



Adult Care and Health Overview and Scrutiny Committee

Date:	Thursday, 27 February 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 - 16)

To approve the minutes of the meetings of the Adult Care and Health Overview and Scrutiny Committee held on 21st and 29th January 2020 as a correct record.
4. **2019/20 Q3 FINANCIAL MONITORING** (Pages 17 - 22)
5. **ADASS PEER REVIEW ACTION PLAN** (Pages 23 - 38)
6. **PUBLIC HEALTH AND HOUSING** (Pages 39 - 48)
7. **2019/20 QUARTER 3 WIRRAL PLAN PERFORMANCE** (Pages 49 - 56)
8. **REPORT OF THE HEALTH AND CARE PERFORMANCE WORKING GROUP** (Pages 57 - 62)
9. **ADULT CARE AND HEALTH OVERVIEW & SCRUTINY COMMITTEE WORK PROGRAMME UPDATE** (Pages 63 - 70)

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ADULT CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Tuesday, 21 January 2020

Present: Councillor M McLaughlin (Chair)

Councillors B Berry M Jordan
 K Cannon C Muspratt
 T Cottier T Norbury
 P Gilchrist A Wright
 P Hayes J Bird (In place of S
 S Jones Frost)

ONE MINUTE'S SILENCE

The Adult Care and Health Overview and Scrutiny Committee stood in silence for one minute as a mark of respect for Councillor Chris Blakeley who had sadly passed away on 15 January 2020.

37 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Samantha Frost, Yvonne Nolan, Graham Hodgkinson, Director of Care and Health (DASS) and Karen Prior, Chief Officer Healthwatch Wirral.

38 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 Christina Muspratt	Personal interest by virtue of her daughters' employment within the NHS and as a GP.
Councillor Tony Norbury	Personal interest by virtue of his daughter's employment within Adult Social Services.

39 MINUTES

Resolved – That the minutes of the meeting held on 19 November 2019, be approved.

40 CLATTERBRIDGE SUB-ACUTE WARD UPDATE

Anthony Middleton, Chief Operating Officer Wirral University Teaching Hospital NHS Trust introduced his report that provided a progress update in respect of the 30-bedded Transfer to Access (T2A) facility, Grove Discharge Unit (GDU), that came into operation at the end of November 2018, operating on the Clatterbridge site. The report focused specifically on performance within the Unit for the 6-month period from July to mid December 2019.

The report provided comprehensive information on key areas relating to the T2A / GDU, namely:

- Functionality of the Unit;
- Admission and Discharge Activity Data;
- Patient Outcomes (including destination on discharge and readmission for acute care);
- Length of Stay (LoS) Data;
- Quality Assurance and Patient Experience;
- Future Sustainability; and
- Further Opportunities to Optimise Care.

The Chief Operating Officer Wirral University Teaching Hospital NHS Trust provided a verbal update on the two year contract running from November 2018 that provided T2A, and informed on arrangements for clinical care and consultation in respect of contract extension should this occur.

Members questioned the Chief Operating Officer on levels of patient transfer to home, rehabilitation and / or re-admissions. Additional questions followed, regarding procurement (an open market tender), employment contract arrangements for staff and medical cover in the unit. Members noted that the unit had been inspected by the Care Quality Commission in November 2018 and results published in January 2019 had rated the service as 'good'.

The Chief Operating Officer Wirral University Teaching Hospital NHS Trust informed that the Acute Trust as commissioner, continued to hold 4 Seasons (the contractor) to account against its contract obligations, and compliance against CQC standards.

Resolved – That the report be noted.

41 ANNUAL SOCIAL CARE COMPLAINTS REPORT 2018/19

Simon Garner, Lead Commissioner for All Age Independence introduced the report of the Director of Care and Health that informed that it was a statutory requirement to produce an annual report about complaints made by, or on behalf of people who receive support or services from Adult Social Care. His annual report also provided a mechanism by which the Council could monitor the quality and effectiveness of services and of its complaints procedure.

This report provided an overview and analysis of all complaints received during the reporting period 1 April 2018 to 31 March 2019; and included 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 had been included where available.

Members noted that the report was to be published on the Council's website, and made available to managers and staff, elected members, residents and inspection bodies. During 2018/19, just over 10,884 service contacts had been received from new clients by Adult Social Care. At the beginning of April 2018, just over 4,098 people had been provided with ongoing long-term support.

Members were apprised that each Complaint was acknowledged within 3 days and complainants will be informed of the expected timescale at the outset. In all cases complaints should be dealt with expediently. In response to a Member question Mr Garner informed that some complaints, of a more complex nature, would require more time to investigate and resolve and that the maximum amount of time allowed for dealing with any complaint was six months. Investigations were conducted in an impartial, reasonable and proportionate manner, ensuring that complaints were managed effectively at all stages of the procedure by having clear and straightforward systems in place to capture complaints and that these processes are readily accessible to all service users, feeding into Social Work procedures.

Members noted the increase in the number of financial concerns and levels of complexity. Looking at common complaints against providers, information for which was fed into the services database for analysis.

Chair questioned the procedures relating to complaints to private provider, and how they were reported into the department.

Mr Garner informed that Homes were required to tell how many complaints and that during contract meetings, they were specifically asked about their responses. The mechanisms looked to enhance the complaint procedure to evidence satisfaction regarding outcomes.

Members highlighted a concern that problems could arise where Care Homes don't forward complaints or information to Wirral Council if no satisfactory results followed any actions identified. Mr Garner advised that evidence for this varied, but generally people were aware of complaints procedures, but this would be followed up.

The Chair thanked the Lead Commissioner for All Age Independence for his report.

Resolved – That the report be noted.

42 ADULTS SAFEGUARDING ANNUAL REPORT 2018/19

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

Ms Quigley updated the Committee on the work of the MASB established in April 2017 and how it consisted of 4 Local Authority areas (Liverpool, Sefton, Knowsley and Wirral). She further informed that Core Duties with the Care Act 2014 required the MSAB to:

- Publish a Strategic Plan;
- Arrange safeguarding Adult review in line with S44 of 'The Act'; and
- Publish an Annual Report.

Ms Quigley further informed that the adult population across the geographical areas of Knowsley, Liverpool, Sefton and Wirral (who made up the MSAB) was approximately 983,970 and that Sefton and Wirral had the highest numbers of residents aged 85+ and an adult population of 255,090.

Members were apprised of the MSAB achievements in 2018/19 that included - Voices project (service user and frontline practitioner); Establishment of a Single SARS process; Self neglect guidance for professionals; and National Safeguarding week. Members also received an update on the priorities for 2019/20 that included a peer review in January 2020 - to review the effectiveness of the board and continuation of the 'Voices' project.

Ms Quigley informed Members of the complexities relating to reporting of types of abuse apprising Members of increase in the reporting of abuse but a decrease in reported levels of Domestic Violence. Work was continuing in an effort to 'unpick' these statistics – an element of which related to the inclusion of property damage as part of the crime reporting classifications.

Another area of increase included that of financial abuse – again affected by more detailed classifications and assessment which included changes to individuals living conditions, inability to pay bills, and changes to signatures and wills.

Members were also apprised of examples of psychological abuse – now coming under more scrutiny – and as such provided a new concept in the recording and mapping of this category of abuse, including its relationship to neglect. Identification of symptoms included fires/hoarding which had led to deaths. Such examples had come about as a result of increased referrals from healthcare workers and were often taking place in and individuals own home, by people known to victim. Other areas of work involved investigations into sexual exploitation – which can now involve social media.

The Chair stated that 3 areas had already been identified by the Adult Care and Health Overview and Scrutiny Committee as priorities for review, namely:

domestic violence (subject of a report to the next meeting of the Committee); people affected by county lines and gangs use of vulnerable people (workshop); and modern day slavery – where the Local Authority is often the first responder. The Chair added that in the instance of Care Homes having been classed as inadequate – why was this too not classed as a safeguarding issue for all residents.

The Chair thanked the Director of Quality & Patient Safety Wirral Health and Care Commission for her report.

Resolved – That the report be noted.

43 **URGENT CARE TRANSFORMATION - PROGRESS UPDATE**

Dr Paula Cowan, Chair Wirral Clinical Commissioning Group (CCG) introduced the report of the Director of Commissioning Wirral CCG that provided an update on the arrangements in place for the delivery of the NHS Long Term Plan that aims to ensure patients get the care they need fast and to relieve pressure on Accident and Emergency Departments (A&E). The report informed that analysis of data showed 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. The additional pressures meant that those patients, who were very poorly and in need of emergency interventions, might not be seen as timely as they could be.

The report outlined the current position of the urgent care transformation work with regards to the Interim Urgent Treatment Centre on the Arrowe Park Hospital Site in addition to the community urgent care offer. This included:

Interim Urgent Treatment Centre

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

Hospital Re-development Programme

- 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.
- 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).

Primary Care Hub Model

- 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 and Eastham Clinic.

Dr Cowan informed that whilst the main UTC would not be completed until 2023, it was recognised that there remained a need to provide the highest quality, safest and most effective urgent care for the people of Wirral. She added that by taking a phased approach to full implementation allowed the CCG to test out new ways of working and fully embed new clinical pathways and working processes, prior to the main UTC. Point of Care Testing would soon be live in the interim UTC, meaning that patients could be seen at the UTC instead of potentially having to attend A&E for low level tests. The interim UTC also allowed an increase in the number of patients streamed from A&E, freeing clinicians up to treat those most in need of emergency care and treatment.

Dr Cowan further informed that the new model of care included replacement of the existing Minor Injuries/Illness services at Gladstone (formerly Parkfield) and Moreton Minor Injuries and Illness Units (MIU). The provision of GP extended access appointments and a specific dressing and wound care clinic (for the Moreton area) will mean that patients can still access same day urgent care locally to them. Patients will be able to book a same day appointment with a GP or Nurse either in the existing practice, or in a practice local to them. She added that there would be no change to either of the existing GP surgeries at Gladstone or Moreton. Patients who were registered to one of these GP practices will be able to continue to use them as they currently do. Activity data from both sites had been reviewed and the CCG was confident that the level of GP extended access appointments, access to pharmacy, and dressing/wound care clinic for the Moreton area would meet the needs of the local population.

A short question and answer session followed that included issues relating to strategic planning by the CCG relating to new housing proposals and expected growth of population in addition to re-iteration of more specific areas of concern highlighted during the earlier consultation process with regard to access to services and public transportation.

The Chair moved that it would be appropriate that a letter be sent to the Liverpool City Region Mayor requesting that additional funding be made available for the re-instatement of public transport provision on Wirral, given the impact on residents ability to access healthcare provision as a result of the reduction in services. She added that the letter be jointly signed by Wirral CCG and the Committee's Party Spokespersons.

On a combined motion by Councillor Phil Gilchrist and the Chair, duly seconded, it was –

Resolved (unanimously) That the Adult Care and Health Overview and Scrutiny Committee

- 1) welcomes the progress report and details on the extent of the preparations;**

- 2) appreciates attention being given to planning services and requests additional information on the geographical distribution and take up of additional GP appointments;
- 3) still remains very concerned about the lack of public transport to existing and proposed services;
- 4) urges close cooperation between all bodies in the future planning associated with the local plan and expected population growth; and
- 5) the Chair of the Adult Care and Health Overview and Scrutiny Committee and the Chair Wirral Clinical Commissioning Group (CCG) jointly write to the Liverpool City Region Mayor (co-signed by the Party Spokespersons) requesting that additional funding be made available for the re-instatement of public transport provision on Wirral.

44 POOLED FUND ARRANGEMENTS 2020/21 SCRUTINY REPORT

The Chair introduced the report of the Head of Intelligence (Statutory Scrutiny Officer) that provided feedback from the Adult Care and Health Overview and Scrutiny Committee workshop held on 30 October 2019. Requesting that the Committee note the work undertaken

The Head of Intelligence's report informed that the Joint Strategic Commissioning Board (JSCB) had 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.

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 and Scrutiny Committee Members was established.

The report further informed that a Member workshop for all Overview and Scrutiny Members had been 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 to ensure 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 and Scrutiny Committee in 2018/19 that improved engagement take place and the participation of patients and frontline staff in health scrutiny be encouraged.

As a result of the work undertaken, the following conclusions and findings were recommended for consideration by the Wirral Joint Strategic Commissioning Board, namely:

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 was 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 welcomed the opportunity to engage with those affected by services that were included in the pooled funding arrangements and were 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 recognised 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 requested that commissioners liaise with healthcare organisations across the Borough to encourage use of the Health Passport across the system.

Resolved – That

- 1) the report be approved; and**
- 2) the Joint Strategic Commissioning Board be requested to consider the report findings as part of its process of decision-making regarding the pooled fund arrangements for 2020/21.**

45 **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 19 November 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.

At the request of the Chair, and with the agreement of the Committee it was agreed that a number of topic areas arising from the recent Public Health Annual Report be included into the Adult Care and Health Overview and Scrutiny Committee Work Programme, namely:

- Housing;
- Levels of Obesity;
- Air Quality;
- Vaccination Rates;
- Dental Hygiene; and
- Factors influencing mortality rates across the borough.

The Chair further requested that the first item of report (to the next meeting of the Committee) focus on the Public Health perspective on Wirral's Housing i.e. quality, availability (affordability); and the quality of the private rental market.

Members also agreed that a Workshop on the subject of 'County Lines' be arranged before April, and also flowing on from the conclusion of work undertaken in respect of the Modern Slavery Workshop a report be submitted to the Committee on specific areas where people were not properly employed and what actions are being taken – to include detailed figures e.g. prosecutions.

Resolved – That, subject to the inclusion of the additional items of review, the report be noted.

46 **DATE OF NEXT MEETING**

Members noted that a special meeting of the Adult Care and Health Overview and Scrutiny Committee was to be held at 18:00hrs on Wednesday 29 January 2020, to consider aspects of the Council Budget 2020/21.

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ADULT CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Wednesday, 29 January 2020

Present: Councillor M McLaughlin (Chair)

Councillors K Cannon M Jordan
T Cottier C Muspratt
S Frost A Wright
P Gilchrist

47 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Bruce Berry, Paul Hayes, Sharon Jones, Yvonne Nolan, Tony Norbury, Les Rowlands and Graham Hokinson, Director of Adult Care and Health.

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

49 ADULT, CARE & WELLBEING SCRUTINY BUDGET PROPOSALS FOR 2020/21

Vikki Gregorich, Senior Finance Manager the report of the Director of Finance and Investment (S151) that formed part of the Council's formal budget process - as set out in the constitution and in accordance with the legal requirements to set a balanced and sustainable budget for 2020/21. The Senior Finance Manager also presented an update on the Medium Term Financial Plan (MTFP) covering the period from 2021/22 to 2024/25.

Jason Oxley, Assistant Director - Health and Care Outcomes Jacqui Evans, Assistant Director - Integrated Commissioning Programme were also in

attendance to answer questions relating to the savings proposals and provide information on the pressures faced by the Adult Care and Health Services.

In a variation from past practice, the previous format of scrutiny workshops had been discontinued, and each Overview and Scrutiny Committee reviewed a list of budget proposals under its remit.

As such, Members were requested to review and comment on the financial proposals for 2020/21 that were currently subject to consultation and further consideration by Cabinet on 17 February 2020; and to note the financial challenges facing the Council in setting a sustainable and balanced budget for the MTFP period from 2021/22 to 2024/25.

The report informed how, in September 2019, the Government announced the Local Government Finance Settlement for 2020/21 budgets, in the form of a single year Spending Round, with a multi-year Spending Review following in 2020. This year's Spending Round formed the basis for updating the MTFP and set out a 4.3% real-term increase in overall Government funding for Local Authorities - against a backdrop of consistent cuts in the previous three Spending Reviews since 2010 and continued pressures in delivery of social care. Details of how the overall announcement would affect the specific funding settlements for individual Local Authorities were not available at the time of writing the report. The Spending Round settlement for 2020/21 represented an improvement in funding in comparison to previous assumptions for 2020/21, given:

- No loss of the Council's equivalent of the Revenue Support Grant or Public Health Grant;
- A £6.4m increase in funding for Adult and Children's Social Care;
- A proposed £2.8m increase in Council Tax - resulting from permission to include a 2% Adult Social Care Precept in 20/21, over and above an inflationary increase of up to 2%;
- A (£0.8m) reduction in Council Tax due to the Council's review of the Local Council Tax Reduction Scheme; and
- A new round of the New Homes Bonus allocations for 2020/21 only.

The Senior Finance Manager informed that, on a positive front, a range of expected and significant cuts hadn't filtered through in the current financial year.

Members highlighted a number of general areas of concern, that included arrangements relating to the funding settlement – broadly what had been expected. Issues of comparison were also raised regarding the fair funding review and Local Government Associations (LGA) projections. A Member pointed out the negative impact of the fair funding review on Wirral.

The Senior Finance Manager informed that full analysis of the budget continued and will be shared with Members. But the fair funding review was a

national decision, and a complex piece of work based on geography and demographics.

The Assistant Director - Health and Care Outcomes provided a verbal summary in respect of the organisational pressures falling to the Adult Care and Health Service. These included:

- Demand Factors – increasing demand and acuity in care packages in Adult Social Care (£3.8m)
- Contract Increases – agreed increase for contracts with Cheshire & Wirral Partnership Trust (£0.17m)
- Contract Increases - agreed increases for contracts with Wirral Community Foundation Trust (£0.27m)
- Additional demand associated with increasing populations (£1.91m)
- Increased provider fee rate associated with actual cost of care (£3.00m) and special fee rate (£0.65m)
- Replacement of Adult Care and Health 'One Off Reserves' (£4.0m)

The Assistant Director - Health and Care Outcomes apprised Members of financial savings proposals totalling £4m, as follows:

- Housing for Independence including Extra Care Housing (£0.5m);
- Use of Technology to increase Independence and reduce falls (£0.5m);
- Care Package Review for Independence (£2.3m);
- Wirral Evolutions increasing employment and reducing cost (£0.5m); and
- Use of Electronic Financial Assessments to ensure accelerated income collection items (£0.2m)

Members noted that cost of Services provided by Wirral Evolutions and planned efficiencies have been difficult to deliver, and that in partnership with Adult Services, service users will be re-assessed to ensure they receive the appropriate level of care. Discussions were underway with Wirral Evolutions regarding service and efficiencies (nb: Council is the sole shareholder in the company).

The Chair opened the meeting to questions from Members and highlighted that if issues related to commercial business plans, care should be given to possible disclosure of sensitive or exempt information.

Responding to a Member question in respect of provider efficiencies, the Assistant Director - Health and Care Outcomes informed Members of the variety of services, and individual circumstances, would mean that despite the proposals, support to individuals would continue to be provided in the future. This could include services that might be more age appropriate, ensuring they received the right level of support.

Councillor Phil Gilchrist moved, and it was duly seconded by Councillor Moira McLaughlin, that -

'In view of the need to secure additional information, arising from the points raised by members, along with the need to clarify the issues raised, arrangements be made for a workshop to be held on a date to be confirmed with the spokespersons as soon as possible and relayed to members as soon as practicable thereafter'.

The Chair instructed officers that given the timescale available for comment, the workshop should take place, ideally within a week, but before the end of February at the very latest. She added that the matter of Fees and Charges, as charged to (and by) service providers contracted by the Council, also be considered at this time.

In response to a Member question, Jacqui Evans, Assistant Director - Integrated Commissioning Programme informed the Adult Care and Health Overview and Scrutiny Committee could be provided a demonstration of the IT system used by service users, to help allay fears regarding its accessibility and usefulness.

The Chair questioned whether the £2.3m saving relating to Care Package Review for Independence was achievable. The Assistant Director - Health and Care Outcomes informed that it was his belief that these savings were achievable, however as in previous years increased levels of demand would have a negative impact on achieving the planned targets. The Director further informed of confidence in the savings plans to help deliver the planned £0.5m savings in respect of extra care and serviced living, and that a balance budget would be delivered.

Following consultation with the Head of Legal Services and Deputy Monitoring Officer, it was agreed by the Committee that any recommendations arising from the proposed Workshop be formalised by the Chair in consultation with the Party Spokespersons for onward referral as part of the formal budget consultation process.

The Chair provided a verbal summary of matters of note, as identified by the Adult Care and Health Overview and Scrutiny Committee, that –

'The Committee notes the overall financial position of the Council and comments in relation to the negative impact of the Fair Funding Review at this early stage.

The Committee further notes the pressures placed on the Adult Care and Health budget due to increased demand and demographics of Wirral, and the use of £960k from reserves. Members also express their concerns that fee rates are set at the Joint Strategic Commissioning Board (JSCB) and requests further information in

respect of the current rates and fee setting process, for review at the Member Workshop.

Members welcome the provision of new housing and the Extra Care Housing project to assist independent living and encourages promotion of the facilities. Proposed budget savings arising from the project are noted.

Members further note the savings arising from the better use of technology related directly to a £3m capital bid that provide a range of IT solutions using vastly improved technology and assistive solutions. The Committee however expresses its concern that these IT solutions should not be used to directly replace human contact.

In respect of the Review of Care Packages the Committee recognises the need for constant review to ensure that people receive the appropriate level of care they need, but questions whether the proposed saving of £2.3m is achievable given the increasing levels of demand placed upon the Adult Care and Health Service.

The matter of Provider Efficiencies is causing Members the most concern, noting that at the start, Wirral Evolutions would develop a business plan that developed other sources of income and looked for other innovative ways of providing a service. The Committee is aware that the contract value is lower than the costs of providing the service, and it would not be appropriate to comment any further on this saving until Members have heard from the providers themselves and would ask that they be involved in the planned Workshop.

In respect of the Financial Assessment, and Member concerns regarding accumulation of debt, the Committee seeks confirmation that the interests of service users are protected and that assessments are not applied in a heavy-handed way. Members would welcome a demonstration of how the process works.

Resolved (unanimously) – That

- 1) the Committee notes the overall financial position of the Council and comments in relation to the negative impact of the Fair Funding Review at this early stage;**
- 2) the Committee further notes the pressures placed on the Adult Care and Health budget due to increased demand and demographics of Wirral, and the use of £960k from reserves. Members also express their concerns that fee rates are set at the Joint Strategic Commissioning Board (JSCB) and requests further information in respect of the current rates and fee setting process, for review at a Member Workshop;**

- 3) Members welcome the provision of new housing and the Extra Care Housing project to assist independent living and encourages promotion of the facilities. Proposed budget savings arising from the project are noted;**
- 4) Members further note the savings arising from the better use of technology related directly to a £3m capital bid that provide a range of IT solutions using vastly improved technology and assistive solutions. The Committee however expresses its concern that these IT solutions should not be used to directly replace human contact;**
- 5) in respect of the Review of Care Packages the Committee recognises the need for constant review to ensure that people receive the appropriate level of care they need, but questions whether the proposed saving of £2.3m is achievable given the increasing levels of demand placed upon the Adult Care and Health Service;**
- 6) representatives from Wirral Evolutions be invited to the Member Budget Workshop to enable Members to hear first-hand the company's plans for the development of other sources of income and other innovative ways of providing a service to help achieve the required budgetary savings;**
- 7) in respect of the Financial Assessment, and Member concerns regarding accumulation of debt, the Committee seeks confirmation that the interests of service users are protected and that assessments are not applied in a heavy-handed way. Members would welcome a demonstration of how the process works;**
- 8) in view of the need to secure additional information, arising from the points raised by members, along with the need to clarify the issues raised, arrangements be made for a workshop to be held on a date to be confirmed with the spokespersons as soon as possible and relayed to members as soon as practicable thereafter.**



Adult Overview and Scrutiny Committee Thursday, 27 February 2020

REPORT TITLE:	Financial Monitoring Report Quarter 3 2019/20
REPORT OF:	

REPORT SUMMARY

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

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

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

RECOMMENDATION/S

That Members of the Adult Overview and Scrutiny Committee note the report and appendices and give their views.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

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

2.0 OTHER OPTIONS CONSIDERED

2.1 Not applicable

3.0 BACKGROUND INFORMATION

3.1 Capital Programme 2019/20 Position

Table 1 – Capital Monitoring at Quarter 3

	Capital Strategy <i>(as agreed at Council)</i>	Proposed Programme
	£m	£m
Adult	6.747	2.417

3.1.1 Table 1 provides an update on the 2019/20 capital Programme. A number of significant variations have arisen since the programme was agreed in March 2019. These include the inclusion of additional grant funded schemes, variations to spend forecasts and the re-profiling of expenditure into and out of the 2019/20 financial year. Further detail is provided below.

3.1.2 Adult

- **Alcohol Treatment** (£0.406m increase): Part of an overall grant of £6 million allocated to 23 authorities. The aim is to assist local authorities to prioritise alcohol treatment, invest in equipment and facilities and ensure that treatment expertise is enhanced to better meet the needs of people with alcohol problems.
- **Community Intermediate Care** (£0.500m decrease): The allocation of the original council funding is now under review due to possible alternative funding. This allocation is deferred to 2020/21.
- **Extra Care Housing** (£2.110m decrease): Two Extra Care developments which have been awarded Council grant are currently on site. Barncroft is scheduled for completion in January 2020 and will provide 21 units of Extra Care and the Woodpecker Close site is scheduled for completion in September 2020, providing 78 units. No other developments are planned for this year.
- **Learning Disability Extra Care Housing** (£3.0m decrease): Demand is less than expected due to the private sector finding alternative funding sources to back their developments such as through the supported living regime.

3.2 Revenue Programme 2019/20 Position

3.2.1 Adult Care and Health: Forecast - £0.896m Adverse Variance Position

- The Quarter 3 financial forecast position remains broadly stable and consistent with the Quarter 2 forecast, although a small improvement is evident (£0.069m). Demand for services is the key driver of risk in Adult Care and Health and is the cause for the current adverse forecast position. Failure to achieve the corrective action that is in progress would result in a net budget deficit at year-end.

Since Quarter 2, budget adjustments have been made to better reflect funding arrangements within the Service (neutral impact across the Council) and to accommodate Council structure changes, with the Intelligence Team moving into Public Health Service Area.

Table 2: Adult Care & Health 2019/20 Full Year Revenue Budget and Forecast Position

	Full Year				Adv/Fav
	Budget	Forecast	Variance		
	£000	£000	(+ Fav, - Adv)	%	
Directorate Items					
Health & Care Outcomes	92,867	91,672	1,195	1%	Favourable
Integrated Commissioning Programme	(2,979)	253	(3,232)	-108%	Adverse
All Age Disability Service	1,552	457	1,095	71%	Favourable
Health & Wellbeing	496	451	45	9%	Favourable
Directorate (Surplus) / Deficit	91,936	92,832	(896)	-1%	Adverse
Support / Admin Building Overhead	3,549	3,549	0		
Total (Surplus) / Deficit	95,485	96,381	(896)	-1%	Adverse

3.2.2 Health & Care Outcomes

- There is an adverse forecast relating to care packages, due to increased demand for domiciliary care packages. This is partially mitigated by reduced demand for long-term residential care and direct payments.
- These pressures are offset by a favourable forecast relating to income. Due to an overall increase in demand for social care services, the income budgets for client charges and NHS joint funding are forecast to be in surplus. Additional grant income accounts for the remaining surplus balance.

3.2.3 Integrated Commissioning Programme

- A net forecast budget deficit of £3.232m has been recorded, caused by increasing demand and acuity in care packages. This is inclusive of mitigation through the anticipated use of £2.200m of social care reserves.

3.2.4 All Age Disability Programme

- The forecast budget surplus stems from staff vacancies and income from the

national Social Care Support Grant.

3.2.5 Health & Wellbeing

- A minor, positive, forecast budget variance of £0.045m is evident here following Council structure changes – the Intelligence Team has moved into the Public Health Service Area. The favourable forecast within this area is due to vacancies within the team.

4.0 FINANCIAL IMPLICATIONS

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

5.0 LEGAL IMPLICATIONS

5.1 There are none arising directly from this report.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 There are no implications arising directly from this report.

7.0 RELEVANT RISKS

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

8.0 ENGAGEMENT/CONSULTATION

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

9.0 EQUALITY IMPLICATIONS

9.1 No because there is no relevance to equality.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 This report has no impact on emissions of CO2

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APPENDICES BACKGROUND PAPERS

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Budget Council	4th March 2019
Cabinet – Financial Monitoring Outturn 2018/19	22nd July 2019
Cabinet – Quarter 1 Financial Monitoring 2019/20	2nd September 2019

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Committee Name: Adult Care and Health Overview and Scrutiny Committee
Meeting Date: 27th February 2020

REPORT TITLE:	Peer Review Development Plan
REPORT OF:	Jason Oxley, Assistant Director Health and Care Outcomes

REPORT SUMMARY

In May 2019 a Peer Review took place in Wirral focusing on the quality of front-line Adult Social Work practice. Social work services are provided by two Health Trusts under a section 75 agreement.

The review was led by a regional team of Directors and senior leaders in Adult Social Care and was supported by the Association of Directors of Adult Social Services (ADASS) in the North West, and the Local Government Association (LGA). The review was presented to Cabinet on the 25th November 2019.

Members have requested the opportunity to consider the development plan that has emerged from the findings and recommendations of this review.

This report relates to the pledges “Older People Live Well” and “People with a Disability Live Independently” from the Wirral Plan.

This matter affects all Wards within the Borough.

This is not a key decision.

RECOMMENDATION/S

That the Adult Care and Health Overview and Scrutiny Committee be requested to review the peer review development plan and make any comments.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The Peer review has provided insight and guidance on the strengths and areas for development of front-line social work practice. The development plan sets out what steps are being taken to build on what has been learned through this exercise.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 The Peer Review process provides opportunity for external assessment and scrutiny of service performance and development. The opportunity to learn from the review would be limited if there wasn't a clear plan to progress the learning.

3.0 BACKGROUND INFORMATION

- 3.1 Peer Reviews are designed to help an authority and its partners assess current achievements, areas for development and capacity to change. The Peer Review is not an inspection. Instead, it offers a supportive approach, acting as a "critical friend". It aims to help an organisation identify its current strengths, as much as what it needs to improve on. But it should also provide it with a basis for further improvement.

In May 2019, a Peer Review took place in Wirral focusing on the quality of frontline Adult Social Work practice. The review was led by a regional team of senior leaders in Adult Social Care and supported by the Association of Directors of Adults Social Services (ADASS) in the North West, and the Local Government Association (LGA). Current Contractual and governance arrangements have reported ongoing very positive performance across the services.

- 3.2 More integrated approaches to delivering services provide opportunities to reduce duplication and provide for improved communication in relation to community safety issues.

4.0 FINANCIAL IMPLICATIONS

- 4.1 There are no financial implications arising from this review.

5.0 LEGAL IMPLICATIONS

- 5.1 The integrated social care services are subject to a Section 75 Agreement under the National Health Service Act 2006.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 The Peer Review development plan involves working with staff from across the Relevant Health Trusts and the Council. There are no specific additional resources required at this time.

7.0 RELEVANT RISKS

- 7.1 Integrated services support a more co-ordinated and timely response to adult care and

health needs.

8.0 ENGAGEMENT/CONSULTATION

8.1 The review development plan considered accounts from users of Adult Social Care Services under the integrated arrangements. The plan considers feedback as an essential aspect of developing services going forward.

9.0 EQUALITY IMPLICATIONS

9.1 An Equality Impact Assessment was not completed at the time of the review as this was a review of existing services. However, there are benefits now to an equality review of the development plan which will be completed as part of this work.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 There may be benefits from the integration of services in terms of greater efficiencies and improving the health and wellbeing of our community, which may impact positively on the environment. This needs to be explored further to understand the impact it has. There will be no measurable impact of emissions on CO2.

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APPENDICES

Appendix 1 – Peer Review Development Plan

BACKGROUND PAPERS

Wirral Health & Care Commissioning Peer Review Report on Integrated Social Work (2019)

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Care & Health Overview & Scrutiny Performance Working Group: Integration Update	19 August 2019
Adult Care & Health Overview & Scrutiny Performance Working Group: All Age Disability & Mental Health Update	9 October 2019
Cabinet: Peer Review Report on Integrated Social Work (2019)	25 th November 2019

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Appendix 1: Development Plan Following Peer Review - Adult Social Care - System Wide 2020-2021

KEY (Change stage)

- 1 Recommendation agreed but not yet actioned
- 2 Action in progress
- 3 Recommendation fully implemented

Development plan leads	Sarah Alldis Associate Director Adult Social Care WCHC Adrian Moss AAD & MH Transformation Manager CWP Simon Garner Lead Commissioner All Age Independence WH&CC
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	Actions required	Completion date	Person responsible	Change stage	Description of current position	Evidence of Completion
	Frontline Social Work Practice – Recommendations					
1.	Ensure all Teams and Senior Managers within each organisation are briefed on the key findings of the report	November 2019	All	3	Report was presented to Cabinet in November 19. All ASC Teams within WCHC and CWP have been briefed and the report and recommendations have been presented to the respective boards	Cabinet report, Board minutes and staff briefings

	Actions required	Completion date	Person responsible	Change stage	Description of current position	Evidence of Completion
2.	<p>Communications to be sent to all ASC staff outlining:</p> <p>a) Current roles and responsibilities between PSW, DASS & Provider Organisations</p>	June 2019	Assoc Directors and Lead Commissioner	3	Briefing was sent to all staff Example document provided	<p>Communication documentation regarding roles and responsibilities including posters for all sites</p> <p>Site visits by DASS</p>
3.	Ensure all staff are aware of role of board within WCHC and CWP and how the voice of Social Care is represented - explore ways of improving the line of sight to front line social care practitioners	Dec 19	Assoc Director ASC, AAD & MH Transformation Manager	3	<p>Clear governance arrangements in place within both Social Work Providers to ensure ASC has parity with other Services</p> <p>Staff stories presented to Board and Committee</p> <p>ASC updates provided in Executive Brief; Chairs Report to outline key themes and developments</p> <p>ASC Staff forums in place across WCHC and CWP</p>	<p>Integrated Committee and Board Papers</p> <p>Executive Briefs</p> <p>Staff Forum presentations</p> <p>Partnership Governance reports</p>

	Actions required	Completion date	Person responsible	Change stage	Description of current position	Evidence of Completion
					PSW – newsletters provided monthly Staff forums	Newsletters Social Work forums held
4.	Back to Floor Programme to be implemented to promote increased contact with Senior Leaders within CWP and WCHC	31/07/2019	Associate Director ASC Director of Operations CWP Social Work	3	This in place across ASC within CWP / WCHC Executive and Senior Leaders shadowing programme is in place across both organisations	Schedule of Visits across both organisations
5.	Associate Director to join ADASS as associated member and also join SLI programme board. This is to ensure consistent access to regional updates and training opportunities	30/08/2019	Associate Director ASC (WCHC)	3	This is now in place – with information disseminated across both organisations PSW updates sent out as well with Associate Director member of group	Minutes of Regional Meetings SLI and PSW Network
6.	Options to be explored regarding IT issues including the operability of systems and flexible working	April 2021	WH&CC CWP WCHC	2	System wide work in relation to Cerner and the integration of ASC data and LL is continuing Interface between HIE and LL currently progressing and nearing user testing Local work in relation to system integration is being explored within key service transformation areas	Minutes of Health Wirral IT & IG Programme SPA redesign programme project plan and work streams

	Actions required	Completion date	Person responsible	Change stage	Description of current position	Evidence of Completion
7.	Feedback from the Peer Challenge in relation to the need for greater clarity to be fed into the Strategic Workforce Development Group	April 2020	WH&CC CWP WCHC	2	<p>System wide approach being adopted via Healthy Wirral People Strategy which covers wider health and social care challenges</p> <p>Defined work streams are in place via the SWDG covering recruitment , retention and succession planning – and there is a dedicated plan in place for addressing some of the specific challenges in relation to ASC recruitment</p> <p>Attendance at LCR Workforce strategy group and Involved NW Workforce Frame development</p>	<p>Healthy Wirral People Strategy</p> <p>Workforce Planning documentation</p> <p>Targeted Recruitment Action Plans</p> <p>Minutes of Strategic plans and actions plans</p>
8.	New Operating Model for MASH to be identified - this forms part of the Commissioner led redesign work	March 2020	Lead Commissioner	2	Project group complete review of MASH front door and made recommendations to be submitted to sponsors for decisions	Business case. (VERTO)

	Actions required	Completion date	Person responsible	Change stage	Description of current position	Evidence of Completion
						Effective Revised model in place
9.	Clarity to be provided on CWP management structures older persons team re SW management and leadership	June 2019	AAD & MH Transformation Services Manager	3	This has been disseminated to all services and practitioners	Leadership Structure
	Outcome Based Practice					
10.	Review and implement changes to the current assessment documentation and support plan to support a strengthened SBA	31/1/2020	PSW	2	This is being reviewed in conjunction with WH&CC and CWP – utilising a range of approaches across the region	Agreed SB model and implementation plan
11.	Develop a train the trainer approach to disseminate further SBA approach across all integrated services – development implementation plan	31/1/2020	PSW	2	Train the trainer sessions completed and rolling programme of training for the workforce is in place across both social work Providers	Social Work development plan
12.	Work with WH&CC to review the current contractual KPIs to request a more outcome focused approach	30/08/2019	WH&CC WCHC CWP	3	This is completed and further work is now underway to develop a suite of outcome based KPIs utilising regional and national reporting	Contractual KIP Reporting Quality Indicator Dash Board
13.	Review findings from MSP pilot and implement recommendations with practitioners	1st June 2020	PSW WHCC	1	Pilot questions will remain in place but will be revised further	Revised questions on LL

	Actions required	Completion date	Person responsible	Change stage	Description of current position	Evidence of Completion
14.	Ensure robust programme in place with WCHC , CWP to enable safe and effective adoption of the Liberty protection Safeguards; Statutory requirements Training needs and programme Pathways and processes Governance arrangements Capacity and Demand	Oct 2021	WHCC WCHC CWP	2	Project /stakeholder group set up with meetings to develop and implement a project plan Leaders booked on the regional LPS events set up by ADASS	Project group minutes Internal Action plans
15.	Review current audit arrangements with WH&CC to consider a QI approach – agree new schedule	April 2020	PSW and Professional Standards WH&CC	2	New programme will be developed and will commence fully when the PSW comes into post in February 2020	Agreed programme of work in place I
16.	Ensure system wide directory available for staff in both providers re Self Care and Community based services	March 2020	WH&CC	3	Live Well is a Liverpool City Region initiative that is an internet website to provide this support. PSW to highlight through newsletter to staff	Newsletter sent out
17.	Review current Supervision guidance to ensure a strength based approach is embedded	May 2020	PSW (WH&CC)		Review plan set to align with SBA model development and implementation	Revised supervision guidance
18.	Ensure system wide mechanism for service user and engagement in place for gathering service user engagement both in terms of individual feedback and to support service improvement and transformation.	April 2021	CWP & WCHC	2	WCHC have action plan in place to further increase service user engagement within ASC – and this is also a Trust wide Goal for 2020. Your Voice Group is already in place and ASC have recently recruited a number of volunteers to support this.	User Engagement Strategy Documentation Minutes from LEVEN & Your

	Actions required	Completion date	Person responsible	Change stage	Description of current position	Evidence of Completion
					For CWP the “Lived experience & Volunteering engagement network” Leven is already in place	Experience Group WCHC User Engagement Action Plan
	Professional Social Work Practice					
19.	Promotional Campaign to be undertaken with WHCC on the role of the PSW - including <ul style="list-style-type: none"> • Dissemination of work / engagement plan • Implementation of system wide PSW newsletter • Clarity on offer from Professional Standards Team 	30/08/2019	WHCC	1	This has been delayed due to PSW post being vacant in the Council. Interim cover has been provided and a start date for a permanent appointment is 24/2/20.	
20.	Audit of Service Performance against 7 LGA Employer standards to be undertaken across all services – with further action plan to be developed as required	September 2020	PSW	2	This will form part of the QI approach within profession standards, as part of programme for 2020/21 Review of current	Audit and action plan

	Actions required	Completion date	Person responsible	Change stage	Description of current position	Evidence of Completion
21.	Social Work Strategy and Social Care Forum to be developed collaboratively between WCHC, with CWP and WH&CC. This will be specifically to emphasize the importance of SW within Integration	31/03/2020	WH&CC CWP WCHC	1	Strategic Social Work Practice and Improvement forum to be developed Priority work streams to be set	
22.	Ensure a clear frame work of service improvements is developed between WH&CC, WCHC and CWP to ensure oversight and agreed priorities	September 2020	WH&CC WCHC	2	Service Transformation meetings are now in place for WCHC and WH&CC as part of regular contract meetings (these will also commence for CWP as they enter their transformation year)	Minutes of transformation meetings identify key work streams
23.	System wide review of attendance at regional and national forums to take place to ensure consistent coverage and a robust feedback to practitioners	April 2020	Associate Director ASC PSW WH&CC CWP	2	Scoping exercise currently underway Interim arrangements remain in place pending commencement of PSW Representation areas covered include NWADASS, PSW network, LCR work streams, Cheshire and Merseyside social work Teaching partnership	Minutes from Professional Standards group External minutes from key NW workstreams
24.	Review mandatory training provision within both CWP and WCHC to incorporate wider Care Act Training for all staff	31/08/2020	CWP & WCHC	1	This will link directly into the current Trust(s) wide review of Mandatory Training and wider L&D opportunities	
25.	WCHC & CWP to undertake ASC TNA and explore opportunities for joint commissioning and delivery options - ensuring that a range of	31/12/2019	WCHC, CWP Organisation learning and Development	3	This has been completed - examples of joint commissioning include <ul style="list-style-type: none"> • BIA refresher • Strength Based Approaches 	

	Actions required	Completion date	Person responsible	Change stage	Description of current position	Evidence of Completion
	integrated training programmes are made available				<ul style="list-style-type: none"> • Exploration regarding section 42 Enquiry training • Critical analysis and thinking in assessment 	
26.	Ensure a range of enhanced CPD opportunities available – including developing a communication and monitoring strategy to improve the utilisation of RiPFA	May 2020	CWP & WCHC	2	<p>RiPFA has been recommissioned with plans to improve uptake Social work apprenticeships and wider opportunities now available across WHCH and CWP</p> <p>CPD framework is currently being developed in line with new Social work England requirements</p>	<p>Updated training matrix completed</p> <p>Social work apprenticeships commencing Feb 2020</p> <p>Training commissioning plans</p> <p>Planned visit by Social work England</p> <p>Professional Standards minutes</p>

	Actions required	Completion date	Person responsible	Change stage	Description of current position	Evidence of Completion
27.	Undertake a review of CPA policy with specific requirement to ensure Care Act requirements are reflected	1 st September 2020	CWP	2	Policy requires review	Reviewed policy issued
28.	Clarify and governance pathways and procedures to be able to evidence how DASS receives assurance from MH services	August 2020	CWP	3	Contract meetings and Partnership Governance Board in place for assurance to DASS and Lead Cabinet Member	

Glossary of terms

AAD	All age disability
ADASS	Association of Adult Social Services
ASC	Adults Social Care
BIA	Best Interest Assessor
Cerner	Supplies health information technology solutions
CPA	Care Programme Approach
CPD	Continuing professional development
CWP	Cheshire and Wirral Partnership
DASS	Department of Adult Social Services
HIE	Health Information Exchange
IG	Information Governance
IT	Information technology
KPI	Key Performance Indicators
LCR	Liverpool City Region
LEVEN	Lived experience and volunteer engagement network
LL	Liquid Logic
MASH	Multi Agency Safeguarding Hub
MH	Mental Health
PSW	Principal Social Worker

QI	Quality Improvement
RIPfA	Research in Practice for Adults
SBA	Strengths based approach
SLI	Sector Led Improvement
SPA	Service Provision Agreement
SWDG	Social Work Development Group
TNA	Training needs analysis
WCHC	Wirral Community Health and Care
WH&CC	Wirral Health and Care Commissioning

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ADULT CARE AND HEALTH OVERVIEW & SCRUTINY COMMITTEE
THURSDAY 27TH FEBRUARY 2020

REPORT TITLE	Public Health and Housing
REPORT OF	Julie Webster, Director for Health and Wellbeing

INTRODUCTION / REPORT SUMMARY

A warm and safe home is essential for good health. Poor housing conditions, overcrowding, temporary accommodation, fuel poverty, homelessness and insecurity are a risk to health. Affordable, quality housing is not only, therefore, a basic need but a major contributor to an individual’s wellbeing. It enables people to access basic services, build good relationships and maintain independence, resulting in a better quality of life¹. However, some of the most vulnerable groups in our community are among those most likely to live in poor housing¹.

Housing, and its impact on health, is a broad and complex area covering a wide range of issues. At the request of the Chair, this report focuses on the quality of housing, the availability of housing at a cost that people can afford and the quality of the private rental market in Wirral. The affordability of local housing, rates of homelessness, and the quality and availability of supported housing locally all influence health outcomes. This report provides an overview of the key issues and highlights the existing work being carried out across Wirral to improve housing standards for the most vulnerable residents.

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

RECOMMENDATIONS

The Adult Care and Health Overview and Scrutiny Committee is requested to note the information included within this report and make comments.

¹ Marmot M 2010 Review of Inequalities; Fair Society, Healthy Lives.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The relationship between good housing and health is well established. The recommendations included within this report recognise the scale of this relationship and the opportunities for further exploration of specific issues relevant to the Wirral population.
- 1.2 This report was prepared at the request of the Chair of the Adult Care and Health Overview and Scrutiny Committee acknowledging the role of housing in good health and wellbeing.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 No other options have been considered.

3.0 BACKGROUND INFORMATION

- 3.1 Housing is a key determinant of health, and the effects of low-quality housing on health are well established. Poor housing can refer to physical housing condition (damp, injury hazards, poor construction and energy performance), tenure (insecure housing, homelessness), the external environment (noise, air quality, safety) and overcrowding. Notably, more deprived households are more likely to have damp/mould, overcrowding, accidents, noise pollution, worse perceived indoor air pollution and problems heating the home.²
- 3.2 Good housing is particularly important in ensuring a healthy start in life. Conversely, poor housing in childhood can have a negative effect on mental health outcomes in later life and is a key factor in the origins of health inequalities⁴. Children living in poor housing are more likely to have poor mental health, slower physical growth, delayed cognitive development, increased risk of infections and long-term ill health³. The association between damp, cold and hazardous housing with falls and respiratory conditions in children and older people is well established, as is the link between homelessness, poor mental health, unintended injuries in the home and unemployment⁴.
- 3.3 It has been estimated that bad housing increases the risk of chronic illness and disability during childhood and early adulthood by 25%.³ Poor housing has been calculated to cost the NHS £1.4 billion per year.⁵ The Health Foundation calculated that for every £1 invested in improving housing for vulnerable people, there would be a return of £2 through savings to local public services and the criminal justice system.⁶

² WHO. 2009. Social inequalities and their influence on housing risk factors and health. Available at http://www.euro.who.int/_data/assets/pdf_file/0013/113260/E92729.pdf?ua=1

³ ERS. 2017. Mould, Damp and the Lungs. Available at <https://breathe.ersjournals.com/content/13/4/343>

⁴ The Kings Fund (2018) Housing and health Opportunities for sustainability and transformation partnerships.

⁵ Nicol, Roys, Garrett. The cost of poor housing to the NHS. Available at <https://www.bre.co.uk/filelibrary/pdf/87741-Cost-of-Poor-Housing-Briefing-Paper-v3.pdf>

⁶ The Health Foundation. 2017. How does housing influence our health? Available at <https://www.health.org.uk/infographic/how-does-housing-influence-our-health>

- 3.4 One in five homes in England do not meet the standard for a decent home, and a third of these are from the private rented sector. Of all households in England, 64% are owner occupier, 19% private rented and 17% socially rented.⁷
- 3.5 Given this evidence, it follows that interventions to improve housing conditions may lead to an improvement in health. A 2011 review found interventions to improve housing status showed mixed effects on health outcomes; the effect of improving the internal housing condition was unclear, however there was strong evidence that heating and energy efficiency interventions are effective at improving health.⁸ A 2013 Cochrane review found similar results.⁹ A 2019 analysis found consistent evidence that refurbishments, heating improvements, and modifications to poor quality homes led to improved respiratory outcomes, quality of life and mental health, however the quality of the included studies limited the interpretation.¹⁰ A further study found housing improvements (such as insulation) was associated with reduced hospital admissions in older people.¹¹
- 3.6 Collaborative action across all agencies is required to address adverse health and wellbeing outcomes related to housing. The development of the Local Plan and the scale of major regeneration, focused in the east of the borough, presents an opportunity to plan for current and future predicted population growth ensuring that both new and existing housing and the lived environment protect and improve health. Through effective planning we can create environments and homes that facilitate good health.

4.0 OVERVIEW OF THE HOUSING SECTOR IN WIRRAL

- 4.1 In 2011, 68% of the Wirral population lived in owner-occupied housing (64% England), although the percentage does vary across different areas of the Borough. For example, 90% of residents in Greasby, Frankby and Irby ward lived in an owner-occupied home, compared with only 35% of Bidston and St James residents. Furthermore, 2011 census data also shows that the percentage of the population living in social housing in Wirral (15%) is smaller than the national average (17%); however, these figures vary a great deal between constituencies and wards. In Bidston St James 46.9% of residents live in social housing compared to 2.2% in Heswall.
- 4.2 The percentage of households living in overcrowded housing is smaller in Wirral (2%) than the average for England & Wales (5%). The Birkenhead and Tranmere and Bidston St James wards (both at 3.6%) have the most overcrowding, with the Heswall

⁷ Ministry of Housing, Communities and Local Government. 2019. English Housing Survey 2017-18. Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/834603/2017-18_EHS_Headline_Report.pdf

⁸ Gibson M, Petticrew M, Bambra C, Sowden AJ, Wright KE, Whitehead M. Housing and health inequalities: a synthesis of systematic reviews of interventions aimed at different pathways linking housing and health. *Health Place*. 2011;17(1):175–184.

⁹ Thomson, Hilary, et al. "Housing improvements for health and associated socio-economic outcomes." *Cochrane database of systematic reviews* 2 (2013).

¹⁰ Janet Ige, Paul Pilkington, Judy Orme, Ben Williams, Emily Prestwood, D Black, Laurence Carmichael, Gabriel Scally, The relationship between buildings and health: a systematic review, *Journal of Public Health*, Volume 41, Issue 2, June 2019, Pages e121–e132

¹¹ Rodgers, Sarah E., et al. "Emergency hospital admissions associated with a non-randomised housing intervention meeting national housing quality standards: a longitudinal data linkage study." *J Epidemiol Community Health* 72.10 (2018): 896-903

(0.8%) and Clatterbridge (1.1%) wards having the least¹². Wirral's percentage of vacant dwellings (3.3%) is larger than England as a whole (2.6%)¹³.

- 4.3 Wirral has 4,955 vacant properties, only Liverpool and Sefton within the Liverpool City Region have higher rates. However, a concerted effort has been made to tackle this within Wirral and numbers of vacant houses have been steadily declining with a reduction of 22.1% since 2009¹⁴.
- 4.4 Tackling empty residential properties is a priority for Wirral Council and forms part of the Corporate Plan with a clear target to bring 1,250 empty properties back into use by 2020.
- 4.5 Local data indicates that, on average, an estimated 64% of new presentations to the Council's homelessness services were from single-person resident households since the introduction of the Homelessness reduction Act 2018. The most commonly cited reasons for homelessness in Wirral for all household types in 2019/20 include the termination of private rented accommodation and family no longer being willing to accommodate. A full report detailing homelessness in Wirral was presented to the Environment Overview and Scrutiny Committee on 2nd July 2019¹⁵ and a comprehensive review and evaluation of homeless services was completed in December 2019, which will inform the forthcoming Homeless and Rough Sleeping Strategy (2020-2025) setting out responses to local needs. Following the launch of a specialist night-time assertive outreach in July 2019, incidents of street homelessness reported via the official annual rough sleeping count have significantly reduced from 16 persons in 2018, to 6 individuals in 2019.
- 4.6 The 2016-2021 Housing Strategy for Wirral highlights the role of housing and the living environment to improve the health of Wirral residents; coupled with the need and desire to grow the local economy and support its parallel housing need, further impacting positively on health. The Strategy identifies the continued need for improvement in the quality of housing that is available to residents of the Wirral with three key priorities:
- building more homes to meet our economic growth ambitions;
 - improving the quality of housing available to our residents; and
 - meeting the housing and support needs of our most vulnerable people to enable them to live independently.
- 4.6 Recent housing stock condition modelling carried out by BRE for Wirral Council in 2018 estimates that 11% of all dwellings contain a hazard that could cause harm to the health of occupants. As with other indicators, this varies widely between Council Wards.¹⁶
- 4.7 The Council is currently consulting on its Local Plan, a blueprint for development over the next 15 years. As part of this, a draft Strategic Housing Market Assessment has been published which outlines housing needs for the population. It will also determine how much new housing including affordable housing is required in the borough.

¹² <https://www.statistics.digitalresources.jisc.ac.uk/dataset/occupancy-rating-bedrooms-england-and-wales-2011>

¹³ <https://www.gov.uk/government/statistical-data-sets/live-tables-on-dwelling-stock-including-vacants>

¹⁴ <https://www.gov.uk/government/statistical-data-sets/live-tables-on-dwelling-stock-including-vacants>

¹⁵ [Agenda for Environment Overview and Scrutiny Committee on Tuesday, 2nd July 2019, 6.00 p.m.](#)

¹⁶ Integrated Dwelling Level Housing Stock Modelling and Database for Wirral Council, BRE, 2018

5.0 HOUSING AFFORDABILITY IN WIRRAL

- 5.1 In 2018 Wirral had a total of 152,540 homes of which 15.2% (23,183) were affordable social homes. The number of affordable homes varies in each Council Ward and can be up to 46.7% of the housing stock in Bidston & St James and less than 3% of local housing stock in the Greasby, Frankby & Irby Ward.
- 5.2 Wirral saw the highest house price increase in the LCR (more than 15% since 2009); as of March 2018 the median price was £155,000, just below the Northwest median of £155,788. There is a difference of £295,377 between the median house price in the most affluent area, which is £379,050 and £83,673 for houses in the least affluent areas¹⁷.
- 5.3 In 2018 the average house price in Wirral was 5.64 times annual earnings of Wirral residents, this ratio increased sharply from 5.05 the previous year, suggesting that affordable housing in Wirral is becoming more of an issue. Despite this however, Wirral's affordability ratio is still below the Northwest (5.79) and England (7.91).
- 5.4 Wirral had 8,810 applicants on the Property Pool Plus (PPP) housing allocations register in December 2019 with 2054 of those in priority need for rehousing. Almost 13% of applicants on PPP have cited affordability as a reason why they are seeking to be rehoused.

6.0 PRIVATE RENTED HOUSING SECTOR IN WIRRAL

- 6.1 The private rented sector is the only housing option available for some residents. Within the housing market for Wirral, the private rented sector is growing. Although the majority of landlords are managing professionally, there are many properties within the private rented sector which are poorly managed and maintained. Properties that are managed poorly can lead to serious problems, e.g. low demand, Anti-social Behaviour (ASB) and fly-tipping and dangerous conditions. Predominantly poor conditions in this sector are to be found in the older housing stock to the east of the borough where property values are lowest.
- 6.2 An estimated 15% of private rented accommodation have Category 1 Housing Health and Safety hazards that can exacerbate long-term health conditions such as Chronic Obstructive Pulmonary Disease (COPD), and Cardiovascular Disease (CVD) as well as impact on excess winter deaths. In order to achieve a healthy private rented sector with high quality accommodation and management, addressing housing and social related issues is needed, especially in properties to the east of the Borough.

7.0 THE LOCAL PLAN

- 7.1 The Local Plan is a blueprint for the borough's regeneration and development over the next 15 years. It represents one of the most significant policy drivers to intentionally improve economic, social and health outcomes. To support the development of the Local Plan and the opportunities inherent within it, an independent, interim Health Impact Assessment (HIA) of the emerging Local Plan was conducted in October 2019¹⁸. The product of this work is a series of recommendations to maximise opportunities for health improvement and mitigate

¹⁷ Land Registry, 2019

¹⁸ <https://www.wirral.gov.uk/planning-and-building/local-plans-and-planning-policy/local-planning-evidence-and-research-report-40>

potentially negative health impacts. Some of the recommendations in relation to housing are highlighted as follows:

7.1.1 Living in a warm and energy efficient property can reduce fuel poverty and improve general health outcomes, reduce respiratory conditions, improve mental health and reduce mortality. Retrofitting modifications to improve housing warmth and energy efficiency may help to reduce health inequalities among those from low-income groups, notably older adults and those living with chronic, pre-existing conditions.

7.1.2 Good quality housing can also reduce the risk of unintentional injury or death e.g. improvements to residential lighting and interventions to reduce hazards in the home can lead to improved social outcomes and reduce fall-related injuries among older adults.

7.1.3 The linkages between poor indoor air quality and ill health, particularly CVD, respiratory symptoms, sensory irritation, lung cancer and other cancers, are well established. Ventilation can help control air contaminants and humidity thereby improving indoor air quality.

7.1.4 Provision of diverse forms and types of housing has been associated with increased physical activity.

7.1.5 There is a large projected increase in the older population (and age-related dementia) who will need sufficient appropriate affordable housing; both independent and supported options. Provision of affordable housing for vulnerable groups (including adults with intellectual disability and adult substance users) can lead to improvements in social, behavioural and health related outcomes.

7.1.6 Provision of secure and affordable housing has also been shown to reduce engagement in risky health related behaviours. Affordable housing for the homeless has consistently been shown to increase engagement with healthcare services, improve quality of life and increase employment. It has also been shown to contribute to improvements in mental health status.

7.2 Ensuring that the Local Plan enables opportunities to address inequalities arising from employment, affordable and quality housing and the wider lived environment where people can aspire, thrive and become more personally resilient is vital. Housing renewal, alongside growth, needs to play a key role in delivering a quality housing offer for all residents particularly in the east of the borough where improved housing will contribute significantly to reducing health inequalities.

8.0 ACTION TO IMPROVE HOUSING IN WIRRAL

8.1 There are several initiatives that the Council, with its Partners, is using to improve housing in Wirral. This report focuses on a number of the key schemes, some of which are specifically targeted at improving health.

8.1.1 Selective Licensing

Starting in 2015, Selective licensing has been rolled out in specific areas to enable a targeted approach to dealing with a range of problems associated with the private rented sector. To date over 2,000 licences have been granted with over 1,000

compliance visits being made. These visits have established properties having a very low compliance rate (less than 27%) with licence conditions. Significant property improvements have already been made with over 500 properties improved and rogue landlords being prosecuted totalling 57 offences.

8.1.2 Healthy Homes

The Healthy Homes team supports tenants and homeowners in Selective Licensing areas to help them stay independent, healthy and safe in their homes. They offer free advice and services relating to a range of health and housing issues with the aim of reducing inequalities. Over 5,234 Healthy Homes Surveys have been completed in Selective Licensing areas since July 2015 and 5,284 referrals made to over 49 partner organisations to assist residents improve their health and wellbeing. This service is funded from the Public Health Grant until March 2021.

8.1.3 Landlord Accreditation

The Council operates a borough-wide accreditation scheme which recognises both good management practices and property conditions/service provisions. A star system is used to reward landlords that go beyond the statutory minimum standard. Currently there are over 1600 accredited properties.

8.1.4 Empty Properties

Wirral's empty properties represent a wasted potential housing resource and blight neighbourhoods. Tackling empty properties is a corporate priority. A range of tools are used in both a reactive and proactive way, including, amongst others, financial assistance and legislation enabling Councils to charge a council tax premium to owners of empty properties in order to encourage owners to return their properties into use. Since 1st April 2019, Wirral Council has charged an additional 100% council tax on properties which have been empty for two years or more. The Council has a good track record of bringing properties back into use, achieving 278 private sector units in 18/19. The majority of properties brought back into use through Council intervention enter the private rented sector and provide a valuable supply of good quality housing provision with options for a higher grant linked to providing accommodation for homeless families.

8.1.5 Home Energy Conversation

Fuel Poverty and energy efficiency remains a priority for Wirral Council to address. Although energy performance across all housing sectors has improved, there remain wards with low average energy efficiency levels. In addition, fuel poverty in Wirral (13.5%) is higher than the percentage for England as a whole (10.9%). A contract is in place with Energy Projects Plus to focus on improving heating and insulation standards within properties linking in with a range of other schemes such as heating and renovation loans and funding for central heating in those homes that don't currently have it as well as collective switching schemes for low energy tariffs.

8.2 In addition to the above programmes there are a number of other key work streams which positively impact upon health such as supported housing, Disabled Facilities Grant's (DFG's) and homelessness prevention and support.

8.3 More broadly, actions to increase both the quality and affordable housing stock continue. These include:

8.3.1 Working in partnership with Registered Providers, private developers and Homes England to ensure funding opportunities are maximised in relation to potential development of new homes in the borough.

8.3.2 Since the beginning of 2015, 1,154 affordable homes have been built in the borough of which 591 were funded through grant provided by either Wirral Council Capital Programme or Homes England funding. This represents 49% of the total homes built in the borough since 2015.

8.3.3 A range of opportunities such as utilising existing Council land and / or building assets, development partnerships with private developers to regenerate neighbourhoods and the provision of affordable housing through the planning system continue to be used to provide new affordable housing in the borough for example the Keepmoat and Lovel's developments in Tranmere, Rock Ferry and Birkenhead.

8.3.5 The Council is supporting Registered Providers, including Council grant availability, to deliver new Extra Care Housing for older people and people with learning disabilities. This type of housing has a range of positive health outcomes including more plentiful social networks for tenants and reducing or mitigating the need for acute care services. A total of 180 units have either completed or are on site, 106 units have planning permission secured and a further 237 units are in the process of planning and/or currently being worked up for delivery.

8.3.6 The Property Pool Plus policy was amended to take into account the new statutory provision within the Homeless Reduction Act, prioritising those vulnerable households who are owed a relief or prevention duty. The policy is in the early stages of a more detailed review to ensure it supports strategic aspiration around access to housing for Wirral Council and the City Region and the priorities awarded to targeted groups.

8.3.7 A comprehensive review of homelessness in Wirral was completed in 2019, as part of ongoing work to continually evaluate and improve local homelessness services and to inform a new strategy. The final Homelessness and Rough Sleeping Strategy will be presented to Wirral Council Cabinet on 23rd March 2020 for approval.

8.3.8 Work is currently being undertaken on the various housing delivery options that may be available to increase affordable housing in the borough, including the use of Council owned land, joint venture company and partnership working.

9.0 CONCLUSION

9.1 The ongoing work of the Council, and Partners, to improve housing in Wirral contributes to improving the health of local people and to reducing health inequalities. However, it must be recognised that there is a significant challenge in addressing poor housing conditions. To identify further opportunities the updated Strategic Housing Market Assessment will inform a refresh of the Health and Housing Joint Strategic Needs Assessment and will be published in Summer 2020 and will also shape Wirral's new Housing Strategy from 2021 onwards. This will be set within the context of, and inform, the Local Plan.

9.2 Given the scale and scope of the relationship between housing and health, Members may wish to consider exploring some specific areas in depth through a programme of work over the next twelve months.

10.0 FINANCIAL IMPLICATIONS

10.1 There are no financial implications arising from this report.

11.0 LEGAL IMPLICATIONS

11.1 There are no legal implications arising from this report. However, the Council does have statutory duties in relation to housing.

12.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

12.1 This report and work referenced within it has been developed by housing and public health teams working collaboratively. No additional resources are sought. However risks in relation to recurrent funding, via the Public Health Grant, is identified in section 7.0 of this report.

13.0 RELEVANT RISKS

13.1 The Public Health Grant allocations for 2020/21 have yet to be published. Clarity regarding the Public Health Grant is required in order to ensure funding is available on an ongoing basis to fund a number of the schemes described within this report.

14.0 ENGAGEMENT/CONSULTATION

14.1 No public engagement or consultation has been undertaken in relation to this report. However, the schemes of work referenced within the report engage with services users to inform delivery and development.

15.0 EQUALITY IMPLICATIONS

15.1 An Equality Impact Assessment has been undertaken and is located: -

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

16.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

16.1 A large proportion (27%) of UK CO₂ emissions originate from the housing stock. Improving the quality of housing through better insulation and more efficient heating systems can reduce CO₂ emissions.

16.2 A number of schemes referenced within this report e.g. home energy conservation, healthy homes, contribute to improving environmental impact.

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APPENDICES: Not applicable

BACKGROUND PAPERS

There are various background papers referenced throughout this report with links to key documents.

HISTORY

Meeting	Date



**Adult Care and Health Overview and Scrutiny Committee
Thursday, 27 February 2020**

REPORT TITLE:	2019/20 Quarter 3 Wirral Plan Performance
REPORT OF:	Director for Health & Care (DASS)

REPORT SUMMARY

In the development of the Wirral Plan 2020 the Council made a commitment to develop a robust monitoring framework to ensure effective oversight of delivery was available to all stakeholders across the Wirral Partnership. Quarterly reporting over the five-year period has been delivered to Members through Overview and Scrutiny Committees. In March 2020 the plan will be completed and the final closedown report which will summarise the impact on outcomes for residents through the delivery of the plan will be reported through the new Council Governance arrangements; these are due to commence in May 2020.

This report provides the 2019/20 Quarter 3 (October - December 2019) performance report for the Wirral Plan Pledges under the remit of the Adult Care and Health Overview and Scrutiny Committee.

Relevant Wirral Plan 2020 Pledges are:

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

The report, which is included as Appendix 1, provides an overview of the progress in Quarter 3 and available data in relation to a range of outcome indicators and supporting measures.

This matter affects all Wards within the Borough.

RECOMMENDATION/S

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

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

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

2.0 OTHER OPTIONS CONSIDERED

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

3.0 BACKGROUND INFORMATION

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

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

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

3.8 An additional report setting out a series of key indicators for Adult Health and Care has been developed and provided to the Adult Health and Care Performance Panel. Once the Panel has approved the new report this can be provided to future meetings.

4.0 FINANCIAL IMPLICATIONS

4.1 There are no financial implications arising from this report.

5.0 LEGAL IMPLICATIONS

5.1 There are no legal implications arising from this report.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 There are none arising from this report.

7.0 RELEVANT RISKS

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

8.0 ENGAGEMENT/CONSULTATION

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

9.0 EQUALITY IMPLICATIONS

9.1 Wirral Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. An Equality Impact Assessment is a tool to help council services identify steps they can take to ensure equality for anyone who might be affected by a policy, decision or activity.

(a) Yes, and impact review can be found at:

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

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

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

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

- Have no impact on emissions of CO2.

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APPENDICES

Appendix 1: Wirral Plan – 2019/20 Quarter 3 Pledge Report

BACKGROUND PAPERS

Wirral Plan Pledge Strategy Action Plans 2019-20 are published on the Council website:
<https://www.wirral.gov.uk/about-council/wirral-plan-2020-vision/wirral-plan-strategies>

SUBJECT HISTORY (last 3 years)

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

Appendix 1

Wirral Plan Adult Care and Health Committee 2019-20 Quarter 3 Reports



Older people live well

Overview from Lead Cabinet Member

Healthy life expectancy at birth for males has worsened from 2014-16 (61.4) to 59.8 and is now the same as at the start of the plan. Whilst data is released annually, there is a significant time lag. The healthy life expectancy at birth for females has improved to 61.1 in 2015-17, up from 60.3 in 2014-16, closing the gap to our North West neighbours and the rest of the Country. It has decreased slightly from 61.8 at the start of the plan. Latest Employment figures for people ages 50+, 40.3%, (for the period July 2018 – June 2018) show an increase in Wirral of 0.5 percentage points from last quarter and is 6.8 percentage from the start of the Wirral Plan (33.6%).

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

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

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

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

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

Wirral Plan Indicator	Indicator	Wirral Plan Start	Benchmark Data	Year End 2018-19	2019-20 Q1	2019-20 Q2	2019-20 Q3	2019-20 Q4	Year End 2019-20	Trend (See Key)	Comment
Proportion of residents aged 50+ volunteering on a regular basis	Annual Higher is better	26% (Oct 2015)		26% (2018-19)						n/a	
Proportion of residents aged 50+ who say that they are satisfied with the choice of housing in their local area	Annual Higher is better	56% (Oct 2015)		57% (2018-19)						n/a	
Healthy Life Expectancy at birth: Males	Annual Higher is better	59.8 (Jan 2011- Dec 2013)	England: 63.4 (2015-17) North West: 61.2 (2015-17)	59.8 (2015-17)					61.4 (2016-18)	Better	The healthy life expectancy at birth for males has improved from the previous year and is 1.6 years better than at the start of the plan (59.8). This data comes from the public health outcome framework. Whilst data is released annually, there is a significant time lag. The latest data relates to 2016-18.
Healthy Life Expectancy at birth: Females	Annual Higher is better	61.8 (Jan 2011- Dec 2013)	England: 63.8 (2015-17) North West: 62.3 (2015-17)	60.3 (2014-16)					63.7 (2016-18)	Better	The healthy life expectancy at birth for females has improved to 63.7 from 61.1 the previous year and is now better than our North West neighbours (62.5). This data comes from the public health outcome framework. Whilst data is released annually, there is a significant time lag. The latest data relates to 2015-17.

Supporting Measure	Indicator	Wirral Plan Start	Benchmark Data	Year End 2018-19	2019-20 Q1	2019-20 Q2	2019-20 Q3	2019-20 Q4	Year End 2019-20	Trend	Comment
Percentage of older people (aged 50+) who feel safe when outside in the local area during the day	Annual Higher is better	88% (Oct 2015)		92% (2018-19)						n/a	
Percentage of older people (aged 50+) who feel safe when out in the local area after dark	Annual Higher is better	55% (Oct 2015)		54% (2018-19)						n/a	
Percentage of older people (aged 50+) who reported feeling healthy	Annual Higher is better	65% (Oct 2015)		58% (2018-19)						n/a	
Employment rate of people aged 50+	Quarterly Higher is better	33.5% (Jun 2015)	England: 42.8% (Jun 18 - Jul 19) North West: 40.6% (Jun 18 - Jul 19)	39.6% (Q4 2019-20)	40.1% (Q1 2019-20)	40.3% (Jul 18 - Jun 19)	39.7% (Q3 2019-20)			n/a	Latest figures (for Q3 2019-20 refer to the period October 2018 - September 2019) show an decrease of 0.6 percentage points from last quarter. Employment rate for people aged 50+ is and is 6.2 percentage points higher than at the start of the Wirral Plan (33.6%). We're closing the gap on our North West neighbours (40.6%) and the National average (42.8%).

People with disabilities live independent lives

Overview from Lead Cabinet Member

The Employment rate aged 16-64 - Equality Act core or Work Limiting Disabled measure from the Office for National Statistics increased again to 53.8%, its highest level since the Wirral Plan began. It's seen a significant increase of 16.3 percentage points since the start of the plan. The employment rate is now better than the rest of the North West and is improving at a faster rate than the rest of the country which is testament to the positive work being done in the borough.

With being in the period of Purdah the Department of Work & Pensions were unable to promote the DC campaign for most of November and December however there were 3 new level 1 signups during this period for Wirral. Wirral currently has 113 live Disability Confident businesses in Wirral (91 at level 1, 20 at level 2 and 2 at level 3).

151 more people are in receipt of personal budgets than at the start of the plan and 18 more than last quarter. 614 adults were reported by the Department of Adult Social Services to be in receipt of personal budgets (up from 599 last quarter). 172 young people were in receipt of personal budgets (up from 169 last quarter).

Adults with a learning disability who live in stable and appropriate accommodation has dipped slightly this quarter, now at 86%. The measure has increased 2 percentage points from 84% when the measure was introduced at the start of 2016-17. Ensuring people with disabilities have stable and appropriate accommodation improves their safety, increases their independence and reduces their risk of social exclusion.

A Wirral specific guide about moving into independent living is being produced. Examples of good practice from different organisations and geographical regions are being collected and examined. The possibility of producing a video guide is under discussion however funding is yet to be sourced for the project..

Wirral Plan Indicator	Indicator	Wirral Plan Start	Benchmark Data	Year End 2018-19	2019-20 Q1	2019-20 Q2	2019-20 Q3	2019-20 Q4	Year End 2019-20	Trend (See Key)	Comment
Health related quality of life for people with long term conditions	Annual Higher is better	0.698 (Jul 2014 - Mar 2015)	England: 0.737 (Jan-Mar 2017)	0.700 (2018-19)						n/a	We're awaiting the 2019-20 data. Health-related quality of life for people with long-term conditions improved to 0.700 in Jan-Mar 2017 compared to 0.695 the previous period but falls short of the average for the rest of England (0.737). This data is captured by NHS England through the GP Patient Survey and reported as part of the NHS Outcomes Framework.
Employment rate aged 16-64 - Equality Act core or Work Limiting Disabled	Quarterly Higher is better	37.5% (Jul 2014 - Jun 2015)	England: 54.1% (Oct 2017 - Sep 2018) North West: 50.4% (Oct 2017 - Sep 2018)	49.0% (Jan - Dec 2018)	51.0% (Apr 18 - Mar 19)	51.8% (Jul 18 - Jun 19)	53.8% (Oct 18 - Sep 19)			n/a	The Employment rate aged 16-64 - Equality Act core or Work Limiting Disabled measure from the Office for National Statistics increased again to 53.8%, its highest level since the Wirral Plan began. It's up 2 percentage point since the previous quarter and 16.3 percentage points since the start of the plan.
Supporting Measure	Indicator	Wirral Plan Start	Benchmark Data	Year End 2018-19	2019-20 Q1	2019-20 Q2	2019-20 Q3	2019-20 Q4	Year End 2019-20	Trend	Comment
The gap in progress between pupils with a SEN statement/EHCP and their peers at Key Stage 4	Annual Lower is better	(n/a)	England: 1.17 (2017-18 Academic Year) North West: 1.12 (2017-18 Academic Year) Statistical Neighbours: 1.04 (2017-18 Acad Year)	1.25 (2018-19 Academic Year)						n/a	This is an annually reported measure and the latest available figures are for the 2017-18 Academic Year. This figure was reported on in Q4 2018-19. Provisional figures for the 2018-19 Academic year will be available late 2019.
Proportion of people with long term conditions who feel supported to manage their condition	Annual Higher is better	66.7% (Jul 2014 - Mar 2015)	England: 59.6% (Jan-Mar 2018)	60.1% (Jan- Mar 2018)						n/a	We're awaiting the 2019-20 data. The proportion of people who are feeling supported to manage their condition is 60.1% for the period January 2018 - March 2018. This has reduced from 67.2% the previous year. Whilst this reduction is disappointing it reflects the sentiment across the rest of the country. The national average is 59.6%, down from 64% last year.
The number of disabled people in receipt of personal budgets (including Direct Payments and Personal Health Budgets)	Quarterly Higher is better	(n/a)		794 (2018-19)	769 (Q1 2019-20)					n/a	The number of people in receipt of personal budgets this quarter increased by 18. 614 adults were reported by the Department of Adult Social Services to be in receipt of personal budgets (up from 599 last quarter). 172 young people were in receipt of personal budgets (up from 169 last quarter). 151 more people are in receipt of personal budgets than at the start of the plan.
Adults with a learning disability who live in stable and appropriate accommodation	Quarterly Higher is better	(n/a)	North West: 85.2% (Q1 2019-20)	84.1% (2018-19)	85.5% (Q1 2019-20)	88.2% (Q2 2019-20)	86.0% (Q3 2019-20)			n/a	The Q3 figure of 86% has worsened from last quarter (88.2%) but has improved by 2 percentage points from when the measure was included at the start of 2016-17 (84%). We're performing better than the latest available North West benchmark (85.2%).

Zero tolerance to domestic violence

Overview from Lead Cabinet Member

Through a strong coordinated partnership approach, Wirral has developed a range of strategies to tackle the complex issue of Domestic Abuse including, helping children who suffer the effects of domestic abuse, supporting victims and rehabilitating offenders. Putting children and young people at the heart of our response to Domestic Abuse we have commissioned the Leapfrog Programme, through Involve North West (INW). The programme provides support to children and their mothers affected by Domestic Abuse. Operation Encompass directly connects the police with schools to secure better outcomes for children who are subject to or experience police-attended incidents of domestic abuse. Critical to making victims and children safer is to reduce the likelihood of re-offending. Youth Offending Service officers have been trained to support young people who have shown violence and aggression towards their parents/guardians and prevent these young people becoming perpetrators in adulthood. Families have been identified for support and an action plan is set for the year ahead. In addition, to raise awareness of the need to reduce parental conflict, funding secured from DWP bid is currently being used to deliver a series of training in line with the Resilience Framework for professional training. Our goal is to have trained a total of 300+ Wirral professionals by Christmas.

Wirral Plan Indicator	Indicator	Wirral Plan Start	Benchmark Data	Year End 2018-19	2019-20 Q1	2019-20 Q2	2019-20 Q3	2019-20 Q4	Year End 2019-20	Trend (See Key)	Comment
Number of domestic abuse Wirral MARAC cases per 10,000 adult females (annualised)	Quarterly Higher is better	54.0 (2014-15)	Most Similar Force Group: 58.0 (Jul 2018 - Jun 2019) National: 39.0 (Jul 2018 - Jun 2019)	52.4 (2018-19)	44.2 (Jul 2018 - Jun 2019)	64.0 (Oct 2018 - Sep 2019)	71.0 (Jan-Dec 2019)			Better	The number of Wirral MARAC cases heard were 71 females (over 16) per 10,000 population (this includes repeat victims within the 12 month period). The introduction of an IDVA based at the Hospital has increased referrals to MARAC. Police reporting systems have also been centralised which may also have contributed.
Children and young people experience domestic abuse (Wirral MARAC cases)	Quarterly Higher is better	1,289 (2014-15)		1,192 (2018-19)	226 (2019-20 Q1)	458 (2019-20 Q2)	484 (2019-20 Q3)			Better	This includes children of victims and perpetrators, for example perpetrators children who live with another parent but have contact.
Percentage of incidents of repeat domestic abuse (Wirral MARAC cases)	Quarterly Lower is better	16.0% (2014-2015)	Most Similar Force Group: 35.0% (Jul 2018 - Jun 2019) National: 30.0% (Jul 2018 - Jun 2019)	27.1% (2018-19)	31.4% (Apr 2018 - Mar 2019)	25.0% (Oct 2018 - Sep 2019)	26.0% (Jan-Dec 2019)			Worse	Safelives recommendation for repeat cases is 28-40%. This may indicate that victims are not always reporting repeat incidents.
Supporting Measure	Indicator	Wirral Plan Start	Benchmark Data	Year End 2018-19	2019-20 Q1	2019-20 Q2	2019-20 Q3	2019-20 Q4	Year End 2019-20	Trend	Comment
Number of Domestic Abuse cases referred to the Family Safety Unit (FSU)	Quarterly Higher is better	949 (2014-15)		1,111 (2018-19)	224 (2019-20 Q1)	373 (2019-20 Q2)	278 (2019-20 Q3)			Worse	Of 278 individuals referred in Q3, 196 were heard at MARAC (295 total heard at MARAC including repeat incidents). This would indicate that 30% of referrals into FSU did not meet the threshold. These cases are listed for daily DA meetings to identify services that can support the victim.
% of children and Young People single assessments completed with Domestic Violence (DV) related factors	Quarterly Lower is better	(n/a)		27.0% (2018-19)	21.1% (2019-20 Q1)	19.3% (2019-20 Q2)	22.7% (2019-20 Q3)			Better	Better than previous years, compared to Q3 2018 28.2% and Q3 2017 34.3%. Prevention of violence and abuse is a critical element in tackling many other issues as it impacts on mental wellbeing, physical health and quality of life. Violence is contagious. Exposure to violence and abuse, especially as a child, makes individuals more likely to be involved in this behaviour later in life.
Rate of referrals to social care presenting Domestic Violence issues (adults aged 18+ years) per 100,000	Quarterly Higher is better	(n/a)		12.12 (2018-19)	3.70 (2019-20 Q1)	7.40 (2019-20 Q2)	11.41 (2019-20 Q3)			Better	This compares to Q3 2018 9.32% and Q3 2017 16.56%.

Report Key

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

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

Action - These are shown as either:

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



Adult Care and Health Overview and Scrutiny Committee Thursday 27th February 2020

REPORT TITLE:	Report of the Health and Care Performance Working Group
REPORT OF:	Head of Intelligence, Statutory Scrutiny Officer

REPORT SUMMARY

This report provides an overview of the Health and Care Performance Working Group meeting held on 20th January 2020. The report provides feedback to members of the Adult Care and Health Overview and Scrutiny Committee around key discussions and areas of interest resulting from the meeting.

RECOMMENDATION/S

The Adult Care and Health Overview & Scrutiny Committee is requested to note the contents of the report of the Health and Care Performance Working Group.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

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

2.0 OTHER OPTIONS CONSIDERED

- 2.1 Not Applicable

3.0 ATTENDEES

3.1 Elected Members

Councillor Moira McLaughlin (Chair)
Councillor Phil Gilchrist
Councillor Sharon Jones
Councillor Christina Muspratt
Councillor Mary Jordan
Councillor Alison Wright

3.2 Other Attendees

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

3.3 Visitors

Elizabeth Hodgson (Chair, GPW Patient Group)
David McGaw (Deputy Chair, GPW Patient Group)
Sue Borrington (Senior Commissioning Manager – Planned Care, Wirral Health and Care Commissioning)
Steve Cocks (Assistant Director for Contracts and Delivery, Wirral Clinical Commissioning Group)
Alistair Leinster (Divisional Director of Clinical Support and Diagnostics, Wirral University Teaching Hospital NHS Foundation Trust)
Vicky Shelley (MSK Directorate Manager, Wirral University Teaching Hospital NHS Foundation Trust)
Julie Webster (Director for Health and Wellbeing, Wirral Council)
Gary Rickwood (Senior Public Health Manager, Wirral Council)
Elsbeth Anwar (Public Health Consultant, Wirral Council)

3.4 Apologies

Councillor Yvonne Nolan
Karen Prior (Chief Officer, Healthwatch Wirral)

4.0 MUSCULOSKELETAL INTEGRATED TRIAGE SERVICE – PATIENT EXPERIENCE AND SERVICE UPDATE

- 4.1 In 2018, Wirral Clinical Commissioning Group (CCG) remodelled and recommissioned musculoskeletal (MSK) services in the borough. The MSK Integrated Triage Service was

introduced, with Wirral University Teaching Hospital (WUTH) acting as prime provider responsible for delivery of the service and for patient care from referral to discharge. This triage service allows advanced physiotherapists, podiatrists and specialist rheumatology nurses to assess the patient and decide an appropriate pathway for their treatment. Services included within this integrated service are physiotherapy & occupational therapy, podiatry, pain management, rheumatology and elective orthopaedics.

- 4.2 A number of specific concerns had been raised through Elected Members regarding the service and, as a result, an update on performance and delivery of the MSK Integrated Triage Service was requested by the Health and Care Performance Working Group. In order to acknowledge direct patient concerns, two representatives were invited to address Members on behalf of users of the service. Elizabeth Hodgson and Dave McGaw attended in their capacity as Chair and Vice Chair respectively of the patient groups of 25 GP practices within the Wirral GP Federation only. Members were advised that these patient groups are non-political and have met on a number of occasions with representatives from Wirral CCG and WUTH in an effort to voice concerns and work collaboratively to improve patient experiences of the service.
- 4.3 Mrs Hodgson set out a number of service issues based on anecdotal evidence and patient experiences, with three main areas of concern voiced by the patient groups; communication, waiting lists and patient choice. There were a number of key issues including the long waits between initial referral and confirmation of an appointment – with many patients experiencing these delays in considerable pain. In addition, if a patient awaiting an appointment were to contact the service, there is no option for them to speak to a clinical professional and in some cases, they have no choice but to return to their GP. Mrs Hodgson also stated that often waiting times for an appointment following triage seemingly breach agreed contractual obligations. The patient representative also stated that she did not believe that the current triage system allowed for the adequate allowance for patient choice, as per national policy. Mrs Hodgson argued that patients accessing the service should be provided with information on their options at the point of referral, and not following triage as is the case on Wirral. She queried the legality of such a process. As part of her summary, Mrs Hodgson stated that she was worried the current delivery of the integrated triage service was contributing to the introduction of a ‘two-tier’ system, with those who are able to do so turning to private physiotherapy services.
- 4.4 Members invited providers of the current service to give an overview of performance and quality, with focus on the three key areas of concern presented by the patient group representatives. Mr Alistair Leinster, Divisional Director of Clinical Support and Diagnostics at WUTH, presented a report to Members on service delivery. There have been approximately 44,000 referrals per year since inception, with Members advised that the service has ultimately delivered on a key objective to reduce the number of inappropriate referrals into the service. Mr Leinster stated that there are significant pressures nationally across pain and orthopaedic services, and that waiting times are a focus across the region - not just for Wirral. Despite this national context, Members expressed apprehension at the absence of recent key performance indicators (KPIs) from the Trust, particularly in light of worrying claims regarding waiting times from patient representatives. There was an action agreed that this data would be provided to a future meeting of the Health and Care Performance Working Group.
- 4.5 In response to concerns around patient choice, data was presented to the group displaying the number of referrals to alternative providers – with 795 patients in total

choosing to receive care elsewhere between April 2019 and November 2019, therefore demonstrating the ability for patients to choose. Members questioned why patients would decide to be referred to another provider; with the most common reason being waiting times, facilities or on personal or family grounds. In response to Mrs Hodgson's comments on the introduction of a 'two-tier' system, Members asked Mr Leinster if the Trust was able to gather data on patients who have chosen to access private MSK physiotherapy as a result of issues with the integrated triage service. This information is not recorded as it is confidential, however, the Group were assured that the number of clinics available have increased and as a result the number of patients seen has risen, potentially encouraging patients away from the route of private practice.

- 4.6 Communication between clinicians and patients was highlighted for further discussion, with Members seeking assurance that there had been a focus on improving this element of the service. Mr Leinster advised the Group that a new booking process had been implemented in August 2019 and patients are sent a letter with a choice of services and given the options of booking an appointment online or over the phone. Assurance was given that letters are sent less than one week after referral, and since September 2019 there have been no formal concerns or complaints raised in relation to patient communication.

5.0 CHANGE, GROW, LIVE (CGL) DRUG AND ALCOHOL SERVICE UPDATE

- 5.1 In previous municipal years, Members have expressed concern around increasing mortality rates of drug and alcohol users in the Borough in contact with local treatment services, with the issue prioritised as an area of continued monitoring for the Adult Care and Health Overview & Scrutiny Committee since the recommissioning of the drug and alcohol treatment service in 2015. For this reason, Members requested a progress update on mortality rates among drug and alcohol users accessing addiction treatment services in Wirral following the last report to the Health and Care Performance Working Group in December 2018. The service provider, 'Wirral Ways to Recovery' (managed by 'Change, Grow, Live') reported 72 deaths in service in 2019, with most common causes being respiratory disease, cardiac arrests, cancer and multi-organ failure. The Group were concerned to hear that deaths relating to drug and alcohol abuse have increased nationally over the last two years, with 4,000 people per year losing their lives due to substance misuse. Although Wirral ranks higher than the national average, figures show that numbers of deaths of opiate, non-opiate and alcohol users is falling year on year.
- 5.2 The implementation of clinical governance and treatment review processes and harm reduction has proven successful, with the medical review offer increasing by 11% since 2017 – meaning an additional 519 medical appointments offered in 2019. The provision of Naloxone (an antidote to heroin overdose) has significantly increased, with the quantity distributed to those at risk of overdose increasing annually. Members sought assurance around possible risks of Naloxone consumption alongside alcohol use and were advised by officers that there were no safety implications to using both simultaneously.
- 5.3 The Working Group was advised that the current contract with 'Wirral Ways to Recovery' has been renewed and, as of 1st February 2020, a new agreement is in place which will aim to prioritise partnership working with general practice, as well as collaborative working with other partners in the wider health system to ensure effective pathways of care. Members were assured to hear that monitoring of deaths in service continues to be a priority, and that detailed case reviews are carried out for each individual death. Quarterly

review meetings, co-ordinated by John Moores University, are now well established and ensure that all deaths reported by both the coroner and service are scrutinised fully and any learning points are systematically identified and actioned.

- 5.4 The Chair of the Working Group thanked the Public Health team for their detailed report and expressed her gratitude on behalf of the Committee that an area of prior concern for the Adult Care and Health Overview & Scrutiny Committee had been met with a robust improvement plan. Members stated that they were adequately assured by service developments; particularly the work around respiratory illness and the smoking cessation programme. In addition, it was noted by the Group that the Care Quality Commission (CQC) had found 'Wirral Ways to Recovery' services to be 'Outstanding' at the most recent inspection in the summer of 2019.

6.0 ADDITIONAL INFORMATION

- 6.1 In October 2019, a scrutiny workshop for Members of the Adult Care and Health Overview & Scrutiny Committee was held to review the Committee's health and care performance reports and discuss any amendments or additions to data currently presented. Following Member comments, a draft version of an updated performance report was provided to the Health and Care Performance Working Group. Members agreed to review this draft report outside of the meeting and respond to the Assistant Director, Unplanned Care and Community Care Market Commissioning with any further comments.

7.0 SUMMARY OF ACTIONS

- 7.1 Updated Key Performance Indicators for the Musculoskeletal Integrated Triage to be provided to a future meeting of the Health and Care Performance Working Group.

8.0 FINANCIAL IMPLICATIONS

- 8.1 There are no financial implications.

9.0 LEGAL IMPLICATIONS

- 9.1 There are no legal implications.

10.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

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

11.0 RELEVANT RISKS

- 11.1 There are no relevant risks.

12.0 ENGAGEMENT/CONSULTATION

- 12.1 Not Applicable

13.0 EQUALITY IMPLICATIONS

13.1 This report is for information to Members and there are no direct equality implications, although there may be equality implications as a result of actions arising from this report.

14.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

14.1 There are no direct environmental implications arising from this report.

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Scrutiny Officer

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APPENDICES

BACKGROUND PAPERS

Health and Care Performance Working Group Reports Pack

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



Adult Care and Health Overview and Scrutiny Committee
Thursday 27th February 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.

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

The Adult Care and Health Overview & Scrutiny Committee is requested to;

1. Approve the proposed Adult Care and Health Overview & Scrutiny Committee work programme for 2019/20, making any required amendments.
2. Authorise the Chair and Party Spokespersons to review the draft Quality Accounts 2019/20 of local health partners and to provide a response on behalf of the Adult Care and Health Overview & Scrutiny Committee.

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

- 3.2.1 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 *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 on Wirral is due to be arranged. This workshop is provisionally scheduled to take place in March 2020.

3.4.2 *Review of Draft Quality Accounts 2019/20*; Under the National Health Service (Quality Accounts) Regulations 2010 (and later the National Health Service (Quality Accounts)

Amendment Regulations 2012), healthcare providers publishing Quality Accounts are required to send a draft of the Quality Account to the Overview and Scrutiny Committee of the local authority in whose area the provider has its registered or principal office located and invite comments on the document. This Quality Account provides information on performance across the year and identifies the priorities for improvement during the forthcoming year.

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

3.4.4 In recent municipal years, the Chair and Party Spokespersons have taken on the responsibility of responding to the draft Quality Accounts on behalf of the Adult Care and Health Overview & Scrutiny Committee. It is proposed that this process is followed again for 2019/20 so that Quality Accounts may be reviewed and formally responded to in time for the final submission of NHS Trusts to the Department of Health before the end of June 2020.

3.5 FURTHER DEVELOPMENT OF THE SCRUTINY WORK PROGRAMME

3.5.1 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 There are no financial implications.

5.0 LEGAL IMPLICATIONS

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

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

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

7.0 RELEVANT RISKS

7.1 There are no relevant risks.

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

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APPENDIX 1

ADULT CARE AND HEALTH OVERVIEW & SCRUTINY COMMITTEE WORK PROGRAMME

AGENDA ITEMS – Thursday 27th February 2020

Item	Format	Lead Departmental Officer
Minutes from Adult Care & Health OSC (21 st January and 29 th January)	Minutes	
2019/20 Q3 Financial Monitoring	Report	Mark Goulding
ADASS Peer Review Action Plan	Report	Jason Oxley
Housing and Public Health	Report	Julie Webster
2019/20 Q3 Wirral Plan Performance	Report	Graham Hodgkinson
Report of the Health and Care Performance Working Group	Report	Scrutiny Officer
Adult Care and Health Overview & Scrutiny Committee Work Programme Update	Report	Scrutiny Officer
Deadline for cleared reports: Tuesday 4th February 2020		

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)
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 Hodgkinson/Simon Banks
Public Health Implications of 5G Rollout	All Member Workshop	2020	Julie Webster
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 Hodgkinson
Transformation Programme	To be agreed	As and when	Tim Games