IUTC. The hours of operation will remain consistent with the current Walk in Centre (14 hours per day, 8am -10pm) and the clinical leadership will be provided by a GP

Service Provision

- Unscheduled care for patients presenting with minor illness and injuries
 - Initial and urgent assessment, treatment and referral for all patients attending the site
 - Diagnostic tests as available and appropriate with follow-up or referral as required
 - Work collaboratively and closely with other organisations to ensure quick, effective treatment in the most appropriate setting
 - The scope of practice in urgent treatment centres must include minor illness and injury in adults and children of any age, including wound closure, removal of superficial foreign bodies and the management of minor head and eye injuries (we are currently working collaboratively with stakeholders to develop these pathways)
 - Where appropriate, patients attending an urgent treatment centre should be provided with health and wellbeing advice and sign-posting.
- 9.5 Links to ED & Urgent Care Streaming – In line with the national requirements for urgent treatment centres there is now a common agreement amongst the key providers across Wirral that patients presenting to A&E within the Type 3 & 4 categories (i.e. not with a serious or life threatening clinical need that requires specialist treatment within an A&E setting) should all be streamed to the IUTC during its operational hours and only clinically appropriate patients to the GP Out of Hours (OoH) service when not operational. We have been working with the providers over the last couple of months to agree the clinical streaming criteria including children and this is now operational however further challenge is needed to maximise the opportunity to deflect patients away from A&E that do not need this service.

We are currently working with the key providers across Wirral to reach a common agreement for the streaming of minor injuries and it is anticipated that this agreement will be reached and clinical criteria developed by mid December 2019. The minor injuries service will form part of the overall offer at the IUTC.

10.0 HOSPITAL RE-DEVELOPMENT PROGRAMME

- 10.1 Following the allocation of £18m capital funding to Wirral University Teaching Hospitals NHS Foundation Trust, a hospital re-development programme has been established.
- 10.2 This includes re-development of the existing emergency department and ambulance bays to aid patient flow as well as a new UTC creating a single front door.
- 10.3 Wirral University Teaching Hospitals are leading on this piece of work with a business case being developed for NHSE/I approval anticipated in spring 2020.
- 10.4 Following approval, the physical build is anticipated to take approximately 3 years which will lead into spring 2023.
- 10.5 During this time, the IUTC will be fully operational, supporting A&E and enabling us to embed new clinical pathways, processes and ways of working prior to the new UTC.
- 10.6 We will further update the Overview & Scrutiny Committee post business case approval.

11.0 PRIMARY CARE HUBS

11.1 As part of the community urgent care model and to ensure access to urgent care services, patients will have access to GP extended access appointments in a number of practices in addition to the establishment of the Primary Care Hubs in Eastham, Birkenhead and Wallasey and the Urgent Treatment Centre at Arrowe Park Hospital. In addition to the above, we will also be establishing a specific dressing service for the Moreton area to manage the high levels of demand for dressings and wound care in the existing Minor Illness and Injury Unit in Moreton however dressing services will also be available in the Primary Care Hubs).

Activity data also demonstrates that many patients attending a Minor Illness and Injury Unit could have been seen by a local pharmacist who can provide advice, guidance and treatment for some conditions. As part of the community urgent care model we need to establish better utilisation of the community pharmacy role.

11.2 **Primary Care Hubs** - From the 1st of April 2020 we will be establishing 3 Primary Care Hubs across Wirral. These will be located as follows:

Birkenhead Medical Centre (8am-8pm)
Eastham Clinic (12pm-8pm)
Victoria Central Hospital (8am-8pm)

The hubs will replace the existing Walk in Centres, instead offering patients an improved offer for urgent care, retaining the all age access as walk-in patients as well as other facilities. The services on offer will consist of:

All age access to walk-in provision
Bookable GP and Nurse appointments
Dressings and Wound Care service

The opening hours of each hub reflect the levels of constituency demand for urgent care in those specific areas. For example, Birkenhead Medical Centre has increased its opening hours by 2 hours to manage the high levels of demand in the Birkenhead area however, the opening hours of Victoria Central Hospital based on local need has resulted in a 2 hour reduction.

REPORT AUTHOR: Ms. Zoe Delaney - Senior Commissioning Lead
Mr. Richard Miller-Holliday - Commissioning Consultant

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richard.miller-holliday1@nhs.net

APPENDICES

Appendix 1: Equality Impact Assessment Stage 2
Appendix 2: Quality Impact Assessment Interim UTC
Appendix 3: Quality Impact Assessment Interim UTC & Primary Care Hubs



Equality Impact
Assessment - UTC anc



Copy of QIA- Interim
UTC_Nov19_v5.xlsx



Copy of QIA - UTC
and Primary Care Hub

BACKGROUND PAPERS

N/A

SUBJECT HISTORY (last 3 years)

| Council Meeting | Date |
|--|---|
| Special Meeting, Adult Care and Health Overview and Scrutiny Committee | Monday, 12th November, 2018 |
| Wirral and Cheshire West and Chester Joint Health Scrutiny Committee | Tuesday 11th December, 2018 |
| Adult Care and Health Overview and Scrutiny Committee | Wednesday 26th June, 2019 |
| Wirral and Cheshire West and Chester Joint Health Scrutiny Committee | Monday 1st July, 2019 |
| Special Meeting Adult Care and Health Overview & Scrutiny Committee | Wednesday 24th July 2019. |

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Equality Impact and Risk Assessment Stage 2 for Services

Title of Service / Proposal:

Urgent Care Redesign – Urgent Treatment Centre and Primary Care Hubs



EQUALITY IMPACT AND RISK ASSESSMENT TOOL FOR SERVICES

STAGE 2

ALL SECTIONS – MUST BE COMPLETED

Refer to guidance documents for completing all sections

SECTION 1 - DETAILS OF PROJECT

Organisation:

Wirral CCG

Assessment Lead:

Zoe Delaney

Responsible Director/CCG Board Member for the assessment

Nesta Hawker, Director of Commissioning

Who else will be involved in undertaking the assessment?

Business intelligence and modelling team WCCG, stakeholders, Providers

Date of commencing the assessment: 25.11.19

Date for completing the assessment:

Latest update: 25.11.19

SECTION 2 - EQUALITY IMPACT ASSESSMENT

| Please tick which group(s) this service / project will or may impact upon? | Yes | No | Indirectly |
|--|-----|----|------------|
| Patients, service users | √ | | |
| Carers or family | √ | | |
| General Public | √ | | |
| Staff | √ | | |
| Partner organisations | √ | | |

Background of the service / project being assessed:

NHS Wirral CCG has undertaken a consultation process regarding the future of urgent care services in Wirral. This includes implementation of an Urgent Treatment Centre (see description below) as well as consideration of what additional planned and unplanned services will be available to support patients in the community.

An Urgent Treatment Centre will be created on the Arrowe Park Hospital site, open 24 hours per day 7 days a week, matching the hospital's A&E hours. The centre will be GP led and will include access to clinical diagnostics (e.g. x-rays, bloods etc) and will be integrated with A&E to enable consultant advice where required. The centre will comply with the 27 standards set out by NHS England within 'Urgent Treatment Centre's Principles and Standards' July 2017: <https://www.england.nhs.uk/wp-content/uploads/2017/07/urgent-treatment-centres%E2%80%93principles-standards.pdf>.

As a result of NHS England guidance regarding the counting of Type 3 and 4 activity, we will be re-designating the Arrowe Park Walk in Centre as interim Urgent Treatment Centre from 1st December 2019 until the hospital redevelopment programme is complete (2023) which will see a new Urgent

Treatment Centre established on the Arrowe Park site (as outlined above). The staffing of the interim UTC will be managed by Wirral Community Health and Care NHS Foundation Trust (as per the current Walk in Centre). We are working with NHSE to establish certain exclusion criteria from the 27 UTC standards as some will be unachievable by December 2019. These standards will be developed over time in accordance with the NHSE UTC guidance.

The aims of the interim Urgent Treatment Centre are to provide high quality urgent primary care services, including assessment and treatment of patient presenting with minor and moderate illness and minor injuries. The Urgent Treatment Centre working collaboratively across the wider health and social care community will ensure that an integrated approach will maximise its resources safely, effectively and efficiently. The Urgent Treatment Centre will support the delivery of services and will contribute to reducing demand on secondary care.

An appropriately trained multidisciplinary clinical workforce will be deployed whenever the interim urgent treatment centre is open. The hours of operation will remain consistent with the current Walk in Centre (14 hours per day, 8am-10pm). The urgent treatment centre will usually be a GP-led service, which is under the clinical leadership of a GP. As the centre is co-located with an emergency department there may be justification for joint clinical leadership from an ED consultant.

Service Provision

- Unscheduled care for patients presenting with minor illness and injuries
- Initial and urgent assessment, treatment and referral for all patients attending the site
- Diagnostic tests as available and appropriate and arrange follow up or referral
- Work collaboratively and closely with other organisations to ensure quick, effective treatment in the most appropriate setting
- Provide Education and Health Promotion to patients and their carers
- The scope of practice in urgent treatment centres must include minor illness and injury in adults and children of any age, including wound closure, removal of superficial foreign bodies and the management of minor head and eye injuries (we are currently working collaboratively with both Wirral Community Health and Care NHS FT and WUTH to develop these pathways)
- Where appropriate, patients attending an urgent treatment centre should be provided with health and wellbeing advice and sign-posting.

In addition to the urgent treatment centre, we will implement 3 Primary Care Hubs as follows:

- Birkenhead – Birkenhead Medical Centre, 8am-8pm (+2 hrs)
- Wallasey – Victoria Central Hospital, 8am-8pm (-2hrs)
- South Wirral – Eastham Clinic, 12pm-8pm (no change)

The Primary Care Hubs will consist of same day (within 24 hours) access to a GP or Nurse appointment and an all age walk-in services. Additionally the Primary Care Hubs will have access to diagnostic pathways for Point of Care Testing (PoCT) at the UTC.

This service model will be supported by additional GP appointments within each area in Wirral to be available 8am to 8pm, 7 days a week (in addition to the existing provision of appointments Monday to Friday 8am - 6pm).

Alongside the above, Wirral will be developing an integrated urgent care system with NHS 111 and GP Out of Hours to enable more needs to be met by NHS 111. The full details of this are specified within NHS England's 'Integrated Urgent Care Service Specification' August 2017.

<https://www.england.nhs.uk/wp-content/uploads/2014/06/Integrated-Urgent-Care-Service-Specification.pdf>

As part of the new urgent care model, the existing Minor Illness and Injury Units (Miriam Medical Centre, Gladstone (formerly Parkfield) Medical Centre, Moreton Health Clinic) will be decommissioned with a separate dressing service established in Moreton to address the high levels of demand in that area for dressings and wound care.

We will no longer commission the existing Walk in Centre's; however the Primary Care Hubs will be established to support this model.

What are the aims and objectives of the service / project being assessed?

The main aims and objectives of the proposed model:

- Ensure delivery of a high quality urgent care offer within Wirral
- Ensure efficient and effective urgent care system
- Streamline urgent care services across Wirral
- Standardise the urgent care pathway ensuring all services meet the required standards
- Provide better, joined up community services
- Provide an enhanced offer in the form of a UTC
- Consider the needs of the all with additional detailed focus on highest users of urgent care including paediatrics, young adults, older people
- Gain feedback from the public in context of our case for change which highlights areas of need in Wirral
- Ensuring fair and equal access to services
- Ensure sustainable workforce across Wirral's urgent care services

The aim of this Impact Assessment is to ensure any potential disadvantages for patients are identified, explored and mitigated.

Services currently provided in relation to the project:

- Arrowe Park A&E
- Walk in Centre's (Arrowe Park, Victoria Central (VCH) and Eastham)
- Minor Illness and Injury Unites (Miriam Medical Centre, Gladstone (formerly Parkfield) Medical Centre, Moreton Health Clinic)
- GP services
- GP Out of Hours
- NHS 111

Which equality protected groups (age, disability, sex, sexual orientation, gender reassignment, race, religion and belief, pregnancy and maternity, marriage and civil partnership) and other employees/staff networks do you intend to involve in the equality impact assessment?

Please bring forward any issues highlighted in the Stage 1 screening

The impact assessment has been drafted based on intelligence from our case for change document which draws out impact on protected groups, as well as discussions at a VSA event in September 2016. This model has been subject to a full public consultation which proactively engaged with protected characteristic groups to gain an understanding of the impact this model on them and any actions that can be taken to further support their needs. This EIA has been updated following consultation to take into account any issues/concerns raised.

The consultation also included a questionnaire which had a dedicated section on protected characteristics and invited respondents to consider potential impacts.

How will you involve people from equality/protected groups in the decision making related to the project?

The consultation was open for all to input into. We also provided some targeted engagement as part of the consultation with some specific groups including the presenting and discussion with Wirral Multicultural Organisation (WMO), Wirral Older People's Parliament and Youth Parliament. We also visited some specific centres to invite feedback including children's centres, A&E (adults and children's), walk in centres, minor injuries units. Staff have all been informed of the consultation process and were asked to provide feedback. This feedback fed into our decision making process.

In addition to this, a wider stakeholder list has been developed, all of whom received a letter advising of the consultation process and inviting further discussion if desired. We have also established a Stakeholder Group that meets on a monthly basis to address and explore any potential issues around the redesign of urgent care.

Does the project comply with the NHS Accessible Information Standard? (providing any documents, leaflets, resources in alternative formats if requested to meet differing communication needs of patients and carers) YES NO

The CCG will ensure that all service(s) commissioned comply with this standard and make relevant adjustments to support the needs of patients and carers.

In terms of our consultation, information can be made available in alternative formats upon request.

EVIDENCE USED FOR ASSESSMENT

What evidence have you considered as part of the Equality Impact Assessment?

- All research evidence base references including NICE guidance and publication— please give full reference
- Bring over comments from Stage 1 and prior learning (please append any documents to support this)

<https://www.england.nhs.uk/wp-content/uploads/2017/07/urgent-treatment-centres%E2%80%93principles-standards.pdf>

<https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>

<https://www.england.nhs.uk/wp-content/uploads/2014/06/Integrated-Urgent-Care-Service-Specification.pdf>

S:\Strategic Planning & Outcomes\Urgent Care\Urgent Care Transformation 2017\6.Case for Change and Modelling

ENSURING LEGAL COMPLIANCE

Think about what you are planning to change; and what impact that will have upon ‘your’ compliance with the Public Sector Equality Duty (refer to the Guidance Sheet complete with examples where necessary)

| | | |
|---|--|---|
| In what way does your current service delivery help to: | How might your proposal affect your capacity to: | How will you mitigate any adverse effects? (You will need to review how effective these measures have been) |
| End Unlawful Discrimination? | End Unlawful Discrimination? | End Unlawful Discrimination? |
| Services are accessible to all. | The Urgent Treatment Centre and community offer will ensure equal access to all. Additional consideration of this will be given throughout consultation and service provision will be adapted to ensure equality and reduce health inequalities. | No adverse effects anticipated. |
| Promote Equality of Opportunity? | Promote Equality of Opportunity? | Promote Equality of Opportunity? |
| Equal access/improved access including access for out of Wirral patients, specifically from border with Western Cheshire. | Access – all members of public will have equal access to the UTC and the community offer. Current access levels maintained including access for out of Wirral patients, specifically from border with Western Cheshire. | No adverse effects expected |

| Foster Good Relations Between People | Foster Good Relations Between People | Foster Good Relations Between People |
|--------------------------------------|--|--------------------------------------|
| | <p>The consultation sought to obtain views from public including protected characteristics groups. The CCG is also working to develop and enhance internal patient reference groups to further support developing and embedding service redesign. The consultation ensured the needs of different groups were identified and developed awareness to support commissioning decisions.</p> | <p>Positive impact anticipated</p> |

WHAT OUTCOMES ARE EXPECTED/DESIRED FROM THIS PROJECT?

What are the benefits to patients and staff?

The implementation of an Urgent Treatment Centre will enhance the offer as an alternative to A&E. Many patients will automatically default to A&E because they are unsure where else to go or cannot access an appointment elsewhere. Data tells us that almost half of the attendances to A&E were for minor conditions that could have been seen elsewhere (i.e. local pharmacy, own GP, NHS 111 etc.) and were actually inappropriate for A&E. This model of care will see A&E freed up to deal with the sickest patients whilst ensuring all patients are seen and treated in the most appropriate care setting for their needs.

The implementation of the Primary Care Hubs will address the level of variation offered by existing urgent care services. The services provided vary between sites meaning patients often do not know the most appropriate place to go to receive treatment. The development of the primary care hubs will seek to standardise urgent care services and provide a clear route for patients, ending the current confusion and ensuring easy access to urgent care services across Wirral.

How will any outcomes of the project be monitored, reviewed, evaluated and promoted where necessary?

KPIs will be developed and monitored regularly to ensure any issues are identified, explored and mitigated. This will identify what is working and also identify any adjustments that need to be made. Through the project steering group we will track the progress of Programme implementation against pre-set targets and objectives. We will routinely collect data on these indicators and compare actual results with targets focusing on clinical efficiency and the use of resources and capacity against demand.

“think about how you can evaluate equality of access to, outcomes of and satisfaction with services by different groups”

The responses from the consultation were monitored throughout and at the end of the process, with all comments reviewed and a thematic analysis undertaken by an independent organisation.

Following implementation of the new service, robust review processes will be followed including analysis of patient feedback (complaints, comments, compliments), and contractual arrangements will be in place to monitor outcomes and quality of service.

EQUALITY IMPACT AND RISK ASSESSMENT

Does the ‘project’ have the potential to:

- Have a *positive impact (benefit)* on any of the equality groups?
- Have a *negative impact / exclude / discriminate* against any person or equality group?
- **Explain** how this was **identified? Evidence/Consultation?**
- Who is most likely to be **affected** by the proposal and **how** (think about barriers, access, effects, outcomes etc.)
- Please include all evidence you have considered as part of your assessment e.g. Population statistics, service user data broken down by equality group/protected group

Please see Equality Groups and their issues guidance document, this document may help and support your thinking around barriers for the equality groups

| Equality Group / Protected Group | Positive effect | Negative effect | Neutral /Indirect effect | Please explain - MUST BE COMPLETED |
|----------------------------------|-----------------|-----------------|--------------------------|---|
| Age | √ | √ | | <p>Our largest users of the current urgent care services are the 0-4 year olds, 20-24 year olds and over 80 year olds. Therefore it is likely to be this age group most affected by urgent care transformation.</p> <p>The introduction of the Urgent Treatment Centre will support these age groups and reduce their need to attend A&E and ultimately reduce chance of admission where it is avoidable. The Urgent Treatment Centre will have direct access to a range of diagnostics including x-rays and bloods and will be GP led with integration with A&E for access to specialist advice.</p> <p>The current system for Urgent Care is confusing, with an inconsistent service provision. This can lead patients to default to A&E where there is a guarantee of 24/7 urgent care provision. This may be especially true for older patients who may be less likely to access the internet to look up services and may be less familiar with services such as NHS 111.</p> |

| | | | | |
|--|---|---|---|---|
| Disability | √ | √ | | The positive impact on people with disabilities is easy access with community services being delivered across Wirral and limited travel distance to access these services during their opening hours. Outside of these hours NHS111, GP out of hours or travel to the UTC on the site of A&E would be available, so access is not adversely impacted by the option. |
| Gender Reassignment | | | √ | No issues identified to date. |
| Pregnancy and Maternity | | | √ | No issues identified to date. |
| Race | | | √ | No issues identified to date. |
| Religion or Belief | | | √ | No issues identified to date. |
| Sex (Gender) | | | √ | No issues identified to date. |
| Sexual Orientation | | | √ | No issues identified to date. |
| Vulnerable Groups e.g. Homeless, Sex Workers, Military Veterans | | | √ | No issues identified to date. |

SECTION 3 - COMMUNITY COHESION & FUNDING IMPLICATIONS

Does the 'project' raise any issues for Community Cohesion (how it will affect people's perceptions within neighbourhoods)?

The Primary Care Hubs will be located in Birkenhead, Wallasey and Eastham which may be viewed disadvantaging West Wirral residents. However, there is currently no specific urgent care provision (in the form of a Walk-In Centre) in West Wirral so there is no actual change to their provision.

Residents from West Wirral will have the ability to use the Urgent Treatment Centre at Arrowe Park Hospital which is within their geographical footprint. As part of the consultation we asked patients what their most important factors were in terms of location of urgent care services. Whilst there was a strong public voice to retain urgent care facilities currently delivered in Wallasey and Birkenhead; there was no specific feedback regarding West Wirral.

The evidence presented within our case for change document clearly outlines areas of need and steps required to reduce variation and improve equality of access across Wirral.

What effect will this have on the relationship between these groups? Please state how relationships will be managed?

No issues identified

Does the proposal / service link to QIPP (Quality, Innovation, Productivity and Prevention Programme)? Yes

Does the proposal / service link to CQUIN (Commissioning for Quality and Innovation)?

Yes / No

What is the overall cost of implementing the 'project'?

Please state: Cost & Source(s) of funding:

The new model will need to be delivered within the existing commissioning cost envelope and is deliverable within this. External funding ring-fenced for 'hospital development' has been secured and within the scope of this falls the new Urgent Treatment Centre which is part of an overall capital build programme (led by WUTH) which is due for completion in 2022.

This is the end of the Equality Impact section, please use the checklist in Appendix 2 to ensure and reflect that you have included all the relevant information.

SECTION 4 - HUMAN RIGHTS ASSESSMENT

If the Stage 1 Equality Impact and Risk Assessment highlighted that you are required to complete a Stage 2 Human Rights assessment (please request a stage 2 Human Rights Assessment from the Equality and Inclusion Team), please bring the issues over from the screening into this section and expand further using the Human Rights full assessment toolkit then email to equality and inclusion team.

No issues identified

SECTION 5 – RISK ASSESSMENT

See guidance document for step by step guidance for this section

Risk Matrix. Use this table to work out the risk score

| RISK MATRIX | | | | | |
|--|------------|------------|------------|----------|--|
| | Risk level | | | | |
| Consequence level | RARE 1 | UNLIKELY 2 | POSSIBLE 3 | LIKELY 4 | VERY LIKELY 5 |
| 1. Negligible | 1 | 2 | 3 | 4 | 5 |
| 2. Minor | 2 | 4 | 6 | 8 | 10 |
| 3. Moderate | 3 | 6 | 9 | 12 | 15 |
| 4. Major | 4 | 8 | 12 | 16 | 20 |
| 5. Catastrophic | 5 | 10 | 15 | 20 | 25 |
| Consequence Score: Likelihood Score: Risk score = consequence x likelihood | | | | | 6 (Consequence 2 x Likelihood 3) |
| <i>Example: risk of not consulting patients leading to legal challenge: Consequence score of 4 and Likelihood score of 3</i> | | | | | |
| Any comments / records of different risk scores over time (e.g. reason for any change in scores over time): | | | | | |
| Important: If you have a risk score of 9 and above you should escalate to the organisations risk management procedures. | | | | | |

EQUALITY IMPACT AND RISK ASSESSMENT AND ACTION PLAN

| Risk identified | Actions required to reduce / eliminate negative impact | Resources required (this may include financial) | Who will lead on the action? | Target date |
|--|---|---|--|-------------|
| Risk of unintended consequences to one or more protected characteristic groups through changing urgent care system | Full public consultation to proactively ask and consider potential impact on each of the protected characteristics groups and reflect any such impacts within decision making process | Existing consultation and engagement plan | Senior Commissioning Lead – Transformation | June 2018 |
| | | | | |
| | | | | |

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| | | | | |

SECTION 6 – EQUALITY DELIVERY SYSTEM 2 (EDS2)

Please go to Appendix 1 of the EIRA and tick the box appropriate EDS2 outcome(s) which this project relates to. This will support your organisation with evidence for the Equality and Inclusion annual equality progress plan and provide supporting evidence for the annual Equality Delivery System 2 Grading

SECTION 7 – ONGOING MONITORING AND REVIEW OF EQUALITY IMPACT RISK ASSESSMENT AND ACTION PLAN

Please describe briefly, how the equality action plans will be monitored through internal CCG governance processes?

CCG Urgent Care Transformation Steering Group

Date of the next review of the Equality Impact Risk Assessment section and action plan? (Please note: if this is a project or pilot, reviews need to be built in to the project/pilot plan)

Next review: Post consultation (January 2019)

Next formal update: July 2019 (post Governing Body decision)

Which CCG Committee / person will be responsible for monitoring the action plan progress?

CCG Urgent Care Transformation Steering Group

FINAL SECTION SECTION 8

Review date linked to Commissioning Cycle:

Acknowledgement that EIRA will form evidence for NHS Standard Contract Schedule 13: Yes / No

Date sent to Equality & Inclusion (E&I) Team for quality check:

29.11.19 (previous versions sent 25.10.17 and 14.11.17 and 03.05.18)

Date quality checked by Equality and Inclusion Business Partner:

(Historical checks 25/10/2017, 09/05/2018, 29.05.19)

Date of final quality check by Equality and Inclusion Business Partner: 13/12/19

Signature Equality and Inclusion Business Partner: Nicola Griffiths





This is the end of the Equality Impact and Risk Assessment process: By now you should be able to clearly demonstrate and evidence your thinking and decision(s). To meet publishing requirements this document SHOULD NOW BE PUBLISHED ON YOUR ORGANISATIONS WEBSITE.

- Save this document for your own records. Send this documents and copy of Human Rights Screening to equality.inclusion@nhs.net

Supplementary information to support CCG compliance to equality legislation:

Appendix 1: Equality Delivery System:

| APPENDIX 1: The Goals and Outcomes of the Equality Delivery System | | | Tick box(s) below |
|---|---|--|--------------------------|
| Objective | Narrative | Outcome | |
| 1. Better health outcomes | The NHS should achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results | 1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities | √ |
| | | 1.2 Individual people's health needs are assessed and met in appropriate and effective ways | √ |
| | | 1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed | √ |
| | | 1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse | √ |
| | | 1.5 Screening, vaccination and other health promotion services reach and benefit all local communities | √ |
| 2. Improved patient access and experience | The NHS should improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in | 2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds | √ |
| | | 2.2 People are informed and supported to be as involved as they wish to be in decisions about their care | √ |
| | | 2.3 People report positive experiences of the NHS | √ |

| | | | |
|---|---|--|---|
| | order to improve patient experience | 2.4 People's complaints about services are handled respectfully and efficiently | √ |
| 3. A representative and supported workforce | The NHS should increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients' and communities' needs | 3.1 Fair NHS recruitment and selection processes lead to a more representative workforce at all levels | √ |
| | | 3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations | √ |
| | | 3.3 Training and development opportunities are taken up and positively evaluated by all staff | √ |
| | | 3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source | √ |
| | | 3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives | √ |
| | | 3.6 Staff report positive experiences of their membership of the workforce | √ |
| 4. Inclusive leadership | NHS organisations should ensure that equality is everyone's business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions | 4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations | √ |
| | | 4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are managed | √ |
| | | 4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination | √ |

Appendix 2: Checklist for ensuring you have considered public sector equality duty and included all relevant information as part of the EIRA.

| Equality Impact and Risk Assessment Checklist | |
|---|---------------|
| Scope | Yes/No |
| Have I made the reader aware of the full scope of the proposal and do I understand the current situation and what changes may occur? | Yes |
| Legal | |
| Have I made the reader aware of our organisations legal duties with regard to Equality & Diversity and are they documented? | Yes |
| Has the relevance of these duties pertaining to this item been outlined explicitly and documented? | Yes |
| Have I explained how in this area we currently meet our Public Sector Equality Duties and how any change may affect this? | Yes |
| Information | |
| Have I seen sufficient research and consultation to consider the issues for equality groups? (This may be national and local; demographic, numbers of users, numbers affected, community needs, comparative costs etc.) | Yes |
| Have I carried out specific consultation with affected groups prior to a final decision being made? | Yes |
| Has consultation been carried out over a reasonable period of time i.e. no less than six weeks leading up to this item? | Yes |
| Have I provided evidence that a range of options or alternatives have been explored? | Yes |
| Impact | |
| Do I understand the positive and negative impact this decision may have on all equality groups? | Yes |
| Am I confident that we have done all we can to mitigate or at least minimise negative impact for all equality groups? | Yes |
| Am I confident that where applicable we considered treating disabled people more favourably in order to avoid negative impact (Disability Equality Duty)? | Yes |
| Am I confident that where applicable we allowed an exception to permit different treatment (i.e. a criteria or condition) to support positive action | Yes |
| Have I considered the balance between; proposals that have a moderate impact | Yes |

| | |
|---|-----|
| on a large number of people against any severe impact on a smaller group. | |
| *Wider Budgetary Impact (where applicable) | |
| Within the wider context of budgetary decisions did I consider whether an alternative would have less direct impact on equality groups? | Yes |
| Within the wider context of budgetary decisions did I consider whether particular groups would be unduly affected by cumulative effects/impact? | Yes |
| Transparency of decisions | |
| Will there be an accurate dated record of the considerations and decisions made and what arrangements have been made to publish them? | Yes |
| Due regard | |
| Did I consider all of the above before I made a recommendation/decision? | Yes |

Overview

This tool involves an initial assessment (stage 1) to quantify potential impacts (positive or negative) on quality from any proposal to change the way services are commissioned and/or delivered. Where potential negative impacts are identified they should be risk assessed using the risk scoring matrix to reach a total risk score.

Quality is described in 6 areas, each of which must be assessed at stage 1. Where a potentially negative risk score is identified and is greater than (>) 8 this indicates that a more detailed assessment is required in this area. All areas of quality risk scoring greater than 8 must go on to a detailed assessment at stage 2.

Scoring

A total score is achieved by assessing the level of impact and the likelihood of this occurring and assigning a score to each. These scores are multiplied to reach a total score.

The following tables define the impact and likelihood scoring options and the resulting score: -

| LIKELIHOOD | | IMPACT | |
|------------|---------------------|--------|----------------------|
| 1 | RARE | 1 | MINOR |
| 2 | UNLIKELY | 2 | MODERATE / LOW |
| 3 | MODERATE / POSSIBLE | 3 | SERIOUS |
| 4 | LIKELY | 4 | MAJOR |
| 5 | ALMOST CERTAIN | 5 | FATAL / CATASTROPHIC |

| Risk score | Category |
|------------|------------------------|
| 1 - 3 | Low risk (green) |
| 4 - 6 | Moderate risk (yellow) |
| 8 - 12 | High risk (orange) |
| 15 - 25 | Extreme risk (red) |

A fuller description of impact scores can be found in the 'Risk Scoring Matrix' tab.

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| | | IMPACT | | | | |
|------------|---|--------|----|----|----|----|
| | | 1 | 2 | 3 | 4 | 5 |
| LIKELIHOOD | 1 | 1 | 2 | 3 | 4 | 5 |
| | 2 | 2 | 4 | 6 | 8 | 10 |
| | 3 | 3 | 6 | 9 | 12 | 15 |
| | 4 | 4 | 8 | 12 | 16 | 20 |
| | 5 | 5 | 10 | 15 | 20 | 25 |

Please take care with this assessment. A carefully completed assessment should safeguard against challenge at a later date.

Stage 1

The following assessment screening tool will require judgement against the 8 areas of risk in relation to Quality. Each proposal will need to be assessed whether it will impact adversely on patients / staff / organisations. Where an adverse impact score greater than (>) 8 is identified in any area this will result in the need to then undertake a more detailed Quality Impact Assessment. This will be supported by the Clinical Quality & Nursing team.

Title and overall lead for scheme: Interim Urgent Treatment Centre - Nesta Hawker, Director of Commissioning and Transformation

Brief description of scheme:

NHS Wirral CCG has undertaken a consultation process regarding the future of urgent care services in Wirral. This includes implementation of a 24 Hour Urgent Treatment Centre as well as consideration of what additional planned and unplanned services will be available to support patients in the community. A full capital build programme is underway to develop the existing site at Arrowe Park Hospital to establish an Urgent Treatment Centre which will be open 24 hours per day 7 days a week, matching the hospital's A&E hours. The centre will be GP led and will include access to diagnostics (e.g. x-rays, bloods etc) and will be integrated with A&E to enable consultant advice where required. The centre will comply with the 27 standards set out by NHS England within 'Urgent Treatment Centre's Principles and Standards' July 2017: <https://www.england.nhs.uk/wp-content/uploads/2017/07/urgent-treatment-centres%E2%80%93principles-standards.pdf>.

As a result of NHS England guidance regarding the counting of Type 3 and 4 activity, we will be re-designating the Arrowe Park Walk in Centre as in interim Urgent Treatment Centre from 19th December 2019 until the main hospital redevelopment programme is complete (2023) which will see a new Urgent Treatment Centre established on the Arrowe Park site (as outlined above). The staffing of the interim UTC will be managed by Wirral Community Health and Care NHS Foundation Trust (as per the current Walk in Centre). We are working with NHSE to establish certain exception criteria from the 27 UTC standards as some will be unachievable by December 2019. These standards will be developed over time in accordance with the NHSE UTC guidance.

The aims of the interim Urgent Treatment Centre are to provide high quality urgent primary care services, including assessment and treatment of patient presenting with minor and moderate illness and minor injuries. The Urgent Treatment Centre working collaboratively across the wider health and social care community will ensure that an integrated approach will maximise its resources safely, effectively and efficiently. The Urgent Treatment Centre will support the delivery of services and will contribute to reducing demand on secondary care.

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Service Provision

- Unscheduled care for patients presenting with minor illness and injuries
- Initial and urgent assessment, treatment and referral for all patients attending the site
- Diagnostic tests as available and appropriate and arrange follow up or referral
- Work collaboratively and closely with other organisations to ensure quick, effective treatment in the most appropriate setting
- Provide Education and Health Promotion to patients and their carers
- The scope of practice in urgent treatment centres must include minor illness and injury in adults and children of any age, including wound closure, removal of superficial foreign bodies and the management of minor head and eye injuries (we are currently working collaboratively with both Wirral Community Health and Care NHS FT and WUTH to develop these pathways)
- Where appropriate, patients attending an urgent treatment centre should be provided with health and wellbeing advice and sign-posting.

Answer positive/negative or not applicable (P/N or N/A) in each area. If N, please score the impact and likelihood. If score greater than 8 a full stage 2 assessment will be required.

5

| Area of Quality | Impact question | P/N or N/A | Impact | Likelihood | Score | Full Assessment - Stage 2 to be completed |
|-----------------|-----------------|------------|--------|------------|-------|---|
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|---|--|---|-----|-----|-----|--|
| Duty of Quality | Could the proposal impact positively or negatively on any of the following - compliance with the NHS Constitution, partnerships, safeguarding children or adults and the duty to promote equality? | P | N/A | N/A | N/A | This model of care provides a clear and standardised pathway of care for patients. It enables effective partnership working and brings together agencies for closer MDT working, which should improve issues regarding information flow and continuity of care for patients. This could lead to more patient centred service, improved safeguarding approaches and compliance with the A&E target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours. |
| Patient Experience | Could the proposal impact positively or negatively on any of the following - positive survey results from patients, patient choice, personalised & compassionate care? | P | N/A | N/A | N/A | The UTC will provide an enhanced offer compared to the previous Walk in Centre by offering Point of Care Testing on-site which will enable patients to have access to low level diagnostics which would otherwise see them signposted to ED. |
| Patient Safety | Could the proposal impact positively or negatively on any of the following – safety, systems in place to safeguard patients to prevent harm, including infections? | P | N/A | N/A | N/A | It brings together agencies for closer MDT working, which should improve issues regarding information flow and safety of patients. This could lead to a more patient centred service, improved safeguarding approaches and compliance. Clinical decision making support from A&E to the UTC and community offer supports patient safety. |
| Clinical Effectiveness Page 105 | Could the proposal impact positively or negatively on evidence based practice, clinical leadership, clinical engagement and/or high quality standards? | P | N/A | N/A | N/A | The GP led MDT approach within the Urgent Treatment Centre is a proven model of care that is successful across other systems and as such we have benchmarked against this model. This approach should provide improved clinical engagement between primary care and ED clinicians. It should ensure that the patient is seen at the right place at the right time and by the right clinician. Clinical decision making support from ED to the |
| Prevention | Could the proposal impact positively or negatively on promotion of self-care and health inequality? | P | N/A | N/A | N/A | Self care will be promoted within the UTC and patients will be signposted accordingly where appropriate. This will be monitored by Public Health colleagues who will inform the developing model. |

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|------------------------------------|--|---|-----|-----|-----|---|
| Productivity and Innovation | Could the proposal impact positively or negatively on - the best setting to deliver best clinical and cost effective care; eliminating any resource inefficiencies; low carbon pathway; improved care pathway? | P | N/A | N/A | N/A | <p>This model of care will provide a robust and collaborative environment to deliver clinical and cost effective care. The collaborative model between primary care and ED will enhance system resilience in terms of resource/capacity and demand management.</p> <p>Patients will have access to an improved care pathway via an enhanced service offer at the UTC with access to a collaborative workforce and clinical diagnostics that would otherwise see them potentially diverted to ED.</p> <p>It should ensure that the patient is seen at the right place at the right time and by the right clinician. It should reduce the number of inappropriate admissions to ED.</p> |
| Vacancy Impact | Could the proposal impact positively or negatively as a result of staffing posts lost? | P | N/A | N/A | N/A | The interim UTC will not result in the loss of any staff posts. |
| Resource Impact | Could this proposal impact positively or negatively with regard to estates, IT resource, community equipment service or other agencies or providers e.g. Social care/voluntary sector/District nursing | P | N/A | N/A | N/A | This collaborative model offers opportunities for system integration, information sharing and a robust and collaborative workforce able to respond to system wide pressures with greater flexibility. |

Please describe your rationale for any positive impacts here (this is in addition to the narrative within each assessed area):

Duty of Quality

The urgent care system will be supported by an integrated model of urgent care on the Arrowe Park site with integration across the urgent treatment centre and ED. The model also includes urgent care services in the community delivering from locations within each locality.

Patient Experience

The proposed model will enhance patient experience through delivery of additional services within the urgent treatment centre, ensuring access to diagnostics to enable more patients to have their needs met without the need to go to ED. We are also anticipating that less patients will require an admission. The integration with ED will provide direct access to emergency clinicians and interventions to support decision making within the urgent treatment centre and patients will be seen and treated within a maximum of 2 hours compared to 4 hour A&E standard. The community offer (Primary Care Hubs) will provide a wide range of services to proactively support patients care to avoid the need for urgent care services such as ED and urgent treatment centre. It will also include access to same day (within 24 hours) GP and Nurse appointments for more urgent care needs and will be bookable by NHS 111. As the centres would include same day GP referral to X-Ray, along with additional services on site such as pharmacy and voluntary sector information and advice, this would provide a 'one stop shop' approach to delivery of care and reduce the need for multiple journeys. The proposed model will facilitate compassionate and personalised care, this is already an approach fostered by existing staff, however this will be enhanced through holistic support as well as enhanced care at urgent treatment centre. Also, a health coaching model would be implemented to enable staff to have a consistent, person centred approach to appointments. The service model simplifies and standardises the service offering for patients across Wirral.

Patient Safety

This will enhance patient safety through delivery of a clearer, consistent model to urgent care in Wirral with closer integrated working between organisations delivering urgent care. This will reduce risk of harm across the urgent care system. As noted above, we will ensure that the services have robust safeguarding practice in place.

Clinical Effectiveness

The proposal will provide consistent, standardised care for patients. It will also ensure patients are seen in the most appropriate place. The urgent treatment centre, as an integrated model with ED, will undertake clinical streaming. Closer working between partners and consistency across community provision will also facilitate evidence based practice and demonstrate clinical leadership and engagement as well as delivery a high quality standard.

Productivity and Innovation

The proposal aims to deliver clinical and cost effective care as it better matches levels of clinical resource to the presenting needs. In addition to this, providing a clearer system will ensure patients access the most appropriate service first time, reducing the number of patients visiting more than one urgent care service for the same condition/incident. This will reduce the carbon footprint for patients previously traveling to numerous

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| Zoe Delaney | Senior Commissioning Lead | Nov-19 |
|-------------|---------------------------|--------|

| Area of quality | Indicators | Description of impact (Positive or negative) | Risk (5x5 risk matrix) | | | Mitigation strategy and monitoring arrangements |
|-----------------|---|---|------------------------|------------|---------------|--|
| | | | Impact | Likelihood | Overall Score | |
| QUALITY OF CARE | What is the impact on the organisation's duty to secure continuous improvement in the quality of the healthcare that it provides and commissions. In accordance with Health and Social Care Act 2008 Section 139? | This model of care will provide an enhanced pathway of care for patients. It provides a more robust service offer for patients who will have access to a greater suite of diagnostic tests and a more collaborative and robust workforce. | N/A | N/A | N/A | Ongoing work will need to be undertaken to continue effective partnership working across agencies to streamline the patient pathway with the Urgent Treatment Centre and enable a partnership approach to continuous improvement. Yes. The implementation of these indicators will continue to be monitored by the key performance measures within the urgent care dashboard such as the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours. This dashboard is monitored by the Urgent Care Operational Group and the A&E delivery Board. The co-location of the UTC on the Arrow Park Hospital site should improve the strategic relationship between the secondary care provider and primary care. |
| | Does it impact on the organisation's commitment to the public to continuously drive quality improvement as reflected in the rights and pledges of the NHS Constitution? | It enables effective partnership working and promotes a closer MDT approach, which should improve issues regarding information flow and continuity of care for patients. This could lead to more patient centred service, improved safeguarding approaches and compliance with the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours. | N/A | N/A | N/A | |
| | Does it impact on the organisation's commitment to high quality workplaces, with commissioners and providers aiming to be employers of choice as reflected in the rights and pledges of the NHS Constitution? | | N/A | N/A | N/A | |
| | What is the impact on strategic partnerships and shared risk? | | N/A | N/A | N/A | |
| | What is the equality impact on race, gender, age, disability, sexual orientation, religion and belief, gender reassignment, pregnancy and maternity for individual and community health, access to services and experience of using the NHS | An Equality Impact Assessment has been undertaken separately. | N/A | N/A | N/A | |
| | Are core clinical quality indicators and metrics in place to review impact on quality improvements? | This model of care provides an enhanced offer for Urgent Care in Wirral by providing increased access to diagnostics in the UTC as well as a collaborative workforce model. It enables effective partnership working and brings together ED and primary care for closer MDT working, which should improve issues regarding information flow and continuity of care for patients. This could lead to more patient centred service, improved safeguarding approaches and compliance with the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours. | N/A | N/A | N/A | Ongoing work will be undertaken to enable more effective partnership working and information sharing across agencies to streamline the patient pathway with the Urgent Treatment Centre and enable a partnership approach to continuous improvement and effective implementation of safeguarding policies and procedures. The implementation of these indicators will continue to be monitored by the key performance measures within the urgent care dashboard such as the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours. This dashboard is monitored by the Urgent Care Operational Group and the A&E delivery Board. |
| | Will this impact on the organisation's duty to protect children, young people and adults? | | N/A | N/A | N/A | |
| SCIENCE | What impact is it likely to have on self reported experience of patients and service users? (Response to national/local surveys/complaints/PALS/ incidents) | This model of care will provide patients with an improved offer for urgent care by enhancing the service provision at the interim UTC. Patients will be have access to an increased offer of clinical diagnostics and a collaborative workforce model which should improve issues regarding information flow and continuity of care for patients. This could lead to more patient centred service, improved safeguarding approaches and compliance with the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours. | N/A | N/A | N/A | Ongoing work will be undertaken to enable more effective partnership working across providers along with an engagement plan to ensure patients are aware of what services they can access. This could be monitored by patient surveys and utilisation of healthwatch reviews of services. |

| Area of quality | Indicators | Description of impact (Positive or negative) | Risk (5x5 risk matrix) | | | Mitigation strategy and monitoring arrangements |
|-----------------|---|--|------------------------|------------|---------------|--|
| | | | Impact | Likelihood | Overall Score | |
| PATIENT EXPER | How will it impact on choice? | There will be no changes to the patient choice as the current service is remaining the same in terms of access/opening hours etc. The service is only being enhanced and improved for patients. Additionally this option provides a more integrated and collaborative approach and a right place right treatment right time model with clinical resources being utilised | N/A | N/A | N/A | <p>Ongoing work will be undertaken to enable more effective partnership working across agencies and to implement an engagement plan to ensure the public are aware of what additional services are available to them.</p> <p>This could be monitored by patient surveys and utilisation of healthwatch reviews of services.</p> |
| | Does it support the compassionate and personalised care agenda? | As there are no changes (only enhancements and improvements) to the model of care that patients already receive, there are no perceived implications for the ongoing support of the compassionate and personalised care agenda. | N/A | N/A | N/A | <p>Ongoing work will be undertaken to enable more effective partnership working to enable a consistent approach to personalise and compassionate care.</p> <p>The roll out of the Wirral Care Record would enable shared care records to be utilised as appropriate.</p> <p>This could be monitored by patient surveys and utilisation of healthwatch reviews of services.</p> |

| Area of quality | Indicators | Description of impact (Positive or negative) | Risk (5x5 risk matrix) | | | Mitigation strategy and monitoring arrangements |
|------------------------|---|---|------------------------|------------|---------------|--|
| | | | Impact | Likelihood | Overall Score | |
| PATIENT SAFETY | How will it impact on patient safety? | The Urgent Care pathway will remain similar to what is currently the situation. However, the option provides for improved standardisation of care and a right place right treatment right time model with clinical resources being utilised more efficiently. Clinical engagement should improve from the co-location of the UTC with ED. There should be no adverse impact on preventable harm, risk of acquired infections. The community offer will promote self-care and a wider social offering for patients with LTCs which will help patients stay well. | N/A | N/A | N/A | Ongoing work will be undertaken to enable more effective partnership working and information sharing across agencies to streamline the patient pathway with the Urgent Treatment Centre and enable a partnership approach to continuous improvement and effective implementation of high quality clinical care and safeguarding policies and procedures. The implementation of these indicators will continue to be monitored by the key performance measures within the urgent care dashboard such as the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours. This dashboard is monitored by the Urgent Care Operational Group and the A&E delivery Board. |
| | How will it impact on preventable harm? | | N/A | N/A | N/A | |
| | Will it maximise reliability of safety systems? | | N/A | N/A | N/A | |
| | How will it impact on systems and processes for ensuring that the risk of healthcare acquired | | N/A | N/A | N/A | |
| | What is the impact on clinical workforce capability care and skills? | N/A | N/A | N/A | | |
| CLINICAL EFFECTIVENESS | How does it impact on implementation of evidence based practice? | Pathways for the treatment of urgent care should be better aligned with the co-location of the UTC and ED. | N/A | N/A | N/A | The implementation of these indicators will continue to be monitored by the key performance measures within the urgent care dashboard such as the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours. This dashboard is monitored by the Urgent Care Operational Group and the A&E delivery Board. |
| | How will it impact on clinical leadership? | The development of the UTC brings together ED Consultants and Primary Care in a closer collaboration deliverign the urgent care pathway. | N/A | N/A | N/A | |
| | Does it support the full adoption of Better care, Better Value metrics? | This option supports the principles of better care, better value with the emphasis of reducing unnecessary hospital admissions and an enhanced urgent care option in the form of an interim UTC. | N/A | N/A | N/A | |
| | Does it reduce/impact on variations in care? | This model of care should reduce the variation in care in terms of multiple pathways for patients to receive care for minor illness/injuries with a standardisation of service offering within the UTC. | N/A | N/A | N/A | Ongoing work will be undertaken to enable more effective partnership working and information sharing across agencies to streamline the patient pathway with the Urgent Treatment Centre and enable a partnership approach to continuous improvement and high quality clinical care. |
| | Are systems for monitoring clinical quality supported by good information? | Yes - existing systems will continue to be utilised. | N/A | N/A | N/A | The implementation of these indicators will continue to be monitored by the key performance measures within the urgent care dashboard such as the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours. |
| | Does it impact on clinical engagement? | Positive - yes - the benefits of co-locating the UTC on the same site as Arrowe Park ED should bring about closer working between Primary Care and Secondary Care medical professionals | N/A | N/A | N/A | This dashboard is monitored by the Urgent Care Operational Group and the A&E delivery Board. There is a Digital Wirral Working Group reviewing IT across the board. |
| PREVENTION | Does it support people to stay well? | Positive - yes - this offer supports individuals to stay well and provides an emphasis on self-care as part of the offer. | N/A | N/A | N/A | Ongoing work will be undertaken to enable more effective partnership working across agencies to enable self care to be embedded in the patient pathway. |
| | Does it promote self-care for people with long term conditions? | Positive - this offer will help support people by offering an enhanced service offer and closer working between both ED and primary care which will improve continuity of care for patients and help manage their overall care. | N/A | N/A | N/A | Existing services would need to explore opportunities to tailor services to meet the health inequalities and population need. The implementation of these indicators will continue to be monitored by the key performance measures within the urgent care dashboard such as the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours. This dashboard is monitored by the Urgent Care Operational Group and the A&E delivery Board. |

| Area of quality | Indicators | Description of impact (Positive or negative) | Risk (5x5 risk matrix) | | | Mitigation strategy and monitoring arrangements |
|-----------------------------|--|--|------------------------|------------|---------------|--|
| | | | Impact | Likelihood | Overall Score | |
| | Does it tackle health inequalities, focusing resources where they are needed most? | Yes - this offer supports an integrated, collaborative and flexible workforce with the ability to focus resources on where they are needed. The co-location of the UTC on the acute site will enhance system resillience. | N/A | N/A | N/A | |
| PRODUCTIVITY AND INNOVATION | Does it ensure care is delivered in the most clinically and cost effective way? | Yes, this model of care encourages collaborative working and supports a more robust and responsive workforce that will be able to deliver care more efficiently both clinically (by an integrated, co-located model) and cost effective by a flexible workforce able to flex to meet demand. | N/A | N/A | N/A | Clear marketing campaign to help patients navigate the system to ensure they are seen in most appropriate place at most appropriate time. |
| | Does it eliminate inefficiency and waste? | The aspiration behind having a UTC co-located with ED s that it will divert patients away from A&E and therefore create efficiencies within the A&E system through reducing inappropriate attendances/ admissions. | N/A | N/A | N/A | As above, plus assurance that the Primary Care Hubs will divert as much activity from ED as appropriate |
| | Does it support low carbon pathways? | Yes - the co-location of the UTC with ED means that patients across Wirral have equitable access to urgent care (within a c. 20m drive time). Public transportation routes are available and the locality provision across the 4 Wirral localities supports a low carbon | N/A | N/A | N/A | |
| | Will the service innovation achieve large gains in performance? | The commencement of an urgent treatment centre will enhance performance as will support integrated decision making at ED site and should reduce activity flowing into A&E and ultimately aims to reduce avoidable admissions. The greatest improvement in performance is anticipated to be against 4 hour standard | N/A | N/A | N/A | The implementation of these indicators will continue to be monitored by the key performance measures within the urgent care dashboard such as the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours. This dashboard is monitored by the Urgent Care Operational Group and the A&E delivery Board. It is hoped that the establishment of the UTC under this option will help prevent unnecessary admissions/ attendances at A&E which are costly to the health system financially but also in terms of clinical time and patients journeys. |
| | Does it lead to improvements in care pathway(s)? | As noted above, the integration on the Arrowe Park site of the urgent treatment centre and A&E will improve care pathways and support a reduction in inappropriate A&E admissions. | N/A | N/A | N/A | |

| Area of quality | Indicators | Description of impact (Positive or negative) | Risk (5x5 risk matrix) | | | Mitigation strategy and monitoring arrangements |
|-----------------------------|---|---|------------------------|------------|---------------|---|
| | | | Impact | Likelihood | Overall Score | |
| VACANCY IMPACT | Does the proposal involve reducing staff posts? If so describe the impact this will have | Positive; There is no foreseen impact on the number of posts. | N/A | N/A | N/A | There are no current plans to reduce the staffing levels as a result of this option. As part of the Workforce workstream, we will be addressing issues of recruitment and retention to ensure we effectively guide and support staff through this process. |
| | Is the loss of posts likely to impact on remaining staff morale? | Positive There is no foreseen impact on the number of posts. | N/A | N/A | N/A | |
| | Can arrangements be made to prioritise and manage workload effectively? | The integration between ED and primary care in this model should enable improved prioritisation and management of workloads more effectively. | N/A | N/A | N/A | |
| | Are vacancies likely to impact on patient experience? | There are no current plans to reduce the staffing levels as a result of this option. A Workforce working group will consider the impact of recruitment and retention issues throughout the implementation of service change | N/A | N/A | N/A | |
| | Will services be negatively impacted by the loss of posts for a short term, medium term or longer term? | There are no current plans to reduce the staffing levels as a result of this option. | N/A | N/A | N/A | |
| Page 112 RESOURCE IMPACT | Describe how this proposal may/will have a resource impact with regard to: | | | | | |
| | Estates | Positive (see above description) | N/A | N/A | N/A | Estates work has been costed and funded collaboratively by the lead provider of the interim UTC and the acute lead provider. |
| | IT Resource | Positive (see above description) and negative: IT systems would need to link with services described in mandated elements of the model. | N/A | N/A | N/A | Further work will need to be undertaken to ensure appropriate IT systems are in place within existing services that link with the Urgent Treatment Centre and the new Integrated Urgent Care Clinical Advice Service prior to implementation of the new model. There is a Digital Wirral working group which is considering IT implementation/ systems across the local health system |
| | Funding streams/income | The funding arrangements for the UTC are being funded from within the existing cost envelope. | N/A | N/A | N/A | |
| | Other providers (specify how/what) | All providers have agreed to an Aligned Incentive Agreement. | N/A | N/A | N/A | |

| Area of quality | Indicators | Description of impact (Positive or negative) | Risk (5x5 risk matrix) | | | Mitigation strategy and monitoring arrangements |
|-----------------|------------------------------------|--|------------------------|------------|---------------|---|
| | | | Impact | Likelihood | Overall Score | |
| | Social care/voluntary/third sector | Positive (see description above)The Urgent Treatment Centre would provide patients access to the social, voluntary and third sector support, information and advice. | N/A | N/A | N/A | Further work would be required to provide patients access to the social, voluntary and third sector support, information and advice within existing services. |

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| Signature: Zoe Delaney | Designation: Senior Commissioning Lead | Date: November 2019 |
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Overview

This tool involves an initial assessment (stage 1) to quantify potential impacts (positive or negative) on quality from any proposal to change the way services are commissioned and/or delivered. Where potential negative impacts are identified they should be risk assessed using the risk scoring matrix to reach a total risk score.

Quality is described in 6 areas, each of which must be assessed at stage 1. Where a potentially negative risk score is identified and is greater than (>) 8 this indicates that a more detailed assessment is required in this area. All areas of quality risk scoring greater than 8 must go on to a detailed assessment at stage 2.

Scoring

A total score is achieved by assessing the level of impact and the likelihood of this occurring and assigning a score to each. These scores are multiplied to reach a total score.

The following tables define the impact and likelihood scoring options and the resulting score: -

| LIKELIHOOD | | IMPACT | |
|------------|---------------------|--------|----------------------|
| 1 | RARE | 1 | MINOR |
| 2 | UNLIKELY | 2 | MODERATE / LOW |
| 3 | MODERATE / POSSIBLE | 3 | SERIOUS |
| 4 | LIKELY | 4 | MAJOR |
| 5 | ALMOST CERTAIN | 5 | FATAL / CATASTROPHIC |

| Risk score | Category |
|------------|------------------------|
| 1 - 3 | Low risk (green) |
| 4 - 6 | Moderate risk (yellow) |
| 8 - 12 | High risk (orange) |
| 15 - 25 | Extreme risk (red) |

A fuller description of impact scores can be found in the 'Risk Scoring Matrix' tab.

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| | | IMPACT | | | | |
|------------|---|--------|----|----|----|----|
| | | 1 | 2 | 3 | 4 | 5 |
| LIKELIHOOD | 1 | 1 | 2 | 3 | 4 | 5 |
| | 2 | 2 | 4 | 6 | 8 | 10 |
| | 3 | 3 | 6 | 9 | 12 | 15 |
| | 4 | 4 | 8 | 12 | 16 | 20 |
| | 5 | 5 | 10 | 15 | 20 | 25 |

Please take care with this assessment. A carefully completed assessment should safeguard against challenge at a later date.

Stage 1

The following assessment screening tool will require judgement against the 8 areas of risk in relation to Quality. Each proposal will need to be assessed whether it will impact adversely on patients / staff / organisations. Where an adverse impact score greater than (>) 8 is identified in any area this will result in the need to then undertake a more detailed Quality Impact Assessment. This will be supported by the Clinical Quality & Nursing team.

Title and overall lead for scheme: Urgent Care Transformation - New Model of Care - Nesta Hawker, Director of Commissioning and Transformation

Brief description of scheme:

NHS Wirral CCG has undertaken a consultation process regarding the future of urgent care services in Wirral. This included implementation of an Urgent Treatment Centre (see description below) as well as consideration of what additional planned and unplanned services will be available to support patients in the community.

An Urgent Treatment Centre will be created on the Arrowe Park Hospital site, open 24 hours per day 7 days a week, matching the hospital's A&E hours. The centre will be GP led and will include access to diagnostics (e.g. x-rays, bloods etc) and will be integrated with A&E to enable consultant advice where required. The centre will comply with the 27 standards set out by NHS England within 'Urgent Treatment Centre's Principles and Standards' July 2017: <https://www.england.nhs.uk/wp-content/uploads/2017/07/urgent-treatment-centres%E2%80%93principles-standards.pdf>.

As a result of NHS England guidance regarding the counting of Type 3 and 4 activity, we will be re-designating the Arrowe Park Walk in Centre as an interim Urgent Treatment Centre from 19th December 2019 until the main hospital redevelopment programme is complete (2023) which will see a new Urgent Treatment Centre established on the Arrowe Park site (as outlined above). The staffing of the interim UTC will be managed by Wirral Community Health and Care NHS Foundation Trust as the current Walk in Centre is. We are working with NHSE to establish certain exception criteria from the 27 UTC standards as some will be unachievable by December 2019. These standards will be developed over time in accordance with the NHSE UTC guidance.

The aims of the interim Urgent Treatment Centre are to provide high quality urgent primary care services, including assessment and treatment of patient presenting with minor and moderate illness and minor injuries. The Urgent Treatment Centre working collaboratively across the wider health and social care community will ensure that an integrated approach will maximise its resources safely, effectively and efficiently. The Urgent Treatment Centre will support the delivery of services and will contribute to reducing demand on secondary care.

An appropriately trained multidisciplinary clinical workforce will be deployed whenever the urgent treatment centre is open. The hours of operation will remain consistent with the current Walk in Centre (14 hours per day, 8am-10pm). The urgent treatment centre will usually be a GP-led service, which is under the clinical leadership of a GP. Where the centre is co-located with an emergency department there may be justification for joint clinical leadership from an ED consultant.

Service Provision

- Unscheduled care for patients presenting with minor illness and injuries
- Initial and urgent assessment, treatment and referral for all patients attending the site
- Diagnostic tests as available and appropriate and arrange follow up or referral
- Work collaboratively and closely with other organisations to ensure quick, effective treatment in the most appropriate setting
- Provide Education and Health Promotion to patients and their carers
- The scope of practice in urgent treatment centres must include minor illness and injury in adults and children of any age, including wound closure, removal of superficial foreign bodies and the management of minor head and eye injuries (we are currently working collaboratively with both Wirral Community Health and Care NHS FT and WUTH to develop these pathways)
- Where appropriate, patients attending an urgent treatment centre should be provided with health and wellbeing advice and sign-posting.

Answer positive/negative or not applicable (P/N or N/A) in each area. If N, please score the impact and likelihood. If score greater than 8 a full stage 2 assessment will be required.

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| Area of Quality | Impact question | P/N or N/A | Impact | Likelihood | Score | Full Assessment - Stage 2 to be completed |
|-----------------|-----------------|------------|--------|------------|-------|---|
|-----------------|-----------------|------------|--------|------------|-------|---|

| | | | | | | |
|---------------------------------------|--|---|-----|-----|-----|---|
| Duty of Quality | Could the proposal impact positively or negatively on any of the following - compliance with the NHS Constitution, partnerships, safeguarding children or adults and the duty to promote equality? | P | N/A | N/A | N/A | This model of care provides a clear and standardised pathway of care for patients. It enables effective partnership working and brings together agencies for closer MDT working, which should improve issues regarding information flow and continuity of care for patients. This could lead to more patient centred service, improved safeguarding approaches and compliance with the A&E target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours. |
| Patient Experience | Could the proposal impact positively or negatively on any of the following - positive survey results from patients, patient choice, personalised & compassionate care? | P | N/A | N/A | N/A | <p>This option will provide a clear and standardised pathway of care for patients both within the community and on the acute site. Patients have told us that the current service provision (in the community) is confusing and difficult to navigate. The new model of care will provide a clear and consistent approach across Wirral by the introduction of Primary Care Hubs with clear access routes and service provision.</p> <p>Patients will no longer need to be signposted to A&E for a range of issues that the current Walk in Centre cannot deal with such as low level diagnostics and minor injuries as the UTC will be able to treat these conditions.</p> |
| Patient Safety Page 117 | Could the proposal impact positively or negatively on any of the following – safety, systems in place to safeguard patients to prevent harm, including infections? | P | N/A | N/A | N/A | <p>This option will provide a clear and standardised pathway of care for patients both within the community and on the acute site. It brings together agencies for closer MDT working, which should improve issues regarding information flow and safety of patients. This could lead to a more patient centred service, improved safeguarding approaches and compliance with the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours. Clinical decision making support from A&E to the UTC and community offer supports patient safety.</p> |
| Clinical Effectiveness | Could the proposal impact positively or negatively on evidence based practice, clinical leadership, clinical engagement and/or high quality standards? | P | N/A | N/A | N/A | <p>The GP led MDT model at the Urgent Treatment Centre should provide improved clinical engagement between GPs and A&E clinicians. It should ensure that the patient is seen at the right place at the right time and by the right clinician. Clinical decision making support from A&E to the UTC supports patient safety and escalation.</p> |

| | | | | | | |
|------------------------------------|--|---------|-----|-----|-----|---|
| Prevention | Could the proposal impact positively or negatively on promotion of self-care and health inequality? | P | N/A | N/A | N/A | <p>The current offer does not specifically address health inequalities and population need due to the service provision within the community being inconsistent. The introduction of Primary Care Hubs will align services and provide a more equitable offer for patients by streamlining processes and providing a consistent level of service. This model is based on providing local care within communities and as such the Primary Care Hubs are tailored to meet specific local needs such as health inequalities.</p> <p>This will be monitored by Public Health colleagues who will inform the developing model.</p> |
| Productivity and Innovation | Could the proposal impact positively or negatively on - the best setting to deliver best clinical and cost effective care; eliminating any resource inefficiencies; low carbon pathway; improved care pathway? | P | N/A | N/A | N/A | <p>This option will provide a clear pathway of care for patients within the community by providing a consistent and equitable offer based on local needs. The GP led MDT at the Urgent Treatment Centre will provide improved clinical engagement between GPs and A&E clinicians. It should ensure that the patient is seen at the right place at the right time and by the right clinician. It should reduce the number of inappropriate admissions to A&E. This model should maximize clinical effectiveness having the UTC co-located with the A&E site and enable clinical escalation and enhanced system resilience.</p> |
| Vacancy Impact | Could the proposal impact positively or negatively as a result of staffing posts lost? | P and N | 2 | 2 | 4 | <p>There are no planned post losses, however the impact on staffing will need to be considered in more detail. Due to the number of providers and sites of delivery there may be more opportunity to enable flexible working across the workforce.</p> |
| Resource Impact | Could this proposal impact positively or negatively with regard to estates, IT resource, community equipment service or other agencies or providers e.g. Social care/voluntary sector/District nursing | P | N/A | N/A | N/A | <p>Being co-located on the same site as A&E will provide a clearer route for patients in regards to the physical estate. Development works taking place will ensure the new UTC is fit for purpose and creates a single front door.</p> <p>As there are a number of providers and sites of delivery there is some opportunity to share the overhead costs between agencies.</p> <p>We are currently exploring opportunities to deliver an integrated approach to IT across services.</p> |

Please describe your rationale for any positive impacts here (this is in addition to the narrative within each assessed area:

Duty of Quality

The urgent care system will be supported by an integrated model of urgent care at the Arrowe Park site with integration across the urgent treatment centre and A&E. The model also includes urgent care services in the community delivering from locations within each locality.

Patient Experience

The proposed model will enhance patient experience through delivery of additional services within the urgent treatment centre, ensuring access to diagnostics to enable more patients to have their needs met without the need to go to A&E. We are also anticipating that less patients will require an admission. The integration with A&E will provide direct access to the A&E consultants to support decision making within the urgent treatment centre and patients will be seen and treated within a maximum of 2 hours compared to 4 hour A&E standard. The Primary Care Hubs will provide a wide range of services to proactively support patients care to avoid the need for urgent care services such as A&E and urgent treatment centre. It will also include access to same day (within 24 hours) GP and Nurse appointments for more urgent care needs and will be bookable by NHS 111. As the Primary Care Hubs will include same day GP referral to X-Ray, along with additional services on some sites such as pharmacy and voluntary sector information and advice, this would provide a 'one stop shop' approach to delivery of care and reduce the need for multiple journeys. The proposed model will facilitate compassionate and personalised care, this is already an approach fostered by existing staff, however this will be enhanced through a consistent offer in the community as well as enhanced care at urgent treatment centre.

Patient Safety

This will enhance patient safety through delivery of a clearer, consistent model to urgent care in Wirral with closer integrated working between organisations delivering urgent care. This will reduce risk of harm across the urgent care system. As noted above, we will ensure that the services have robust safeguarding practice in place.

Clinical Effectiveness

This model will provide consistent, standardised care for patients. It will also ensure patients are seen in the most appropriate place. The urgent treatment centre, as an integrated model with A&E, will undertake clinical streaming. Closer working between partners and consistency across community provision will also facilitate evidence based practice and demonstrate clinical leadership and engagement as well as delivery a high quality standard.

Productivity and Innovation

This model aims to deliver clinical and cost effective care as it better matches levels of clinical resource to the presenting needs. In addition to this, providing a clearer system will ensure patients access the most appropriate service first time, reducing the number of patients visiting more than one urgent care service for the same condition/incident. This will reduce the carbon footprint for patients previously traveling to numerous centres to get their needs met.

Prevention

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| | | |
|------------|---------------------------|--------|
| Zoe Olaney | Senior Commissioning Lead | Nov-19 |
|------------|---------------------------|--------|

| Area of quality | Indicators | Description of impact (Positive or negative) | Risk (5x5 risk matrix) | | | Mitigation strategy and monitoring arrangements |
|-----------------|---|--|------------------------|------------|---------------|--|
| | | | Impact | Likelihood | Overall Score | |
| QUALITY | What is the impact on the organisation's duty to secure continuous improvement in the quality of the healthcare that it provides and commissions. In accordance with Health and Social Care Act 2008 Section 139? | This model of care would provide a clear pathway of care for patients. It improves equality of access across the borough to Urgent Care. It enables effective partnership working, has multiple access points, with a standardised service offering across Wirral. It brings together agencies for closer MDT working, which should improve issues regarding information flow and continuity of care for patients. This could lead to more patient centred service, improved safeguarding approaches and compliance with the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours. | N/A | N/A | N/A | Additional work would need to be undertaken to enable effective partnership working across agencies to streamline the patient pathway with the Urgent Treatment Centre and enable a partnership approach to continuous improvement. |
| | Does it impact on the organisation's commitment to the public to continuously drive quality improvement as reflected in the rights and pledges of the NHS Constitution? | | N/A | N/A | N/A | Yes. The implementation of these indicators will continue to be monitored by the key performance measures within the urgent care dashboard such as the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours. |
| | Does it impact on the organisation's commitment to high quality workplaces, with commissioners and providers aiming to be employers of choice as reflected in the rights and pledges of the NHS Constitution? | | N/A | N/A | N/A | This dashboard is monitored by the Urgent Care Operational Group and the A&E delivery Board. The co-location of the UTC on the Arrow Park Hospital site should improve the strategic relationship between the secondary care provider and primary care. |
| | What is the impact on strategic partnerships and shared risk? | | N/A | N/A | N/A | |
| | What is the equality impact on race, gender, age, disability, sexual orientation, religion and belief, gender reassignment, pregnancy and maternity for individual and community health, access to services and experience of using the NHS | An Equality Impact Assessment has been undertaken separately | N/A | N/A | N/A | |
| | Are core clinical quality indicators and metrics in place to review impact on quality improvements? | This model of care would provide a clear pathway of care for patients. It improves equality of access across the borough to Urgent Care. It enables effective partnership working, has multiple access points, with a standardised service offering across Wirral. It brings together agencies for closer MDT working, which should improve issues regarding information flow and continuity of care for patients. This could lead to more patient centred service, improved safeguarding approaches and compliance with the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours. | N/A | N/A | N/A | Additional work would need to be undertaken to enable more effective partnership working and information sharing across agencies to streamline the patient pathway with the Urgent Treatment Centre and enable a partnership approach to continuous improvement and effective implementation of safeguarding policies and procedures. |
| | Will this impact on the organisation's duty to protect children, young people and adults? | | N/A | N/A | N/A | The implementation of these indicators will continue to be monitored by the key performance measures within the urgent care dashboard such as the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours. This dashboard is monitored by the Urgent Care Operational Group and the A&E delivery Board. |
| EXPERIENCE | What impact is it likely to have on self reported experience of patients and service users? (Response to national/local surveys/complaints/PALS/ incidents) | This model of care provides an enhanced service for patients using the UTC as well as a more robust and consistent offer locally within community settings. Feedback from the public is that the current community services are difficult to navigate and this model will mitigate that by providing a clear and accessible route. | N/A | N/A | N/A | Additional work would need to be undertaken to enable more effective partnership working across agencies along with an engagement plan to ensure patients are aware of what services they can access. More GP appointments have been available for patients in Wirral from April 2018 - this includes appointments available from 8am to 8pm 7 days a week within each local area. Feedback from our patients has been that they use walk in centres/minor injuries services because they are unable to access a GP appointment. The extra appointments afforded by the new model should mean easier access to a GP closer to home for patients. This could be monitored by patient surveys and utilisation of healthwatch reviews of services. A Transportation workstream has been set up to look at alternative parking facilities, given the constraints on the existing Arrow Park Hospital site. |

| Area of quality | Indicators | Description of impact (Positive or negative) | Risk (5x5 risk matrix) | | | Mitigation strategy and monitoring arrangements |
|--------------------|---|---|------------------------|------------|---------------|--|
| | | | Impact | Likelihood | Overall Score | |
| PATIENT EXPERIENCE | How will it impact on choice? | There will be multiple access points in the Urgent Care pathway similar to what is currently the situation. However, the option provides for improved standardisation of care and a right place right treatment right time model with clinical resources being utilised more efficiently. | N/A | N/A | N/A | <p>Additional work would need to be undertaken to enable more effective partnership working across agencies and to implement an engagement plan to ensure the public are aware of what additional services are available to them within the community.</p> <p>This could be monitored by patient surveys and utilisation of healthwatch reviews of services.</p> |
| | Does it support the compassionate and personalised care agenda? | As there are no changes (only enhancements and improvements) to the model of care that patients already receive, there are no perceived implications for the ongoing support of the compassionate and personalised care agenda. | N/A | N/A | N/A | <p>Ongoing work will be undertaken to enable more effective partnership working to enable a consistent approach to personalise and compassionate care.</p> <p>The roll out of the Wirral Care Record would enable shared care records to be utilised as appropriate.</p> <p>This could be monitored by patient surveys and utilisation of healthwatch reviews of services.</p> |

| Area of quality | Indicators | Description of impact (Positive or negative) | Risk (5x5 risk matrix) | | | Mitigation strategy and monitoring arrangements |
|------------------------|---|---|------------------------|------------|---------------|--|
| | | | Impact | Likelihood | Overall Score | |
| PATIENT SAFETY | How will it impact on patient safety? | The Urgent Care pathway will remain similar to what is currently the situation. However, the option provides for improved standardisation of care and a right place right treatment right time model with clinical resources being utilised more efficiently. Clinical engagement should improve from the co-location of the UTC with ED. There should be no adverse impact on preventable harm, risk of acquired infections. The community offer will promote self-care and a wider social offering for patients with LTCs which will help patients stay well. | N/A | N/A | N/A | Ongoing work will be undertaken to enable more effective partnership working and information sharing across agencies to streamline the patient pathway with the Urgent Treatment Centre and enable a partnership approach to continuous improvement and effective implementation of high quality clinical care and safeguarding policies and procedures. The implementation of these indicators will continue to be monitored by the key performance measures within the urgent care dashboard such as the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours. This dashboard is monitored by the Urgent Care Operational Group and the A&E delivery Board. |
| | How will it impact on preventable harm? | | N/A | N/A | N/A | |
| | Will it maximise reliability of safety systems? | | N/A | N/A | N/A | |
| | How will it impact on systems and processes for ensuring that the risk of healthcare acquired | | N/A | N/A | N/A | |
| | What is the impact on clinical workforce capability care and skills? | | N/A | N/A | N/A | |
| CLINICAL EFFECTIVENESS | How does it impact on implementation of evidence based practice? | Pathways for the treatment of urgent care should be better aligned with the co-location of the UTC and ED. | N/A | N/A | N/A | The implementation of these indicators will continue to be monitored by the key performance measures within the urgent care dashboard such as the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours. This dashboard is monitored by the Urgent Care Operational Group and the A&E delivery Board. |
| | How will it impact on clinical leadership? | The development of the UTC brings together ED Consultants and Primary Care in a closer collaboration deliverng the urgent care pathway. | N/A | N/A | N/A | |
| | Does it support the full adoption of Better care, Better Value metrics? | This option supports the principles of better care, better value with the emphasis of reducing unnecessary hospital admissions and an enhanced urgent care option in the form of the UTC. | N/A | N/A | N/A | |
| | Does it reduce/impact on variations in care? | This model of care should reduce the variation in care in terms of multiple pathways for patients to receive care for minor illness/injuries with a standardisation of service offering within the UTC. | N/A | N/A | N/A | Ongoing work will be undertaken to enable more effective partnership working and information sharing across agencies to streamline the patient pathway with the Urgent Treatment Centre and enable a partnership approach to continuous improvement and high quality clinical care. |
| | Are systems for monitoring clinical quality supported by good information? | Yes - existing systems will continue to be utilised. | N/A | N/A | N/A | The implementation of these indicators will continue to be monitored by the key performance measures within the urgent care dashboard such as the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours. |
| | Does it impact on clinical engagement? | Positive - yes - the benefits of co-locating the UTC on the same site as Arrowe Park ED should bring about closer working between Primary Care and Secondary Care medical professionals | N/A | N/A | N/A | This dashboard is monitored by the Urgent Care Operational Group and the A&E delivery Board. There is a Digital Wirral Working Group reviewing IT accross the board. |
| PREVENTION | Does it support people to stay well? | Positive - yes - this offer supports individuals to stay well and provides an emphasis on self-care as part of the offer. | N/A | N/A | N/A | Ongoing work will be undertaken to enable more effective partnership working across agencies to enable self care to be embedded in the patient pathway. |
| | Does it promote self-care for people with long term conditions? | Positive - this offer will help support people by offering an enhanced service offer and closer working between both ED and primary care which will improve continuity of care for patients and help manage their overall care. | N/A | N/A | N/A | Existing services would need to explore opportunities to tailor services to meet the health inequalities and population need. The implementation of these indicators will continue to be monitored by the key performance measures within the urgent care dashboard such as the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours. This dashboard is monitored by the Urgent Care Operational Group and the A&E delivery Board. |

| Area of quality | Indicators | Description of impact (Positive or negative) | Risk (5x5 risk matrix) | | | Mitigation strategy and monitoring arrangements |
|-----------------------------|--|--|------------------------|------------|---------------|--|
| | | | Impact | Likelihood | Overall Score | |
| | Does it tackle health inequalities, focusing resources where they are needed most? | Yes - this offer supports an integrated, collaborative and flexible workforce with the ability to focus resources on where they are needed. The co-location of the UTC on the acute site will enhance system resillience. | N/A | N/A | N/A | |
| PRODUCTIVITY AND EFFICIENCY | Does it ensure care is delivered in the most clinically and cost effective way? | Yes, this model of care encourages collaborative working and supports a more robust and responsive workforce that will be able to deliver care more efficiently both clinically (by an integrated, co-located model) and cost effective by a flexible workforce able to flex to meet demand. | N/A | N/A | N/A | Clear marketing campaign to help patients navigate the system to ensure they are seen in most appropriate place at most appropriate time. |
| | Does it eliminate inefficiency and waste? | The aspiration behind having a UTC co-located with ED s that it will divert patients away from A&E and therefore create efficiencies within the A&E system through reducing inappropriate attendances/ admissions. | N/A | N/A | N/A | As above, plus assurance that the Primary Care Hubs will divert as much activity from ED as appropriate |
| | Does it support low carbon pathways? | Yes - the co-location of the UTC with ED means that patients across Wirral have equitable access to urgent care (within a c. 20m drive time). Public transportation routes are available and the locality provision across the 4 Wirral localities supports a low carbon | N/A | N/A | N/A | |
| | Will the service innovation achieve large gains in performance? | The commencement of an urgent treatment centre will enhance performance as will support integrated decision making at ED site and should reduce activity flowing into A&E and ultimately aims to reduce avoidable admissions. The greatest improvement in performance is anticipated to be against 4 hour standard | N/A | N/A | N/A | The implementation of these indicators will continue to be monitored by the key performance measures within the urgent care dashboard such as the target to ensure 95% of emergency patients are treated, admitted or transferred within 4 hours. This dashboard is monitored by the Urgent Care Operational Group and the A&E delivery Board. It is hoped that the establishment of the UTC under this option will help prevent unnecessary admissions/ attendances at A&E which are costly to the health system financially but also in terms of clinical time and patients journeys. |
| | Does it lead to improvements in care pathway(s)? | As noted above, the integration on the Arrowe Park site of the urgent treatment centre and A&E will improve care pathways and support a reduction in inappropriate A&E admissions. | N/A | N/A | N/A | |

| Area of quality | Indicators | Description of impact (Positive or negative) | Risk (5x5 risk matrix) | | | Mitigation strategy and monitoring arrangements |
|-----------------|---|---|------------------------|------------|---------------|---|
| | | | Impact | Likelihood | Overall Score | |
| VACANCY IMPACT | Does the proposal involve reducing staff posts? If so describe the impact this will have | Positive; There is no foreseen impact on the number of posts. | N/A | N/A | N/A | There are no current plans to reduce the staffing levels as a result of this option. As part of the Workforce workstream, we will be addressing issues of recruitment and retention to ensure we effectively guide and support staff through this process. |
| | Is the loss of posts likely to impact on remaining staff morale? | Positive There is no foreseen impact on the number of posts. | N/A | N/A | N/A | |
| | Can arrangements be made to prioritise and manage workload effectively? | The integration between ED and primary care in this model should enable improved prioritisation and management of workloads more effectively. | N/A | N/A | N/A | |
| | Are vacancies likely to impact on patient experience? | There are no current plans to reduce the staffing levels as a result of this option. A Workforce working group will consider the impact of recruitment and retention issues throughout the implementation of service change | N/A | N/A | N/A | |
| | Will services be negatively impacted by the loss of posts for a short term, medium term or longer term? | There are no current plans to reduce the staffing levels as a result of this option. | N/A | N/A | N/A | |
| RESOURCE IMPACT | Describe how this proposal may/will have a resource impact with regard to: | | | | | |
| | Estates | Positive (see above description) | N/A | N/A | N/A | Estates work has been costed and funded collaboratively by the lead provider of the interim UTC and the acute lead provider. |
| | IT Resource | Positive (see above description) and negative: IT systems would need to link with services described in mandated elements of the model. | N/A | N/A | N/A | Further work will need to be undertaken to ensure appropriate IT systems are in place within existing services that link with the Urgent Treatment Centre and the new Integrated Urgent Care Clinical Advice Service prior to implementation of the new model. There is a Digital Wirral working group which is considering IT implementation/ systems across the local health system |
| | Funding streams/income | The funding arrangements for the UTC are being funded from within the existing cost envelope. | N/A | N/A | N/A | |
| | Other providers (specify how/what) | All providers have agreed to an Aligned Incentive Agreement. | N/A | N/A | N/A | |
| | Social care/voluntary/third sector | Positive (see description above)The Urgent Treatment Centre would provide patients access to the social, voluntary and third sector support, information and advice. | N/A | N/A | N/A | Further work would be required to provide patients access to the social, voluntary and third sector support, information and advice within existing services. |

| Area of quality | Indicators | Description of impact (Positive or negative) | Risk (5x5 risk matrix) | | | Mitigation strategy and monitoring arrangements |
|-----------------|------------|---|------------------------|------------|---------------|---|
| | | | Impact | Likelihood | Overall Score | |

Signature: Zoe Delaney **Designation:** Senior Commissioning Lead **Date:** November 2019 (previous version May 2019)

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Adult Care and Health Overview and Scrutiny Committee Tuesday 21st January 2020

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|----------------------|--|
| REPORT TITLE: | POOLED FUND ARRANGEMENTS 2020/21 SCRUTINY REPORT |
| REPORT OF: | HEAD OF INTELLIGENCE (STATUTORY SCRUTINY OFFICER) BUSINESS SERVICES |

REPORT SUMMARY

This report provides feedback from the Adult Care and Health Overview and Scrutiny Committee workshop held on 30th October 2019. The workshop was convened to allow Members to undertake pre-decision scrutiny on the integrated partnership proposals regarding the section 75 funding arrangements for the period of April 2020 to March 2021.

RECOMMENDATION/S

Members are requested to approve this report and request that the Joint Strategic Commissioning Board consider this report as part of its process of decision-making regarding the pooled fund arrangements for 2020/21.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 To enable the comments of Overview and Scrutiny Committee Members to be considered as part of the decision-making process for the pooled funding arrangements for 2020/21.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 Not Applicable

3.0 BACKGROUND INFORMATION

- 3.1 As part of the Adult Care and Health Overview & Scrutiny Committee work programme, it was agreed by the Chair and Party Spokespersons that a Member workshop be convened to consider the developing pooled funding arrangements for 2020/21.
- 3.2 The agreed workshop also served to honour the recommendations agreed by Council in 2018/19 in relation to the need for *'improved and early dissemination of information to Elected Members'* regarding pooled fund arrangements.
- 3.3 An all-Member workshop held on 30th October 2019 aimed to illustrate the proposed pooled funding arrangements for April 2020 to March 2021, enable scrutiny of these arrangements and ensure that Members questions were fully responded to. In turn, it was anticipated that this workshop would contribute to more transparent working arrangements with commissioners of local health and care services.

4.0 FINANCIAL IMPLICATIONS

- 4.1 Not Applicable

5.0 LEGAL IMPLICATIONS

- 5.1 Not Applicable

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

- 6.1 Not Applicable

7.0 RELEVANT RISKS

- 7.1 Not Applicable

8.0 ENGAGEMENT/CONSULTATION

- 8.1 Not Applicable

9.0 EQUALITY IMPLICATIONS

9.1 There are no direct equality implications of this report.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 Not Applicable

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APPENDICES:

Appendix 1: Pooled Funding Arrangements 2020/21 Scrutiny Report

BACKGROUND PAPERS

SUBJECT HISTORY (last 3 years)

| Council Meeting | Date |
|--|--------------------------------------|
| Adult Care and Health Overview & Scrutiny Committee | 27th November 2018 |
| Council | 10th December 2018 |
| Adult Care and Health Overview & Scrutiny Committee | 29th January 2019 |

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Pooled Funding Arrangements 2020/21

Report of Adult Care and Health Overview & Scrutiny Committee

January 2020



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1. INTRODUCTION

- 1.1 In October 2018, the Joint Strategic Commissioning Board (JSCB) resolved to support a proposed Section 75 agreement in relation to the Wirral Health and Care Commissioning Pooled Fund. This agreement set out a financial governance and decision-making process in order to strengthen the establishment of a single health and care commissioner for Wirral. Subsequently, this decision was 'called-in' in accordance with Council procedure rule/standing order 35 on the basis that there had been limited opportunity for Elected Members to consider the contract and undertake the in-depth scrutiny necessary.
- 1.2 Further examination of the proposals took place as a result of this 'called in' decision, with the matter referred to full Council in December 2018. As a result of this democratic process, Council endorsed the need for 'improved and early dissemination of information to Elected Members' and requested that the Joint Strategic Commissioning Board (JSCB) ensure that a meaningful dialogue with relevant Overview & Scrutiny Committee Members was established.
- 1.3 A Member workshop for all Overview & Scrutiny Members was convened in October 2019 in order that current integrated care arrangements could be reviewed and new arrangements for 2020/21 be scrutinised fully. One of the key priorities for Members in undertaking this process was that there was comprehensive engagement with service users, those close to service users and other stakeholders impacted by services included within the pooled fund agreement. Representations were made by patient, carer and social care staff spokespersons, thus fulfilling the recommendation made by the Adult Care and Health Overview & Scrutiny Committee in 2018/19 that improved engagement take place and the participation of patients and frontline staff in health scrutiny be encouraged.

2. SECTION 75 POOLED FUNDING PROPOSALS

- 2.1 At the time of the Member workshop, there was no formal agreement in place for 2020/21, however the aim of commissioners as communicated to Members was for the scope of the pooled fund for the 2020/21 period to remain unchanged from current arrangements - with no plans to extend the agreement to include additional schemes. For this reason the scrutiny undertaken at the workshop, and consequently the information referenced in this report, is on the basis of data provided in 2019/20.
There is a mandatory legal requirement to have a Section 75 agreement in place in order to access the elements of the pool relating to the Better Care Fund. In addition, it is important to note that there are significant variances in Section 75 arrangements between local authorities, with agreements for different areas put in place by commissioners in accordance with local need. In Wirral, key elements of current arrangements are a formal integrated partnership between the Council and Wirral CCG, a Joint Strategic Commissioning Board (JSCB) with delegated decision-making powers and representation from both the Council and the CCG, and the transferral of social workers to the NHS.
- 2.2 The Better Care Fund provides money for services that help to assist vulnerable people in leaving acute care settings and to stay in their own home, with 2000 people supported per day over the last year and a focus on joined up services that are free at the point of delivery. Key elements of the pooled fund include services such as telehealth community equipment, home care support, intermediate care services and early intervention –

amongst a variety of other services. Better Care Fund schemes in 2019/20 were worth approximately £56m, with adult social care services the main beneficiary.

- 2.3 Another key function of current arrangements is to support people with complex disabilities who require help from both health and support services on a daily basis, along with mental health. The initial objective for the inclusion of these services was to ensure that the focus was on commissioning the most effective and timely support package for individuals rather than who pays for this care. In 2019/20, this included 765 individual care packages – with 54 NHS only, 106 health and care funded and 605 social care only. Almost all of the Council’s statutory social care services are now delivered through formal partnership with NHS providers, including all social workers for children and adults with disabilities. These integrated teams carry out all statutory assessments and support planning duties on behalf of the Council for this group of people. For the general population (including older people) budgets have not been pooled, in order to mitigate financial risk against the budget deficit and demand and cost for hospital care within the health system.
- 2.5 To ensure a focus on wellbeing and early intervention, a total of £13m of public health money is included within the pooled fund. Public health services are at the centre of the ‘Healthy Wirral’ plan to look to address health inequality and provide a preventative approach to health and care for local residents. Services commissioned by public health are those that have a direct impact on health and care; notably drug & alcohol and sexual health facilities. Although it is not mandatory to include the public health and complex disability elements in terms of accessing BCF funding, they have been incorporated with the objective of ensuring a more holistic arrangement for Wirral.
- 2.6 Current arrangements for pooled funding, and any future arrangements formalised for 2020/21, are intended to cover the period of April 2020 to March 2021 only - as the long-term funding of social care nationally is uncertain at present. Therefore, no speculation has been put forward as to proposals beyond March 2021 at this time.

3. SUMMARY OF WORKSHOP DISCUSSIONS AND MEMBER QUESTIONS

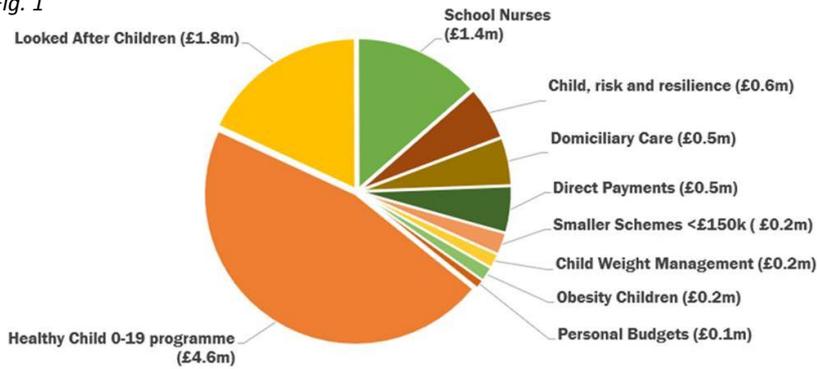
- 3.1 As referenced earlier in the report, a number of stakeholders were invited to take part in the Member workshop in order to give their views on the impact of pooled resources on the provision of care for residents in Wirral. These stakeholders addressed the Committee and gave an invaluable insight into the day to day implications of integration. Two representatives from Wirral Patient Participation Groups (PPG) stated the importance of integration as a two-way street of information, particularly for those with learning disabilities, in relation to hospital discharge and in the case of readmission. A potential need for review and additional training for social workers and staff around learning disabilities and mental health needs was also highlighted. PPG spokespersons raised the issue of delayed transfers of care caused by waits for home adaptations. Although this service is not directly provided by social care, but rather through a delegated arrangement with the Council’s housing team, Members welcomed the feedback provided. For intermediate care requirements, such as a patient leaving hospital and receiving residential care in order to prepare them for returning home, the cost will be funded by the pooled resource as this clearly sits between health and social care.
- 3.2 In addition to patient representatives, Members were grateful to hear from Wirral carers regarding their own experience of the care system, namely spokespersons from Age UK and Wired. A carer representative, whose daughter has multiple profound learning

disabilities, told of her frustration at still having to repeat herself when dealing with health and care services, despite personal information being available to medical and care professionals. There was discussion amongst Members around the possibility of individual human error or lack of training being the cause of this, but there was still concern amongst attendees that in some instances patients and carers are continually required to repeat details surrounding their circumstances. Alternately, a representative caring for her husband advised that their experience of returning home from hospital recently was made as smooth as possible, and that everything was done to ensure an appropriate care plan was put in place. These cases show that experiences of integrated care do tend to differ on a case by case basis, a factor noted by commissioners in attendance.

- 3.3 A number of frontline social care staff also attended the workshop in order to provide a view from the perspective of those teams who have been transferred to the NHS to work in fully integrated health and care settings. Staff were incredibly passionate about the benefits of working within multi-disciplinary teams and delivering joined up care for residents. Key comments included the usefulness of co-location of staff teams and how this has developed a clear understanding of the roles and responsibilities of the different specialities – including sharing skill sets, knowledge bases and best practice. In addition, health colleagues now have a better understanding of social care issues such as capacity. A member of the integrated care coordination team provided details of a valuable case study regarding a patient safeguarding referral for self-neglect. The integration of services meant that she was quickly able to source a detailed patient history from a district nurse, and a joint patient visit was arranged immediately as a result of co-location. Subsequently, health and social care professionals were able to put together a clear and effective care plan without delay, and overall there has been an improvement in responsiveness for those in crisis.
- 3.4 Although day to day working practices have broadly improved, it was noted that integration on Wirral is still essentially in the relatively early stages of change and that there is further work to do. Members asked staff to what extent they thought that any improvements in the service they were delivering were down to integrated funding specifically, and to what extent it was partnership working. A member of the community mental health team advised Members that, within her discipline, social workers have been effectively co-located since 1999 and as a result have had the benefit of close working with mental health nurses and consultant psychologists within that time. However, it is further management integration and consolidation of IT systems that would make a real difference to efficiency. In addition, the lack of staffing resource in community mental health services has the biggest impact on patient outcomes. Staff agreed that the strategic and joint commissioning that had resulted from recent formal integration had the biggest impact on those with the most complex needs and gave social care staff the autonomy to design the individual care package most suitable for the patient.
- 3.5 Members requested a view from social care staff on how they felt that formal integration has supported children transitioning to adults services and were advised that the adults social care team have developed a close working relationship with children's services. Governance procedures have improved in recent years, with transition policies revised to ensure that anticipation and forward planning is a priority. The team meets monthly with people supported a year before they turn 18 so that they can adequately prepare the person and their family and resolve any issues. There was consensus amongst the social care staff present that the transition system is working far more effectively than it did previously.

- 3.6 On behalf of the Elected Members, the Chair of the Adult Care and Health Overview & Scrutiny Committee extended her thanks to those stakeholders who had taken time to participate in the scrutiny process and stated how valuable their contribution had been.
- 3.7 Members recognised that experiences and perceptions of those delivering health and social care services differ somewhat from those receiving them, particularly in relation to sharing of information - with the development of the NHS Health Passport scheme appearing to be inconsistently delivered in Wirral. Members note that the benefits of broad use of a Health Passport across health and social care systems are abundant; the document provides clear and up-to-date health information, communication preferences and personal details to assist with the often distressing transfer of patients between social and health care settings, and ultimately results in a better patient journey and cost saving through efficiencies.
- 3.8 Further Member debate and questioning took place; with one councillor stating that the workshop, although informative, focussed mainly on the integration of health and care as a way of working and not on the financial governance. Although Members appreciate the necessity of a Section 75 agreement to 'draw down' BCF money, focus was placed on why the decision had been made to formally partner with the NHS as opposed to simply working collaboratively. The Director of Care and Health advised Member that on Wirral these teams have worked as an integrated unit since 2013. Despite the implementation of this initial integration programme, management processes continued to be an issue which in turn led to a need for more formal governance partnering. The Director admitted that there is still work that needs to be done to simplify and streamline these slow processes – but ultimately, cross referrals in non-integrated services cause delays and create a bureaucratic system, impacting heavily on the resident in need.
- 3.9 It was welcomed by Members that the risk to the Council was alleviated by not extending the current pooled budget, and that the narrower scope of the pooled fund has helped to mitigate against broader health and care system risk. At this stage, broadening the scope of the pooled fund to include *all* social care spending could increase risk due to ongoing pressures within the health system. Members also sought assurance on plans for potential further financial integration with the CCG. The Director of Care and Health advised that there were no plans for this to take place in the foreseeable future, particularly in light of uncertainty around social care funding and current healthcare deficits.
- 3.10 Members raised questions around savings against the budget for people with learning disabilities. The Director for Care and Health stated that integrated teams are working each year to deliver savings in learning disability services; with the budget reduced by £2m each year for the last 2 years and due to reduce by a further £2m next year. These cost reductions have mainly been achieved through a number of initiatives focussed on improving independence; including care package reviews, assistive technology and Extra Care Housing. Each year there is also an expected level of demographic growth and new demand and, although this has not been added to the budget by the Council, new funding such as the iBCF and other national funding initiatives have been used to help against these financial pressures.
- 3.11 In addition, Members requested detail around the breakdown of the £10m children's funding stated in the section 75 agreement for 2019/20. Information was circulated to Members outside of the workshop, which detailed that £1.8m of this funding relates to the cost of care packages for Looked After Children, with £6.8m related to ringfenced Public Health funding as set out in Figure 1 below;

Fig. 1



3.12 Alongside this, a further £1.1m funding is routed into children's care packages from adult's meaning that the total spend on direct care packages is £2.9m.

3.13 In response to a request for assurance over the risk share apportioned to the Council, the Director of Care and Health stated that the pooled fund had overspent in 2019/20 by £200k – and that on the basis of the 50/50 risk and gain share agreement, the Council were liable for 50% of this. However he was keen to put this figure into perspective, advising Members that the £100k liability was equivalent to 0.001% of the Adult Social Care budget, or 2 complex care packages, and that the benefit of the pooled fund outweighed this minimal cost.

4. CONCLUSIONS AND FINDINGS

Pooled fund budget performance reporting

Detailed financial reporting of pooled fund budget performance should continue to be shared with Elected Members so that they may have sight of the full budgetary position, financial performance and funding breakdowns. It is recommended that commissioners work closely with Elected Members to ensure this oversight is included in the Council's revised governance arrangements from May 2020.

Continued engagement with service users or those close to service users, and continued use of external stakeholders where relevant

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

Further promotion of the NHS Health Passport Scheme on Wirral

Members recognise the benefits of the use of the NHS Health Passport scheme and note that there is inconsistent awareness and utilisation of this scheme on Wirral. The Health Passport is a straightforward and cost-effective way for key patient information to be shared between health professionals; with particular effectiveness for the most vulnerable patients. Members request that commissioners liaise with healthcare organisations across the Borough to encourage use of the Health Passport across the system.

Appendix 1 – Workshop Member Attendance

Cllr Bruce Berry
Cllr Kate Cannon
Cllr Chris Carubia
Cllr Chris Cooke
Cllr Tony Cottier
Cllr Phil Gilchrist
Cllr Sharon Jones
Cllr Mary Jordan
Cllr Moira McLaughlin (Chair of the Adult Care and Health OSC)
Cllr Christina Muspratt
Cllr Yvonne Nolan
Cllr Tony Norbury
Cllr Jean Robinson

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**Adult Care and Health Overview and Scrutiny Committee
Tuesday 21st January 2020**

| | |
|----------------------|---|
| REPORT TITLE: | ADULT CARE AND HEALTH OVERVIEW & SCRUTINY COMMITTEE - WORK PROGRAMME UPDATE REPORT |
| REPORT OF: | HEAD OF INTELLIGENCE (STATUTORY SCRUTINY OFFICER) 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

- 1.1 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

- 2.1 Not Applicable

3.0 BACKGROUND INFORMATION

3.1 THE SCRUTINY WORK PROGRAMME AND STRATEGIC OBJECTIVES

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 Plan
- 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%20%20Strategy.pdf |

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 and Council Plan Priorities | 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 and Council Plan priorities, 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 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. In order to allow due regard to be given to these proposals, a Special Meeting of the Committee has been convened and will be held on Wednesday 29th January 2020. Any Committee recommendations made as a result of the budget scrutiny process will be referred to Cabinet for consideration.

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 for early 2020. Further information on the content and format of this workshop will be provided in due course.

3.4.5 Health and Care Performance Working Group

The Health and Care Performance Working Group continue to monitor health and social care performance through delivery of a comprehensive annual work programme. At the time of publication, the next meeting of the group was due to take place on 20th January 2020, with anticipated reports on current performance of the Musculoskeletal Integrated Triage Service and a drug and alcohol service update from Change, Grow, Live. A detailed update report will be provided at the next meeting of the Committee.

3.5 FURTHER DEVELOPMENT OF THE SCRUTINY WORK PROGRAMME

The governance arrangements of the Council have recently been reviewed and as of May 2020, the current scrutiny model and committee structure will change. The Chairs of all four current Overview & Scrutiny Committees have worked collaboratively to address cross-cutting matters and ensure that the necessary prioritisation and scheduling of Committee work programme items has taken place.

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

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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 |
| Adult Care and Health Overview & Scrutiny Committee | 19th November 2019 |

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APPENDIX 1

ADULT CARE AND HEALTH OVERVIEW & SCRUTINY COMMITTEE WORK PROGRAMME

AGENDA ITEMS – Tuesday 21st January 2020

| Item | Format | Lead Departmental Officer |
|--|---------|---------------------------|
| Minutes from Adult Care & Health OSC (19 th November) | Minutes | |
| 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 |
| Urgent Care Transformation | Report | Simon Banks |
| Pooled Fund Scrutiny Workshop Report | Report | Scrutiny Officer |
| Adult Care and Health Overview & Scrutiny Committee Work Programme Update | Report | Scrutiny Officer |
| Deadline for cleared reports: Tuesday 17th December 2019 | | |

SPECIAL MEETING AGENDA ITEM – Wednesday 29th January 2020

| Item | Format | Lead Departmental Officer |
|-------------------------|--------|---------------------------|
| Budget Scrutiny 2020/21 | Report | Finance Team |

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 |
| North West Ambulance Service – Forward Plan | Report | March 2020 | Madeline Edgar (NWAS) |
| Domestic Abuse Strategy Update | Report | March 2020 | Mark Camborne/Elizabeth Hartley |

WORK PROGRAMME ACTIVITIES OUTSIDE COMMITTEE

| Item | Format | Timescale | Lead Departmental Officer |
|--|--------|-----------|---------------------------|
| Older People's Parliament – Scrutiny Involvement | TBC | TBC | N/A |
| Public Health Performance Reporting | TBC | TBC | Julie Webster |

| | | | |
|--|---------------------|--------------|------------------------------|
| The NHS Long Term Plan | Workshop | TBC | Graham Hodkinson/Simon Banks |
| Public Health Implications of 5G Rollout | All Member Workshop | Early 2019 | Julie Webster |
| 'County Lines'/Community Safety Strategy | Workshop/Seminar | TBC | TBC |
| All Age Disability | To be agreed | To be agreed | To be agreed |
| Quality Accounts 2019/20 | Scrutiny Review | May 2020 | Scrutiny Officer |
| Pooled Fund Arrangements 2021/22 Scrutiny Workshop | Workshop | 2020/21 | Graham Hodkinson |
| Transformation Programme | To be agreed | As and when | Tim Games |