



Adult Social Care and Health Committee

Date:	Thursday, 19 November 2020
Time:	6.00 p.m.
Venue:	Microsoft Teams

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AGENDA

1. APOLOGIES

2. MEMBER DECLARATIONS OF INTEREST

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

3. MINUTES (Pages 1 - 8)

To approve the accuracy of the minutes of the meeting held on 13 October 2020.

4. PUBLIC QUESTIONS

SECTION A - DECISIONS

**5. PROPOSED PUBLIC HEALTH COMMISSIONING INTENTIONS
2021-22 (Pages 9 - 18)**

**6. PROPOSAL FOR ROLL OUT OF LATERAL FLOW TESTING IN
WIRRAL (Pages 19 - 26)**

**7. DEVELOPMENT OF CONTACT TRACING IN WIRRAL
(Pages 27 - 36)**

SECTION B - BUDGET REPORTS

No Items

SECTION C - PERFORMANCE REPORTS

- 8. ADULT SOCIAL CARE AND HEALTH PERFORMANCE REPORT
QUARTER 2 2020-21 (Pages 37 - 56)**

SECTION D - REVIEWS / REPORTS FOR INFORMATION

- 9. WORK PROGRAMME (Pages 57 - 64)**
- 10. COVID UPDATE (Pages 65 - 72)**

ADULT SOCIAL CARE AND HEALTH COMMITTEE

Tuesday, 13 October 2020

<u>Present:</u>	Councillor	Y Nolan (Chair)	
	Councillors	B Berry	S Frost
		D Burgess-Joyce	P Gilchrist
		K Cannon (In place of S Jones)	M Jordan
		M Collins	M McLaughlin
		T Cottier	T Usher

1 APOLOGIES

No apologies for absence were received.

2 MEMBER DECLARATIONS OF INTEREST

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

The following declarations were made:

Councillor Tony Cottier	Personal interest by virtue of his wife's employment as a nurse at Claire House.
Councillor Mary Jordan	Personal interest by virtue of employment within the NHS; and involvement a Trustee for 'Incubabies' a charity raising funds for the neonatal unit at Arrowe Park; and her son's employment as a GP.
Councillor Tom Usher	Pecuniary interest in matters relating to the real living wage item by virtue of his employment with Autism Together – Cllr Usher indicated he would leave the meeting at the appropriate time, and would not take part in discussions.

3 PUBLIC QUESTIONS

The Head of Legal Services informed the Adult Social Care and Health Committee that no Public questions, or requests to make a statement had been received.

4 UPDATE ON WIRRAL COVID-19 OUTBREAK CONTROL PLAN

Julie Webster, Director of Public Health for Wirral submitted a report and provided the Adult Social Care and Health Committee with an update on the implementation of the Wirral COVID-19 Outbreak Control Plan to date. The

appendix to the report provided the COVID-19 weekly surveillance Report (25 September 2020).

The report informed that on 22 May the government had asked all councils to develop local COVID-19 outbreak plans. Wirral's local outbreak plan gave an overview of how Wirral would Keep Wirral Well and could be found on the Wirral Council website:

<https://www.wirral.gov.uk/sites/default/files/all/Health%20and%20social%20care/Health%20in%20Wirral/Coronavirus/COVID-19%20Outbreak%20Management%20Plan%20for%20Wirral.pdf>

It was reported that the Outbreak Plan set out how this target would be implemented and outlined the three key principles that formed the basis of the Plan namely to prevent, control and manage outbreaks of COVID-19.

Since the publication of the plan 7 priority actions - Intelligence and Surveillance, Care Homes and Schools, High Risk Workplaces, Communities and Locations, Local Testing Capacity, Contact Tracing in Complex Settings, Vulnerable People and Communication & Engagement - had been progressed. A summary of key progress was provided in the report.

Members questioned the Director of Public Health on a number of matters that included actions relating to Care Homes, Ethnicity and Track and Trace arrangements for Wirral. Further questions followed on the subjects of procedures in respect of asymptomatic individuals attending A&E and actions being taken to tackle the backlog of issues arising from the period of lockdown earlier in the year. The Director responded accordingly.

Moved by Councillor Phil Gilchrist, seconded by Councillor Moira McLaughlin, it was:

RESOLVED – That the contents of the report the progress made to date be noted and the ongoing COVID-19 response be supported.

5 DOMESTIC ABUSE STRATEGY

Elizabeth Hartley, Assistant Director Early Help and Prevention, introduced the report of the Director of Children, Family and Education that provided Members with an introduction to the 5-year partnership strategy, *Domestic abuse - No excuse*. Appendix 1 to the report contained Domestic abuse – No excuse Strategy 2020-25 and Appendix 2 contained the Domestic abuse – No excuse Delivery Plan 2020-25.

The report provided an overview of the co-production process, strategic priorities, delivery plan, and phased approach to reducing domestic abuse whilst improving support for people affected. The report and strategy were aligned to the priorities of Wirral Council's Plan 2025:

- Working for brighter futures for our children, young people and their families by breaking the cycle of poor outcomes and raising the aspirations of every child in Wirral.

- Working for safe and pleasant communities where our residents feel safe, and where they want to live and raise their families.

Members were informed that in Wirral during the period 01 February 2019 to 21 January 2020, there had been 8,410 individuals known to have been affected by domestic abuse. This included 2,786 who were victims, 2,844 perpetrators and 2,780 children who had been referred to Children's Services due to being impacted by domestic abuse. These individuals required access to a co-ordinated, accessible and effective support offer, which the partnership domestic abuse strategy would enable.

The report highlighted that domestic abuse was an important issue for all public services, with far-reaching implications and high cost to both the public purse and life chances. A strategic approach to reduce the prevalence and impact of domestic abuse in Wirral required a strong partnership strategy and delivery plan.

Members were further informed that the previous partnership strategy, Zero Tolerance to Domestic Abuse, had been one of a suite of pledge strategies relating to the Wirral Plan 2020, which had now reached its conclusion.

Members noted that there was a requirement to build on the work of the previous strategy with a new approach aligned to the Wirral Plan 2025.

Members questioned the Assistant Director Early Help and Prevention on a number of matters highlighted in her report. The Assistant Director responded accordingly.

Moved by Councillor Tom Usher, seconded by Councillor Samantha Frost, it was:

RESOLVED – That

- 1) the partnership strategy '*Domestic abuse - No excuse*' be supported; and**
- 2) the partnership delivery plan be noted and endorsed.**

6 2021/22 BUDGET PROCESS

Graham Hodgkinson, Director of Adult Care and Health introduced his report that provided the Adult Social Care and Health Committee with details of the process for budget setting as a transition year for 2021/22 and described the financial position for 2021/22, which as at Quarter 1 was deficit of £45m, and the actions being put in place to mitigate the gap.

These actions included a 5 STAGE phased approach and included the timeline for the 2021/22 budget setting process when budget proposals were presented to the Policy and Resources Committee for the recommendation to Full Council to set the 2021/22 budget.

Members were apprised that as this was a transition year, proposals had been identified and would continue to be presented to the Committee by Officers. The Committee was however encouraged to identify its own proposals for Officers to work up, if within the timescale, to be included for the 2021/22 Budget. For future years this would become the usual process and throughout the year the Committee would be identifying proposals for Officers to work up for the following years budget. Members noted that a workshop session in respect of the budget was scheduled to take place at the conclusion of the formal committee meeting.

Following presentation of his report, Members questioned the Director of Adult Care and Health on a number of matters as highlighted in his report. The Director responded accordingly.

ADDITIONAL RECOMMENDATION

With the aim of ensuring that an 'invest to save' approach to budget setting be taken, an additional recommendation was proposed.

Moved by Councillor Tom Usher

Seconded by Councillor Samantha Fox

'That Committee wishes to highlight the importance of social care and health services at this particular time. Committee express its support for a budget process that takes into account the statutory nature of these services and the difficulty in making budget reductions without more costly demand pressures occurring subsequently. For these reasons, this Committee will make budget proposals based on "invest to save" principles and delivering our services differently rather than budget reductions, and we ask Policy and Resources Committee to support the decisions of this Committee; and

This Committee is acutely aware of the extreme budgetary pressures on all services and as such proposes that the budget consultation is more widely advertised to capture a greater understanding from all stakeholders' opinions and concerns.'

Councillor Moira McLaughlin expressed concerns with regard to the proposed recommendation, suggesting a possible alternative in so far as:

'That Committee recognises the extraordinary difficulties in the producing a budget and also fully understands the demands of statutory services. Through the workshops members will take every opportunity to explore areas and will produce a report which sets out the views of the committee at the appropriate time.'

AMENDMENT TO ADDITIONAL RECOMMENDATION

Councillor Phil Gilchrist suggested a possible solution to address Members concerns by removal of words from Councillor Usher's initial proposal until the budget workshops had taken place. Councillor Moira McLaughlin agreed that this would be an appropriate and acceptable solution and agreed to withdraw her suggested alternative wording.

Moved by Councillor Phil Gilchrist
Seconded by Councillor Moira McLaughlin

REMOVE THE FOLLOWING WORDS:

‘For these reasons, this Committee will make budget proposals based on “invest to save” principles and delivering our services differently rather than budget reductions, and we ask Policy & Resources Committee to support the decisions of this Committee.’

VOTING

At this point, and Councillor Usher registered his disappointment and rejected the proposed amendment. As a result series of votes were undertaken.

Amendment to additional recommendation moved by Councillor Gilchrist

- 6 votes for
- 5 votes against

The amendment was therefore carried.

Substantive motion (i.e. additional recommendation as amended)

- 10 votes for
- 1 vote against

The substantive motion was therefore carried. Namely:

‘That Committee wishes to highlight the importance of social care and health services at this particular time. Committee express its support for a budget process that takes into account the statutory nature of these services and the difficulty in making budget reductions without more costly demand pressures occurring subsequently; and

This Committee is acutely aware of the extreme budgetary pressures on all services and as such proposes that the budget consultation is more widely advertised to capture a greater understanding from all stakeholders’ opinions and concerns.’

RESOLVED – That

- 1) the Council’s current financial position and process for the 2021/22 budget in this transition year be noted;
- 2) committee wishes to highlight the importance of social care and health services at this particular time. Committee express its support for a budget process that takes into account the statutory nature of these services and the difficulty in making budget

reductions without more costly demand pressures occurring subsequently; and

- 3) this Committee is acutely aware of the extreme budgetary pressures on all services and as such proposes that the budget consultation is more widely advertised to capture a greater understanding from all stakeholders' opinions and concerns.**

7 BUDGET AND PERFORMANCE MONITORING

Jason Oxley, Assistant Director Care and Health, and Commissioning for People introduce the report of the Director of Adult Care and Health that informed that through the development of Wirral Council's new Governance arrangements and the approval of the Wirral Plan 2025 (currently being refreshed to reflect strategic priorities, as a result of Covid-19) the Authority had committed to developing a budget and performance monitoring framework, which honoured the Council's dedication to a more accountable, transparent way of conducting business, policy formation and decision making. The Adult Social Care and Health Performance Report Q2 2020/21 was attached as an appendix to the report.

It was proposed that the Performance Framework be modelled on the Covid Dashboard set up at the start of the Coronavirus pandemic. This would enable clear and accessible data to be presented in a timely and meaningful way.

Members noted that there were a very wide range of data sets that could be included in the Dashboard, and it was proposed that the specific selection would be co-created with members to ensure it was of most relevance and benefit to members.

Aligned with this, the Wirral Plan 2025 was currently being refreshed to reflect the Covid-19 situation and emerging Recovery Plans. This Plan would set out what the Council could commit to delivering over the next 5 years. Wirral's public services: the Wirral Partnership had a shared duty to improve the quality of life for residents and the report set out the ambition for the Borough including its economy, residents and services.

The Director's report further set out the ambition for:

- A prosperous, inclusive economy where local people could get good jobs and achieve their aspirations.
- A sustainable borough that was not only environmentally friendly but one which played its part in urgently responding to the environment and climate crisis
- Brighter futures for young people and families – regardless of their background or where they live
- Safe, vibrant communities where people want to live and raise their families.
- Services which help people live happy, healthy, independent, and active lives, with public services there to support them when they need it.

The Chair thanked the Assistant Director Care and Health, and Commissioning for People for his report.

Moved by the Chair, seconded by Councillor Tom Usher, it was:

RESOLVED – That

- 1) to ensure that Governance in Wirral allows for open, transparent, and responsive decision making, robust performance and budget monitoring be incorporated to ensure that the individual policy and service committees have sufficient oversight of these areas; and**
- 2) discussions take place with the Committee Chair and Group Spokesperson in early November, as part of pre-briefing meetings, with the aim to take forward the outcomes of the P&R Committee workshop on Performance and Budget reports, so that they can be further shaped for the purposes of the Adult, Social Care and Health Committee.**

8 ADULT SOCIAL CARE AND HEALTH COMMITTEE WORK PROGRAMME UPDATE REPORT

Members gave consideration to the report of the Director of Law and Governance that set out the proposed Adult Social Care and Health Committee Work Programme 2020/21 as detailed in the appendix to the report.

The report informed that the Adult Social Care and Health Committee, in co-operation with the other Policy and Service Committees, was responsible for proposing and delivering an annual committee work programme. This work programme should align with the corporate priorities of the Council, in particular the delivery of the key decisions which are within the remit of the Committee.

It was envisaged that the work programme will be formed from a combination of key decisions, standing items and requested officer reports. The report provided the Committee with an opportunity to plan and regularly review its work across the municipal year. The work programme for the Adult Social Care and Health Committee was attached as Appendix 1 to the report.

The Chair informed that in the current unprecedented times, it would be advisable to retain flexibility. A Member that suggested consideration be given to incorporating work to investigate protected characteristics and under represented groups, another noted that improvement into the standards in Care Homes remain a focus.

It was noted that all suggestions would be prioritised by the Chair and Party Spokespersons.

Moved by the Chair, seconded by Councillor Moira McLaughlin, it was:

RESOLVED - That the proposed Adult Social Care and Health Committee work programme for the remainder of the 2020/21 municipal year be noted.

9 APPOINTMENT OF MEMBER CHAMPION FOR DOMESTIC ABUSE

Members gave consideration to the report of the Director of Law and Governance that informed of the procedures and background to the appointment of a Member Champion in relation to matters concerning Domestic Abuse.

At Annual Council on 28 September 2020, Elected Members had approved the new constitution and endorsed the appointment of Member Champions in order that it could benefit from the experience, knowledge and interests of Committee Members in particular thematic areas.

It had been agreed that Council and Committees may approach individual Members to take on a specific role to highlight and enhance an area of that Committee or the Council's terms of reference:

- (i) The Council or Committee holding the corresponding functions within its terms of reference may appoint a Member Champion from one of their number. This may be the Chair or any other member of the Committee.
- (ii) Where the subject of a Member Champion covers functions across the terms of reference of more than one Committee, the Committees may jointly appoint the Member Champion from either of their Committees' number.

The report further set out the role of a Member Champion who would become a focus for the Council and Committee, partners, stakeholders and communities.

It was moved by Councillor Tom Usher, and seconded by Councillor Samantha Frost, that Councillor Yvonne Nolan be appointed as Member Champion in relation to matters concerning domestic abuse.

No other nominations were received. It was therefore:

RESOLVED – That Councillor Yvonne Nolan be appointed Member Champion in relation to matters concerning Domestic Abuse.



ADULT SOCIAL CARE AND HEALTH COMMITTEE

THURSDAY 19 NOVEMBER 2020

REPORT TITLE	PROPOSED PUBLIC HEALTH COMMISSIONING INTENTIONS 2021/22
REPORT OF	DIRECTOR OF PUBLIC HEALTH

REPORT SUMMARY

- The aim of this report is to seek agreement from The Adult Social Care and Health Committee to progress Public Health's proposed commissioning intentions for 2021-2022.
- The proposals in this report link to the delivery of the Wirral Plan 2025 and the statutory responsibilities of the local authority in respect of public health: ***services which help people live happy, healthy, independent and active lives, with public services there to support them when they need it***
- The proposed actions affect all Wards within the borough.
- The decisions requested are key decisions.

RECOMMENDATIONS

It is recommended that the Adult Social Care and Health Committee:

1. Authorises the Director of Public Health to:
 - i. re-commission a Stop Smoking Service totalling up to £4,884,600 (£697,000 per annum) for an initial five-year contract (1 October 2021 – 30 September 2026) with the option of two one-year extensions.
 - ii. re-commission a Black and Asian Minority Ethnic (BAME) Programme totalling up to £262,625 (£52,525 per annum) for an initial three-year contract (1 October 2021 – 30 September 2024) with the option of two one-year extensions.
 - iii. to extend a further 11 contracts in 2021/22 as detailed in Appendix 1 to the report.
2. Note that the decision to re-commission contracts totalling £1,811,483 for four Children's Public Health Programmes, for initial one year contracts (1 September 2021 – 31 August 2022) with the option of a one year extension for each will be made by Children, Young People and Education Committee.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 To allow Public Health to implement the commissioning intentions for 2021/22 as outlined in this report.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 It is necessary to recommission the services highlighted in order to comply with the Public Contract Regulations and Wirral Council Contract Procedure rules.

3.0 BACKGROUND INFORMATION

- 3.1 The Health and Social Care Act (2012) gave Wirral Council statutory duties across three “domains” of Public Health, as described in the Public Health Outcomes Framework. These duties cover the following components:
- Health improvement – including reducing lifestyle related ill-health and inequalities in health, and addressing the underlying determinants of health;
 - Health protection – ensuring that comprehensive plans are in place across the local authority, NHS and other agencies to respond to infectious disease outbreaks and other public health emergencies;
 - Health service improvement - providing NHS Commissioners, including Clinical Commissioning Groups (CCGs), with expert advice and support to improve and evaluate the quality and efficiency of health services.
- 3.2 The Joint Strategic Needs Assessment (JSNA) should both inform and influence the commissioning plans of the Council and so influence how the Public Health grant is attributed. These responsibilities are delivered through a combination of external contracts, internal investment and running costs.
- 3.3 This report is intended to provide transparency in relation to our commissioning intentions that are delivered through external contracts.
- 3.4 Public Health received a grant of £29.9m in 2020/21 this is expected to drop to just over £29m in 2021/22 as part of the annual spending review. The budget is spent as follows:
- 65% on commissioned services as outlined in this paper
 - 24% on Council services e.g. environmental health services, healthy homes
 - 6% on running costs including Wirral Intelligence Service
 - 5% protecting future service provision due to year on year grant reduction
- 3.5 Services are delivered by a range of providers. Currently (as at 19/11/2020) Public Health directly manages 30 contracts (with 26 providers). These contracts are proactively managed through the commissioning process.

- 3.6 All Public Health contracts are subject to on-going evaluation as part of a clearly defined commissioning cycle, which is designed to maximise return on investment and improve outcomes. This methodology ensures that Public Health services (and contracts) are consistently and routinely tested against a range of criteria.
- 3.7 The main strategic criteria against which contracts are tested include the following:
- Evidence base e.g. academic research, engagement feedback, Joint Strategic Needs Assessment
 - Performance of targets e.g. financial and activity based and outcomes against plans and benchmarking information
 - Value for money
 - National policy and technical guidance e.g. Public Health Outcomes Framework
 - Strategic direction e.g. Wirral Plan strategic aspirations (narrowing the gap in life expectancy), delivery of Public Health outcomes through council services
 - Legal and contractual frameworks e.g. incorporate national updates to contract templates used for NHS providers
- 3.8 The output from this approach provides the intelligence to inform the development of commissioning/ contracting recommendations for approval by The Adult Social Care and Health Committee.
- 3.9 Public Health's proposed commissioning intentions for 2021/22 are set out and summarised in Table 1

Table 1 – Summary of Commissioning Plans 2021/22

Action	Financial Value £	No. of Contracts
Contracts ending to be retendered	1,524,754	6
Contracts ending in 2021/22 to be evaluated and reviewed	208,300	5
Contracts ending in 2021/22 – request to extend for one year	556,888	6
Contracts within contract continuing with no changes	15,657,927	13
Total	17,947,869	30

Contracts ending to be retendered in year

- 3.10 Six services will be retendered during the 2021/22 financial year as the current contracts conclude between the 31st August and the 30th of September 2021. It is necessary to recommission the services in order to comply with the Public Contract Regulations and Wirral Council Contract Procedure rules.
- 3.11 This will provide an opportunity to reconsider the funding and delivery models, enabling the release of cost savings and the refocussing of service delivery considering current developments and the healthcare needs of service users. Supplier selection process will be conducted in accordance with The Public Contract Regulations 2015 and Wirral Council Contract Procedure Rules.

- 3.12 The six services account for an annual value of up to £1,524,754. The current contracts will continue during the recommissioning process and a period of service mobilisation will be built into the tender process in order to ensure there is no loss of service to residents and a seamless transition for existing service users is maintained.
- 3.13 The services to be recommissioned are:
- Wirral Stop Smoking Service (£697,800 per annum; five-year contract with option of two one-year extensions)
 - BAME Health Improvement Programme (£52,525 per annum; three-year contract with option of two one-year extensions) and
 - Four Children's services (£774,429 per annum; one-year contract with option of a one-year extension).
- 3.14 It is to be noted that the proposal to recommission the BAME Health Improvement Programme will also provide the opportunity to undertake a joint commission with Wirral CCG and draw upon the lessons learnt emerging from the COVID-19 pandemic.
- 3.15 The Children's services recommission is on a short-term basis in order to enable a longer-term strategic vision to be developed as part of an integrated commission across the Council and other partners, bringing disparate elements together and providing a more seamless offer to young people.
- 3.16 Considerable work will be involved in developing this offer in partnership as it incorporates services beyond the above specific commissions. Initial discussions have taken place at appropriate commissioning groups which report into the Partnership Group for Children, Young People and Families and key partners including Wirral CCG are in agreement that this approach will enable the most effective support to be developed to improve outcomes for children, young people and families. The longer-term proposal will be informed by the recommendations of the Youth Offer Review and other local insight work and will be agreed by the Children, Young People and Education Committee.

Contracts ending in 2021/22 – request to extend for one year

- 3.17 The Committee is asked to approve the extension of 6 contracts (listed in Appendix 1) scheduled to end in 2021/22 for the following reasons:
- It is requested that the option to extend two contracts (Wirral Citizens Advice Ltd and Reader Organisation) by one year in accordance with their contractual terms and conditions. It is to be noted that the Wirral Citizen's Advice Ltd contract value of £464,499 is the Public Health contract contribution and does not include the additional £300k funded by Wirral Clinical Commissioning Group (WCCG). The approval for this element will be required through WCCG.
 - It is requested that four further contracts ranging in value from £12,500 to £27,810 are extended for a further year for the following reasons:
 - (i) the service provided is specialist and unique,
 - (ii) services are co-funded across the Cheshire & Merseyside area and independent commissioning would be uneconomic and ineffective,
 - (iii) previous provider infrastructure investment would make re-procurement of the service uneconomic.

- 3.18 Any extensions will comply with Wirral Council Contract Procedure Rules.
- 3.19 All contracts will be subject to the service specifications (which underpin the contracts) being reviewed and renegotiated with providers as part of the 2021/22 contract negotiations. The updated specifications e.g. performance metrics, are designed to ensure that the contracts reflect the commissioning intentions of public health and maximise performance in terms of outcomes and value for money.

Contracts ending in 2021/22 to be evaluated and reviewed

- 3.20 A further five contracts, with an annual value of up to £208,300, are being reviewed within year to determine future commissioning arrangements. Until the evaluation and review of the services are completed it is recommended that the contracts are extended for another year. Proposals for these contracts will then be brought back to Committee for consideration. These contracts are listed in Appendix 1.

Contracts within contract continuing with no changes

- 3.20 There are 13 Public Health contracts (with the value of £15,657,927) which are currently ongoing, in line with the contract period and value, and are not therefore subject to any change during 2021/22 (See Appendix 1).

4.0 FINANCIAL IMPLICATIONS

- 4.1 The value and availability of the Public Health grant for 2021/22 onwards is not yet known but is due for publication at the end of this calendar year. Budget has been allocated for the services highlighted based on the grant funding being consistent with this financial year.
- 4.2 Should the grant vary and be reduced then contract amounts would be varied, and the proposed tender exercises will consider appropriate mitigating measures.
- 4.3 The tendering exercises highlighted will provide the opportunity for more integrated and cost-effective models to be developed.

5.0 LEGAL IMPLICATIONS

- 5.1 The recommissioning of the services detailed within this report will need to be undertaken in accordance with the Public Contract Regulations and Wirral Council Contract Procedure rules.

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

- 6.1 The Transfer of Undertakings (Protection of Employment) Regulations 2006 (T.U.P.E.) will be applicable to any contracts awarded.

7.0 RELEVANT RISKS

- 7.1 It is necessary to recommission the services highlighted in order to comply with the Public Contract Regulations 2015 and Wirral Council Contract Procedure rules and as a result of the full-term conclusion of a number of Public Health contracts.

- 7.2 There is always a risk of disruption to service provision during service redesign, recommissioning and commencement of new services. To mitigate against this and minimise disruption, adequate time to plan for, and implement the mobilisation of new services, is built into the procurement process between contract award and commencement.
- 7.3 The procurement process is also subject to scrutiny and at risk of legal challenge. Particular regard is given to contract procedure rules and relevant legislation at all stages of the process and the Public Health team works closely with the Procurement team to ensure compliance.
- 7.4 In the current challenging financial climate, the impact of any future reductions in budget or policy implications on the amount of funding available for Public Health is unknown. The value and availability of the Public Health grant for 2021/22 onwards is not yet known. It is important to acknowledge that the Council will need to review all financial allocations in order to achieve a balanced budget over the next few years. Therefore, there is a risk associated with commitment to contracts for 5 years, in advance of funding settlements. This will be mitigated by the insertion of appropriate termination clauses in relevant contracts.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 The following consultation will take place to inform the recommissioning of the Stop Smoking Service:
- There will be ongoing virtual consultation with key stakeholders, community groups and service users in order to inform future service design and delivery.
- 8.2 The following consultation has taken place to inform the recommissioning of the BAME Health Improvement Service:
- A BAME thematic group has been established to explore issues affecting local BAME population and impacts of COVID
 - Insight work undertaken with local BAME provider and leaders
 - Review of all current specifications to establish synergies across services
 - Consultation with key stakeholders, community groups and service users will continue to inform future service design and delivery
- 8.3 The following consultation has taken place to inform the recommissioning of the Children's Public Health Programmes:
- The commissions will incorporate findings from a range of previously completed consultations/insight work, including the Youth Offer Review completed during 2019 by the Children and Young People's Department and the 'Moonshot' insight work previously completed by a range of partners with children, young people, and families.
 - Review of all current specifications to establish synergies across service. Feedback from current service provision will be considered alongside this to ensure that support builds on what is currently working well.

- There will be ongoing consultation with key stakeholders, community groups, children, young people, and their families using services in order to inform future service design and delivery.

9.0 EQUALITY IMPLICATIONS

- 9.1 Whilst Public Health are expected to adhere to Wirral Council's legal requirement to make sure its policies, and the way it carries out its work do not discriminate against anyone, there are already individual EIA's associated within the contracts listed within this report, therefore equality implications have already been considered.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 During the procurement process, bids will be evaluated on a number of factors including social value added to the service. As part of this bidders will need to consider and demonstrate how they can have a positive impact on Wirral's environment and climate.
- 10.2 The content and/or recommendations contained within this report are expected to have no direct impact on emissions of carbon dioxide.

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APPENDICES

Appendix 1: Public Health Contract Status: 19 November 2020

BACKGROUND PAPERS

- Wirral Plan 2025
- Wirral Nicotine and Smoking Cessation Treatment Service Contract
- BME Health Improvement Service Contract
- Preventative and early intervention secondary school-based service Contract
- Healthy Child Programme (Health Improvement) Contract
- Confidential Young People's Online Counselling & Advice Service for young people Contract

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Proposed Public Health Commissioning Intentions 2019-20	4 December 2018

Public Health Contract Status: 19 November 2020

Contracts ending to be retendered				
Provider	Category	Contract Period	Value £ Per Annum	No of Contracts
Wirral Community Health and Care NHS Foundation Trust	Children 0-19 (Health Improvement)	Contract ends 31.08.2021	425,696	1
Action for Children	Children 0-19	Contract ends 31.08.2021	111,813	1
Brook Wirral	Children 0-19	Contract ends 31.08.2021	135,600	1
Xenzone	Children 0-19 (Mental Health)	Contract ends 31.08.2021	101,320	1
A Better Life (ABL)	Smoking Cessation	Contract ends 30.09.2021	697,800	1
Wirral Change	Miscellaneous	Contract ends 30.09.2021	52,525	1
Subtotal Contract ending to be retendered			1,524,754	6

Contracts ending in 2021/22 to be evaluated and reviewed				
Tomorrows Women Wirral	Drugs & Alcohol Substance Misuse	Expires 31.03.2021	30,000	1
Tranmere Rovers in the Community	Miscellaneous	Expires 31.03.2021	12,000	1
Pathfinders	Mental Health	Expires 31.03.2021	15,000	1
Tranmere Rovers Football Club	Mental Health	Expires 31.08.2021	14,400	1
Community Action Wirral	Miscellaneous	Contract ends 30.09.2021	136,900	1
Subtotal Contracts ending 2021/22 to be evaluated and reviewed			208,300	5

Contracts ending in 2021/22 – request to extend by one year (no change)				
Wirral Citizens Advice LTD	Miscellaneous	Contract ends 31.03.2021	464,499	1
Reader Organisation	Mental Health	Contract ends 31.03.2021	25,000	1
Midlands and Lancashire CSU	Miscellaneous/ Drugs & Alcohol Substance Misuse	Contract ends 31.03.2021	12,561	1
Liverpool John Moores	Drugs & Alcohol Substance Misuse	Contract ends 31.03.2021	27,810	1
BWT Consultancy Ltd	Health Checks/ Blood pressure Action Plan	Contract ends 30.04.2021	12,500	1
Liverpool City Council	Children 0-19 (Child Death Overview Panel)	Contract ends 01.06.2021	14,518	1
Subtotal Contracts ending 2021/22 for extension with no change			556,888	6

Contracts within contract continuing with no changes				
Provider	Category		Value £ Per Annum	No of Contracts
Wirral Community Health and Care NHS Foundation Trust	Infection Control	Contract ends 31.3.2022	421,136	1
Wirral Community Health and Care NHS Foundation Trust	Sexual Health	Contract ends 31.3.2022	2,546,038	1
Shahir House	Sexual Health	Contract ends 31.3.2022	98,961	1
RASA	Sexual Health	Contract ends 31.3.2022	49,920	1
Wirral University Teaching Hospital NHS Foundation Trust	TB Service	Contract ends 31.3.2022	80,739	1
Wirral University Teaching Hospital NHS Foundation Trust	Hepatitis Service	Contract ends 31.1.2023	45,000	1
Involve Northwest	Miscellaneous	Contract ends 31.1.2023	717,939	1
GPW Federation Ltd	Health Checks	Contract ends 31.3.2023	85,269	1
Primary Care Wirral Ltd	Health Checks	Contract ends 31.3.2023	172,731	1
Slimming World	Weight Management	Contract ends 31.5.2023	80,000	1
Weight Watchers	Weight Management	Contract ends 31.5.2023	50,000	1
CGL Services Ltd	Drugs & Alcohol Substance Misuse	Contract ends 31.1.2025	5,789,250	1
Wirral Community Health and Care NHS Foundation Trust	Children 0-19 (Core Service)	Contract ends 31.1.2025	5,520,944	1
Subtotal within contract			15,657,927	13
Subtotal no changes			16,214,815	18
Total			17,947,869	30

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ADULT SOCIAL CARE AND HEALTH COMMITTEE

Meeting Date: 19th November 2020

REPORT TITLE:	PROPOSAL FOR ROLL OUT OF LATERAL FLOW TESTING IN WIRRAL
REPORT OF:	JULIE WEBSTER, DIRECTOR OF PUBLIC HEALTH

REPORT SUMMARY

This report outlines a proposal for the roll out of Lateral Flow Tests (LFTs) in Wirral.

LFTs are a simple-to-use point of care solution for rapid COVID-19 testing. LFTs offer rapid turnaround time (20-30 mins) without the need for laboratory processing.

As part of the Tier 3 agreement with Liverpool City Region LFTs are being offered to Directors of Public Health (DsPH), to enable local teams to direct and deliver community testing based on their local knowledge.

We are proposing to utilise LFTs locally to:

- Identify & isolate infected people more quickly than relying upon symptomatic testing alone. Done well, this has the potential to reduce transmission.
- Reducing the probability that anyone present is infectious and allow more time-limited contact between people, supporting economic and social stability

In order to gain maximum population benefit from this new technology we are proposing to undertake multiple pilots within Wirral across a variety of settings. This approach will allow us to evaluate the benefits and consequences of the use of LFTs within different settings across the Borough. In this way we will build in a phased way towards the appropriate use of mass asymptomatic testing within the Borough.

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

RECOMMENDATION/S

- The Adult Social Care and Health Committee are asked to note the recent developments regarding Lateral Flow testing, and support the proposals for the roll out of Lateral Flow Testing in Wirral.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 In order to gain maximum population benefit from this new technology we are proposing to undertake multiple pilots within Wirral across a variety of settings. This approach will allow us to evaluate the benefits and consequences of the use of LFTs within different settings across the Borough. In this way we will build in a phased way towards mass asymptomatic testing within the Borough.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 No other options have been considered.

3.0 BACKGROUND INFORMATION

- 3.1 Director of Public Health (DPH) have been asked to coordinate a significant local testing effort with national support that:
- Tests up to 10% of local population weekly using Lateral Flow Tests (LFT)
 - Focuses on targeted populations at high risk (identified locally)
 - Is locally led, directed, and coordinated

3.2 Proposed Wirral Approach

A detailed paper outlining the proposed Wirral approach is included in Appendix 1.

In summary we are proposing to utilise LFTs locally to:

- Identify & isolate infected people more quickly than relying upon symptomatic testing alone. Done well, this has the potential to reduce transmission.
- Reducing the probability that anyone present is infectious and allow more time-limited contact between people, supporting economic and social stability

In order to gain maximum population benefit from this new technology we are proposing to undertake multiple pilots within Wirral across a variety of settings. This approach will allow us to evaluate the benefits and consequences of the use of LFTs within different settings across the Borough. Rapid feedback loops will ensure learning is embedded and the approach adapted as required. If successful it will allow for rapid roll out across the identified cohorts. In this way we will build in a phased way towards mass asymptomatic testing within the Borough.

3.3 Proposed delivery models:

We are proposing to evaluate different delivery models to undertake LFT for identified cohorts. This includes:

- The development of a fixed asymptomatic testing site: Identified cohorts invited to the site for testing. Initial planning has commenced to explore the use of the satellite testing site in Bidston.
- Mobile asymptomatic testing service: Trained staff attend different setting across the Borough to undertake testing.
- Distributed model: LFTs are provided to settings. Staff within setting are trained to undertake testing of their identified cohort.

3.4 Priority Cohorts for LFT pilots

Priority groups for mass testing to reduce transmission should be identified according to their likely contribution to reducing R and outbreak risks, and improving health, social and economic outcomes including reducing inequalities.

When determining which groups should be prioritised, we have considered the following two factors:

- A. The risk that people in the group become infected
- B. The severity of the consequence of onward transmission if people in the group become infected.

Initial priority cohorts identified for LFT pilots in Wirral include:

- Front-line social care staff: including care homes, supported living and domiciliary care and affiliated visiting professionals. We are also proposing we pilot LFTs to enable safe care home visiting.
- Other high-risk residential settings: Wirral Hospice, homeless hostels
- Emergency service staff, to ensure we can maintain the public services that provide civic resilience.
- Children and Young people services: Children's social workers, school transport staff, Wirral Met College
- Key workers to maintain essential services: e.g. Refuse collection service, Highways, transport worker
- Black, Asian and Minority Ethnic population: Building on work to date with Wirral Multicultural Organisation and Wirral Change
- Local large employers

- 3.5 A task and finish group has been established to oversee the implementation of this new technology. This group will ensure each pilot has an identified lead, clearly set objectives, an evaluation framework, and a communication plan.

4.0 **FINANCIAL IMPLICATIONS**

No additional resources (financial or workforce) have been provided to support delivery in Wirral. We are exploring how we can utilise previously allocated funding towards LFT delivery in Wirral.

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 The delivery of these proposals will rely upon the utilisation of staff and assets by both Wirral Council and wider system partners.

7.0 **RELEVANT RISKS**

- 7.1 There are risks to upscaling delivery due to resource implication, both financial and workforce. Where possible these will be proactively identified and mitigated. Requests for further resources for delivery will be communicated to the National Test and Trace Team.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 No public consultation/ engagement has been undertaken in the writing of this report. However, community engagement will be undertaken to ensure the effective delivery of these testing proposals.

9.0 EQUALITY IMPLICATIONS

- 9.1 These proposals aim to minimise the risk of COVID-19 on our most vulnerable cohorts. An equality impact assessment will be undertaken to ensure these proposals do not discriminate against anyone.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 No direct climate implications.

REPORT AUTHOR: Julie Webster
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APPENDICES

Appendix 1: **Wirral: Mass asymptomatic Testing – Lateral Flow Antigen Testing**

BACKGROUND PAPERS

None

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

Wirral: Mass asymptomatic Testing – Lateral Flow Antigen Testing

Introduction

Key points for Lateral Flow Tests (LFT):

- LFTs are a simple-to-use point of care solution for rapid COVID-19 testing. LFTs utilise the same swab test as PCR testing but offer rapid turnaround time (20-30 mins) without the need for laboratory processing.
- As part of the Tier 3 agreement with Liverpool City Region test kits are being offered to Directors of Public Health (DsPH), to enable local teams to direct and deliver community testing based on their local knowledge.
- NHS Test and Trace are offering to provide the Wirral with sufficient tests to enable up to ~10% of the population to be tested per week.
- LFT is a new kind of technology that could enable us to identify and isolate more asymptomatic people who are at high likelihood of spreading virus, whilst simultaneously minimising disruption for those who test negative.
- LFT have been validated in laboratory/ research settings. Their use now needs to be validated in real world settings, this is the rationale behind the current Liverpool City pilot project.
- This is a new technology, and it is important to recognise and anticipate potential unintended consequences through asymptomatic testing. This includes:
 - The risk of adverse consequences associated with false negatives and false positives.
 - The implications of finding more positive cases, this may lead to business continuity issues and additional pressure on contact tracing system.
- Testing is one part of the *Find, Test, Trace, Isolate, Support* model. Each component of this model is essential to sustainably limit transmission of COVID-19. Mass asymptomatic testing(MAST) is a different strategy for finding infectious people, it will be important we link plans to upscale local testing with contact tracing and support to enable people to self-isolate.
- Communication and community engagement to ensure local people understand the aims and objectives of MAST and trust the offer will be crucially important.
- There will be key learning from the national pilot in Liverpool we can utilise to inform our local planning.

National Ask:

Director of Public Health (DPH) to coordinate a significant local testing effort with national support that:

- Tests up to 10% of local population weekly using Lateral Flow Tests (LFT)
- Focuses on targeted populations at high risk (identified locally)
- Is locally led, directed, and coordinated

The table below outlines the role of local DPH and NHS Test and Trace Support. In summary:

- NHS Test and Trace will provide access to tests, training, clinical, operational and service design guidance and communication and engagement support.
- Local DPH will:
 - Identify cohorts for asymptomatic testing
 - Develop logistics to support programme delivery: workforce identification and training, sites, test distribution
 - Communication and engagement

No additional resources (financial or workforce) have been provided to support delivery in Wirral. We are exploring how we can utilise previously allocated funding towards LFT delivery in Wirral.

	Director of Public Health	NHS Test & Trace
Cohort targeting	<ul style="list-style-type: none"> Strategy for LFT selection in line with priorities 	<ul style="list-style-type: none"> Confirming approvals or restrictions on the populations that can be tested using these devices
Overall 'testing service'	<ul style="list-style-type: none"> Creating a 'service' around lateral flow tests Clinical protocol Liability 	<ul style="list-style-type: none"> Ensuring policy is in place for use of lateral flow devices including guidance on what to do with positive results Development of central clinical SOP to provide guidance to local areas
Site development	<ul style="list-style-type: none"> Site identification and management and all elements of the testing sites 	<ul style="list-style-type: none"> Guidance on bespoke build of test sites if necessary
Supply of tests and BOM	<ul style="list-style-type: none"> Distribution of tests to testing sites 	<ul style="list-style-type: none"> Delivering LFT, PPE and associated BOM to a chosen site per DPH (48 hours notice required)
Workforce	<ul style="list-style-type: none"> Responsibility for identifying and recruitment and training of workforce to do testing 	<ul style="list-style-type: none"> Providing guidance and training materials and give access to a network of workforce suppliers
Digital system	<ul style="list-style-type: none"> Confirmation of the digital system that is required as part of the service and the number of managed devices required 	<ul style="list-style-type: none"> Digital solution for registration, result recording & notification and manual devices
Communication and engagement	<ul style="list-style-type: none"> Own and deliver <u>comms</u> and engagement to local people 	<ul style="list-style-type: none"> Support and advice

Proposed Wirral Approach

Based upon SAGE recommendations¹ we are proposing to utilise LFTs locally to:

- Identify & isolate infected people more quickly than relying upon symptomatic testing alone. Done well, this has the potential to reduce transmission.
- Reducing the probability that anyone present is infectious and allow more time-limited contact between people, supporting economic and social stability

In order to gain maximum population benefit from this new technology we are proposing to undertake multiple pilots within Wirral across a variety of settings. This approach will allow us to evaluate the benefits and consequences of the use of LFTs within different settings across the Borough. Rapid feedback loops will ensure learning is embedded and the approach adapted as required. If successful it will allow for rapid roll out across the identified cohorts. In this way we will build in a phased way towards mass asymptomatic testing within the Borough.

Proposed delivery models:

We are proposing to evaluate different delivery models to undertake LFT for identified cohorts. This includes:

- The development of a fixed asymptomatic testing site: Identified cohorts invited to the site for testing. Initial planning has commenced to explore the use of the satellite testing site in Bidston.
- Mobile asymptomatic testing service: Trained staff attend different setting across the Borough to undertake testing.
- Distributed model: LFTs are provided to settings. Staff within setting are trained to undertake testing of their identified cohort.

Priority Cohorts for LFT pilots

Priority groups for mass testing to reduce transmission should be identified according to their likely contribution to reducing R and outbreak risks, and improving health, social and economic outcomes including reducing inequalities.

When determining which groups should be prioritised, we have considered the following two factors:

- A. The risk that people in the group become infected
- B. The severity of the consequence of onward transmission if people in the group become infected.

Initial priority cohorts identified for LFT pilots in Wirral include:

- Front-line social care staff: including care homes, supported living and domiciliary care and affiliated visiting professionals. We are also proposing we pilot LFTs to enable safe care home visiting.
- Other high-risk residential settings: Wirral Hospice, homeless hostels

¹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/914931/s0712-tfms-consensus-statement-sage.pdf

- Emergency service staff, to ensure we can maintain the public services that provide civic resilience.
- Children and Young people services: Children's social workers, school transport staff, Wirral Met College
- Key workers to maintain essential services: e.g. Refuse collection service, Highways
- Black, Asian and Minority Ethnic population: Building on work to date with Wirral Multicultural Organisation and Wirral Change
- Local large employers

Note: The NHS is currently rolling out asymptomatic testing of NHS staff. We will ensure we work closely with NHS colleagues to ensure we develop a Wirral system approach to MAST.

Next steps:

A task and finish group has been established to oversee the implementation of this new technology. This group will ensure each pilot has an identified lead, clearly set objectives, an evaluation framework, and a communication plan.

Locally we have been provided with a nationally signed off clinical standard operating procedure for the delivery of LFTs. This includes training requirements for staff processing the test and processing of results to ensure uploaded onto the national test and trace system and communicated to the user.

We are being supported in our local implementation by the Cheshire and Merseyside Testing Group. This provides direct access to national Test and Trace leads for escalation of local concerns and issues.

Recommendation

- Note the recent developments regarding Lateral Flow testing, and support the proposals for the roll out of Lateral Flow Testing in Wirral

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ADULT SOCIAL CARE AND HEALTH COMMITTEE

Meeting Date: 19th November 2020

REPORT TITLE:	DEVELOPMENT OF CONTACT TRACING IN WIRRAL
REPORT OF:	JULIE WEBSTER, DIRECTOR OF PUBLIC HEALTH

REPORT SUMMARY

Contact tracing aims to break the chain of transmission by ensuring cases follow public health advice on isolation. At this stage of the pandemic, contact tracing will not be sufficient to achieve control alone. However, the establishment of a scaled and robust contact tracing model within a wider approach to community engagement is a key part of the exit strategy from higher local alert levels.

This report provides options and makes a recommendation for the future direction for contact tracing in Wirral.

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

RECOMMENDATION/S

- The Adult Social Care and Health Committee are asked to support the recommended option to deliver locally supported contact tracing plus targeted local contact tracing where intelligence identifies high transmission risks

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The recommended option builds on the existing model of locally supported contact tracing, and the current development of the Outbreak Hub to target an expanded contact tracing resource where it will have the most impact, without significant duplication of national effort or drain on resource from other, equally important aspects of the response.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 Other options considered and their risks and benefits are outlined within the options paper included in Appendix 1.

3.0 BACKGROUND INFORMATION

- 3.1 Contact tracing is an important part of the *Find, Test, Trace, Isolate, Support* model. People with symptoms are identified, tested, their contacts traced, all appropriate persons are given isolation advice and provided with support to isolate where appropriate. Each component of this model is essential to sustainably limit transmission of COVID-19.
- 3.2 As part of the Liverpool City Region (LCR) Tier 3 agreement it has been agreed that councils will gain greater control over contact tracing activity. Discussions regarding this are ongoing, however, to date the request for a ring-fenced team declined but additional cash funding has been provided. Given these developments it is important we are clear as a local system on the future direction of contact tracing in Wirral.
- 3.3 A detailed Contact Tracing options paper is included in Appendix 1. This paper:
- Gives an overview of current approaches to contact tracing nationally, regionally and locally
 - Reports headline performance figures for national, regional, and local systems
 - Provides three options for the future direction for contact tracing in Wirral

The paper recommends we further develop locally supported contact tracing plus targeted local contact tracing where intelligence identifies high transmission risks. This option builds local developments to date and focusses contact tracing activity within the COVID hub where it will have the most impact, without significant duplication of national effort or drain on resource from other, equally important aspects of the response.

We propose continued engagement in LCR contact tracing developments with a desire to progress further towards greater local control in the longer term.

4.0 FINANCIAL IMPLICATIONS

Tier 3 funding has been allocated to Wirral for the development of local contact tracing activity.

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 The delivery of these proposals will rely upon the utilisation of staff and assets by both Wirral Council and wider system partners.

7.0 RELEVANT RISKS

7.1 There are risks to upscaling delivery due to resource implication, both financial and workforce. Where possible these will be proactively identified and mitigated. Requests for further resources for delivery will be communicated to the National Test and Trace Team.

8.0 ENGAGEMENT/CONSULTATION

8.1 No public consultation/ engagement has been undertaken in the writing of this report. However, community engagement will be undertaken to ensure the effective delivery of these proposals.

9.0 EQUALITY IMPLICATIONS

9.1 These proposals aim to minimise the risk of COVID-19 on our most vulnerable cohorts. An equality impact assessment will be undertaken to ensure these proposals do not discriminate against anyone.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 No direct climate implications.

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APPENDICES

Appendix 1: Contact Tracing: Wirral Approach - Options Appraisal

BACKGROUND PAPERS

None

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
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Contact Tracing: Wirral Approach - Options Appraisal

Summary

This paper:

- Gives an overview of current approaches to contact tracing nationally, regionally and locally
- Reports headline performance figures for national, regional, and local systems
- Provides three options for the future direction for contact tracing in Wirral

Recommendation:

- To continue to develop and upscale Locally Supported Contact Tracing (working alongside NHS Test and Trace to reach cases not reached by the national system). Continue engagement in LCR contact tracing developments with a desire to progress further towards greater local control.

Introduction

Contact tracing aims to break the chain of transmission by ensuring cases follow public health advice on isolation. At this stage of the pandemic, contact tracing will not be sufficient to achieve control alone. However, the establishment of a scaled and robust contact tracing model within a wider approach to community engagement is a key part of the exit strategy from higher local alert levels.

Contact tracing is an important part of the *Find, Test, Trace, Isolate, Support* model. People with symptoms are identified, tested, their contacts traced, all appropriate persons are given isolation advice and provided with support to isolate where appropriate. Each component of this model is essential to sustainably limit transmission of COVID-19 – see appendix 1 for detail.

As part of the Liverpool City Region (LCR) Tier 3 agreement it has been agreed that councils will gain greater control over contact tracing activity. A proposal for the allocation of a ring-fenced team from the national T&T service was submitted to HM Govt. by LCR on 12th October 2020. This proposal outlined the additional resources required by LCR councils to increase the number of cases and contacts of confirmed COVID-19 that were successfully tracked and given isolation advice. Given the current rate of cases across these areas, an immediate increase in contact tracing capacity is urgently needed. Discussions regarding this are ongoing, however, to date the request for a ring-fenced team declined but additional cash funding has been provided for the next six months – quantum to be confirmed. Given these developments it is important we are clear as a local system on the future direction of contact tracing in Wirral.

Current National Contact Tracing delivery model and performance

The NHS Test and Trace programme is a £10bn national cross-government programme chaired by Baroness Dido Harding, reporting directly to the Prime Minister and the Cabinet Secretary. Directors of Public Health and Council Chief Executives currently have little local control over NHS Test and Trace systems and processes.

The national model consists of 3 distinct tiers:

Tier 3 Contact Tracing - The majority of initial public contacts i.e. people who have developed coronavirus symptoms will be asked to contact NHS Test and Trace where the communication of advice to contacts will commence.

Tier 2 Contact Tracing – Is supported by a team of professional staff who interview cases and identify contacts.

Tier 1 Contact Tracing – Is a partnership between Public Health England and local councils. This tier will deal with complex cases escalated by Tier 2. In Cheshire and Merseyside contact tracing of both cases and contacts in complex settings is undertaken by the Cheshire and Merseyside Hub, a partnership between Public Health England (PHE) and the constituent Cheshire and Merseyside Councils.

Performance

The National Test and Trace Programme has struggled to meet performance targets. As case numbers have risen nationally this has placed extra pressure on the programme with a subsequent further drop in performance. SAGE has advised that 80% of cases and contacts need to be reached and complying with isolation advice for COVID-19 to be successfully controlled. Current performance sits below this figure:

- Nationally, NHS T&T reaches 68% of cases.
- The Cheshire and Merseyside Hub is currently completing¹ 88% of level 1 cases (those in more complex settings).
- Currently in Wirral 64% of cases are completed by NHS T&T. This compares to rates of between 58% (Knowsley) and 64% (St Helens, Wirral) in the City Region.

This means that almost a third of Wirral cases are not being reached and providing contact details, leaving many cases and contacts uncontacted, with subsequent potential transmission of the virus in the community.

NHS T&T has had ongoing challenges around contacting both cases and their contacts, which they are working to resolve. This includes:

- Not contacting cases and identifying contacts in a timely way
- Not identifying all contacts (missing close contacts)
- Not contacting those identified as close contacts in a timely way to advise them to self-isolate (this can take up to 3-5 days)
- Making multiple calls to members of the same household

Contact Tracing activity in Wirral

Local contact tracing work has been developed to compliment the national programme, improve the number of cases and contacts identified and ensure this is done in a timely manner. Our local approach to date is summarised below.

Locally Supported Contact Tracing (LSCT)

LSCT is a new approach of joint working between Councils, National T&T and PHE. It aims to reduce the number of untraced positive cases of COVID-19. The approach is being rolled out to Councils across the country. The service will trace people who have tested positive for COVID-19, who the national test and trace service have not been able to contact within 24 hours, using local methods to

¹ Reaching and obtaining contacts from a case

contact the case and offer advice as well as gathering intelligence and contact details (if/where possible).

Wirral went live with Locally Supported Contact Tracing Service on Thursday 15th October. –. In the first week of operation, the service reached around 60 cases that would otherwise not have been contacted. The local service can signpost those who may be experiencing hardship to Council and voluntary sector support to help them during their isolation period.

Feedback on why a local approach is more successful from those reached has suggested that the reasons for this are a local telephone number, the ability to call back (something which does not exist within national test and trace) and speaking to someone relatable and with a local accent.

Wirral COVID-19 Hub

The Wirral COVID-19 Hub has been established to prevent, control and manage COVID-19 in Wirral.

The Wirral COVID-19 Hub currently undertakes some contact tracing following the reporting of cases and outbreaks from across settings in the Borough. The Hub receives local intelligence on cases daily, with reports from members of the public, or insight from officers and other partners in the community. These cases are often identified before NHS T&T has been able to reach them. The Hub may also identify where workplace or social contacts have not been provided to NHS T&T. As part of this local response NHS partners undertake their own contact tracing of staff and patients in health and care settings. In addition, we have been locally supporting schools to correctly identify close contacts. Capacity to deliver this is currently limited.

Options for the future directions for contact tracing in Wirral

Due to the pressures on both the national and local TT systems and following the allocation of funding to develop local systems, the following options have been developed for discussion to develop a local tracing service for Wirral with appropriate links to the Cheshire and Merseyside T&T Hub and National T&T Service.

- A) Continue current locally supported contact tracing only
- B) Continue Locally supported contact tracing plus fill other gaps where risk of transmission is high
- C) Undertake all contact tracing at local level

Option A: Continue locally supported contact tracing only

This service went live on the 15th October. The council provides administrative, analytical and programme management input, alongside public health specialist expertise. The Contact Company provided programme management input and contact tracing operatives in this first phase as part of their corporate social responsibility offer.

All other contact tracing activity is currently carried out by NHS T&T. There is currently no provision for identifying, contacting and advising any contacts that fall outside of NHS T&T.

Pros:

- Increases chances of adherence to isolation guidance for those cases not initially reached by T&T
- Identifies a subset of contacts that would otherwise not be identified by T&T
- Uses minimal council resource

- Aligns with current national asks of local systems

Cons:

- Does not address other gaps in contact tracing identified through community intelligence and work with NHS partners
- Significant numbers of cases and contacts remain unreached

Option B: Locally supported contact tracing plus targeted local contact tracing where intelligence identifies high transmission risks

This option would build on the locally supported contact tracing system by also providing targeted contact tracing where need is identified. Under this model, the Hub would develop additional contact tracing capacity and expertise to identify contacts and provide isolation advice where NHS T&T has not been able to.

This will mean we are able to support more settings where local intelligence has identified cases and contacts before NHS T&T has been able to, where intelligence has identified contacts that have not been notified to NHS T&T, or where people have been unable to inform NHS T&T of their contacts for other reasons. Early identification of these contacts will enable faster provision of isolation advice and reduce the chance for virus to spread in our communities. Feeding these contacts back into the NHS T&T system will enable those who are eligible to claim support for isolation.

Where other potential avenues are identified for improving contact tracing through targeted use of local resources and intelligence, these will continue to be explored. Where case numbers are low and specific, localised outbreaks are identified, a house to house visitation, or 'door knocking' approach may also be considered if appropriate. This may help reach those who decline to participate initially.

Pros:

- Expands on locally supported contact tracing and increases the number of contacts provided with isolation advice.
- Gives flexibility to respond to local intelligence.
- Develops wider contact tracing capacity for longer term, sustainable local response.
- Requires some resource, but prioritisation enables targeting of resources for maximum benefit.

Cons

- Places more demand on WBC resources, particularly if intensive elements such as 'door knocking' are pursued.
- Some gaps in contact tracing will remain, particularly while case numbers are high.
- May involve some duplication of NHS T&T, although improving access to national systems and communication between local and national systems should reduce this.

Option C: Seek to undertake all contact tracing locally

Both nationally and locally there is an increasing recognition of the value local intelligence and relationships bring to contact tracing. Some local authorities are seeking to contact all positive cases notified to them (a list is received daily from NHS T&T), and their contacts. This demands a significant input of human resources, particularly when case numbers are high.

Pros:

- If implemented successfully, would potentially achieve higher returns than options A or B, further reducing community transmission.

Cons:

- Duplication of work from NHS T&T
- Significant human resource implications, which may have knock on effects to other elements of response
- Potential for reputational damage and loss of confidence in system as residents contacted multiple times
- Is unlikely to be achievable with current case numbers
- May not allow for flexibility of responding to local intelligence outside of NHS T&T data

Recommendation:

The recommended option is option B: Locally supported contact tracing plus targeted local contact tracing where intelligence identifies high transmission risks

Option B builds on the existing model of locally supported contact tracing, and the current development of the Outbreak Hub to target an expanded contact tracing resource where it will have the most impact, without significant duplication of national effort or drain on resource from other, equally important aspects of the response.

We propose continued engagement in LCR contact tracing developments with a desire to progress further towards Option C and greater local control.

Julie Webster
Director of Public Health

Appendix 1**What are the elements of contact tracing?**

Contact tracing consists of two steps and starts when someone has tested positive for COVID-19:

- 1) The case is contacted:
 - Determine their infectious period
 - Identify their contacts
 - Advice on self-isolation requirement and other measures to prevent spread of infection
 - Advice on welfare matters
- 2) The identified close contacts of the case are contacted:
 - Advice on self-isolation requirement
 - Advice on what to do should they become unwell
 - Advice on welfare matters



ADULT SOCIAL CARE AND HEALTH COMMITTEE

Thursday, 19 November 2020

REPORT TITLE:	ADULT SOCIAL CARE AND HEALTH PERFORMANCE REPORT QUARTER 2 2020-21
REPORT OF:	DIRECTOR OF ADULTS, HEALTH AND STRATEGIC COMMISSIONING

REPORT SUMMARY

The Wirral Council Plan 2025 is currently being refreshed to reflect the COVID-19 situation and emerging Recovery Plans. This plan will set out what the Council will commit to delivering over the next 5 years.

This report provides the 2020/21 Quarter 2 (July-September) performance report in relation to Adult Social Care and Health. The report was designed based on discussion with Members and an initial draft reviewed by the Committee at the meeting 13 October 2020. The Committee approved the report and requested it as an agenda item at future committees.

This matter affects all Wards within the Borough.

RECOMMENDATION

It is recommended that Members of the Adult Social Care and Health Committee note the content of the report and highlight any areas requiring further clarification or action.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION

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

2.0 OTHER OPTIONS CONSIDERED

- 2.1 This report has been developed in line with Member requirements. As such, no other options were considered.

3.0 BACKGROUND INFORMATION

- 3.1 Regular monitoring of performance will ensure public oversight and enable Elected Members to make informed decisions in a timely manner.

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 Council's Corporate and Directorate Risk Registers are currently undergoing revision to reflect the work in progress to update the Council Plan and the impact of COVID-19 on proposed actions and plans in 2020/21 and beyond. Information on the key risks faced by the organisation and the associated mitigations and planned actions will be incorporated into committee reporting once refreshed.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 Adult Social Care and Health services carry out a range of consultation and engagement with service users and residents to work to optimise service delivery and outcomes for residents.

9.0 EQUALITY IMPLICATIONS

- 9.1 (a) Yes, and impact review can be found at: <https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments>
Navigate to Equality Impact Assessments since 2017.
Navigate to service area.

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 Greenhouse Gases.

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(Nancy Clarkson, Wirral Intelligence Service - Head of Intelligence)

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APPENDICES

Appendix 1: Adult Social Care and Health Performance Report Quarter 2 2020/21

BACKGROUND PAPERS

None

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Health Committee	13 October 2020

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Adult Social Care And Health Performance Report Q2 2020/21



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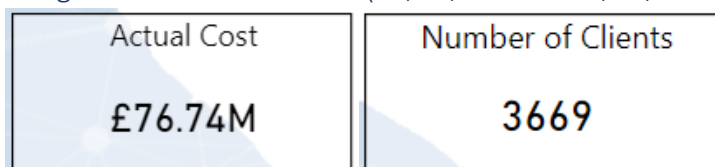
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Introduction

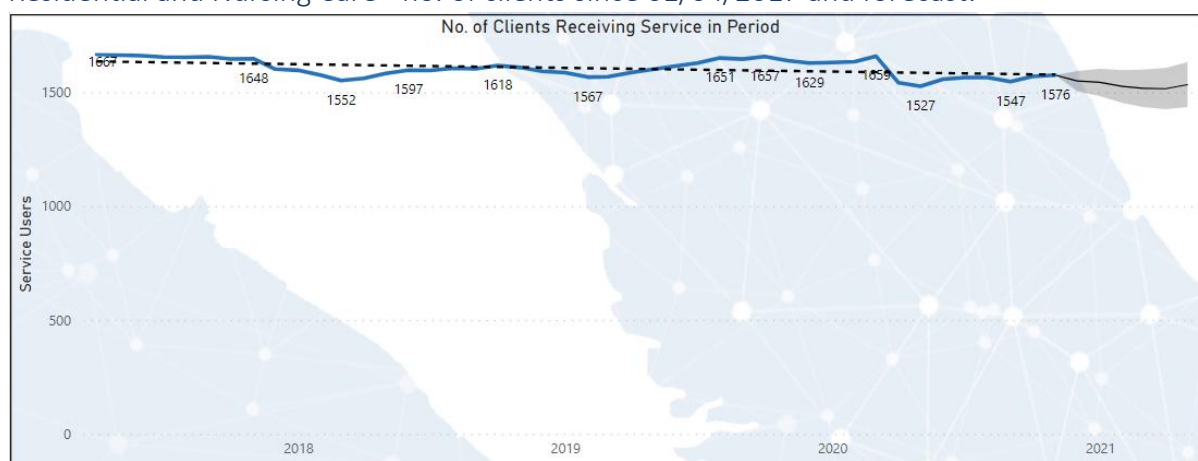
In previous Overview & Scrutiny arrangements the Adult Health & Care Panel held a workshop and requested intelligence related to key areas within Health & Care. This report supplies that information for review and discussion by members. If additional intelligence is required further development on reporting can be carried out.

Care Market – Homes

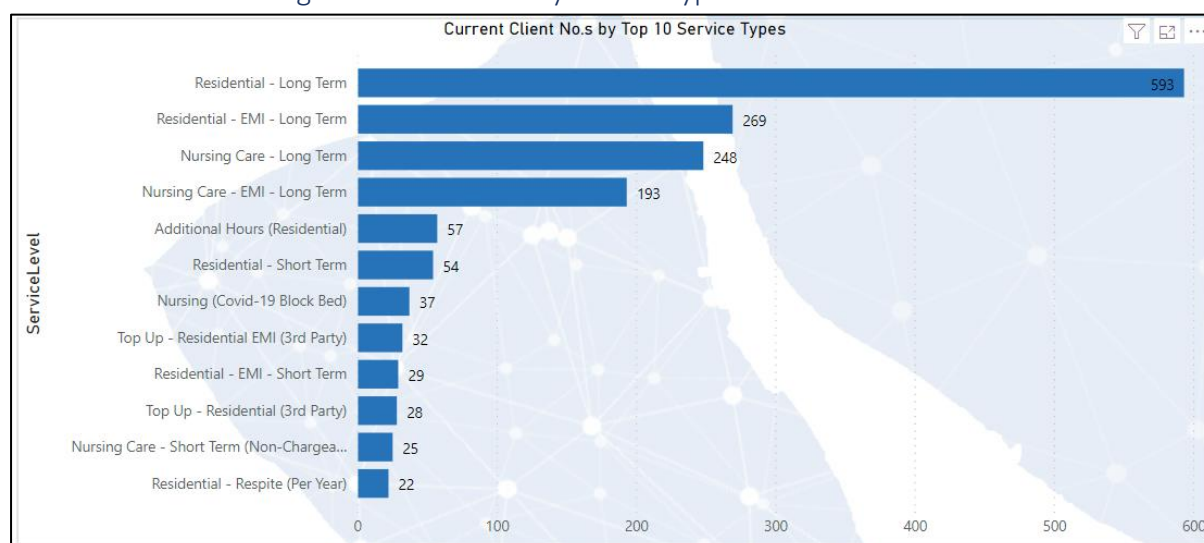
Residential and Nursing Care - Cost and Hours (25/03/2019 to 25/10/2020):



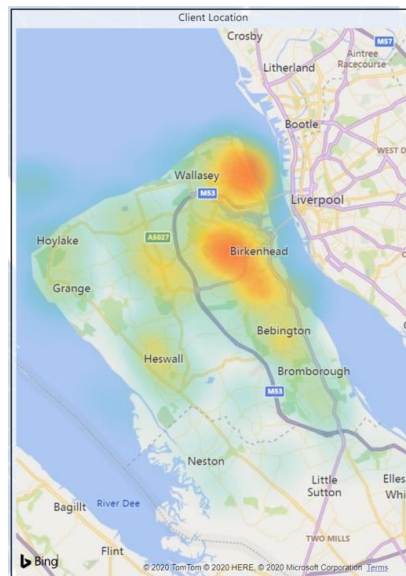
Residential and Nursing Care - no. of clients since 01/04/2017 and forecast:



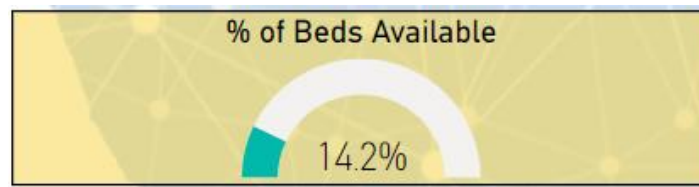
Residential and Nursing – current clients by service type:



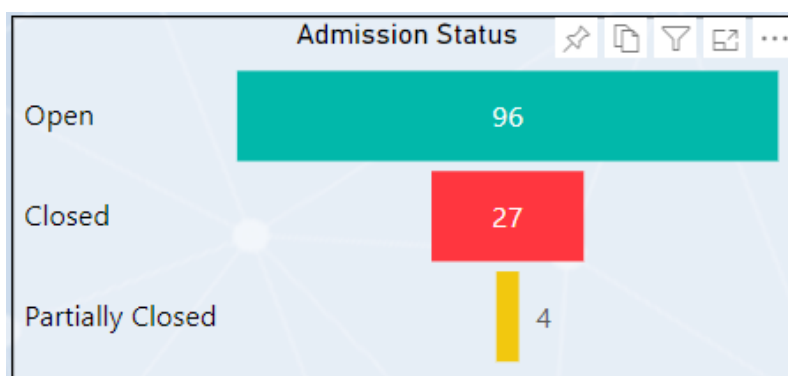
Residential and Nursing –client location:



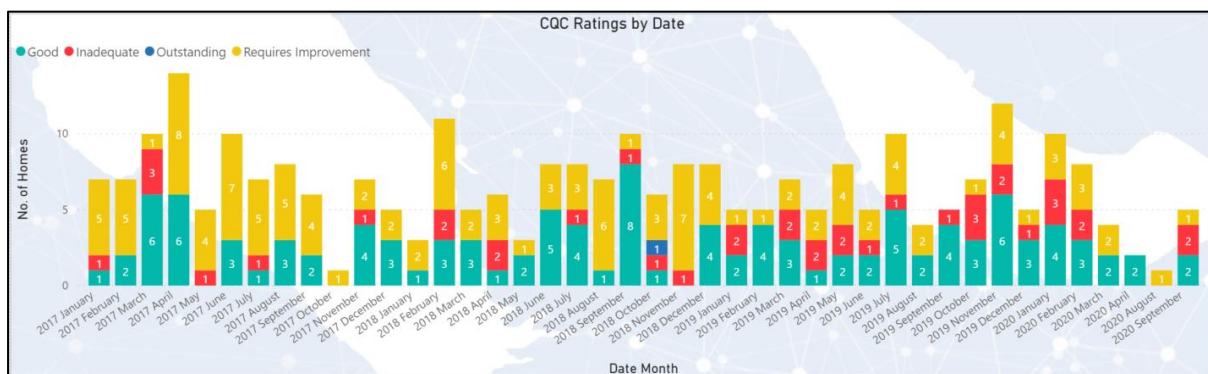
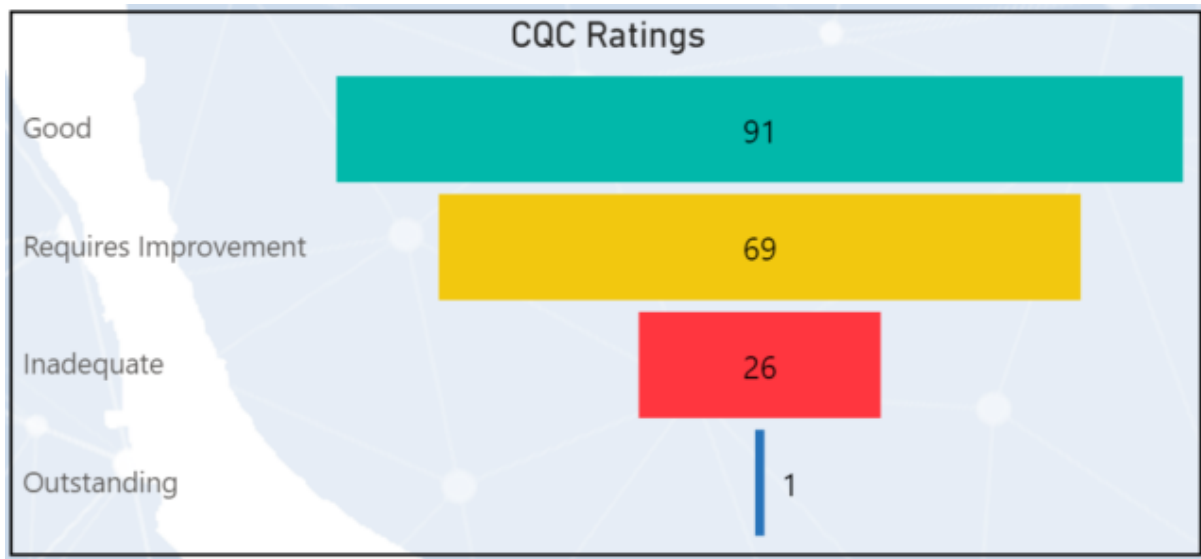
Homes – Current Vacancy rate (at as 04/10/2020):



3672
Total Capacity

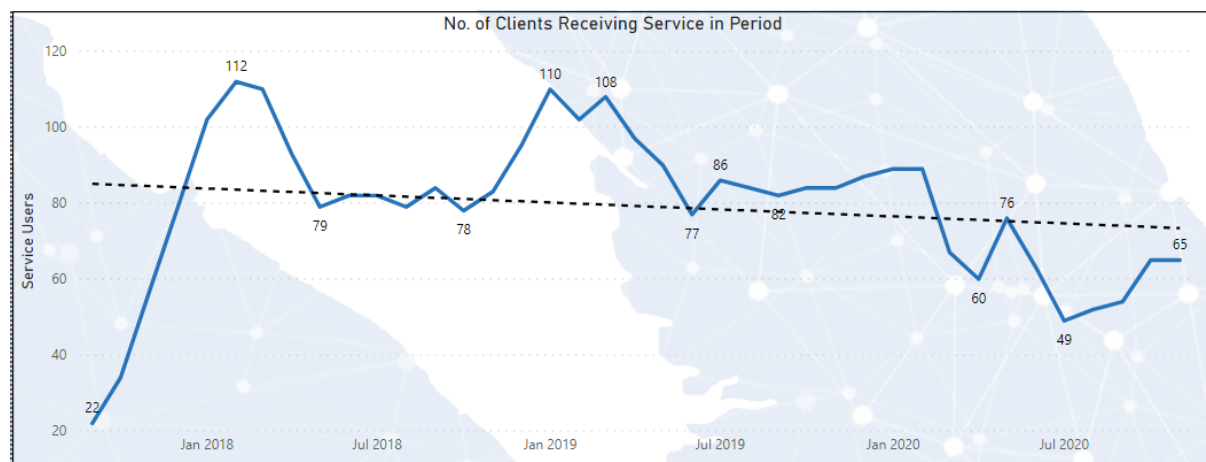


Homes – Care Quality Commission Inspection Ratings (since 05/01/2017):

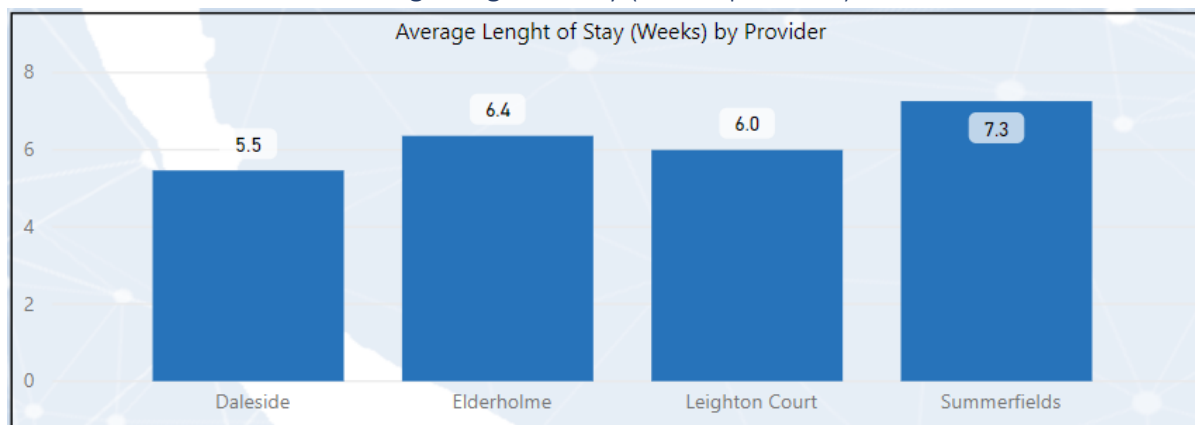


Care Market – Block Commitments:

Transfer to Assessment – no. of clients:



Transfer to Assessment – average length of stay (since April 2018):



Transfer to Assessment – vacancy rate:

Table 1 - Actual Bed Days

	Apr	May	Jun	Jul	Aug	Sep
Nursing (Covid-19 Block Bed)	967	1003	790	1008	1193	1264
Nursing EMI (Covid-19 Block Bed)	94	121	108	102	70	73
Residential (Covid-19 Block Bed)	232	244	223	275	358	290
Residential EMI (Covid-19 Block Bed)	550	424	336	273	230	179
Transfer to Assess	1913	2043	2200	1596	1619	1677
Grand Total	3756	3835	3657	3254	3470	3483

Table 2 - Commissioned Bed Days

	Apr	May	Jun	Jul	Aug	Sep
Nursing (Covid-19 Block Bed)	1680	1736	1680	1736	1736	1674
Nursing EMI (Covid-19 Block Bed)	144	186	180	186	186	174
Residential (Covid-19 Block Bed)	913	1129	1110	1147	1147	886
Residential EMI (Covid-19 Block Bed)	630	651	630	651	651	630
Transfer to Assess	2831	2976	2880	2976	2917	1650
Grand Total	6198	6678	6480	6696	6637	5014

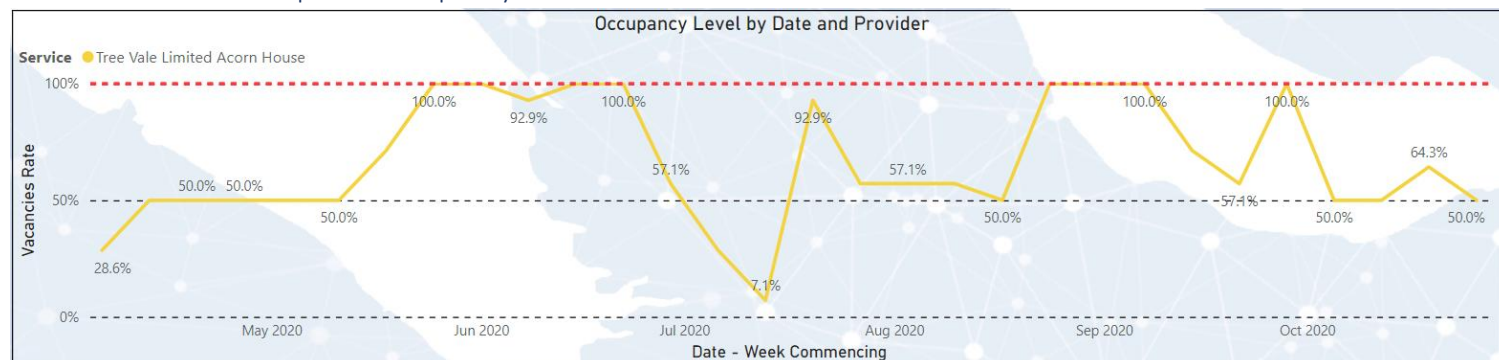
Table 3 - % Occupancy

	Apr	May	Jun	Jul	Aug	Sep
Grand Total	61%	57%	56%	49%	52%	69%

Carers Respite – no. of clients and days (since April 2019):

Total Respite Days	Total Clients
279.00	8

Carers Respite – occupancy levels:



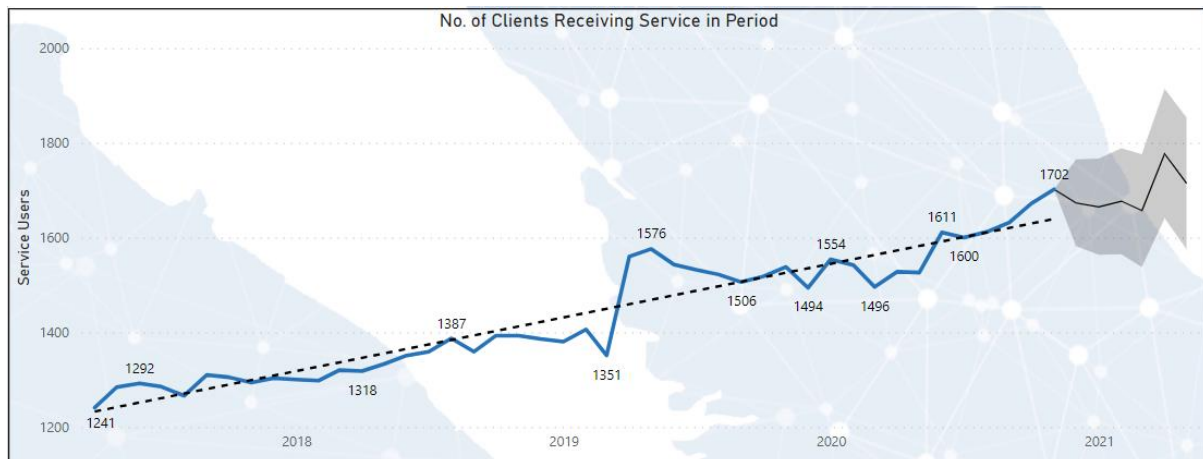
Care Market – Domicillary Care and Reablement

Dom Care - cost and hours (04/03/2019 to 11/10/2020):

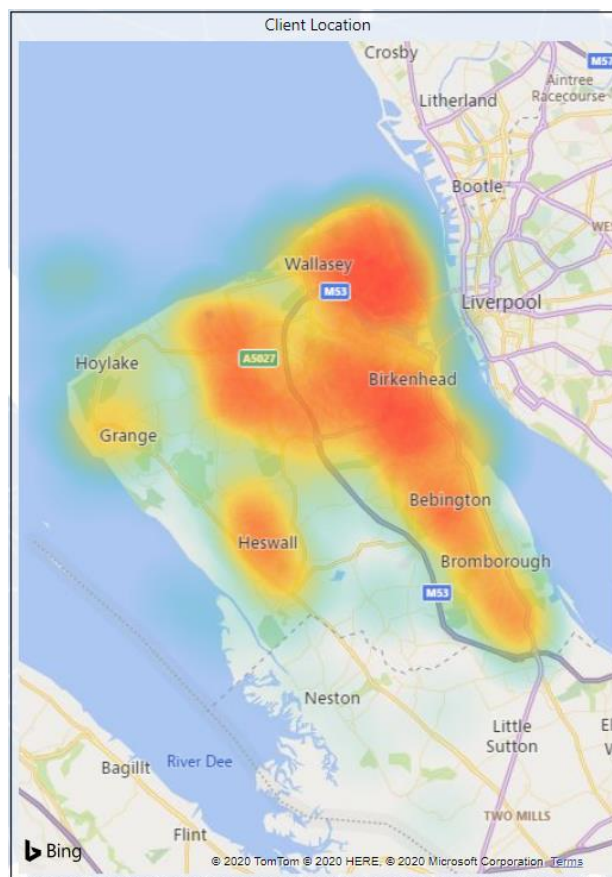
Actual Cost	Average Weekly Actuals Cost	Number of Calls
£23.22M	£276.47K	2.67M
Number of Hours Delivered	Average No. of Weekly Hours Delivered	
1.36M	16.18K	



Dom Care - no. of clients since 01/04/2017 and forecast:



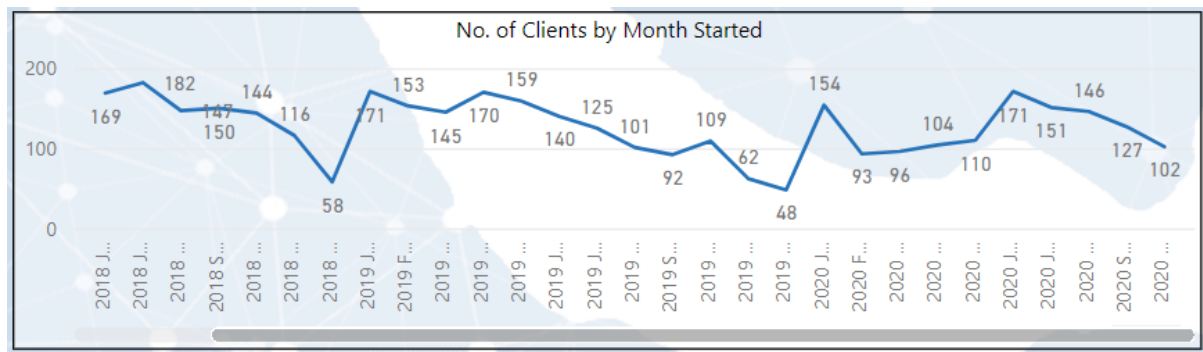
Dom Care – client location:



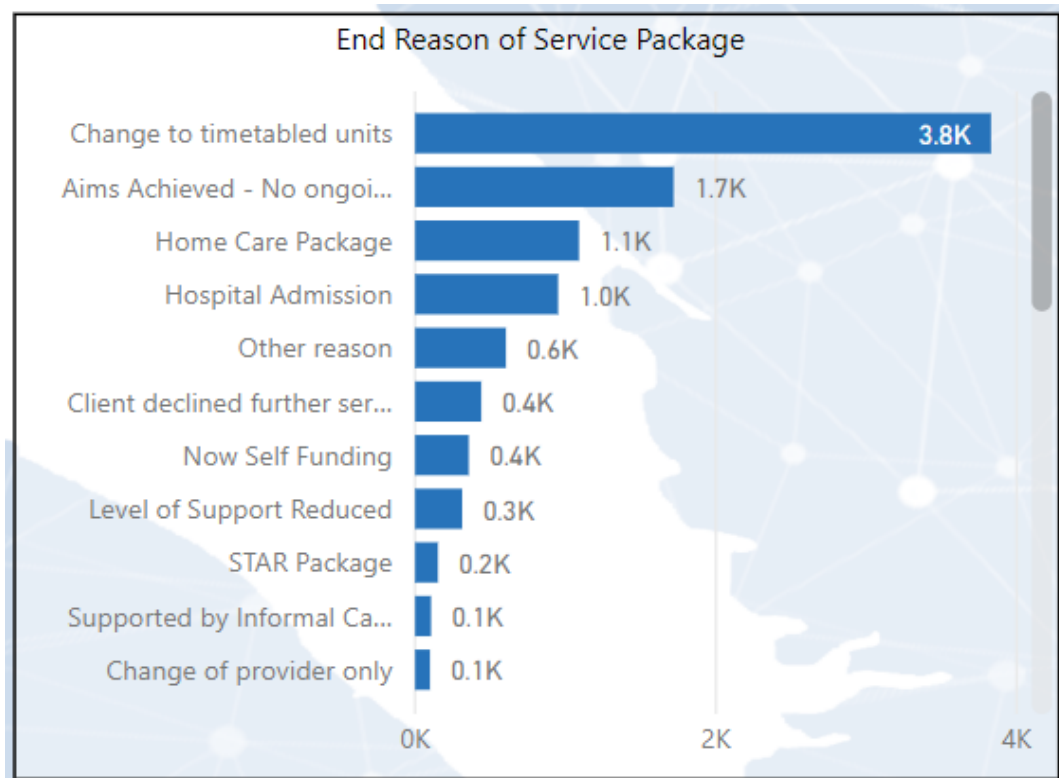
Reablement – clients, cost and days (since 01/04/2018):

No. of Service Users	No. of Service Packages	Average Weekly Cost	Average no. of Days in Reablement
4544	10.54K	£131.32	12.12

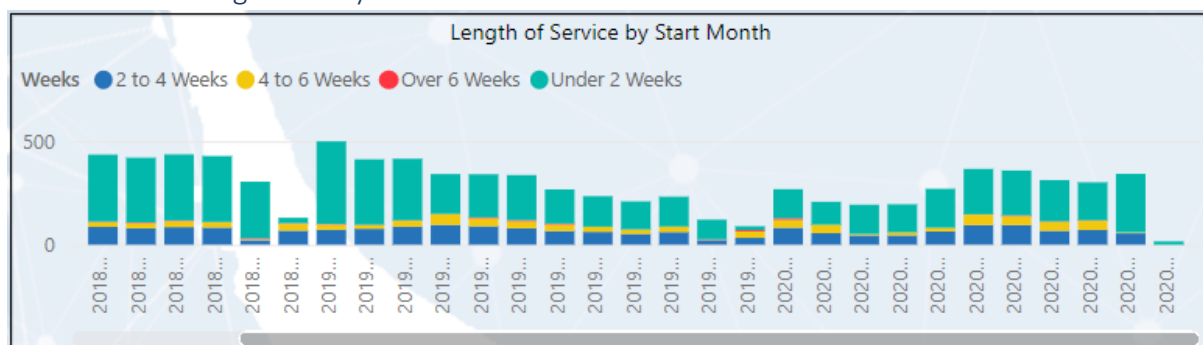
Reablement – no. of clients:



Reablement – end reasons of care packages:



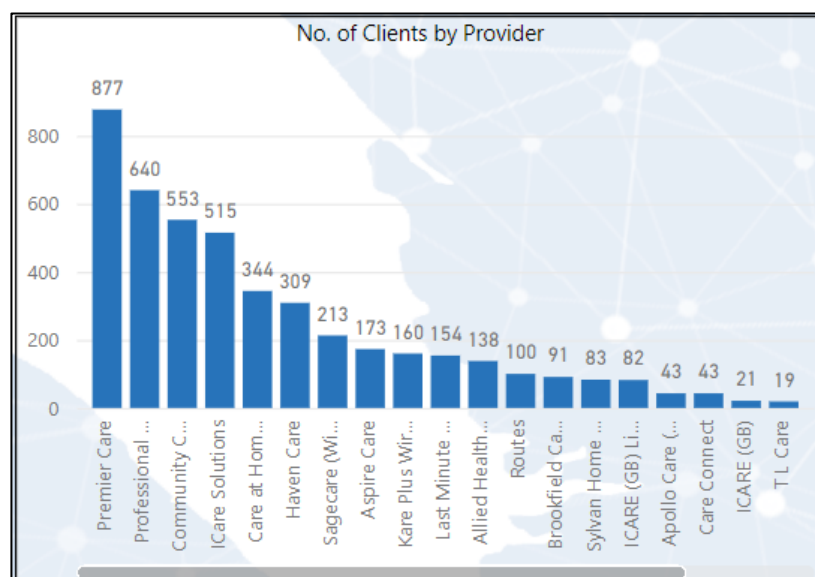
Reablement – length of stay:



Brokerage – packages accepted by client numbers and providers (Since 10/06/2019):

Number of Clients
Matched to Package

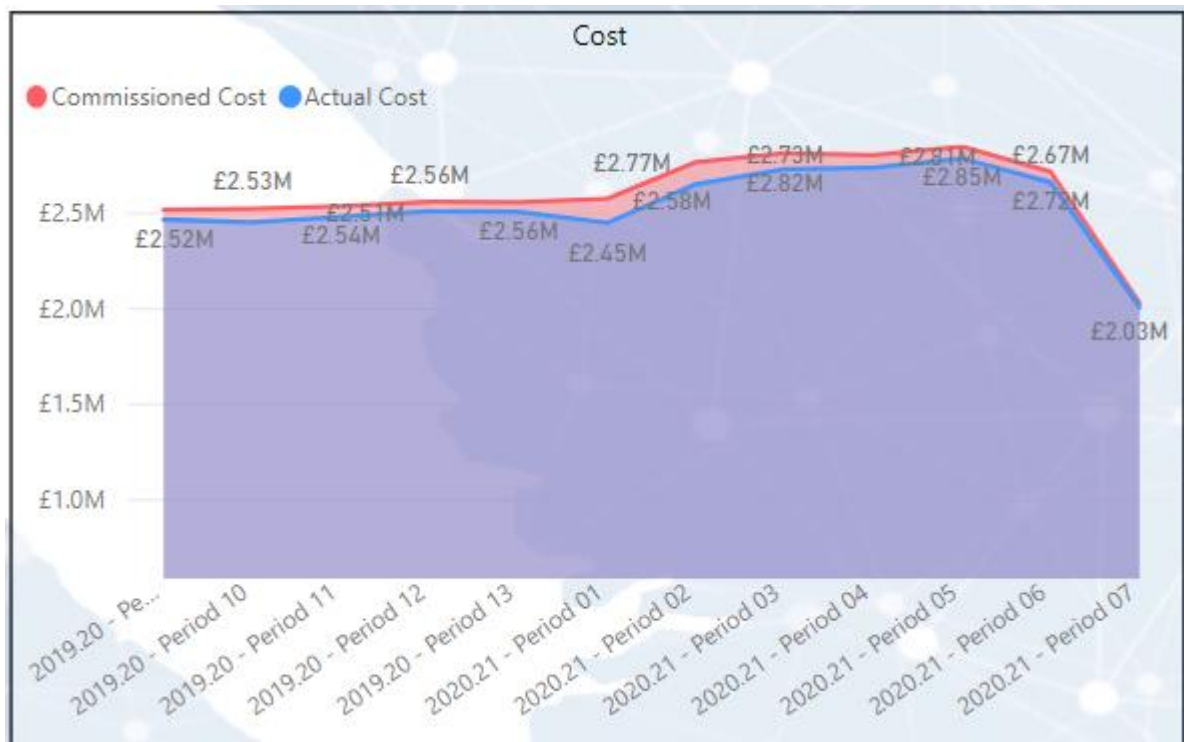
3539



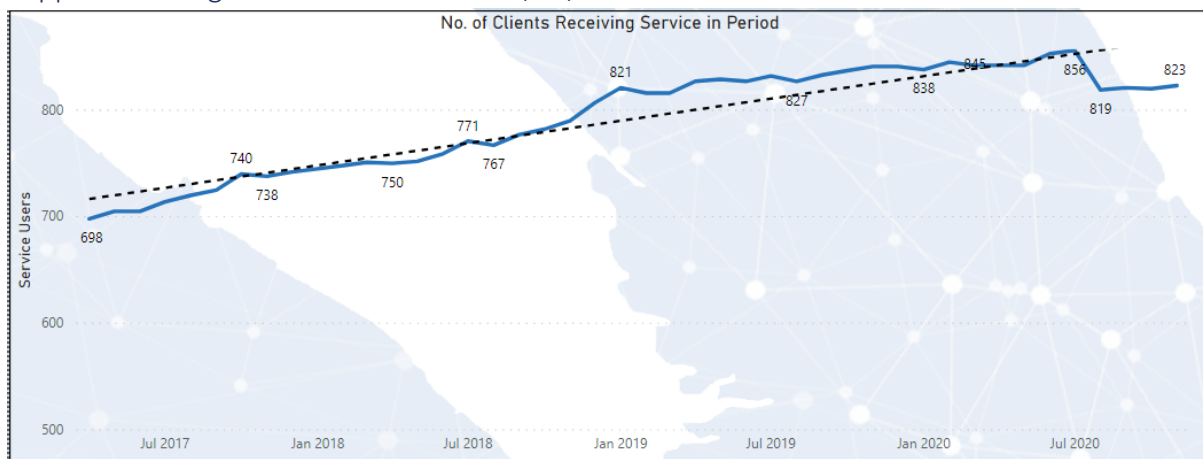
Care Market – Specialist

Supported Living – cost and no. of clients/providers (since 25/03/2019):

Actual Cost	Number of Clients	Service Providers
£30.47M	1031	226



Supported Living - no. of clients since 01/04/17:



Supported Living – Client locations:

Ward	No of Clients	Percentage
Bebington	24	2.3%
Bidston and St James	57	5.5%
Birkenhead and Tranmere	104	10.1%
Bromborough	60	5.8%
Clatterbridge	15	1.5%
Claughton	113	11.0%
Eastham	16	1.6%
Greasby Frankby and Irby	8	0.8%
Heswall	25	2.4%
Hoylake and Meols	21	2.0%
Leasowe and Moreton East	36	3.5%
Liscard	52	5.0%
Moreton West and Saughall Massie	48	4.7%
New Brighton	104	10.1%
Oxton	89	8.6%
Pensby and Thingwall	16	1.6%
Prenton	39	3.8%
Rock Ferry	89	8.6%
Seacombe	34	3.3%
Upton	10	1.0%
Wallasey	11	1.1%
West Kirby and Thurstaston	9	0.9%
Out of Area	51	4.9%

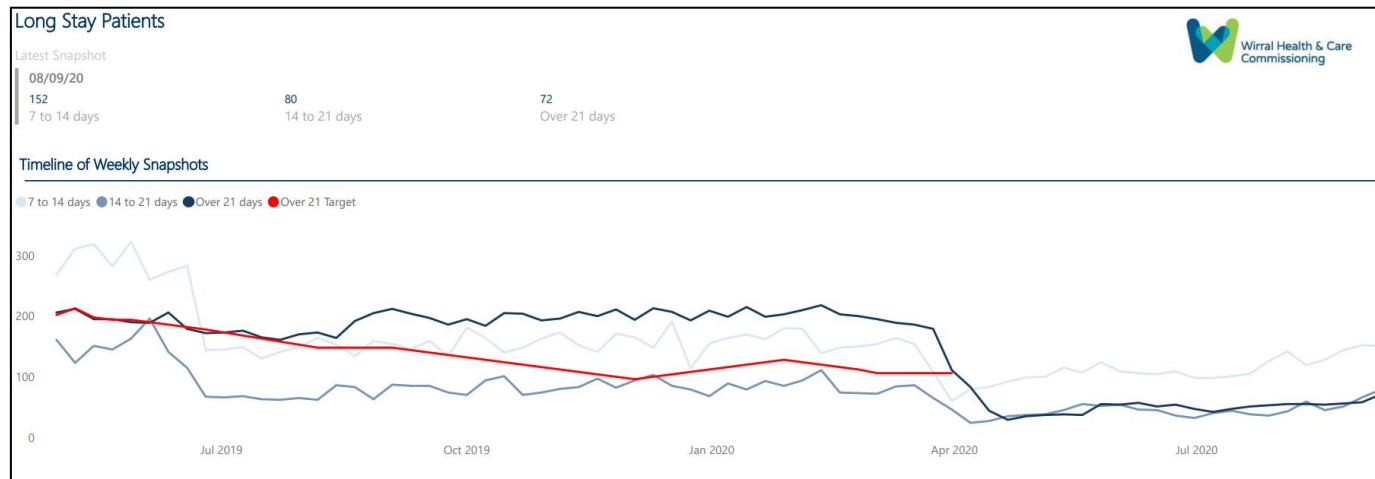
Wirral Community Foundation Trust

Key Measures - monitored monthly:

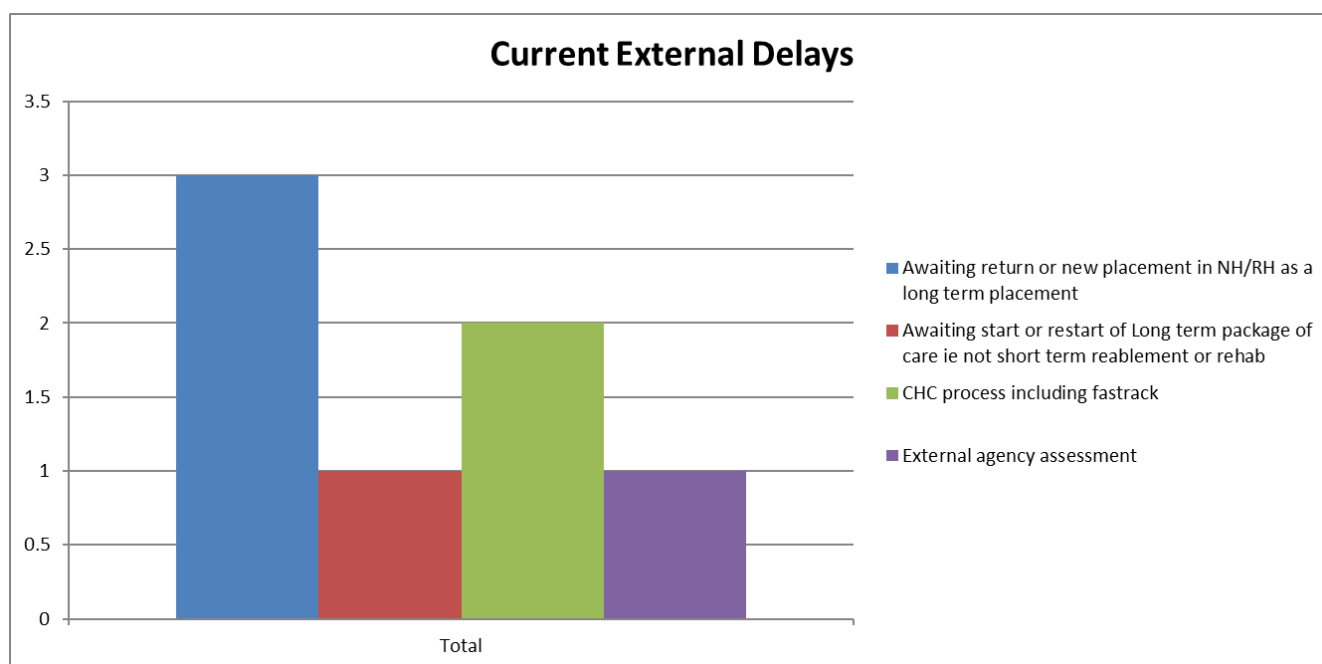
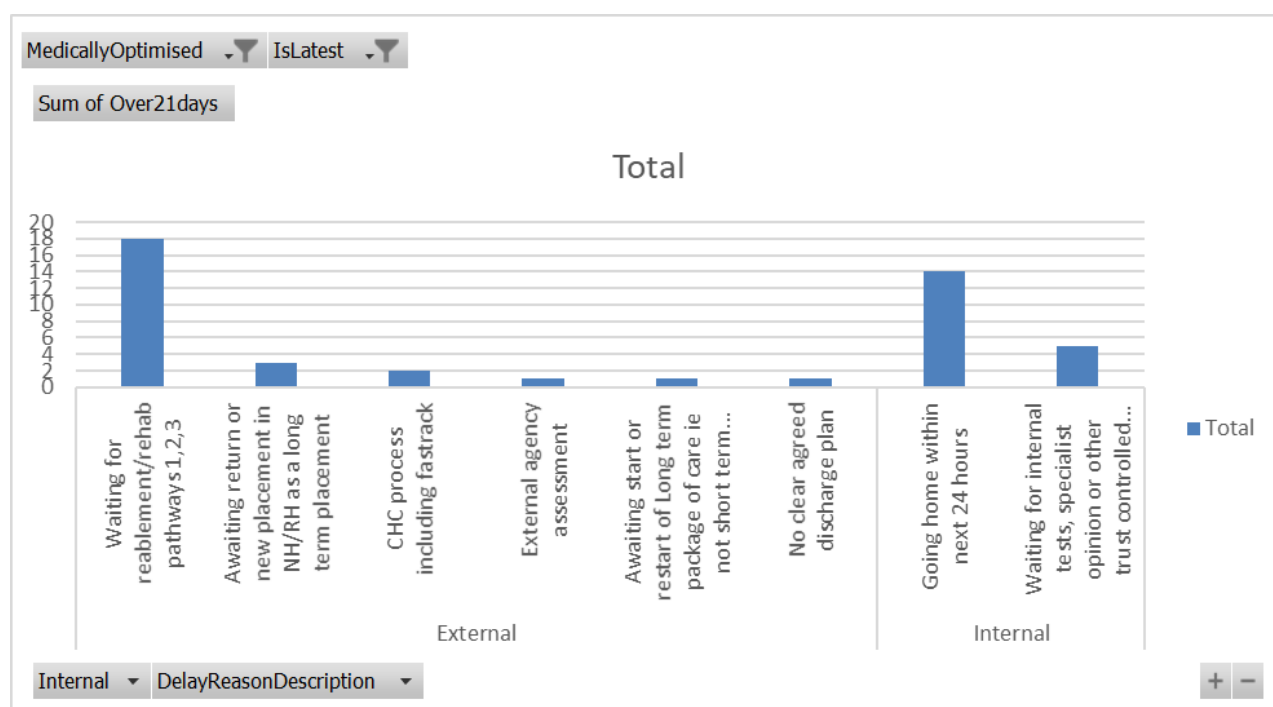
ID	KPI Description	Green	Amber	Red	Target	Monthly Trend												YTD	Narrative
						Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
KPI 1	% of initial contacts through to completion of assessment within 28 days	>=80%	<80% >=70%	<70%	80%	87%	91%	92%	92%	90%								90%	
KPI 2	% of safeguarding concerns (Contacts) completed within 5 Days (exc. EDT)	>=99%	<99% >=95%	<95%	99%	99.5%	100%	100%	99.6%	100.0%								99.8%	
KPI 3	% of safeguarding enquiries concluded within 28 days	>=80%	<80% >=60%	<60%	80%	52%	62%	77%	72%	64%								66%	
KPI 4	% of individuals who have had an annual review completed	>=70%	<70% >=60%	<60%	70%	68%	72%	71%	67%	68%								68%	
KPI 5	% of care packages activated (in Liquidlogic) in advance of service start date (exc. Block Services)	>=65%	<65% >=50%	<50%	65%	66%	73%	67%	74%	72%								71%	
KPI 6	% of adults with a learning disability who live in their own home or with their family	>=88%	<88% >=70%	<70%	88%	94%	94%	94%	94%	94%								94%	
KPI 7	% of older people who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	>=83%	<83% >=81%	<81%	83%	84%	83%	83%	94%	87%								86%	

Length of Stay Report

Long Stay Patients:



Delay Reasons for Medically Optimised Patients (sum of 21 days)

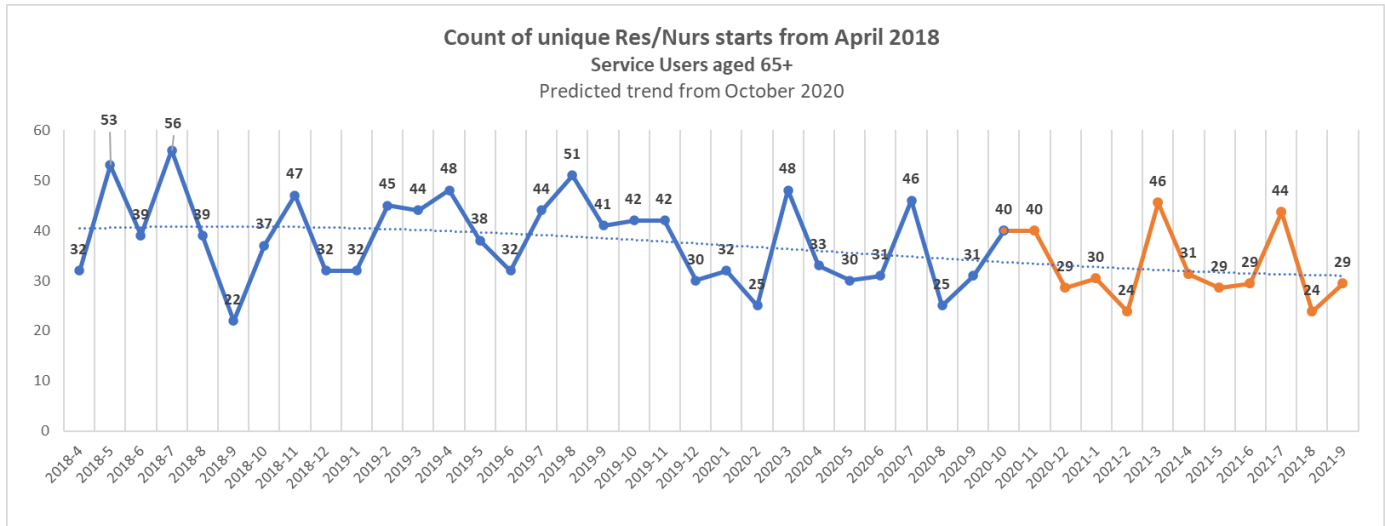


Better Care Fund

Delayed Transfer of Care - 2.67% maximum:

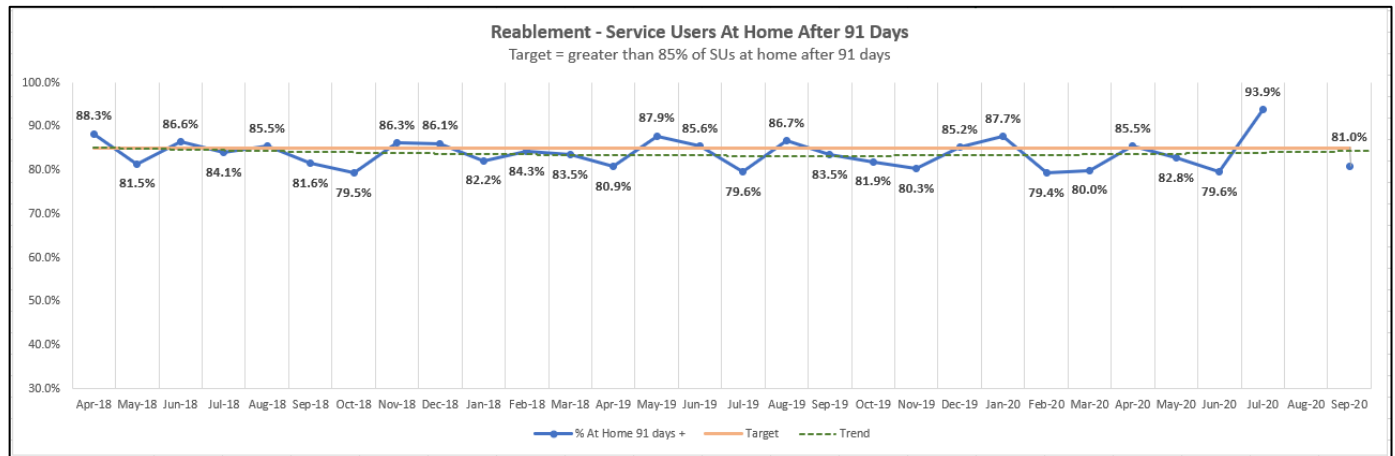
DTOC Data collection suspended since March 2020 due to the ongoing Coronavirus crisis.

Residential/Nursing -5% reduction:



Forecast trend based on a targeted 5% reduction vs same month in preceding year.

Reablement (91 days), with trend to September 2020:



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ADULT SOCIAL CARE AND HEALTH COMMITTEE

Thursday, 19 November 2020

REPORT TITLE:	ADULT SOCIAL CARE AND HEALTH WORK PROGRAMME
REPORT OF:	DIRECTOR OF CARE AND HEALTH

REPORT SUMMARY

The Adult Social Care and Health Committee, in co-operation with the other Policy and Service Committees, is responsible for proposing and delivering an annual committee work programme. This work programme should align with the corporate priorities of the Council, in particular the delivery of the key decisions which are within the remit of the Committee.

It is envisaged that the work programme will be formed from a combination of key decisions, 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 Social Care and Health Committee is attached as Appendix 1 to this report.

RECOMMENDATION

Members are invited to note and comment on the proposed Adult Social Care and Health Committee work programme for the remainder of the 2020/21 municipal year.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 To ensure Members of the Adult Social Care and Health Committee have the opportunity to contribute to the delivery of the annual work programme.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 A number of workplan formats were explored, with the current framework open to amendment to match the requirements of the Committee.

3.0 BACKGROUND INFORMATION

- 3.1 3.1 The work programme should align with the priorities of the Council and its partners. The programme will be informed by:

- 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 Council

Terms of Reference

The Adult Social Care and Health Committee is responsible for the Council's adult social care and preventative and community based services. This includes the commissioning and quality standards of adult social care services, incorporating responsibility for all of the services, from protection to residential care, that help people live fulfilling lives and stay as independent as possible as well as overseeing the protection of vulnerable adults. The Adult Social Care and Health Committee is also responsible for the promotion of the health and wellbeing of the people in the Borough. The Committee is charged by full Council to undertake responsibility for:

a) adult social care matters (e.g., people aged 18 or over with eligible social care needs and their carers);

b) promoting choice and independence in the provision of all adult social care;

c) all Public Health functions (in co-ordination with those functions reserved to the Health and Wellbeing Board and the Overview and Scrutiny Committee's statutory health functions);

d) providing a view of performance, budget monitoring and risk management in relation to the Committee's functions; and

e) undertaking the development and implementation of policy in relation to the Committee's functions, incorporating the assessment of outcomes, review of effectiveness and formulation of recommendations to the Council, partners and other bodies, which shall include any decision relating to:

(i) furthering public health objectives through the development of partnerships with other public bodies, community, voluntary and charitable groups and through the improvement and integration of health and social care services;

(ii) functions under or in connection with partnership arrangements made between the Council and health bodies pursuant to Section 75 of the National Health Service Act 2006 ("the section 75 Agreements");

(iii) adult social care support for carers;

(iv) protection for vulnerable adults;

(v) supporting people;

(vi) drug and alcohol commissioning;

(vii) mental health services; and

(viii) preventative services.

4.0 FINANCIAL IMPLICATIONS

4.1 This report is for information and planning purposes only, therefore there are no direct financial implication arising. However, there may be financial implications arising as a result of work programme items.

5.0 LEGAL IMPLICATIONS

5.1 There are no direct legal implications arising from this report. However, there may be legal implications arising as a result of work programme items.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 There are no direct implications to Staffing, ICT or Assets.

7.0 RELEVANT RISKS

7.1 The Committee's ability to undertake it's responsibility to provide strategic direction to the operation of the Council, make decisions on policies, co-ordinate spend, and maintain a strategic overview of outcomes, performance, risk management and budgets may be compromised if it does not have the opportunity to plan and regularly review its work across the municipal year.

8.0 ENGAGEMENT/CONSULTATION

8.1 Not applicable.

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 particular policy, decision or activity.

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

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 This report is for information to Members and there are no direct environment and climate implications.

REPORT AUTHOR: Victoria Simpson
(Victoria Simpson)
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email: victoriasimpson@wirral.gov.uk

APPENDICES

Appendix 1: Adult Social Care and Health Committee Work Plan

BACKGROUND PAPERS

Wirral Council Constitution

Forward Plan

The Council's transformation programme

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

ADULT SOCIAL CARE AND HEALTH COMMITTEE

WORK PROGRAMME 2020/21

PROPOSED AGENDA FOR ADULT SOCIAL CARE AND HEALTH COMMITTEE

19th November 2020

Item	Key Decision Yes/No	Lead Departmental Officer	Wirral Plan Priority
Proposed Public Health Commissioning Intentions 2021/22	Yes	Chandra Dodgson	All
Covid Update	No	Julie Webster	All
Performance Monitoring Report	No	Rose Boylan	All
Work Programme Update/Committee Terms of Reference	No	Victoria Simpson	All

Deadline for SLT	Deadline for Cleared Reports	Agenda Published
22 October 2020	29 October 2020	TBC

KEY DECISIONS

Item	Approximate timescale	Lead Departmental Officer	Wirral Plan Priority
Intermediate Care Bed Based Commission	April 2021	Graham Hodgkinson	<i>'Active and Healthy Lives'</i>
Early Intervention and Prevention Commission	February 2021	Graham Hodgkinson	<i>'Active and Healthy Lives'</i>

ADDITIONAL AGENDA ITEMS – WAITING TO BE SCHEDULED

Item	Approximate timescale	Lead Departmental Officer
Public Health – Obesity	2020/21	Julie Webster
Public Health – Alcohol	2020/21	Julie Webster
Public Health – Dental Care	2020/21	Julie Webster
Public Health – Vaccinations	2020/21	Julie Webster
Domestic Abuse Strategy Update	2020/21	Mark Camborne/Elizabeth Hartley
WUTH CQC Improvement Plan	2020/21	Janelle Holmes/Paul Moore (WUTH)
Clatterbridge Cancer Centre – Site Update	2020/21	Liz Bishop (CCC)
Commissioning Priorities and Framework	March 2021	Graham Hodgkinson
Domestic Abuse Strategy – Future Joint Working with Childrens	TBC	Elizabeth Hartley
Community Care Services Review	TBC	Graham Hodgkinson
All Age Disability	TBC	Jason Oxley/Simon Garner
Future Safeguarding Arrangements	Jan 2021	Jason Oxley

STANDING ITEMS AND MONITORING REPORTS

Item	Reporting Frequency	Lead Departmental Officer
Performance Monitoring Report	TBC	Carly Brown
Adult Social Care and Health Committee Work Programme Update	TBC	Committee Team
Social Care Complaints Report	Annual Report – January 2021	Simon Garner
Adults Safeguarding Board	Annual Report – January 2021	Lorna Quigley

Public questions	Each meeting	
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WORK PROGRAMME ACTIVITIES OUTSIDE COMMITTEE

Item	Format	Timescale	Lead Officer	Progress
Working Groups/ Sub Committees				
Task and Finish work				
Quality Accounts 2020/21	Task & Finish	May 2021	Committee Team	
Spotlight sessions / workshops				
County Lines Action Update	Workshop	2020/21	Paul Boyce/Tony Kirk	
Public Health Implications of 5G Roll Out	Workshop	2020/21	Julie Webster	
Corporate scrutiny / Other				
Performance Reporting Review	TBC	TBC	TBC	

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ADULT SOCIAL CARE AND HEALTH COMMITTEE

Thursday, 19 November 2020

REPORT TITLE:	COVID UPDATE
REPORT OF:	JULIE WEBSTER, DIRECTOR OF PUBLIC HEALTH

REPORT SUMMARY

A verbal update will be presented by the Director of Public Health to Members of the Adult Social Care and Health Committee with reference to the published surveillance data for Wirral in relation to the impact of the Covid-19 pandemic.

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

RECOMMENDATION: - The Adult, Social Care and Health Committee are invited to consider and comment on the report.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 Members and residents are provided with an up to date verbal report of the impacts of COVID-19.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 A detailed written report could be provided, however, the frequency with which the data changes at the current time has led to the conclusion that a verbal report is the only option that would provide Members with the most current information.

3.0 BACKGROUND INFORMATION

Upon a request from the Committee Chair and Spokespersons, cumulative data will be provided to Members verbally by the Director of Public Health including numbers of overall covid tests, covid cases, covid related deaths and infection rates throughout the Borough and overall region. Information will also be broken down in on a ward by ward basis. The figures as attached at appendix 1 were reported as of 4/11/2020 and can also be accessed via the link below ~~and attached to this report.~~

<https://www.wirralintelligenceservice.org/media/3241/covid-19-wirral-weekly-surveillance-report-w-e-30102020-v2accchckd.pdf>

4.0 FINANCIAL IMPLICATIONS

- 4.1 No direct financial implications will arise from the verbal report

5.0 LEGAL IMPLICATIONS

- 5.1 No direct legal implications will arise from the verbal report

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 No direct resource implications.

7.0 RELEVANT RISKS

- 7.1 Data relating to Covid 19 infection rates is consistently being updated and therefore the attached document will not provide the most concurrent data.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 The report/presentation is provided in response to a Member request.

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 particular policy, decision or activity.

There are no direct equality implications arising from this report.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 There are no direct environment and climate implications arising from this report.

REPORT AUTHOR: **Victoria Simpson**
(Victoria Simpson)
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APPENDICES

Appendix 1 – Covid 19 weekly surveillance report last updated 4.11.20

BACKGROUND PAPERS

None

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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The weekly Coronavirus (COVID-19) surveillance report for Wirral

Week ending: Friday 30th October 2020

cumulative data from:

30 January 2020 to 30 October 2020 in WIRRAL

total number of COVID-19 cases (Pillar 1+2)	total tests per 100K population	total number of registered COVID-19 deaths to 23 rd October
8,340	35,078	479
number of COVID-19 cases this week (Pillar 1+2)	tests per 100K population this week	number of COVID-19 deaths registered this week (ending 23 rd October)
777	2,574	13

7-DAY POSITIVITY OF COVID-19 TESTS

8.4%

7-DAY CONFIRMED COVID-19 INFECTION RATES¹

Confirmed Cases by Wirral Ward (7-days to 30/10/20)

Ward	Latest week (number of cases)	Direction from Previous Week	Rate per 100,000
Claughton	54	Increase ▲	373.8
Rock Ferry	53	Decrease ▼	361.5
Bidston & St. James	53	Decrease ▼	327.9
Bebington	52	Decrease ▼	331.1
Prenton	48	Decrease ▼	325.0
Upton	47	Decrease ▼	278.6
Bromborough	44	Increase ▲	271.4
Eastham	42	Increase ▲	297.0
Liscard	33	Decrease ▼	204.7
Oxton	32	Decrease ▼	230.2
Birkenhead & Tranmere	32	Decrease ▼	191.5
Leasowe & Moreton East	31	Decrease ▼	207.3
Seacombe	29	Decrease ▼	187.7
New Brighton	29	Decrease ▼	191.7
Greasby, Frankby & Irby	29	Decrease ▼	211.7
Clatterbridge	27	Decrease ▼	190.4
Wallasey	26	Decrease ▼	177.0
Pensby & Thingwall	26	Decrease ▼	198.9
Moreton West & Saughall Massie	26	Decrease ▼	184.6
West Kirby & Thurstaston	25	Decrease ▼	197.9
Hoylake & Meols	16	Decrease ▼	120.1
Heswall	16	Decrease ▼	122.3

Note: Numbers of cases are incomplete and subject to variability due to delays in uploading cases data into the SGSS reporting system. This means the numbers of confirmed cases may not be directly comparable with previous reports.

Wirral

239.8 /100,000
infection rate¹

Merseyside

329.5 /100,000
infection rate¹

North West

407.2 /100,000
infection rate¹

England

225.2 /100,000
infection rate¹

National Rank

85th²

Previous
Week's Rank

56th²

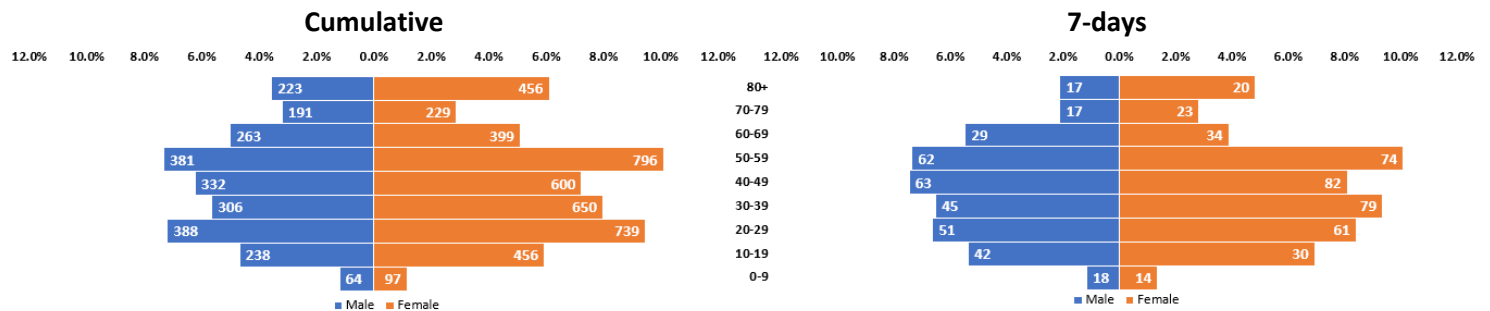
¹infection (incidence) rate - the cumulative number of confirmed cases of COVID-19 for the 7-day period divided by the total population of each area multiplied by 100,000

²A rank of the rate of COVID-19 per 100,000 by local authority. There are 343 local authorities in England. A decrease in rank does not necessarily mean our rate is decreasing, rather, other areas rates are increasing at a greater speed.

The weekly Coronavirus (COVID-19) surveillance report for Wirral

Week ending: Friday 30th October 2020

CONFIRMED COVID-19 CASES BY AGE AND GENDER



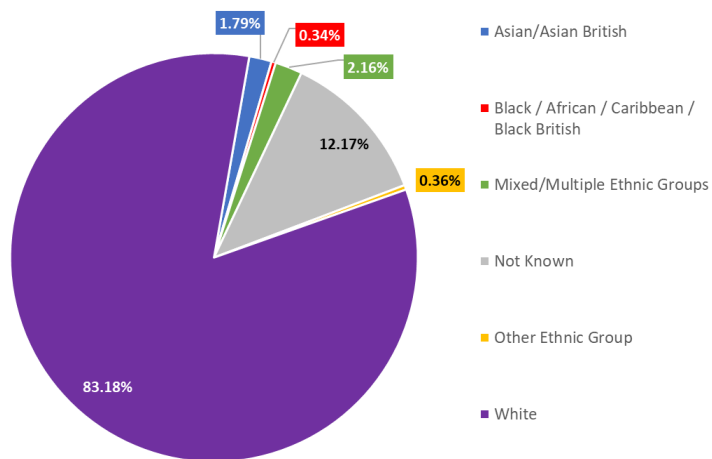
44 years all time median age²

7-day median age² **43 years**

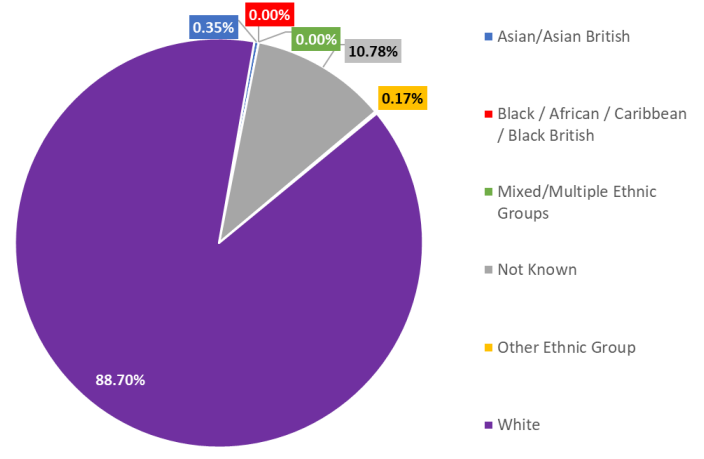
²median age is the middle value in a range - half of the cases are younger than this age and half are older (all persons)

Note: Some case records do not currently have full age and/or gender details and are therefore not included in the above chart; therefore, figures will not sum to headline totals

ETHNICITY OF CONFIRMED COVID-19 CASES



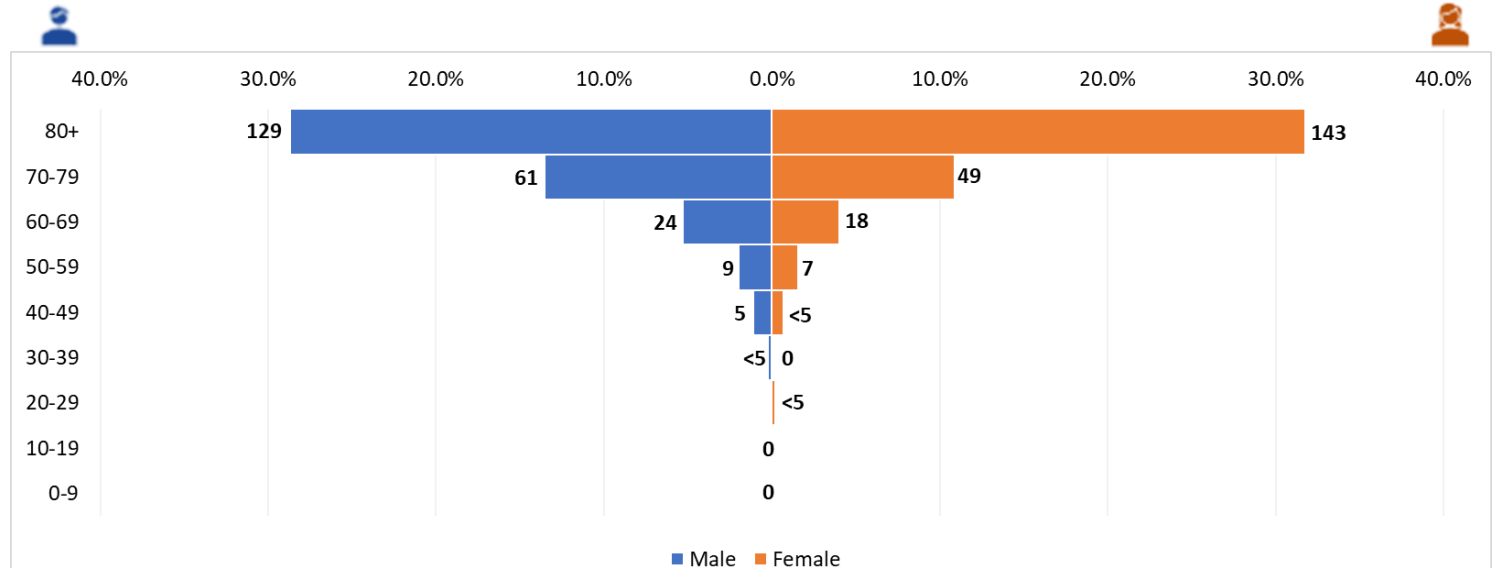
ETHNICITY OF COVID-19 DEATHS



Note: These data are analysed using the cumulative confirmed cases and COVID-19 related deaths in Wirral

COVID-19 RELATED MORTALITY

cumulative number of COVID-19 related deaths in Wirral



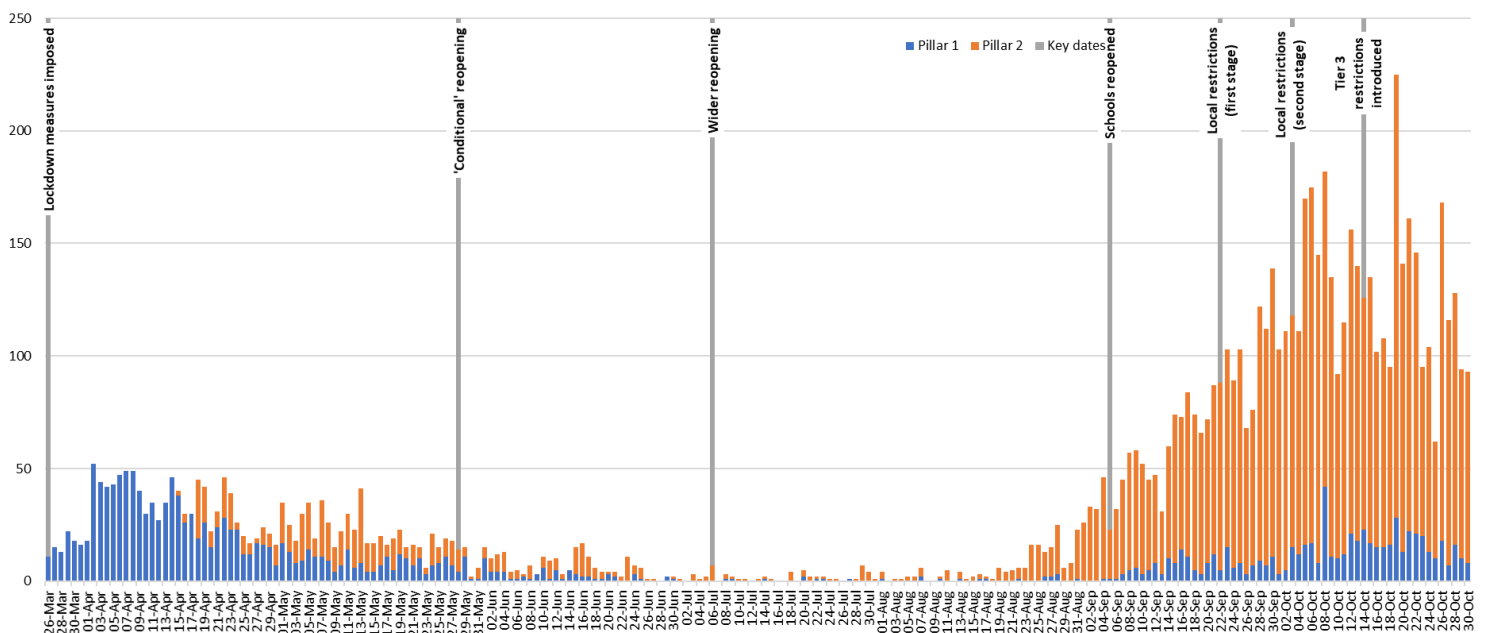
Note: The above data now follows the methodology of the PHE indicator for 'Deaths within 28 days of a positive COVID-19 test' and is therefore not comparable to previous weeks. The figures are still derived using a local live data source and so will therefore not exactly match the number of deaths officially reported by the Office for National Statistics or the PHE Coronavirus Tracker.

The weekly Coronavirus (COVID-19) surveillance report for Wirral

Week ending: Friday 30th October 2020

EPIDEMIC CURVE

number of positive cases by Pillar 1 and Pillar 2 testing³



³The most recent week is a partial week and only data from more than five days ago can be considered complete

The data are shown by the date the specimen was taken

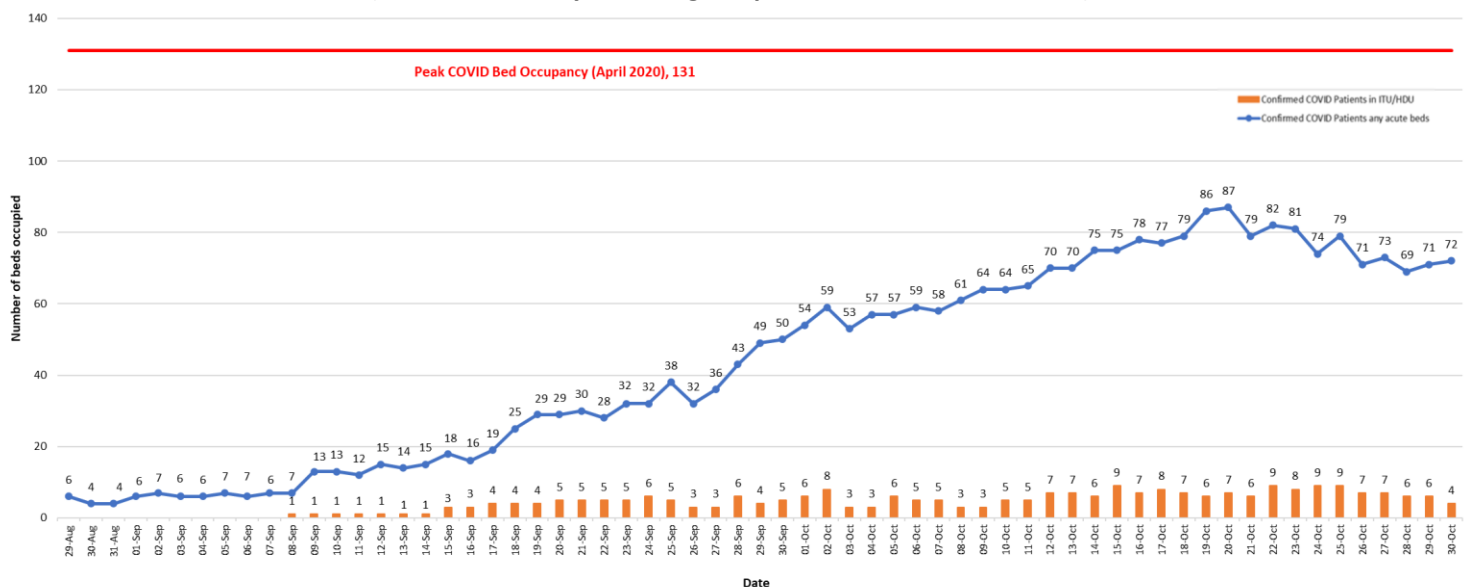
To allow data to be seen accurately, the chart only shows data from the date lock down measures were imposed (23 March 2020); this includes the peak of the first wave (April 2020)

Pillar 1 data is for swab testing in PHE labs and NHS hospitals for those with a clinical need as well as staff

Pillar 2 data is for swab testing for the wider population, as set out in government guidance

HOSPITALISED COVID-19 CASES

Number of beds occupied by confirmed COVID-19 patients by bed type
(Wirral University Teaching Hospital NHS Foundation Trust)



Note: The peak date for hospital occupancy was in April 2020 with 131 confirmed COVID-19 patients in beds (peak number of ICU beds occupied by COVID-19 patients was 9). It should also be noted that the ITU/HDU beds (orange) are a subset of 'any acute beds' (blue), e.g. on 9th October there 64 beds occupied by COVID-19 confirmed patients, 3 of these were in ITU/HDU beds

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