



Adult Social Care and Public Health Committee

Date:	Monday, 7 June 2021
Time:	6.00 p.m.
Venue:	The Floral Pavilion, Marine Promenade, New Brighton, CH45 2JS

Members of the public are encouraged to view the meeting via the webcast, (see below) but for anyone who would like to attend in person, please contact the box office at the Floral Pavilion by telephone on 0151 666 0000, in advance of the meeting. All those attending will be asked to wear a face covering (unless exempt) and are encouraged to take a Lateral Flow Test before attending. You should not attend if you have tested positive for Coronavirus or if you have any symptoms of Coronavirus.

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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 2 March 2021.

4. PUBLIC QUESTIONS

Public Questions

Notice of question to be given in writing or by email by 12 noon, Wednesday, 2 June to the Council's Monitoring Officer (committeeservices@wirral.gov.uk) and to be dealt with in accordance with Standing Order 10.

For more information on how your personal information will be used, please see this link:
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Statements and Petitions

Statements

Notice of representations to be given in writing or by email by 12 noon, Wednesday 2nd June to the Council's Monitoring Officer (committeeservices@wirral.gov.uk) and to be dealt with in accordance with Standing Order 11.

Petitions

Petitions may be presented to the Committee. The person presenting the petition will be allowed to address the meeting briefly (not exceeding one minute) to outline the aims of the petition. The Chair will refer the matter to another appropriate body of the Council within whose terms of reference it falls without discussion, unless a relevant item appears elsewhere on the Agenda. Please give notice of petitions to committeeservices@wirral.gov.uk in advance of the meeting.

Questions by Members

Questions by Members to be dealt with in accordance with Standing Orders 12.3 to 12.8.

SECTION A - DECISIONS

5. **WIRRAL EVOLUTIONS LTD: PROGRESS UPDATE AGAINST APPROVED SAVING PROPOSAL (Pages 9 - 80)**
6. **ADULT CARE AND HEALTH COMMISSIONING ACTIVITY 2021 (Pages 81 - 86)**
7. **INFECTION PREVENTION AND CONTROL SERVICE COMMISSION (Pages 87 - 92)**
8. **DISCHARGE TO ASSESS (D2A) AND REABLEMENT SERVICES' (Pages 93 - 100)**
9. **FEE SETTING FOR 2021/22 (OUTCOME OF PROVIDER FEE SETTING ENGAGEMENT) (Pages 101 - 116)**
10. **NATIONAL DRUG TREATMENT AND RECOVERY GRANT FUNDING (Pages 117 - 126)**

11. **PROPOSALS FOR INTEGRATED CARE PARTNERSHIPS (Pages 127 - 136)**
12. **APPOINTMENT TO STATUTORY COMMITTEE AND MEMBER CHAMPION FOR DOMESTIC ABUSE (Pages 137 - 142)**

SECTION B - BUDGET REPORTS

13. **2021/22 BUDGET MONITORING AND 2022/23 BUDGET PROCESS (Pages 143 - 168)**
14. **CAPITAL AND REVENUE BUDGET MONITORING QUARTER 4 (Pages 169 - 176)**

SECTION C - PERFORMANCE REPORTS

15. **ADULT SOCIAL CARE AND HEALTH PERFORMANCE REPORT (Pages 177 - 228)**

SECTION D - REVIEWS / REPORTS FOR INFORMATION

16. **TACKLING HEALTH INEQUALITIES THROUGH REGENERATION: HEALTH & EMPLOYMENT (Pages 229 - 236)**
17. **COVID-19 RESPONSE UPDATE (Pages 237 - 246)**
18. **WORK PROGRAMME (Pages 247 - 254)**

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ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Tuesday, 2 March 2021

Present: Councillor Y Nolan (Chair)

Councillors B Berry S Frost
 D Burgess-Joyce P Gilchrist
 K Cannon (In place of S Jones) M McLaughlin
 M Collins T Usher
 T Cottier

37 APOLOGIES

No apologies for absence were received.

38 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 Moira McLaughlin	Personal interest by virtue of her daughter's employment in the NHS.
Councillor Tony Cottier	Personal interest as a director of a construction company contracted by the NHS.
Councillor Tom Usher	Personal interest by virtue of his employment at a local registered care provider, Autism Together.
Councillor Yvonne Nolan	Personal interest by virtue of her son's employment at a local testing centre.
Councillor Mary Jordan	Personal interest by virtue of her employment for the NHS, her son's employment for the NHS and her involvement as a trustee for 'incubabies'.
Councillor Michael Collins	Personal interests as a Governor of Wirral University Teaching Hospital and his daughter's employment at Wirral University Teaching Hospital.

39 **MINUTES**

Resolved – That the accuracy of the minutes of the meeting held on 18 January 2021 be agreed.

40 **PUBLIC & MEMBER QUESTIONS, STATEMENTS AND PETITIONS**

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.

41 **EXTRA CARE HOUSING MODEL**

Simon Garner, Health and Care Lead Commissioner, introduced the report of the Director of Care and Health, which set out the standards and design requirements to provide appropriate Extra Care Housing schemes in Wirral that will support Wirral residents with eligible needs.

The report detailed the need for additional units of Extra Care Housing within the borough with the Strategic Housing Market Analysis identifying a need for 2,985 further units up to the period of 2035, as well as the commitments to further developments of extra care housing outlined in the Wirral 2020 Plan. The report outlined how having a model which sets out the Council's expectation to developers and care providers would contribute to the quality of those forthcoming developments.

The need for further sites within the Borough was discussed and the benefits of identifying future potential sites in advance were reinforced. Members were informed that close working arrangements were in place between colleagues in Adult Social Care and Regeneration to help identify potential sites for Extra Care Housing.

The Committee was further kept apprised of how it would be ensured that the model would be adhered to, with care providers commissioned in accordance with the Care and Support framework and the requirement to be registered with the Care Quality Commission. A joined-up approach was taken across the Council to consider developments and manage them going forward, which included contributions from Revenue and Benefits, Housing, Care and Social Work.

Members emphasised the importance of the location of Extra Care Housing to ensure residents could remain in their communities and welcomed the approach of having community and family facilities integrated within extra care sites.

Resolved – That the Extra Care Housing Model be agreed.

42 **EXTRA CARE TENDER**

Jayne Marshall, Community Care Lead Commissioner, introduced the report of the Director of Care and Health which sought the Committee's approval to re-tender the Care and Support services within the existing Extra Care Housing schemes in Wirral.

The report outlined that there were 250 existing units of Extra Care Housing in Wirral across five sites, the contracts for which were due to end. The proposed retendering of the services was proposed to take place using the Liverpool City Region Extra Care Housing Flexible Purchasing system which enabled providers from across the city region to be used, but also included the current providers. The proposed duration of the contract was five years, with providers able to apply for one or more of the schemes, but only up to a maximum of three schemes in order to spread the risk across the market and ensure equity within the care market to support sustainability.

Members expressed their preference for a provider who would commit to paying the Real Living Wage. It was reported that all of the existing providers had signed up to pay the Real Living Wage and it was anticipated that any future provider would also commit to paying it.

Members felt that payment of the Real Living Wage should be a requirement of the tendering process and therefore an additional recommendation was proposed, moved by Councillor Michael Collins and seconded by Councillor Kate Cannon.

'That the Committee would wish to see that one of the criteria for eligibility to tender for Extra Care Housing would be that the provider would pay the Real Living Wage, subject to legal advice.'

Councillor Tom Usher declared a pecuniary interest by virtue of his employment with Autism Together and left the meeting.

The motion was carried unanimously.

Resolved – That

- 1. the commencement of the procurement process for the Care and Support contracts for the existing Extra Care Housing schemes be agreed.**
- 2. delegated authority be given to the Director of Care and Health to award the tender to the successful bidder following the tender process.**

- 3. the Adult Social Care and Public Health Committee would wish to see that one of the criteria for eligibility to tender for Extra Care Housing would be that the provider would pay the Real Living Wage, subject to legal advice.**

43 **HEALTHWATCH**

Jayne Marshall, Community Care Lead Commissioner introduced the report of the Director of Care and Health, which detailed the proposed recommissioning of the Wirral Local Healthwatch and the Independent Health Complaints Advocacy Service.

The report outlined the statutory requirement for Local Authorities to contract the provision of a local Healthwatch service, which went live in Wirral in April 2013 and extended to 2020. The Independent Health Complaints Advocacy Service had been transferred to the incumbent Healthwatch provider in April 2018 and it was intended that this service would be recommissioned in conjunction with the main Healthwatch commission.

Members discussed the financial arrangements for funding the local Healthwatch service and the services provided for that cost.

Resolved – That

- 1. the progression of the tendering of the Local Healthwatch and Independent Health Complaints Advocacy Services be approved.**
- 2. delegated authority be given to the Director of Care and Health to award the tender of the Local Healthwatch contract to the successful bidder.**

44 **REVENUE BUDGET MONITORING**

Graham Hodgkinson, Director of Care and Health introduced the report which set out the financial monitoring information for the Adult Social Care and Health Committee and provided an overview of budget performance for the area of activity for quarter 3 of the 2020/21 financial year.

It was reported that as at the end of December 2020, the forecast year-end position for Adult Care and Health was an adverse variance of £0.036m against a net budget of £106.627m. The Director of Care and Health outlined the key challenges in budget monitoring in that period, which included steadily increasing client numbers, particularly in Domiciliary care, alongside increasing average cost of care packages. However, access to the Government's additional Covid-19 funding helped to offset the significant amount of additional costs the Council faced.

Members queried when the Committee would see the savings proposals from Wirral Evolutions, and it was confirmed that the proposals were in development and would be reported back to the Committee as soon as possible as part of the consultation process. Members further reinforced the need for the Budget Monitoring Panel to be introduced and align with the committee schedule.

Resolved – That the projected year-end revenue forecast position of £0.036m adverse and the performance of the capital programme, as reported at quarter 3 (Apr-Dec) of 2020/21 be noted.

45 **ADULT SOCIAL CARE AND HEALTH PERFORMANCE REPORT**

Jason Oxley, Assistance Director of Care and Health introduced the report of the Director of Care and Health, which provided an update on performance in relation to Adult Social Care and Public Health.

The report detailed a number of performance indicators relating to Adult Care and Health, and the Committee was informed that the number of care home residents remained stable as did the vacancy rate which sat at approximately 16%. The number of people in long term residential care was 1536, with a number of new placements resulting from hospital discharge. Members were advised that the priority of the Adult Social Care team was to enable people to return home when they were able to, and there had been a gradual reduction of new placements with a focus on reablement.

The Committee discussed Care Quality Commission inspections of care homes and the approach taken to undertake these during Covid-19 restrictions. It was reported that some inspections had been taking virtually whilst others were in-person, with an emphasis on in-person attendance to focus on specific areas of underperformance.

Members further discussed the key performance indicators relating to safeguarding and the data behind notifiable incidents.

Resolved – That

- 1. the content of the report be noted.**
- 2. the Director of Care and Health be requested to include further information regarding Care Quality Commission care home visits and patterns relating to notifiable incidents in future performance reports.**

46 **STRATEGIC DEVELOPMENTS IN THE NHS**

Simon Banks, Chief Officer NHS Wirral Clinical Commissioning Group introduced the report which provided the Committee with a summary of the key proposals set out in the Government White Paper, 'Integration and Innovation: working together to improve health and social care for all', and the response to the Government's proposals by NHS England/Improvement.

The key measures included in the White Paper were outlined, these included:

- The NHS and local government coming together legally as part of Integrated Care Systems;
- Reduction in requirement to tender healthcare services to only when it would lead to better outcomes; and
- New measures to deliver on specific needs in the social care sector including updated legal framework to enable person-centred models of hospital discharge.

The Committee was advised that the White Paper proposed greater integration within the NHS, but also greater integration between the NHS and local government. This would be done firstly with the introduction of an Integrated Care System Health and Care Partnership made up of the NHS, local government and other partners to support integration and develop a plan to address the systems health and care needs. Secondly, there would be the introduction of an Integrated Care System NHS body responsible for the day to day running of the Integrated Care System. The intention was also that place level commissioning within an Integrated Care System would align geographically to a local authority boundary.

Members expressed their preference for maintaining existing relationships with staff with a working knowledge of Wirral.

Resolved – That

- 1. the report be noted.**
- 2. the Director of Care and Health be requested to submit a report to the next meeting detailing the implications of the White Paper "Integration and Innovation: working together to improve health and social care for all" from a Council perspective.**

47 COVID-19 RESPONSE UPDATE

Julie Webster, Director of Public Health, introduced the report which provided the Committee with an update on the Council's Covid-19 response and the delivery of the Outbreak Prevention and Control Plan.

Members were advised that the in the 7 days to 24 February 2021 there were 318 cases, with a 7 day incidence rate per 100,000 people reducing from 115

to 98 and the positivity rate reducing to 3.7%. Covid-19 admissions to Arrowe Park Hospital stood at 29 as of 1 March 2021, down from 42 the previous week and 279 as of 22 January 2021. The Director of Public Health welcomed the data moving in the right direction, but urged caution given that the case rate still remained at 98 per 100,000 residents and advised that she would wish to see that rate reduce to approximately 25 per 100,000 before any lockdown measures were eased.

The report further detailed the work being undertaken to support the easing of restrictions and the measures in place to deal with outbreaks. It was reported that the Outbreak Prevention and Control Plan was being updated and would be brought back to the Committee alongside a new testing strategy. Details of the vaccination programme within Wirral were also provided.

Members shared their positive experiences of the vaccination programme and expressed their thanks to the staff and volunteers involved. Further discussions were had around the use of lateral flow tests for care home visits and the uptake of vaccinations for the BAME community and care workers.

Resolved – That

- 1. the contents of the report and the progress made to date be noted and the ongoing Covid-19 response be supported.**
- 2. the Director of Public Health be requested to submit a report to a future meeting detailing the work being undertaken to support the Black and Minority Ethnic community in accessing Covid-19 vaccines.**

48 **ADULT SOCIAL CARE AND PUBLIC HEALTH WORK PROGRAMME**

The Chair introduced the report of the Director of Care and Health which outlined the Committee's work programme.

The Chair outlined that the commitment to only considering agenda items relating to Budget, Covid-19, Local Plan/Regeneration or Recovery to enable officers to focus on Covid-19 response remained in place, therefore the Committee would not yet be agreeing to future items for consideration.

Resolved – That the proposed work programme be noted.

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ADULT SOCIAL CARE AND HEALTH COMMITTEE

Monday, 7th June 2021

REPORT TITLE:	WIRRAL EVOLUTIONS LTD: PROGRESS UPDATE AGAINST APPROVED SAVING PROPOSAL
REPORT OF:	JEAN STEPHENS, MANAGING DIRECTOR, WIRRAL EVOLUTIONS LTD

REPORT SUMMARY

Wirral Evolutions Ltd submitted a savings proposal and plans to modernise the Company's operating model in November 2020, to the Director of Care and Health, in response to the financial challenge set by the Adult Social Care and Public Health Committee to ensure the delivery of service is within a contract value of £5,015M for 2021-2022, a reduction of £0.5M from 2020-2021. It was agreed that progress against the plan would be reported to this committee quarterly beginning in June 2021.

This is the first quarterly report detailing the progress to date.

RECOMMENDATIONS

The Adult Social Care and Health Committee is recommended to:

1. Note the progress made by Wirral Evolutions against the savings proposal and plans to modernise the Company's operating model.
2. Note the Company's request for support from the Council's Shareholder Board to find ways to alleviate the budget pressure on cash flow due to factors outside of Wirral Evolutions control during the transition period.
3. Note performance and outcomes contained within Wirral Evolutions Annual Report 2019-2020.
4. Note the life skills and outcomes contained within Wirral Evolutions Supported Pathways Pilot 2019-2020.
5. Support the proposal to commence a parallel review of the existing contract specification in preparation for the commissioning of a new 5-year outcomes led contract specification with the Wirral Evolutions Ltd from 1st April 2022, subject to a further decision by the Adult Social Care and Public Health Committee to proceed with recommissioning a contract for delivery of day services with effect from 1st April 2021 committee's assurance.
6. Request that Wirral Evolutions to present their annual report 2020-2021 to the Committee in September 2021.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATIONS

Progress against the approved savings proposal:

- 1.1 The Business case for the new organisational restructure from Wirral Evolutions Ltd Board and Wirral Council Human Resources/Finance Team has been approved.
- 1.2 Wirral Council confirmed the funding of Early Voluntary Redundancy / Voluntary Severance based on cost and service needs, with a two-year payback. Controls are in place from the Councils Finance Director confirmed.
- 1.3 Formal launch of organisational restructure across several locations, accompanied by Wirral Council Human Resources team and Trade Unions completed week commencing 22nd of March 2021. Workforce consultation presented to staff and packs disseminated.
- 1.4 Trade Union meetings held weekly, supported by Wirral Council Human Resources team.
- 1.5 Formal one to one workforce meetings and a series of 'drop in' sessions completed.
- 1.6 Updates relating to progress, Issues and Risks provided to Wirral Council Project Board monthly.
- 1.7 Workforce consultation will close on 19th of May 2021.
- 1.8 Excellent support from Wirral Council Human Resources business partner received throughout this process.
- 1.9 Plan in place for engaging with people with a learning disability and their parents/carers week commencing 24th May 2021.
- 1.10 Progress is on plan, as expected at the time of writing this report.

Budget pressure:

- 1.11 Wirral Evolutions Ltd, face a budget pressure due to the transition into the new structure within a challenging timeframe. To comply with Human Resources legislation, the transition period will take six months from April to September 2021, which has been approved by the Councils Project Board. This results in a budget pressure of six months to implement the new organisation and the cost of transitional pay for several staff for a 12-month period.
- 1.12 The savings proposal detailed several assumptions and risks, of which transitional funding and the impact of covid-19 would need to be defined and funded outside of the £0.5M savings due to the challenging timescales set to the Company and the

Human Resources and Legal requirements, together with the pace of change for people with a learning disability and the workforce.

- 1.13 A report has been prepared and submitted to the Councils Shareholder Board/Officers Group in request for support with the budget pressure due to transition, pace of change and impact of Covid-19.
- 1.14 The Wirral Evolutions Annual Report 2019-2020 is included at Appendix A and the Wirral Evolutions Supported Pathways Pilot 2019-2020 at Appendix B.

Review of the current commissioned contract:

- 1.15 Wirral Evolutions Ltd, have delivered a high-quality services-based contract for people with a learning disability since 2015, which now operates as a roll over contract.
- 1.16 The current commissioned contract does not include inflation or specific outcomes relating to improved social value, life skills, enhanced health, and wellbeing for people with a learning disability over a 5-year period.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 Discussions have been explored with Wirral Council officers regarding the budget pressure: -
 - Invest to save options given the transformation reduces annual costs by circa £500k
 - £0.5m reduction split over two years 2021-2022 (£250k) and 2022 – 2023 (further £250k) staging the cost savings due to the impact of the covid pandemic preventing progress in 2020_2021
 - Capital receipts and capitalisation of loan to support the transition costs
 - Covid – 19 impact funding for 2021-2022 or carry forward from 2020-2021(loss of savings)

At the time of writing, the Company has not yet received confirmation of budget pressure support from the Councils Shareholder Board. A verbal update will be given to the committee.

3.0 BACKGROUND INFORMATION

- 3.1 Wirral Evolutions Ltd was incorporated in 2015 as a private company limited by shares and trading as a Local Authority Trading Company (LATCo) to provide personalised day services and opportunities for adults with a wide range of learning and physical disabilities, on behalf of its Shareholder, Wirral Council.
- 3.2 Wirral Evolutions Ltd have delivered a commissioned contract for five years, significantly improving the day services and establishing robust company governance and it is confirmed by the Council, that there are no concerns about the

quality of service delivered by the Company. Due to the stretching financial challenges imposed on the Company at the outset and the contractual restrictions, the Company requests support to create a sustainable and modernised service model for day services.

- 3.3 Wirral Evolutions Ltd submitted a savings proposal and plans to modernise the Company's operating model in November 2020, to the Director of Care and Health, in response to the financial challenge set by the Adult Social Care and Public Health Committee to ensure the delivery of service is within a contract value of £5,015M for 2021-2022, a reduction of £0.5M from 2020-2021. This was one of four options considered by the Councils Commissioner and following an internal review by the Council, over a three-month period from October 2020 to December 2020, it was recommended the Council should continue to commission day services from Wirral Evolutions. This was approved by the Adult Social Care and Public Health Committee on the 18th of January 2021.
- 3.4 The £0.5M formed part of the Councils public budget consultation, in relation to the contract for day services for people with a learning disability. This was approved on the 1st of March 2021 by the annual Council's Budget Committee, enabling the Company to progress with the proposal.
- 3.5 As part of the Company's submission, Wirral Evolutions made a business decision to modernise the Company operating model based on our mission, vision and values outlined in the Company's 5-year business strategy. This contained two key elements: -
1. Organisational Restructure, enabling improved personalised outcomes for the people with a learning disability to reach their full potential
 2. Consolidation of locations, working towards providing an improved community integrated offer for people with a learning disability, supporting more independent life skills.
- 3.6 The Company's plan 2021-2022 is guided by the following principles:
- ✓ People we support are the heart of everything we do
 - ✓ Safe and quality service delivery is of the highest standard
 - ✓ Choice & Inclusivity enhancing life skills experiences and access to opportunities
 - ✓ Social Value quantifying the benefits people place on their life experience
 - ✓ Economic Value operating in an efficient and effective manner enabling growth
 - ✓ Transparency, openness and honesty, doing the right things for the right reasons
 - ✓ Collaborative working to deliver the best outcomes
- 3.7 The outcomes of the Company plan will enable: -
- ✓ Greater personalised outcomes, based on the needs of the people we support
 - ✓ Smaller ratios based on levels of support needs for the people we support
 - ✓ Greater social value and benefits to the people we support
 - ✓ A leaner and modern outward focused workforce structure that will see the:
 - Reduction in management posts

- Creation of 'Creation of 'Community Pathways Advocates'
- Creation of 'Group Leader roles working with a ratio of a max 1:6 who will focus on ensuring enhancing and enriched outcomes for the people we support
- Improved lines of accountability
- ✓ Consolidation and greater economies of scale of assets and resources
- ✓ Work towards providing an improved community integrated offer for people with a learning disability, supporting more independent life skills, through specialists and community hub and day experience provision
- ✓ Improved efficiency of day services specification

3.8 The Company's savings proposal detailed several assumptions and risks, of which transitional funding and the impact of covid-19 would need to be funded outside of the £0.5M savings due to the challenging timescales set to the company and the HR and Legal requirements, together with the pace of change for people with a learning disability and the workforce.

3.9 Significant improvements have been put in place, including recruitment of new managing director (February 2019), recruitment of a new Board of non-executive directors (2018/19), new senior leadership team (2018/2019), production of strategic outcomes framework, five-year business strategy and a robust Company operating framework to manage governance, quality, financial and performance. The Company have strongly reconnected with key stakeholders as part of the WE Family enabling greater social outcomes for people with a learning disability, to reach their full potential as illustrated in appendix A and B of this report.

3.10 Wirral Evolutions have strong foundations now in place and welcome a longer-term commissioned contract, to pave the way for greater social outcomes and improved independence for people with a learning disability. Throughout 2021-2022, Wirral Evolutions will provide assurances to the Adult Social Care and Health Committee on a sustainable and affordable service contract of day opportunities. The Company welcomes the current contract specification being reviewed and refreshed, supporting a longer-term outcome led specification to reassure those people with a learning disability, their parents/carers, and the workforce during this challenging period.

4.0 FINANCIAL IMPLICATIONS

4.1 During 2021-2022, Wirral Evolutions, focus will be on transition and modernisation operating within the contract specification value of £5,015M, a reduction of £0.5M from 2020-2021. The reduction of £0.5M is split operational staff 30.36%, corporate services 37.09% and locations 32.46%.

4.2 The company does have however, a budget pressure due to the cost of transition to the new model and cost base alongside the ever-changing covid restrictions which

are the key concerns for 2021-2022. This generates a budget pressure which was identified within the proposal, outside of the £0.5m savings as these are factors outside of the company's control. If not recovered, the company is forecasting a retained loss of – (£256,912). This equates to transitional pay forecasted to affect 23.69 FTEs, a total cost pressure for staff (£124,496) and loss of income forecasted (Covid impact & PPE) (£112,832) for first 6 months of 2021-2022 and retained loss of (£-19,586). *This assumes additional Covid costs may not be required beyond September 2021.*

5.0 LEGAL IMPLICATIONS

5.1 As a wholly owned company, the following legislation is relevant: -

- Local Authorities (Goods and Services) Act 1970
- Local Government Act 1999
- Local Government Act 2003
- Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE)
- Localism Act 2011
- Equalities Act 2010
- Care Act 2014
- Company Act 2006

5.2 Wirral Council do not have a legal duty to provide day services, but do have a legal duty to meet the assessed needs of adults requiring care and support.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 Wirral Council and Wirral Evolutions have discussed a range of options to modernise the current operating model, to align the operating costs to the budgeted amount of £5.015m for 2021 to 2022. Wirral Evolutions submitted a proposal as part of the service review to restructure the service.

6.2 The Communications team will deliver the consultation exercise as part of their usual work plan.

7.0 RELEVANT RISKS

7.1 Wirral Evolutions has identified assumptions and risks within the agreed saving proposal, in particular transition and pace of change which is detailed in this report.

7.2 Wirral Evolution updates the Councils multi-functional project board team monthly, who review the risks and decide the mitigating actions to reduce the impact on the transition.

7.3 Covid-19 presents an ongoing Issue and future unidentified risks to Wirral Evolutions and the people it supports.

8.0 ENGAGEMENT/CONSULTATION

8.1 Part 1: Formal organisational restructure workforce consultation was launched week commencing 22nd March 2021 and will close on the 19th of May 2021, in accordance with Wirral Council HR processes and procedures.

8.2 Formal weekly engagement meetings have taken place with Trade Unions throughout the workforce consultation process, supported by Wirral Council Human Resources.

8.3 Part 2: Formal engagement with people with a disability, parent/carers, advocacy groups and wider stakeholders will commence from week beginning 24th of May 2021.

8.4 There will be continued engagement and support from Wirral Evolutions Board.

9.0 EQUALITY IMPLICATIONS

9.1 Wirral Evolutions has an equality, diversity and inclusion policy in place and promotes the rights of people living with a disability

9.2 An Equality Impact Assessment has been produced by the project team and will continue to be updated throughout the engagement / consultation process.

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

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 Wirral Evolutions will consider environment and climate implications associated with delivering Day Services across multiple venues in Wirral. The Day Services currently operates from nine Council owned buildings, that are rented by Wirral Evolutions. The review conducted by the Council considered how the buildings utilised for Day Services can be more efficient by reducing carbon emissions, waste, and energy use.

REPORT AUTHOR:

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APPENDICES

- Appendix A : Wirral Evolutions Annual Report 2019-2020
- Appendix B: Wirral Evolutions Supported Pathways Pilot 2019-2020

BACKGROUND PAPERS

- Adult Social Care and Health Committee Report – 18th January 2021
- Wirral Evolutions Savings Proposal – 20th November 2020
- Wirral Evolutions Business Strategy 2025 - <https://www.wirralevolutions.org/our-strategy>

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
<ul style="list-style-type: none">• Adult Social Care and Public Health Committee	18 th January 2021

Annual Report 2019 - 2020



'Celebrating a year of progress, impact and achievements'



Enriching Lives of People with Disabilities & Maximising Potential

#OneLifeLetsLiveIt
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WELCOME

On behalf of Wirral Evolutions Ltd, we would like to welcome you to our Annual Report 2019-2020 which reflects on the last 12 months of progress and achievements. Throughout the year we have witnessed significant impact that has underpinned our vision of **'enabling the people we support to have choice and exercise control over their own lives'** and in doing so, enabled many positive differences for the Wirral Family and surrounding communities.

As we reflect on the last 12 months, we have made great strides ahead by **placing the people we support at the heart of everything we do** - but also recognise we are continuing to embrace the challenges presented, only to see further opportunities ahead.

Some of our highlights include:-

- ✓ Production of Strategic Intent, Governance Framework, Financial Regulations and Business Strategy setting the company's direction of travel for the next 5 years
- ✓ Co-developed a comprehensive Quality Assessment Framework in accordance with CQC standards and practices
- ✓ Awarded Wirral Volunteering Standard Accreditation which recognises excellent practice in volunteering, development and management
- ✓ Learning Disability Inclusive Employer status awarded by www.mylifemychoice.uk
- ✓ National Living Wage Employer status maintained
- ✓ A clear, transparent and structured performance framework consisting of metrics, data, information and trends aligned to our Strategic Framework 2025 in place
- ✓ Speak Up Be Heard, our local Self Advocacy Group established to co-develop ways of gauging the experiences and opinions of the people we support the shaping of our service design and opportunities
- ✓ Strengthened engagement with key stakeholders who have an active role to play supporting Wirral Evolutions to achieve its mission, vision and outcomes
- ✓ Enhanced life skill experiences through personalised 'supported pathways pilot' achieving vocational qualifications and volunteering opportunities
- ✓ Personalised impact case studies demonstrating and celebrating the value people place on their life experience
- ✓ Score of 51 combined net promoter score (NPS) achieved from those people who would recommend Wirral Evolutions, which is significantly (24 points) above the national average
- ✓ Witnessing the people we support learning skills and developing confidence as they actively participated in the Wheels for All demonstration in front of the crowds at the OVO Energy Tour of Britain, making memories for life – check out Harry here - shorturl.at/hwRTX
- ✓ An active response to redesign an outreach service to support needs of the people we support, families, communities and key stakeholders during Covid-19 pandemic

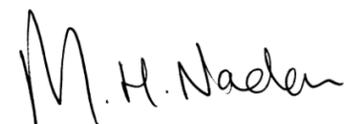
Whilst the list above is not exhaustive, the content of our annual report demonstrates a rich variety of statistical and impactful case studies which we hope you will enjoy reading.

Thank you for taking the time and helping us celebrate a year of progress, impact and achievements.



Jean Stephens
Managing Director

Best wishes



Mike Naden
Chair

WHO WE ARE



WHO WE ARE

Our Foundations

Wirral Evolutions Ltd was incorporated in 2015 as a private company limited by shares and trading as a Local Authority Trading Company (LATCo) to provide personalised Day Services and experience for adults with a wide range of learning and physical disabilities.

By placing the people we support at the heart of everything we do, we work hard to ensure that our service delivery is of the highest quality, enabling greater outcomes and benefits for the people we support. Our work ensures that:

- ✓ There is a focus on Physical and Mental Health, to enrich the lives of the people we support
- ✓ Wellbeing is improved, increasing the levels of enjoyment, self-esteem and happiness whilst promoting friendship
- ✓ Life skills are developed, encouraging confidence, choice, exercising control, communications and self-awareness
- ✓ Community integration as a way of life through volunteering, employment, education, training and social connectivity

We achieve this through a wide range of people centred services and activities across our multiple locations in the Wirral. This includes:

- ✓ Creative expression, through arts, pottery, crafts and music
- ✓ Physical Wellbeing through sports and leisure
- ✓ Hospitality and catering
- ✓ Horticulture, conservation and woodwork skills
- ✓ Beauty, sensory and relaxation experiences
- ✓ Information Technology
- ✓ Vocational Qualifications
- ✓ Education and learning
- ✓ Community volunteering and employment life skills
- ✓ Advisory and Advocacy support including travel, health and housing

[#OneLifeLetsLiveIt](#)

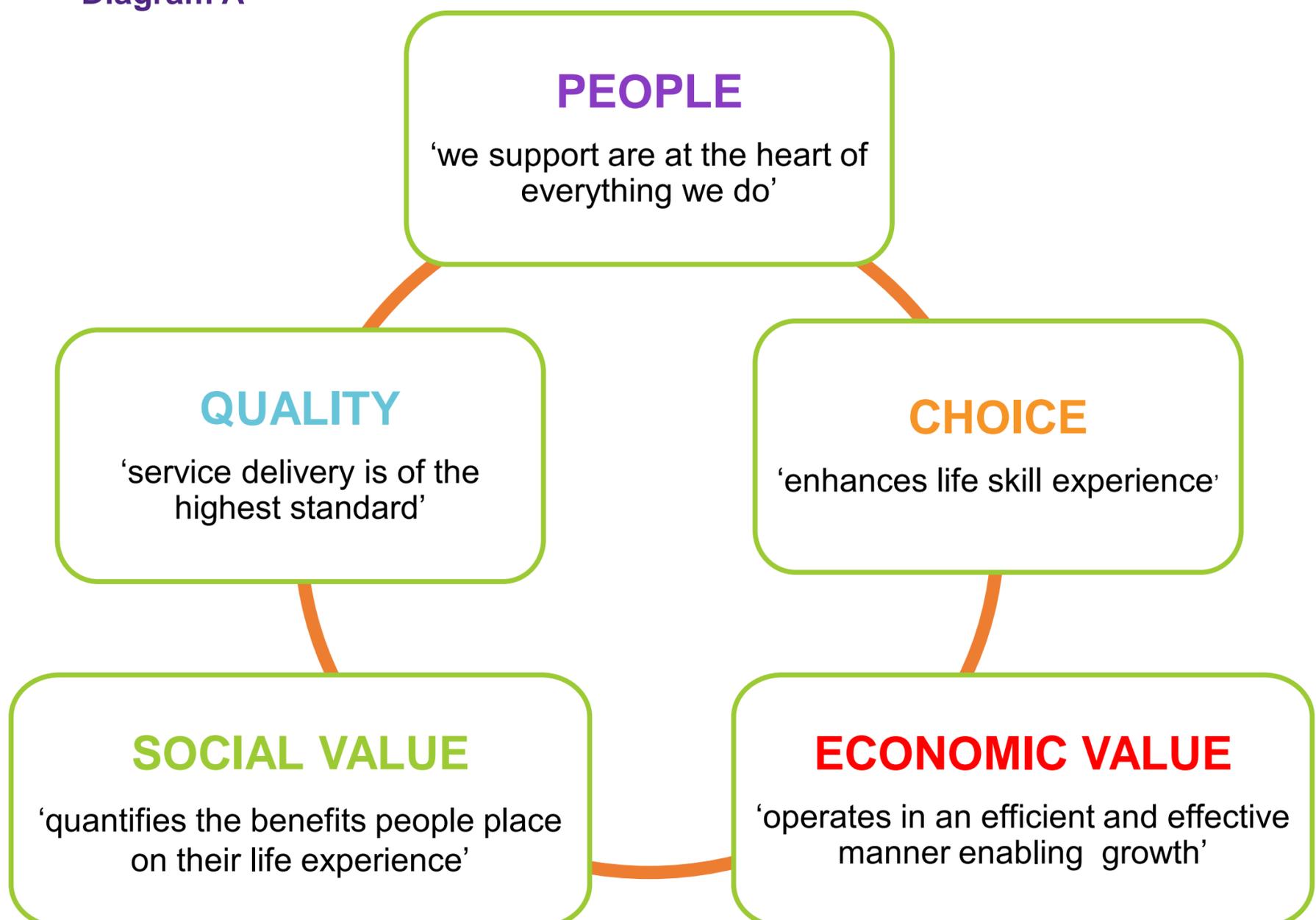
WHO WE ARE

Value Creation

To ensure long term continuity and success for the largest provider of adult day care services for people with learning and physical disabilities across Wirral, the company has distilled a set of 'Guiding Principles' that will underpin [Our Business Strategy 2020 – 2025](#) . In doing so our business strategy enables purposeful value for the people we support, shareholder, commission, stakeholders and community partners.

Through **personalisation, collaboration** and **supported pathways** our 'Guiding Principles' illustrated in diagram A below will ensure:-

Diagram A



OUR BOARD

Mike Naden, Chair

Mike has a broad range of experience as a result of roles within banking, Finance, Retail, Utilities and Engineering. He is an accomplished and experienced business expert who has significant management experience at a senior level. Mike also holds a non-executive role at the Ministry of Defence. Mike was appointed as Chair in November 2017.



Lisa Knight, Non-Executive Director

Lisa has a clinical background in mental health care and over 20 years' experience of working with the public and voluntary sector within health and social care. She is the Chair of Relate Cheshire, Merseyside & Greater Manchester, a Teaching Fellow at Lancaster University and a Non-Executive Director for St Helens & Knowsley NHS Trust.

Pam Williams, Non-Executive Director

Pam has a degree in Economics and is a qualified accountant and member of the Chartered Institute of Public Finance and Accountancy. Prior to her retirement in 2015, she had over 20 years experience operating at Board level in a wide range of local authorities, most recently as Executive Director of Finance at Tameside Metropolitan Borough Council. Pam also holds Non Executive Director and Audit Committee Chair positions with Mersey Care NHS Foundation Trust and Muir Group Housing Association.



Carey Bamber, Non-Executive Director

Carey has a strong national reputation across Adult Social Care settings for her Chairing of regional policy and practice networks over the past 15 years. These include third sector networks, family and disabled people's organisations, health networks and personalisation leads.

Carey left the organisation in October 2019. Wirral Evolutions wish to express sincere thanks to Carey for all her support and guidance during the previous years. She really did make a difference and WE wish her well in her future adventures!

Jean Stephens, Managing Director

Jean has been Managing Director at Wirral Evolutions Ltd since February 2019. She has over 25 years of experience operating as a Chief Executive and at Board level within the Public, Voluntary and Commercial sectors. Qualified in leadership, management and marketing, Jean brings innovation, excellent organisational skills and a confident persuasive leadership style.



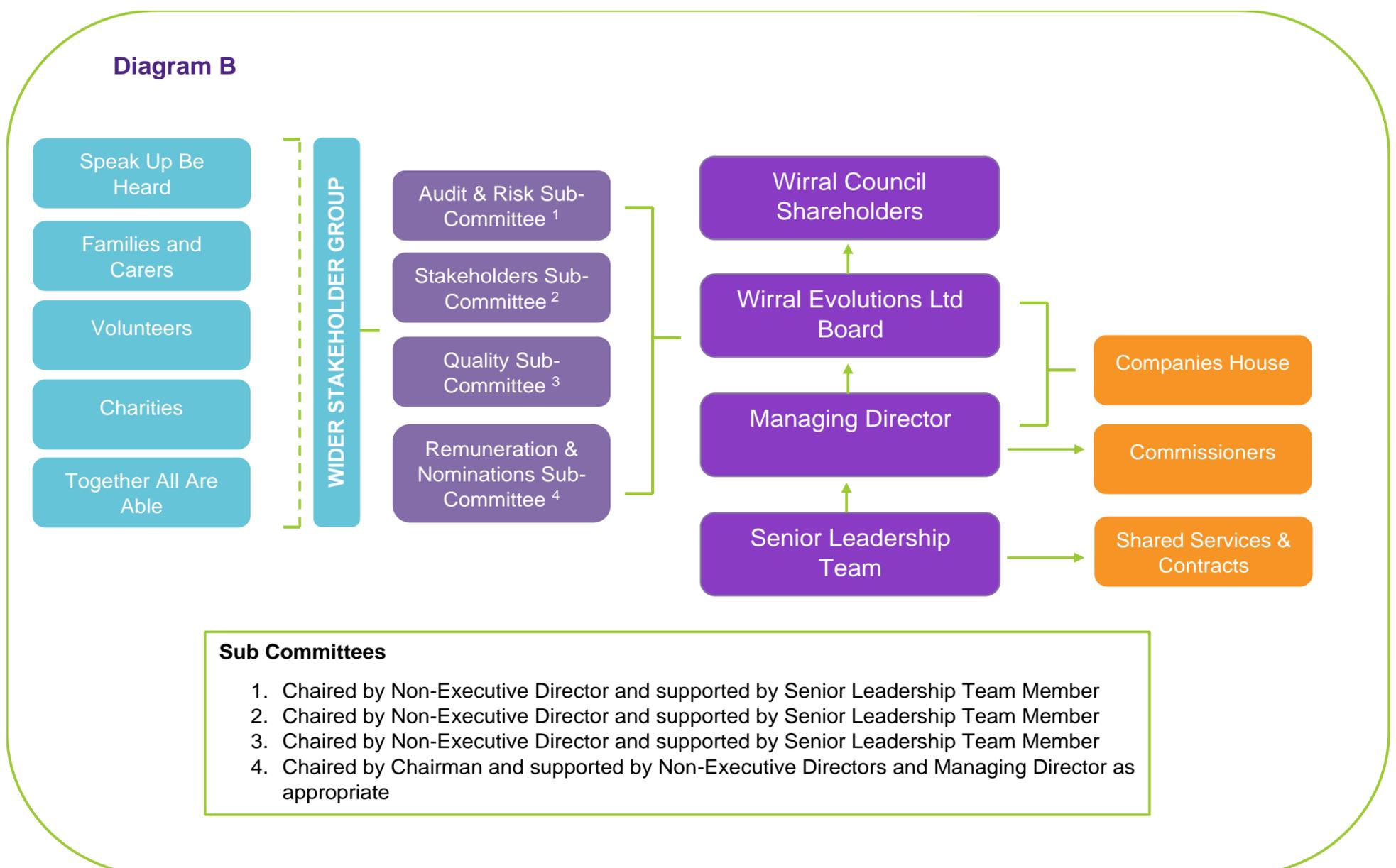
OUR GOVERNANCE

Our Ways of Working

Wirral Evolutions Ltd is a private company limited by shares, registered in England and Wales, no. 09589953, trading as a Local Authority Trading Company (LATCo). Through its comprehensive [Governance Framework](#) it defines the **corporate governance principles, its structures, relationships, levels of accountability, processes and behaviours** in accordance with [The UK Corporate Governance Code 2018](#)

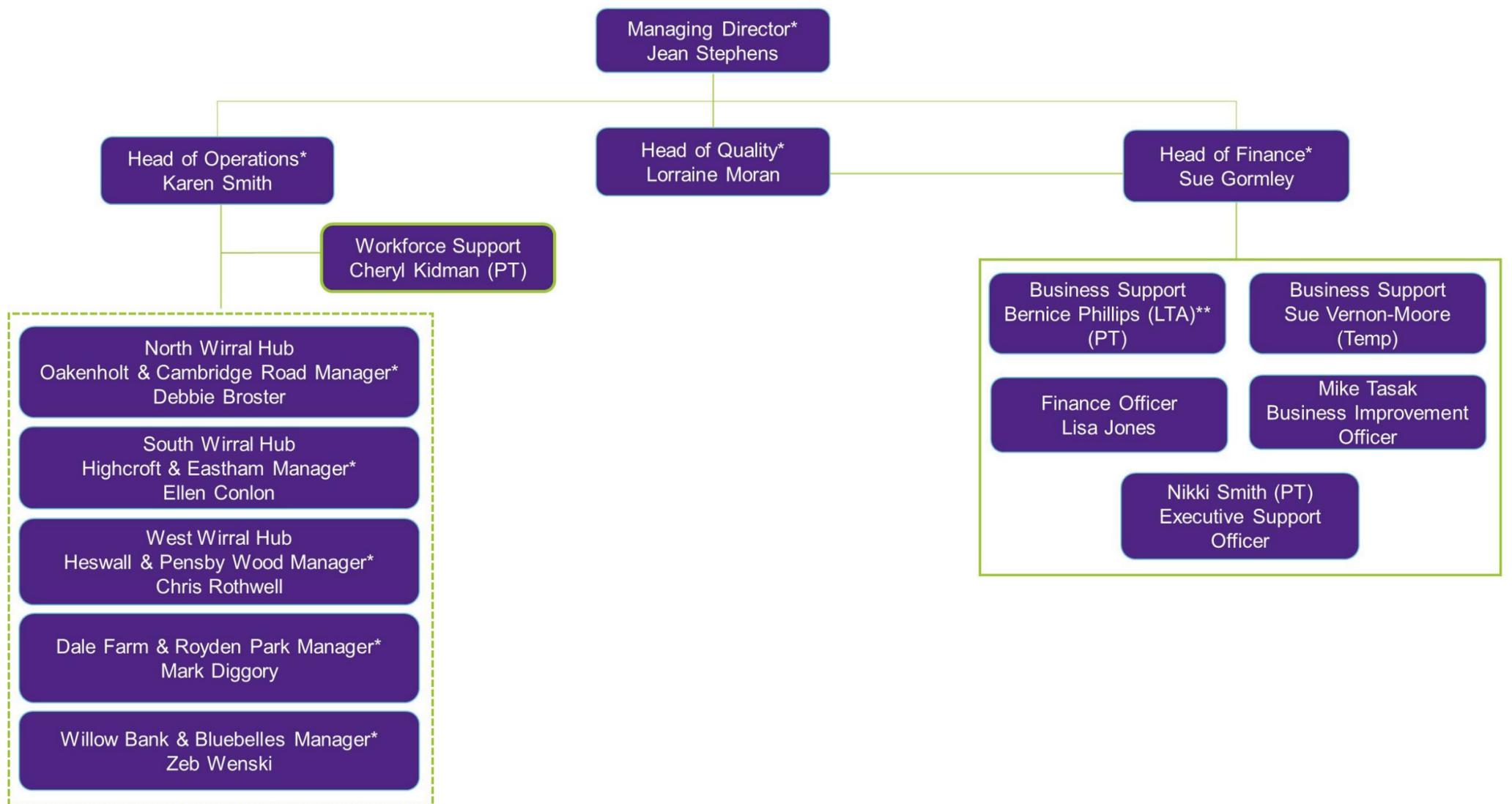
It is led by a strong, strategic leadership board who set the direction of travel for the company in terms of strategy, performance, quality standards, human resources, audit and risk, improvement and mentoring. The Board is supported by sub committees as a vehicle for engagement, communications and scrutiny.

Diagram B below sets out the relationships and accountability between the Shareholder, the Board, Executive Team and other significant Stakeholders



STAFFING STRUCTURE

Our People



Notes:

* Denotes Leadership Team

** LTA = Long Term Absence

--- Responsible for Team Leaders, Service Co-ordinators, Service Support & Volunteers at the locations

□ Denotes Business Support functions

OUR STRATEGY



OUR STRATEGY

Vision

To enable the people we support to have choice and exercise control over their own lives

Mission

Working together to inspire lives, remove barriers and widen horizons for the people we support

Values & Beliefs

Personal
Integrity
Quality
Openness
Accountable
Collaborative

Purpose

We enrich the lives and opportunities of the people with learning and physical disabilities

OUTCOMES & BENEFITS

LIVES
ENRICHED

WELLBEING
IMPROVED

INDIVIDUAL
DEVELOPED

COMMUNITY
INTEGRATED

HEADLINE STATISTICS & IMPACT



PEOPLE

People We Support

Providing a high quality provision to all people we support



AVERAGE OF

410

People with disabilities supported through enriched activities



100%

of personalised outcome plans quality assured



194,535

hours of enrichment/life skills activities (75%) and personal care (25%) provided



119 (28%)

people we support completed a level one qualification, with 14 progressing into community volunteering



PEOPLE

Satisfaction Survey 2019 – People We Support¹

61

NPS Score of 61 - when asked how likely they are to recommend a company to their friends and family²



48%

48% of respondents said that they knew how to access advocacy support via Wirral Evolutions³



70%

70% of respondents felt that they had a say in their own support⁴



85%

85% of respondents were happy with the activities on offer



Wellbeing⁵

Our Score

30.4



National Average

23.61

1. 250 people we support completed the survey in total out of 350, discounting those people we support who have limited capacity (total people we support = 407)
2. The Net Promoter Score (NPS) is calculated by subtracting the % detractors (12%) from the % of promoters (73%) to give an overall NPS score (61). Respondents that score 9 or 10 signify consumers that are likely to promote a brand; consumers that give scores of 7 or 8 are deemed as passives; while a score of 6 or less means a customer is a detractor. Average NPS for all UK sectors is 10
3. Figures are rounded to the nearest whole percent
4. Where answers are out of a score of 10, percentages are taken from scores of 8/10 or above
5. To assess the wellbeing of respondents we used the recognised Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) which was developed to enable the monitoring of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing. - <https://rb.gy/ragvno>

PEOPLE

People We Support

Providing a high quality provision to all people we support

I enjoyed my birthday here
I'm more confident to speak up

Getting to know people
Improving my confidence
Learning new skills
I have enjoyed the last 12 months at Bluebells

Passing my level 2
NPTC in petrol
strimming

Painting on my own and using different skills like my brothers do at work

Getting out and feeling self worth

Learning to make sandwiches makes me more independent

I like to meet my friends in a safe environment and be happy so we can talk

My walking and exercise

Football improves my fitness and team building

PEOPLE

AC's Story

Why AC needed our support

- AC is a 52 year old man with learning disabilities
- He has previously attended day services, however there has been a 12-year gap since he last attended a service and mixed with his peers
- In this time, he has been at home with his mother who now requires respite
- AC also needed more structure and activities to meet his social requirements
- He found social situations difficult and was reluctant to engage in large groups as it made him anxious

Steps taken to support AC

- ✓ Offered taster days to AC at Highcroft, which he initially found difficult, especially with large group activities
- ✓ Time was spent with AC talking about his interests, and what activities he liked and didn't like
- ✓ AC was offered IT sessions to allow him to follow his interest in Liverpool football club when staff found that this was something he really enjoyed. These sessions were offered at mornings, as this was the time he was most anxious
- ✓ AC was offered taster sessions in Art as he had expressed interest in drawing He found the large group session difficult, so he was given the option to sit in a quieter area to engage in Art activities
- ✓ AC has been given a structured routine for the days he attends so that he knows where to go and what he is doing

The difference made

- ✓ AC now has a structured routine that he is familiar with that meets his social needs
- ✓ His anxiety has reduced, and his general mood has improved
- ✓ AC is now more engaged with other people we support and our staff
- ✓ He is happier attending activities with larger groups than before, such as Bingo where he has helped to call out numbers during the session
- ✓ His self-esteem and self-confidence are developing

'I have seen vast improvement in his behaviour. He is approachable and always has a smile when communicating and is engaged in activities. In just a short time, attending Highcroft has made a difference to his life. This shows in his personality and how he engages with others.' – *Staff Member, Highcroft Centre*

PEOPLE

GB's Story

Why GB needed our support

- GB is a young woman that lives with her parent. She has a learning disability which affects her ability to communicate effectively, her comprehension, understanding of behaviours and her emotions
- GB was very quiet and found it hard to give eye contact and to talk to other individuals, she lacked in confidence and self-esteem. She initially struggled with the transition from school to her work placement at Best Bites
- GB would frequently experience high levels of anxiety, she would self sooth by humming loudly and simulate yawning. She would frequently check her watch and pace by the window asking staff what time her transport would arrive and would ring her mum at every given opportunity. She would become distressed and emotional at times when she was unable to understand or express her emotions

Steps taken to support GB

- ✓ The staff team at Best Bites provided GB with support, guidance and skills that have encouraged her to grow and develop her confidence and ability to communicate her needs and wishes
- ✓ A good relationship has been built with GB which has enabled her to develop trust in our staff so she is able to discuss her needs and wishes for her future. This has given her a voice
- ✓ When staff have any concerns GB's parent is informed which prevents GB becoming anxious and unhappy at her placement making her experience positive

The difference made

- ✓ GB appears more confident and able to express herself
- ✓ GB is more settled and has made friends at Best Bites and is not ringing her parent as frequently, or seeking to go home
- ✓ Her confidence has noticeably grown and she is now able to approach and communicate with customers with minimum guidance. She is able to use her initiative more and will not seek reassurance as often
- ✓ GB has found her voice and is not afraid to talk to staff about what she has done at the weekend or talks about things that have happened to her. She will now speak up at meetings or morning briefings with her peers and staff
- ✓ She will now communicate her feelings when upset and is beginning to understand her emotions better. This has helped reduce her anxiety

PEOPLE

AB's Story

Why AB needed our support

- AB is a person we support at Pensby Wood and had experienced a profound deterioration in his physical health
- It had been identified that AB would benefit from access to physiotherapy and hydrotherapy to slow down the decline in his health and subsequent reduction of his independence
- AB's original placement did not have the much-needed specialist equipment to support him with activities to improve his health issues and he did not have any physiotherapy input

Steps taken to support AB

- ✓ Meetings held with the individual and his parent about what the centre had to offer and why it would be beneficial to him
- ✓ After his induction he was offered the choice to continue at the service
- ✓ Completed a referral to physiotherapy for assessments to maximise the use of available equipment
- ✓ Physiotherapist guidelines and advice were put in place to ensure plans were followed to achieve the best outcomes
- ✓ Presented a case for 1 – 1 support to enable him to access the service safely and improve his postural care and appropriate interventions
- ✓ Worked in partnership with the individual, his mum, staff from another centre where he attends and the physiotherapist to make sure the transition was tailored to suit his needs

The difference made

- ✓ Slowing of deterioration in health issues which will allow him to maintain some independence by offering activities identified in partnership with the physiotherapist
- ✓ Improved muscle tone and dexterity through accessing the hydrotherapy pool or tilt table on a weekly basis
- ✓ Prevented the deterioration of skin integrity and improved posture due to regular position change
- ✓ Widened his social circle and wellbeing through staff interaction and 1 – 1 support and the reintroduction to old friends

“I love coming to Pensby Wood as I have seen friends that I haven't seen for ages and I enjoy swimming in the warm pool” - AB

PEOPLE

Satisfaction Survey 2019 – Our Staff ¹

10

NPS Score of 10 - when asked how likely they are to recommend a company to their friends and family²



68%

68% of respondents said they feel valued in their role ³



95%

95% of respondents said that they were 'satisfied' or 'delighted' with the opportunities for training and development.



Wellbeing ⁴

Our Score

25.5



National Average

23.61

1. Number of respondents to survey - 149 (100% response rate)

2. The Net Promoter Score (NPS) is calculated by subtracting the % of detractors (27%) from % of promoters (37%) to give an overall NPS 10 score. Respondents that score 9 or 10 signify consumers that are likely to promote a brand; consumers that give scores of 7 or 8 are deemed as passives; while a score of 6 or less means a customer is a detractor. Average NPS for all UK sectors is 10

3. Figures are rounded to the nearest whole percent

4. To assess the wellbeing of respondents we used the recognised Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) which was developed to enable the monitoring of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing - <https://rb.gy/ragvno>

PEOPLE

Our Staff

Supplying a qualified and motivated workforce

Having twilight training and improving on learning new skills within my role

Training has had a positive impact on the workforce and standardisation of processes across services has improved quality

Being part of the improvement team and making a positive difference to the company

Management has been more encouraging which has improved my confidence in decision making

helping individuals in my cookery classes achieve new skills

Seeing potential in members of staff and encouraging them to undertake challenges

Watching the company develop and seeing new opportunities

Seeing potential in members of staff and encouraging them to undertake challenges

Making a difference when I have helped the people we support to achieve something

Highlights from the past year (from our 2019 Survey)

PEOPLE

Volunteers



6,624

Volunteer hours given*

Which equates to**

£95,584



Volunteer Framework Created ***



Enriching Lives of People with Disabilities & Maximising Potential
#OneLifeLetsLiveIt

Awarded Wirral Volunteering Standard +



Volunteers Framework 2019 – 2024



*volunteering hours based on a average of 3.5 hours per day

** ONS recognised and cited financial figure of £14.43 per hour

*** <https://www.wirralevolutions.org/volunteers>

+ <https://communityactionwirral.org.uk/wp-content/uploads/2019/04/Wirral-Volunteering-Standard.pdf>

PEOPLE

Satisfaction Survey 2019 – Volunteers¹

50

NPS Score of 50 - when asked how likely they are to recommend a company to their friends and family²



94%

94% of respondents said they feel valued in their role³



94%

94% of respondents said that they were 'satisfied' or 'delighted' with the opportunities for training and development.



Wellbeing⁴

Our Score

30.09



National Average

23.61

1. 18 Volunteers responded to the survey
2. The Net Promoter Score (NPS) is calculated by subtracting the % of detractors (11%) from % of promoters (61%) to give an overall NPS 50 score. Respondents that score 9 or 10 signify consumers that are likely to promote a brand; consumers that give scores of 7 or 8 are deemed as passives; while a score of 6 or less means a customer is a detractor. Average NPS for all UK sectors is 10
3. % shows those that answered 'mostly' or 'completely' valued to nearest whole %
4. To assess the wellbeing of respondents we used the recognised Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) which was developed to enable the monitoring of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing. - <https://rb.gy/ragvno>

PEOPLE

Our Volunteers

Supplying a qualified and motivated workforce

Seeing how delighted the people we support are taking the items they have produced home and the response from parents

Extremely positive and it's just fun being involved

Friendships, and being able to help people we support learn and improve

Working alongside people we support and watching them develop

Helping my Wednesday group create craft items, we enjoy the time we spend together and there's lots of fun and laughter

To see happy faces after completing the task I've given them

Being busy, I love volunteering so much

I enjoy building relationships

The satisfaction of working with people we support through to good results at the end

Highlights from the past year (from our 2019 Survey)

PEOPLE

Volunteers - John's Story

In 2013, John joined our service as a volunteer from college, as he wanted to give his spare time to supporting people with learning disabilities in his local area - Highcroft Day Centre. John is a kind, caring, cheerful and helpful young man who has now been volunteering for approx. two hours per week for the past 7 years. (never missing a week, unless on holiday, but always returns with biscuits!)

On his first day as a volunteer, John was really nervous but soon settled in, and now his confidence and personality shines through all his work – he is a role model to others. During his time as a volunteer, John has made a an active difference in :-

- ✓ Supporting people we support with everyday activities
- ✓ Assisting staff in the meet and greet of visitors to the centre
- ✓ Helping in the kitchen to prep and distribute lunches
- ✓ Encourages and supports friendships within the centre

John deservedly received an recognition award from Wirral Evolutions in 2015 for his commitment, dedication and enthusiasm to volunteering as part of the Wirral Evolutions community at Highcroft Day Centre.

In addition to Wirral Evolutions, John started volunteering at Asda over 13 years ago, which has turned into a part time paid role, for twelve hours per week – this was due to his hard work and commitment.

During his role John:-

- ✓ Communicates and helps customers in the store
- ✓ Restocks the shelves when needed with various items
- ✓ Undertakes cleaning and tidying of stock items

In 2019, John visited Dundee with Asda colleagues as part of a charity walk raising money for Cash for Kids and met Wimbledon Winner Andy Murray's mum, Judy Murray (see photo below).



“Having known John for over seven years I feel he is a great asset to the centre. He is a very helpful young man and never refuses to help whenever needed. He has made lots of friends over the years and it is lovely to see how happy he is when talking and laughing with people we support and staff.”
– Debbie, Highcroft Day Centre

PLACE & PARTNERSHIP WORKING

Speak Up Be Heard

The Challenge

A core part of Wirral Evolutions ambition for an inclusive design approach is to place people we support at the heart of everything we do. Crucially the Company's journey is dependent on the increased involvement of the people we support, as the main stakeholders, to develop partnerships and enable the opportunity to influence service provision from increased involvement from people by experience.

Steps Taken

- ✓ In 2019 we established **Speak Up Be Heard** with representatives from our different locations in partnership with Together All Are Able (TAAA), an external self-advocacy group
- ✓ Between 15-20 people we support from were brought together, with representatives from each location and were supported and empowered to begin meeting on a monthly basis
- ✓ People with more complex needs were supported to make contributions and play an active part of the group
- ✓ Capacity was provided for minute recording and easy read formats were produced
- ✓ Together All Are Able hosted a workshop on self-advocacy to help develop skills, confidence and provide greater understanding of the benefits of self-advocacy

The difference made

- ✓ Group and individuals confidence and decision making has grown in strength enabling more control over their life choices
- ✓ By working together, Speak Up Be Heard are empowered to shared ideas, make suggestions for improvements and were able to plan a development day to determine their priorities for the next 12 months
- ✓ Actively involved with co-productive recruitment process of care support staff
- ✓ Provided a vital voice in the Mencap service evaluation consultation workshop
- ✓ Provided a vital voice on behalf of people with learning disabilities in Wirral Council strategy 2030
- ✓ Speaking up with confidence to Wirral Council commissioning team regarding transport challenges that people with learning disability face
- ✓ Promoted self-advocacy and shared rights, learnings and experiences together
- ✓ Represented Speak Up Be Heard at regional and national conferencing and events, gaining valuable life skills experience, social interaction with peers and sharing best practices

“Since being part of Speak Up Be Heard my confidence has got better and I can speak out more.” – LL

PLACE & PARTNERSHIP WORKING

Pathways Pilot

The Challenge

Developing and enhancing 'Life skills' is central to Wirral Evolutions Strategy. In 2019, a Supported Pathways Pilot was created to test and evaluate the impact of supporting and enabling a small cohort of people with learning disabilities on their journey to become more independent, by experiencing alternative activities, gaining life skills qualifications, accessing community volunteering or gaining employment within their local areas.

Steps Taken

- ✓ The Supported Pathways Pilot plan was produced in 2019, aligned to Wirral Evolutions Strategy 2025, Healthy Wirral Plan 2019-2020 and Wirral Council's 2020 Pledges
- ✓ Cohort of people with learning disabilities were identified and provided with the choice to participate in the pilot supported by an identified staff mentor
- ✓ Open evenings were provided for parents, carers and family members of those people we support who had chosen to participate in the pilot to raise awareness and gain further buy in to the pilot
- ✓ Needs led training plans were co-designed providing clear objectives and outcomes in to be achieved by people we support – these were in 4 categories: work experience, personal development, education and training, work preparation/employability
- ✓ Easy Read guides were created to support people in the pilot around benefits and employment
- ✓ Partnerships identified and established with Career Connects
- ✓ Staff Open Award assessment workshops were put in place

The difference made

- ✓ 25 people we support expressed interest/participated in the pathway at the start of the pilot
- ✓ 8 people gained qualifications through the Open Awards scheme and a further 4 have enrolled in the scheme
- ✓ 17 people from the original continued with the pathway and 15 of those have a completed CV
- ✓ 3 people we support left the service to peruse an employment journey and 4 are engaged with a voluntary position outside of Wirral Evolutions limited
- ✓ 4 members of staff have trained to become internal verifiers for the Open Awards scheme, which will increase capacity for people we support through their qualification journey
- ✓ Improved communications with parents, carers and family members of those people we support in the pilot
- ✓ Partnerships with Careers Connect and Job Centre established
- ✓ Full impact report produced in 2020

“Through the supported pathways pilot, M has gained more confidence and developed several coping techniques for when he feels he is struggling to concentrate. As a result of the pilot, M has gained a nationally recognised award for skills, enhancing his learning and employment knowledge including units in Health and Safety in a working Environment, kitchen hygiene and developing customer service skills. M has successfully gained a full time apprenticeship at a nursing home in Birkenhead, fulfilling housekeeping duties. We are very proud of him and his achievements.”

Page 42
– Trisha King (Staff Mentor, Best Bites)

PROFILE

Communication & Marketing Framework 2019-2020

Working to be the provider of choice

The Challenge

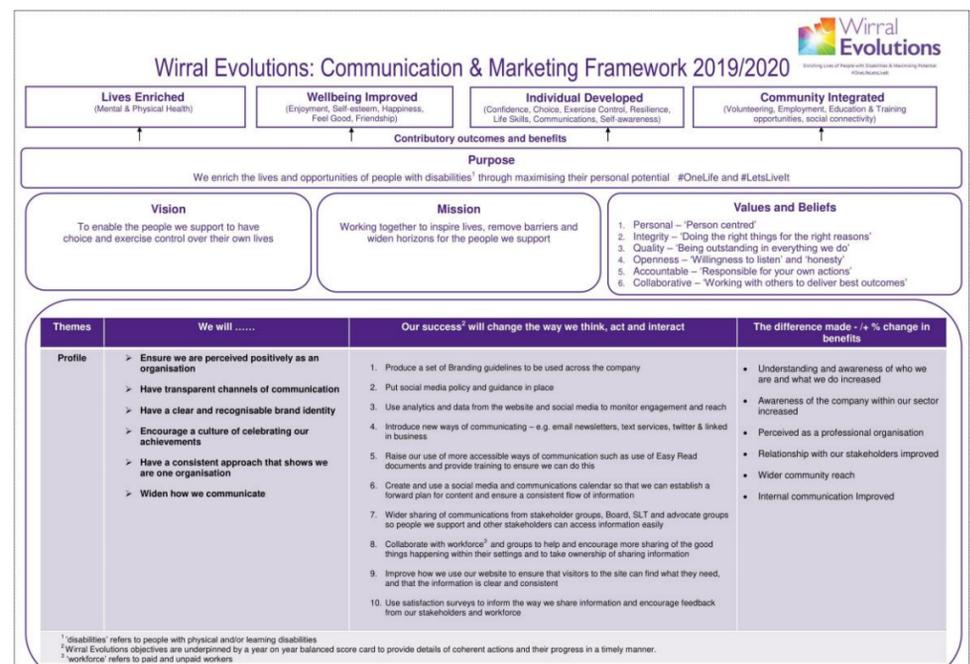
- ✓ Increase understanding and awareness of who we are and what we do
- ✓ Increase awareness of the company within our sector
- ✓ To be perceived as a professional organisation
- ✓ Improved relationship with our stakeholders
- ✓ Wider community reach
- ✓ Improve internal communication

Steps Taken

- ✓ Created Branding Guidelines for use across the company
- ✓ Updates to policies and procedures around social media
- ✓ Detailed data collected and monitored each month
- ✓ New twitter and LinkedIn accounts launched
- ✓ Monthly newsletter from the Chair of the Board launched & shared widely across the company
- ✓ Communications representatives nominated from each centre and template created for monthly updates from each centre with highlights of previous and upcoming month
- ✓ Company leaflet redesigned, new pull ups designed, new business cards issued to managers and branded items created for events.
- ✓ Content calendar created and scheduling tools used across social media
- ✓ Mailchimp account set up and mailing list sign up introduced for information sharing and newsletters
- ✓ Engagement with stakeholder groups to work in collaboration to improve communications
- ✓ Easy Read documents introduced across important documents, including Wirral Evolution's Strategy and Annual Report
- ✓ Website redesign in collaboration with SIGMA – to be launched March 2020
- ✓ Satisfaction Survey question set redesigned and NPS benchmarking introduced

The difference made

- ✓ Audience has increased across social media platforms
- ✓ Interaction/engagement has increased across social media platforms
- ✓ New social media platforms and methods of communication have been introduced
- ✓ Communication with stakeholders has increased
- ✓ Communication has become more accessible for the people we support
- ✓ New connections have been made with other organisations



PROFILE

Digital Communication



179,007¹
twitter
impressions

twitter followers
increased from
53 to 233

Facebook²
reach 33,365

Facebook followers
increased from 672
to 717



14,294 visits to
Wirral Evolutions
website

1. twitter impressions show how many total times people have seen your tweets

2. Reach is the number of unique people who saw your content

PROFILE

Provider of Choice

51

NPS score of 51 - based on our 2019 survey results ¹



71%

71% responded either very or completely satisfied with the company transparency and openness - based on the 2019 satisfaction survey question "How transparent and open do you feel Wirral Evolutions are, as a company, with you?" ²



90%

90% Strength of relationship held - Based on the 2019 satisfaction survey question "How would you rate your relationship with us?" ³

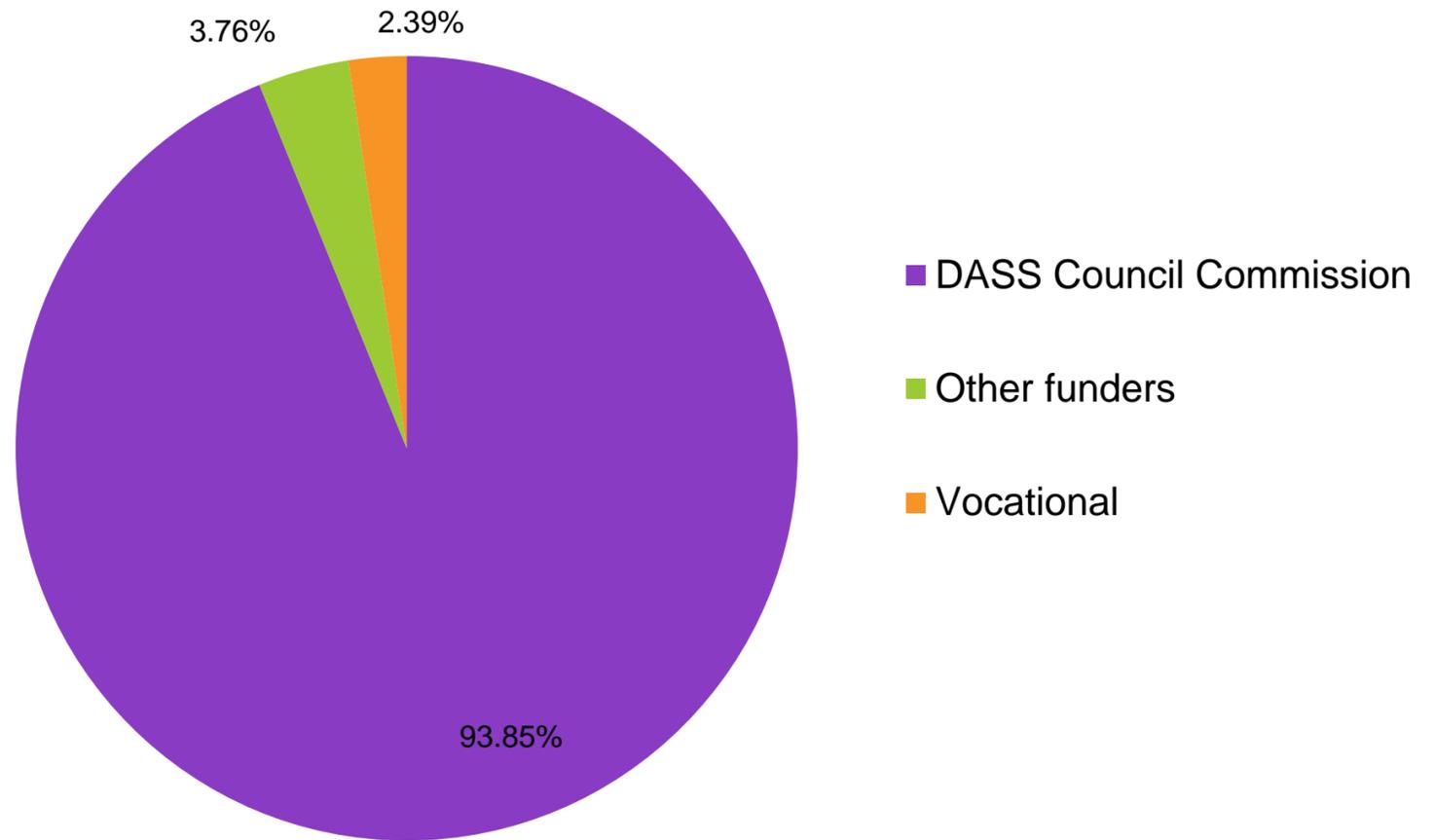


1. The internationally verified standard scoring system for measuring satisfaction and opinion. The Net Promoter Score (NPS) is calculated by subtracting the combined % of detractors (10%) from the combined % of promoters (61%) to give an overall NPS 51 score. Respondents that score 9 or 10 signify consumers that are likely to promote a brand; consumers that give scores of 7 or 8 are deemed as passives; while a score of 6 or less means a customer is a detractor. Target based on global average for 'healthcare' as the most relevant sector: <https://www.retently.com/blog/good-net-promoter-score/>) Average NPS for all UK sectors is 10
2. Based on results from the Satisfaction Survey 2019 (Parent/carer/charitable bodies - who replied with "very" or "completely")
3. Based on results from the Satisfaction Survey 2019 (Parent/carer/charitable bodies - who responded "good" or "excellent")

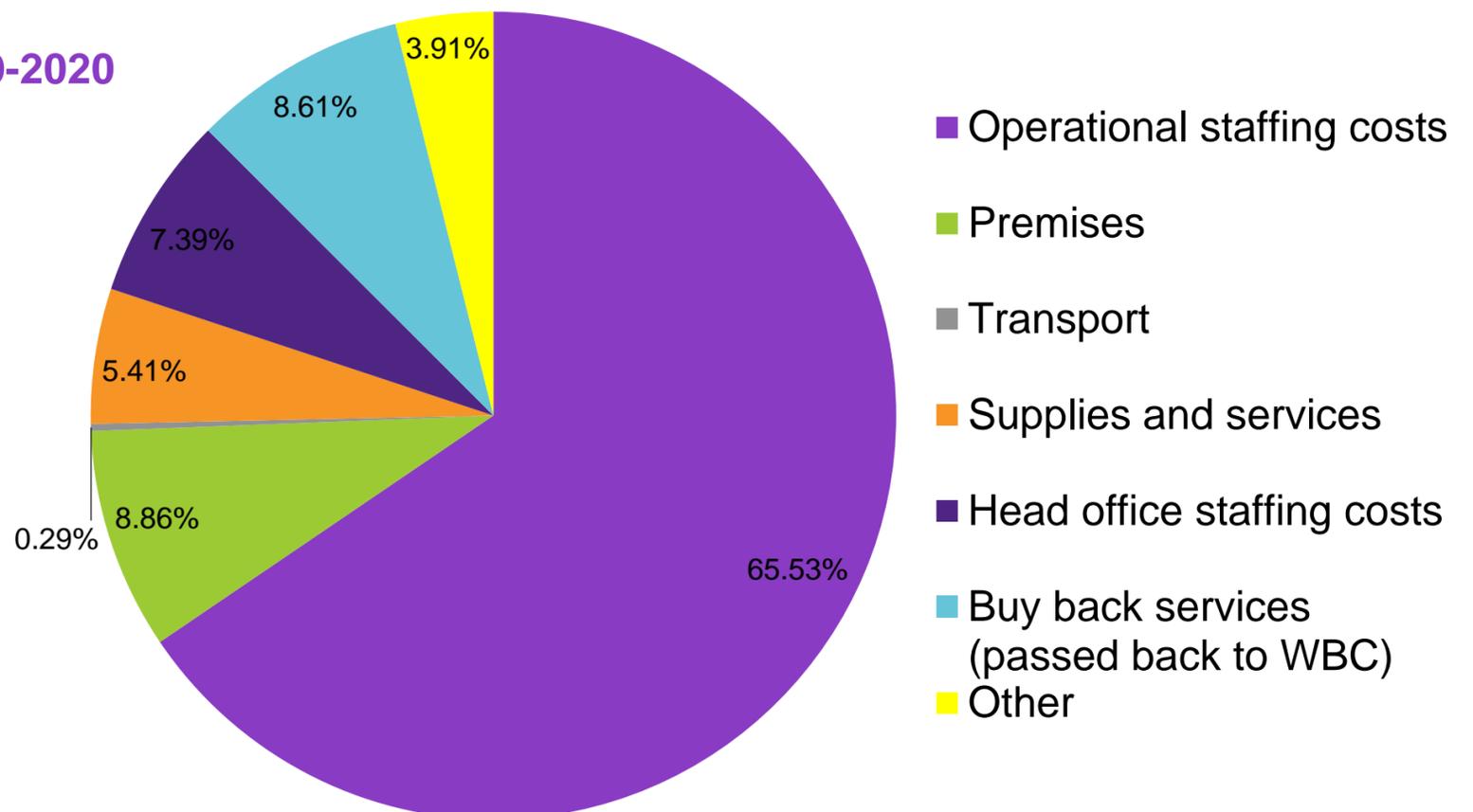
FINANCIAL HEADLINE

Summary of financial statement for year ending 31st March 2020

INCOME 2019-2020



EXPENDURE 2019-2020



Income and Expenditure restated to remove pension strain pass through back to Wirral Council

STRATEGIC PRIORITIES 2020-2021

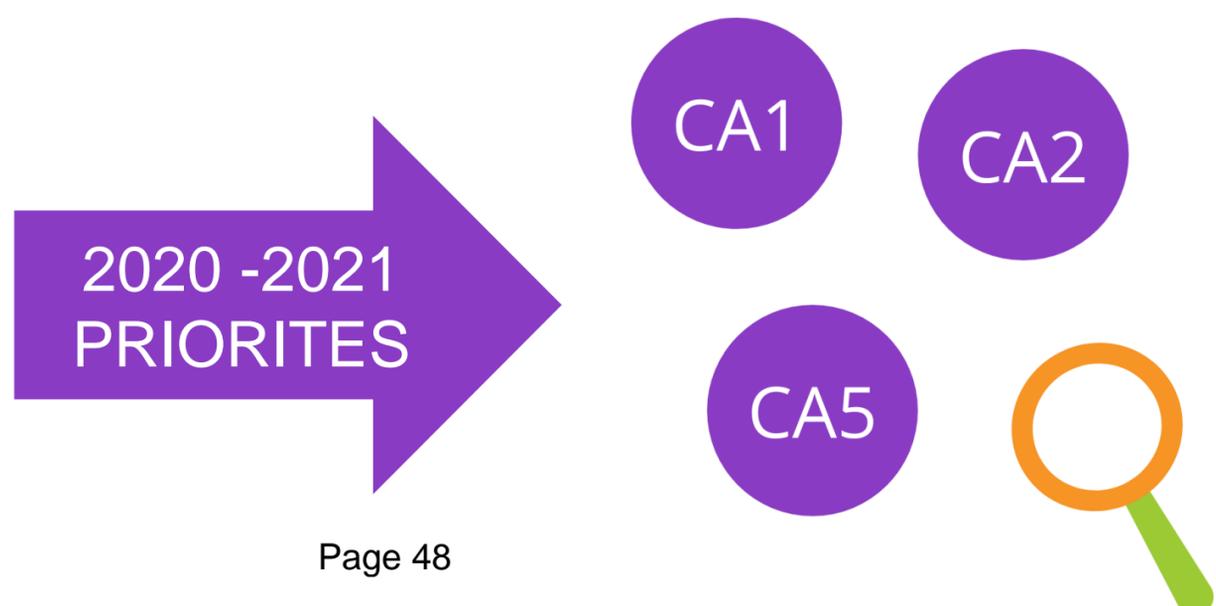


STRATEGIC PRIORITIES 2020-2021

A set of high level coherent actions have been developed to support the change required to fulfil Wirral Evolutions Ltd **Business Strategy 2020-2025** ambitions. Each **CALL TO ACTION** will require a detailed **scope of work** and **execution plan** to enable, a smooth and transparent implementation, over a set timeframe during the next five years.

CALL TO ACTION 2020 - 2025	
CA 1	<p>To deliver safe, consistent and quality assured standard of care by</p> <ol style="list-style-type: none"> 1. Utilising the 'people banding' analysis to restructure and invest in the workforce where needed 2. Implementing Wirral Evolutions Ltd Quality Assurance Framework
CA 2	<p>To enhance our leadership capacity and capability by</p> <ol style="list-style-type: none"> 1. Empowering a culture of leadership and enhanced competence levels across the workforce 2. Conducting a skills analysis of all the workforce, to identify gaps and subsequently invest where needed
CA 3	<p>To co-produce supported pathways to enhance independence by</p> <ol style="list-style-type: none"> 1. Designing and implementing an attractive and appropriate service offer for a] younger adults aged 18-24, b] adults aged 65+ and c] adults
CA 4	<p>To modernise and rationalise day service provision into the heart of the community by</p> <ol style="list-style-type: none"> 1. Utilising the asset review analysis and options appraisal to consolidate / co-locate day centres into 'specialist hubs and 'community hubs' 2. Co-developing and establishing new & existing day experiences to sustain and widen horizons creating a 'service without walls' enhancing independence
CA 5	<p>To improve innovation, competitiveness and market positioning, enabling greater sustainability by</p> <ol style="list-style-type: none"> 1. Building an effective and efficient supply chain of relationships and partnerships 2. Identifying and generating 'social capital' value within the business community 3. Exploring and implementing suitable options to diversify income and opportunities aligned to Wirral Evolutions Ltd vision and values
CA 6	<p>To embrace a digital environment to support quality care provision by</p> <ol style="list-style-type: none"> 1. Undertaking a feasibility study of technology-enabled care (TEC), to deliver cost efficient solutions and improved care for people we support 2. Identifying and deploying a digitalised system to improve the effectiveness of workforce administrative functions across the service

As illustrated below, Wirral Evolutions Board have agreed to prioritise three of the coherent actions for 2020-2021, however, due to the Covid-19 pandemic which commenced in March 2020 and is still prevalent, there will be a detrimental effect on our ability to deliver these priorities.



THANK YOU

On behalf of Wirral Evolutions Ltd, we would like to say a **BIG THANK YOU** to all our supporters:

People we support
Parents, carers and families
Our workforce and volunteers
Together All Are Able
Local charities and organisations
Wirral Evolutions Ltd Board members
Wirral Borough Council
The communities around our settings

'Together we enable the people we support to have choice and exercise control over their own lives'



#OneLifeLetsLiveIt

CONTACT US

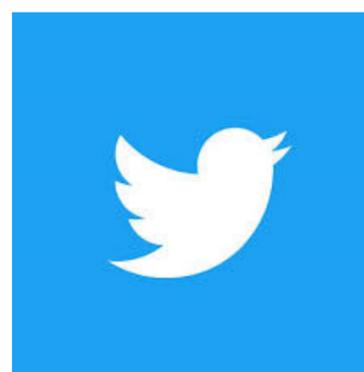
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**YOUR FEEDBACK
MATTERS**

Produced by Wirral Evolutions Ltd
2020

All photographs in this report are the property of
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Enriching Lives of People with Disabilities & Maximising Potential
#OneLifeLetsLiveIt

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Supported Pathways Pilot 2019 - 2020



Wirral
Evolutions

Enriching Lives of People with Disabilities & Maximising Potential

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Introduction

Who We Are

Wirral Evolutions Ltd was incorporated in 2015 as a private company limited by shares and trading as a Local Authority Trading Company (LATCo) to provide personalised Day Services and experience for adults with a wide range of learning and physical disabilities.

By placing the people we support at the heart of everything we do, we work hard to ensure that our service delivery is of the highest quality, enabling greater outcomes and benefits for the people we support. Our work ensures that:

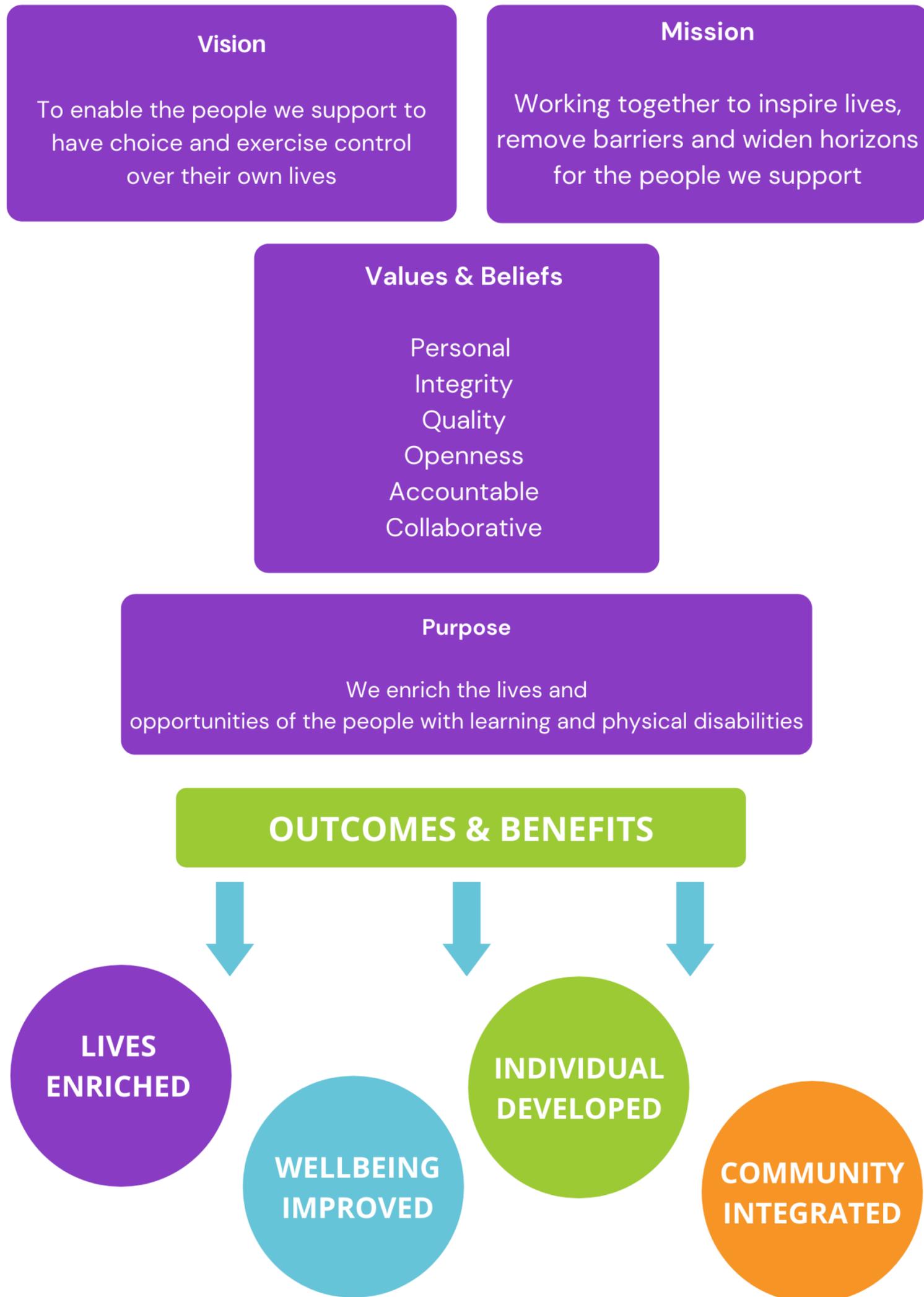
- ✓ There is a focus on Physical and Mental Health, to enrich the lives of the people we support
- ✓ Wellbeing is improved, increasing the levels of enjoyment, self-esteem and happiness whilst promoting friendship
- ✓ Life skills are developed, encouraging confidence, choice, exercising control, communications and self-awareness
- ✓ Community integration as a way of life through volunteering, employment, education, training and social connectivity

We achieve this through a wide range of people centred services and activities across our multiple locations in the Wirral. This includes:

- ✓ Creative expression, through arts, pottery, crafts and music
- ✓ Physical Wellbeing through sports and leisure
- ✓ Hospitality and catering
- ✓ Horticulture, conservation and woodwork skills
- ✓ Beauty, sensory and relaxation experiences
- ✓ Information Technology
- ✓ Vocational Qualifications
- ✓ Education and learning
- ✓ Community volunteering and employment life skills
- ✓ Advisory and Advocacy support including travel, health and housing

Introduction

Our Strategy



Purpose

Wirral Evolutions Ltd Supported Pathways Pilot (known as 'The Pathways Pilot') was established in 2019. The purpose was to evaluate the impact of supporting a small cohort of people in our services with learning disabilities and enable their journey to become more independent through alternative activities, gaining qualifications and accessing local community volunteer/employment opportunities.

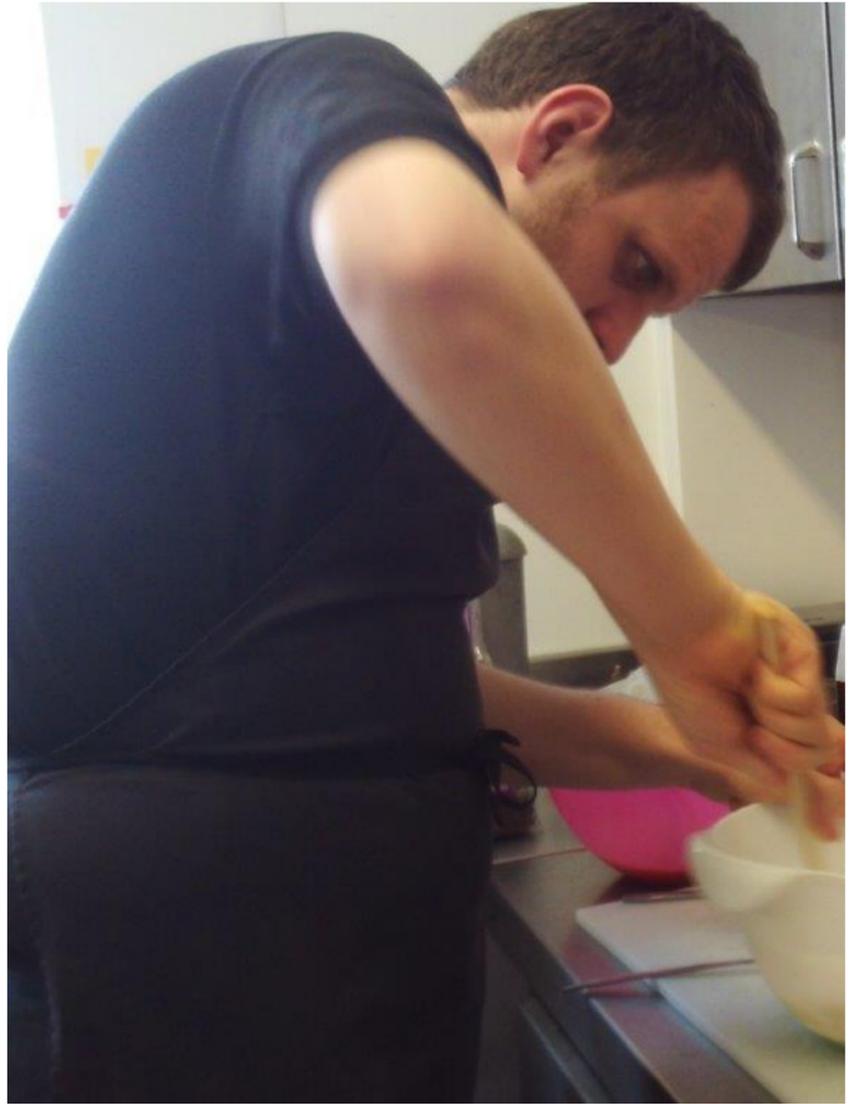
The Pathways Pilot was underpinned by the below strategies and plans:-

- ✓ [Wirral Evolutions Ltd Strategic Framework 2025](#)
- ✓ Wirral Evolutions Annual Plan 2019 - 2020
- ✓ Healthy Wirral Plan 2019 - 2020
- ✓ Wirral Council 2020 Pledges - Pledge 5: People with disabilities live independent lives
- ✓ The [Open Awards](#) scheme

[A framework was created for the Pathways Pilot](#), which focused on four distinct areas. They included: -

- ✓ **Scoping & Aspirations** – understanding the needs, motivations and desires of the people we support
- ✓ **Upskilling** – enabling skills development and confidence for both the people we support and the workforce
- ✓ **Pathway Delivery** – identifying opportunities and maximising partnership working to enable a successful pathway outcome
- ✓ **Impact** – demonstrating the value and difference made for the people we support

Within each distinct section; milestones, timescales, performance indicators and outcome measures were identified.



Key Milestones



Key Milestones

Scoping and Aspirations

A cohort of people were offered the opportunity to take part in the pilot with support from staff. They were invited alongside parents and carers to attend an open evening to introduce The Pathways Pilot, its objectives and the potential benefits for the people we support.

Based on the needs and aspirations of the people we support, a **personalised pathways plan** with clear objectives and outcomes was co-designed. The four categories to be achieved included:-

1. Personal Development
2. Education & Training
3. Work Experience (Catering & Hospitality)
4. Work Preparation/Employability/Volunteering Opportunities



Key Milestones

Upskilling

- ✓ Several awareness and engagement workshops were delivered, enhancing confidence and belief for the people we support, parents, carers and staff
- ✓ Easy Read guidance documents were co-produced enabling the people we support to understand benefits, challenges, and choices available into community volunteering, employment and education
- ✓ Members of staff were trained as internal verifiers for the Open Awards scheme
- ✓ People who participated in the Pathways Pilot were offered a variety of professionally delivered training including:
 - Hands on training and experience
 - Face to face support from Wirral Evolutions' staff and Career Connect
 - Online learning modules with support from staff
 - Opportunity to undertake professional qualifications through Open Awards
 - Access to training apps and updated IT equipment
- ✓ In partnership with Career Connect, several sessions were delivered with the people we support, to co-produce individual CV's, learn and practice new skills in job interview techniques
- ✓ Extensive work experience placements were provided in catering and hospitality* within a public setting for people we support enabling practical skills, knowledge and confidence
- ✓ During their work experience placements, people we support were given the opportunity to complete modules to help increase skills, gain confidence, and build self-esteem. Each person has a portfolio of their training and achievements which they complete with the support of staff

*Wirral Evolutions' 'Best Bites' service





Pathways Delivery & Impact



Case Study: 'AJ'

THE CHALLENGE ...

AJ is a 32 year old man referred to Best Bites through direct payments and lived at home with his mother. AJ was diagnosed with a moderate learning disability which caused him to have difficulties in processing and retaining information, and he struggled with social boundaries. His goals were to gain social and practical skills, and to become more independent in all aspects of his life. AJ wanted to move out of his family home into supported accommodation and to look for paid employment.

STEPS TAKEN ...

- ✓ AJ showed interest in hospitality and was given the opportunity to work in a setting giving him the opportunity to work in a team, gain skills and knowledge, and to feel a valued member of society
- ✓ AJ built on his skills and knowledge to benefit him both in a working environment and also at home, allowing him to build his confidence and independence
- ✓ Whilst learning, AJ was given the time he needed to enable him to process information and learn new skills and knowledge
- ✓ AJ was supported by staff and Career Connect to produce a CV

THE DIFFERENCE MADE ...

- ✓ AJ gained the skills and confidence to interact and communicate with customers staff and peers - eventually mentoring others
- ✓ AJ built confidence and independence which helped him make the move into supported living
- ✓ The skills he has learned at Best Bites have transferred to his everyday life
- ✓ AJ progressed to looking for employment outside of Best Bites and now has a voluntary role working with Bulky Bobs in Liverpool
- ✓ AJ learned the importance of social boundaries, which has helped him in his working and personal life
- ✓ AJ has expanded his social skills and has gained confidence to socialise independently with friends
- ✓ He has also been learning to play the guitar
- ✓ AJ recently completed an Open Awards Level 1 Qualification in Catering and Hospitality

Case Study: 'M'

THE CHALLENGE ...

M was 18 years old when he was referred to Best Bites in 2018. When he was younger he had been diagnosed with ADHD, ADS and a mild learning disability. He had been unable to remain focused, had a very short concentration span and would struggle with his organisational skills, making it difficult for him to prioritise. M had quite a full diary but struggled on the days he did not have activities and structure, and this had a detrimental effect on his mental wellbeing. M suffered greatly with depression. He hoped to develop his home and life skills as he lived with his mother and was looking forward to living a more independent life in future years to come. M also wanted to develop skills to assist him with future employment or an apprenticeship.

STEPS TAKEN ...

- ✓ Best Bites staff provided M with the knowledge and supported him to achieve his aspirations and goals
- ✓ M was supported and given guidance which enabled him to gain confidence, skills and knowledge
- ✓ Staff built a relationship with his mother and worked with her to deal with his anxieties and behaviours
- ✓ Best Bites staff provided M with structure and training, ensuring he was aware of correct protocol, policies and procedures
- ✓ Staff assisted M to remain focused when following instructions and to present himself in a positive and professional manner
- ✓ M was given the opportunity and support to gain a qualification in customer service and hospitality
- ✓ M was supported by staff and Career Connect to produce a CV

THE DIFFERENCE MADE ...

- ✓ M still requires guidance and support with his behaviours but is now able to present himself in a professional manner, resulting in gaining a **full time apprenticeship** at a Nursing home completing housekeeping duties
- ✓ M has gained confidence, and the ability to listen and follow instructions as well as coping techniques for when he feels he is struggling to concentrate
- ✓ M has gained a Nationally recognised Award for skills developing further learning and employment. This covered units in Health and Safety in a working environment, kitchen hygiene, developing customer service skills and many more

Case Study: 'GB'

THE CHALLENGE ...

GB is a young lady who live with her mum. She has a learning disability which affects her ability to communicate effectively and her comprehension of behaviours and emotions.

She was very quiet and found it hard to talk to people and make eye contact. She struggled with her confidence and self esteem.

When she transitioned from school to her placement at Best Bites she initially struggled with the change. She would experience high levels of anxiety, and would self sooth my humming loudly and simulate yawning. She would often check her watch and pace by the window asking staff what time her transport would arrive, and frequently call her mum while becoming increasingly distressed.

STEPS TAKEN ...

- ✓ GB was supported by Best Bites staff to build her skills and knowledge while in her placement
- ✓ GB was given extra support with tasks that made her particularly anxious such as using sharp knives or the cooker
- ✓ Best Bites staff have built a good relationship with GB and encouraged her to discuss her needs and her future wishes
- ✓ GB has been encouraged to talk to people more, with reassurance from staff
- ✓ GB has been supported to take part in a preparation for work course at college, and has completed her Open Awards diploma

THE DIFFERENCE MADE ...

- ✓ GB seeks less reassurance when talking to others as she feels more confident in herself, and she is more comfortable approaching people
- ✓ GB is more able to communicate her feelings and wishes to others, and she has a better understanding of her emotions
- ✓ GB has built a relationship with other people who attend the Best Bites service and is more comfortable socially
- ✓ GB's anxious behaviours have reduced – she calls her mum less and is no longer pacing and waiting to go home
- ✓ GB has progressed with her skills in the kitchen, and is now developing her knife skills and is more comfortable using the cooker
- ✓ GB is progressing with her employment aspirations and now has a 3 day placement at a café in Hoylake

Case Study: 'CS'

THE CHALLENGE ...

CS is a 30 year old man that lives in supported living accommodation, which he thoroughly enjoys. He is diagnosed with a moderate learning disability and requires support to keep him safe in a kitchen environment, and when cooking at home. CS sometimes struggles to understand information and can misinterpret what is being asked of him and needs reiteration and support to understand. CS also requires support with numeracy and literacy. CS's goal is to gain paid employment.

STEPS TAKEN ...

- ✓ CS was given the opportunity to train in a working environment through Best Bites, helping him to build skills and knowledge.
- ✓ CS's training at Best Bites has helped him to build practical and safe skills that will benefit him at home and in a working environment, increasing his confidence and independence.
- ✓ CS was given the opportunity to access training and qualifications that will support him in his search for paid employment.
- ✓ CS was supported by Best Bites and Career Connect to create a CV to help him apply for paid employment.

THE DIFFERENCE MADE ...

- ✓ CS has gained skills and confidence to communicate with customers, staff and peers.
- ✓ CS now has transferable skills and knowledge, such as customer service skills and health and safety, that he can transfer to paid employment, as well as his every day life
- ✓ CS now has a CV that he is using to help him apply for paid employment
- ✓ CS has gained and NVQ Level 1 in Food & Beverages, and an Open Awards Level 1 qualification in Catering and Hospitality
- ✓ CS has gained a voluntary position with Kids Zone School Club at St Peters Church



Successful Outcomes



Successful Outcomes

25

25 people we support initially expressed interest in taking part in the pilot

17

17 (68%) people we support chose to take part in the Pathway Pilot

8

8 (47%) people we support have successfully achieved their Open Award Qualification, with a further **4** (23%) since enrolled

15

15 out of the 17 people in the pilot (88%) have a completed CV

3

3 (18%) people have left the service, having successfully gained employment

4

4 (24%) people have successfully gained volunteering roles within their local communities

4

4 members of staff have qualified as internal verifiers for the Open Awards scheme





Social Value



Social Value

Wellbeing and Independence

When looking at the wellbeing and independence of the people we support involved in the pilot, two scales were looked at before and after the pilot to determine the journey travelled:

Firstly, the **Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS)**¹

Each participant were asked to rate their level of wellbeing by answering several statement as listed below, both before and after the pilot. The scale range was 1 to 5, with 1 being less likely and 5 being most likely. The National average for this scale is 23.2.



The comparison results of before and after the pilot can be seen in the graphs on page 19

Social Value

Short Warwick Edinburgh Mental Wellbeing Scale results

The results shows that all 8 individuals who have completed the Open Awards scheme have significantly improved their wellbeing levels as a direct result of the pilot. **Chart A** shows a combined average increase of 30% which is well above the national average, of 23.2 for this scale.

Chart B shows, all 8 individuals have developed life skills and have travelled along their journey, with a couple of people who have made extremely impressive improvements in their mental wellbeing and day to day skills - ranging between 15% and a huge 50% improvement. The pilot has enabled and equipped all the individuals, with support to tackle every day opportunities and challenges ahead.

Chart A

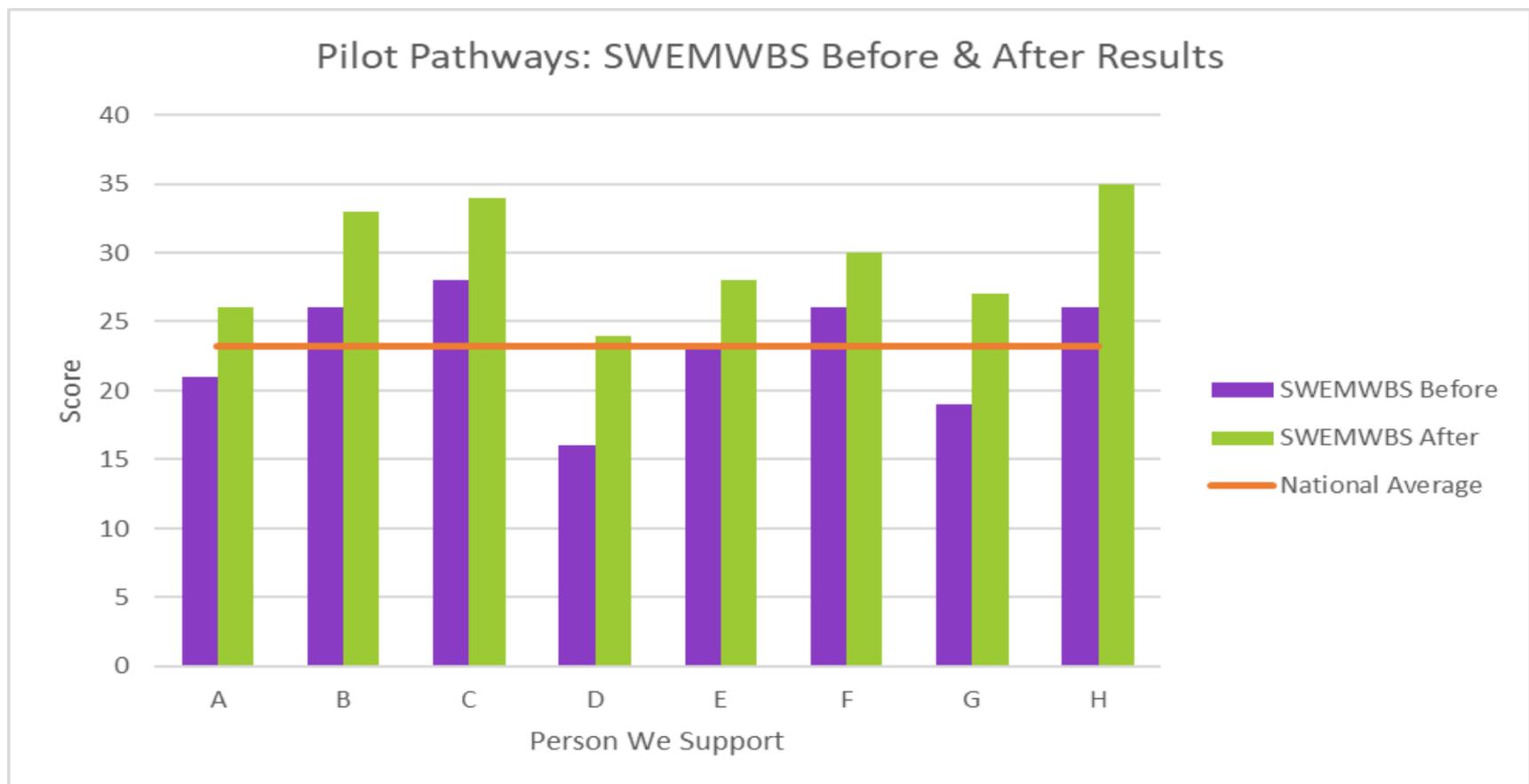
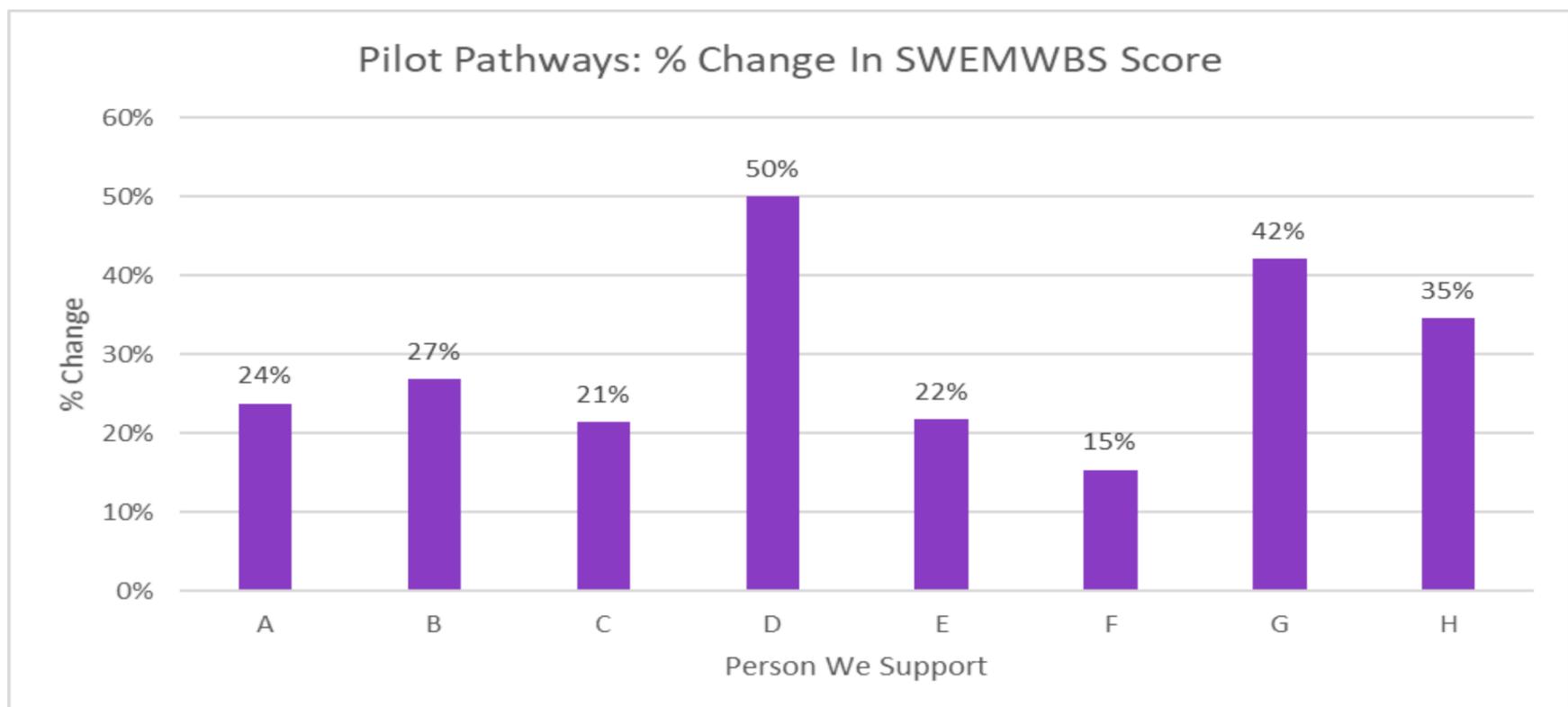


Chart B



Social Value

Wellbeing and Independence

Secondly, the **General Self Efficacy Scale**¹. Each participant were asked to rate their levels of independence and feelings of capability statements as illustrated below, both before and after the pilot. The scale range was 1 to 5, with 1 being least likely and 5 being most likely. The National average for this scale is 2.9



The comparison results of before and after the pilot can be seen in the graphs on the next page.

Social Value

General Self Efficacy Scale¹ Results

The results shows that all 8 individuals who completed the Open Awards scheme have significantly improved their levels of independence and feelings of capability as a direct result of the pilot. **Chart C** shows a combined average 25% increase which places every individual well above the national average (2.9) for this metric.

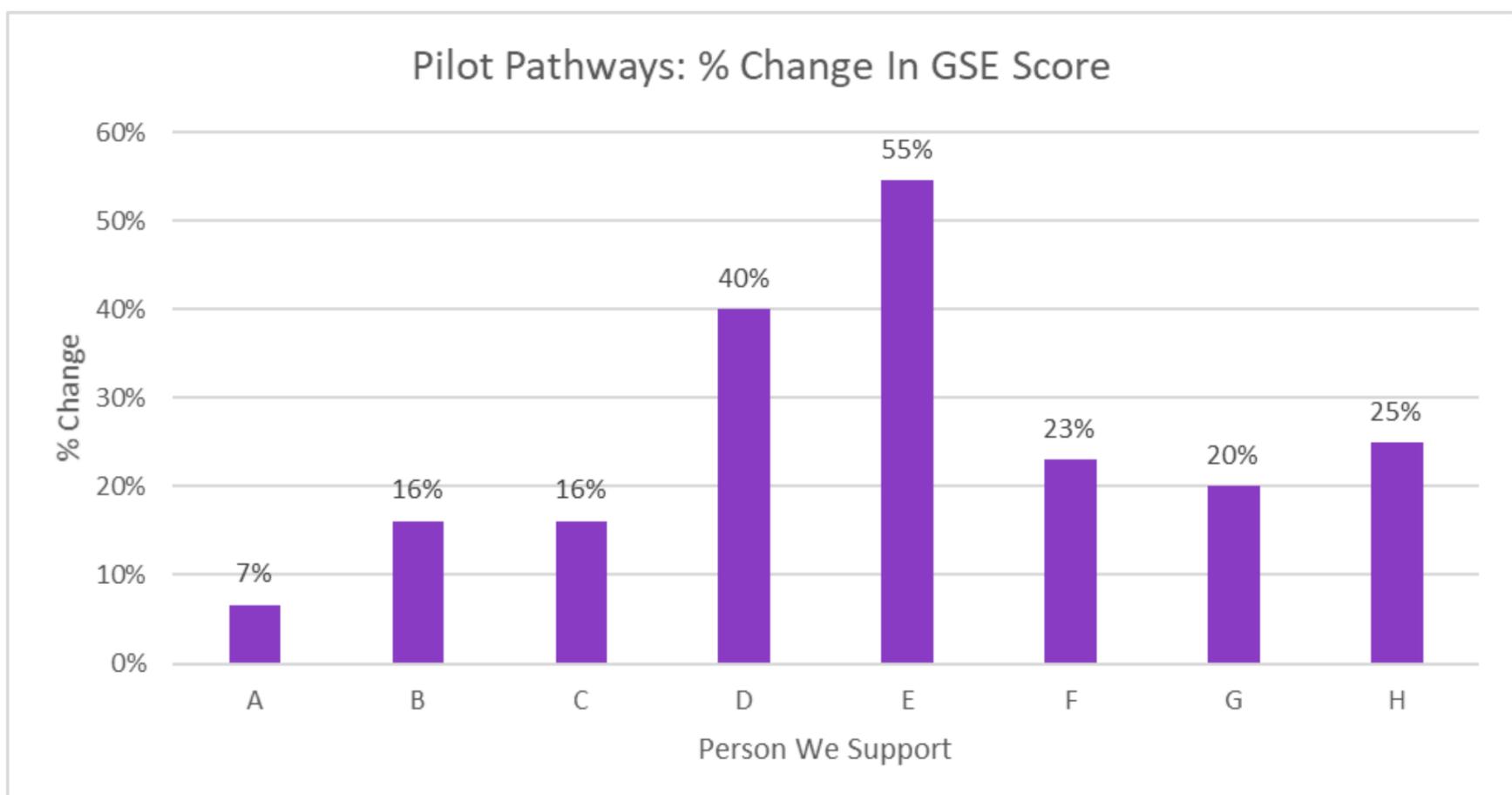
Chart D shows, the percentage change, before and after the pilot and all 8 individuals demonstrating they have enhanced their confidence, life skills and levels of independency, with two with impressive improvement in their own abilities with over 40% and 50% change.

Based on these social value results, the pilot has been a success and has enabled individuals, with support to tackle every day opportunities and challenges ahead.

Chart C



Chart D





Return on Investment



Return on Investment

Headline Commentary:

- The total value of the pilot cannot be calculated as a simple financial equation as the benefits to the people we support and society far outweigh monetary consideration and can't be viewed in isolation from the social value benefits as illustrated on [pages 17-21](#)
- The total spend of on the program is £33,308 and once all the return costs have been calculated the overall **return economic value is £95,730.48¹**. This can be broken down into:
 - a societal value of £89,663.88 - money circulated back into society via wages, income tax and volunteer worth
 - Wirral Evolutions return of £21,864.84 - staff wages/time saved²



**For every £1
Spent**



**Return on
investment
of £3.34**

1. ASSUMPTIONS:

- All calculated *ANNUALLY*
- Living wage (£9.30 per hour) at 30 hours a week
- Income tax at 20% of living wage at 30 hours a week
- 3 people we support in employment
- Volunteer worth (£14.43 per hour) at 15 hours per week
- 4 people we support volunteering (but still attending day services)
- Staff wages calculated at 25% of their time used (4 staff coordinators and 1 team leader)
- Funding reduction based on 3 people we support, at 2 sessions per week based on Central Register attendance, moving out of service to fulltime employment

2. The staff savings are made by freeing resources that can be redirected to other parts of the business.

Return on Investment¹

Spend



£731

Open Award
Cost

£360

Staff Training

£32,217

Staff Wages



Return²



£43,524

Wages earned by people
we support

£1,118.28

Income Tax (on above
wages)

£45,021.60

Volunteer Worth

£32,217

Staff Wage Saving

-£10,352.16

Funding Reduction

Total Spend

£33,308

Total Return

£111,528.72



1. ASSUMPTIONS:

- All calculated *ANNUALLY*
- Living wage (£9.30 per hour) at 30 hours a week
- Income tax at 20% of living wage at 30 hours a week
- 3 people we support in employment
- Volunteer worth (£14.43 per hour) at 15 hours per week
- 4 people we support volunteering (but still attending day services)
- Staff wages calculated at 25% of their time used (4 staff coordinators and 1 team leader)
- Funding reduction based on 3 people we support, at 2 sessions per week based on Central Register attendance, moving out of service to fulltime employment

2. Volunteer worth, staff wages and funding reduction have a social value impact that can be redirected into other parts of the business



Conclusion & Learnings To Take Forward



CONCLUSION

The Pathways Pilot set out to evaluate the impact of supporting a small cohort of people with a learning disability and enable their journey to become more independent through alternative activities such as upskilling, gaining a qualification, accessing local community volunteer and employment opportunities.

Whilst this impact report demonstrates a huge success The Pathways Pilot has witnessed tangible benefits enabling meaningful life skills as each of the individuals have travelled on their journey, which is illustrated on pages 9 to 14.

Through their journey, these amazing people have increased their confidence, felt more empowered and have more self belief which has seen a significant shift in their wellbeing and levels of independence as shown on pages 18 to 21. The Pathways Pilot was the vehicle to enable this to happen.

The Pathways Pilot, whilst successful, also provided many challenges, learnings and reflective opportunities to build upon and take forward as part of Wirral Evolutions future provision and ways of enabling people we support to become more independent as they travel through their life skills journey.

Our challenges included:

- Time and capacity constraints of staff alongside their day to day duties
- Lack of data and availability of learning disability friendly volunteering, placement and employment opportunities for those who had completed the Pathways Pilot
- Limited resources and training materials available
- Apprehensive response from some families and concerns about impacting upon individual care plans and benefits
- Lack of commitment and clarity on processes and systems from external organisations
- Covid-19 Pandemic had an impact on the Pathways Pilot for many individuals

Learnings To Take Forward

What we would do differently (subject to resources available):

- ✓ Open all information about Open Awards, Work Training and Employment Opportunities to all people we support across Wirral Evolutions services
- ✓ Invest in more staff training and resources, as well as linking to other organisations for collaboration and support
- ✓ Introduce work preparation training and interview skills across all vocational services to enable people we support to develop their skills further, not limiting it to catering and hospitality skills
- ✓ Establish a team of trained staff to deliver all aspects of the supported pathways as the pilot was developed and delivered alongside staff normal duties, heavily reliance on staff commitment and willingness to go above and beyond
- ✓ Invest in capacity and production of strong easy read promotional materials, internal and external to attract and create a bank of real volunteering and employment opportunities
- ✓ Establish stronger links with special schools to offer Person Centred / tailored offer of service to individual based on their interests, aspirations, and dreams
- ✓ Develop stronger commitment from partner organisations such as Job Centre Plus and any other organisations that could support Work Experience or real Employment opportunities for people we support
- ✓ Secure additional investment to offer people with Learning Disabilities enhance life skills into volunteering and employment

Acknowledgements

On behalf of Wirral Evolutions Ltd, we would like to say a **BIG THANK YOU** to all involved in The Pathways Pilot, without your passion this would not have been possible

In particular the

Commitment and inspiration from the people we support
Support from parents, carers and families
Dedicated workforce at Best Bites catering service
Sponsor Wirral Borough Council Adult Social Care

'Together we enable the people we support to have choice and exercise control over their own lives'

#OneLifeLetsLiveIt

Produced by Wirral Evolutions Ltd
April 2021



Enriching Lives of People with Disabilities & Maximising Potential

#OneLifeLetsLiveIt



ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

7 JUNE 2021

REPORT TITLE	Adult Care and Health Commissioning Activity 2021
REPORT OF	DIRECTOR OF CARE AND HEALTH

REPORT SUMMARY

The purpose of the report is to notify Adult Social Care and Public Health Committee of the commissioning activity for Quarter 2 of 2021, including the re-tender of existing services and new service provision.

- 1. Mobile Nights Service** – A re-commission of the Care and Support at Home Mobile night service in September 2021. A review of the service is taking place and has the potential to see if the new service going forward could also include Continuing Health Care (CHC) case take up, (both mobile and sitting services) as per the current Care and Support at Home offer for daytime provision, with opportunity to achieve a standard rate. This service will be for 5 years (3 + 2 x 1 year extension)

Current budget for the service is £800k per year, (funded via the Better Care Fund (BCF) so this is a key decision.

- 2. Beach Accessible Wheelchairs** – This is a new service request, following Council expressing an ambition to introduce a beach accessible wheelchair service, funding will be provided from the Adult Social Care Budget.

- 3. Early Intervention and Prevention and Carers Services** – A review of the current Early Intervention and Prevention and Carers offer, currently with a Voluntary Community and Faith sector, Wirral Health and Wellbeing Community Interest Company (CIC). This is a joint commission with NHS Wirral Clinical Commissioning Group (CCG), Public Health and Children’s and Young Person’s Department (CYPD), and in scope for the review are:

- Adult General Support and Opportunities for Vulnerable People
- Adult Day Opportunities for People with Eligible Needs (not including Learning Disabilities)
- Shopmobility
- Long Term Conditions Programme
- Adult Carers Health and Wellbeing Support
- Young Carers Services
- Special Education Needs and Disabilities (SEND)
- Advocacy and Independent Visitor (A&IV) for Children Looked After and Children subject to a Child Protection Plan
- Sensory service provision

The contract length will be determined as part of the review, working closely with Wirral Health and Care Commissioning (WHCC) (Public Health and NHS Wirral CCG) and CYPD colleagues.

4. **Wirral Advocacy Hub** - the recommissioning of the Independent Advocacy Service provision, including the statutory Independent Mental Capacity Advocates (IMCA), Independent Mental Health Advocates (IMHA), Care Act Advocacy, also non-statutory support through General Advocacy, Self-Advocacy and Peer Advocacy.
5. **Cardigan House** – a 2-year pilot of a new 8-bed Supported Living service.

All the services above affects all wards within the Borough as placement, and or access, can be made from anywhere in Wirral.

RECOMMENDATION/S

That Adult Social Care and Public Health Committee;

1. Authorises the Director of Care and Health to proceed with the procurement for:
 - Mobile Night Service (5-year contract)
 - Beach Accessible wheelchairs (2-year contract)
 - Early Intervention and Prevention services (3-year contract)
 - Wirral Advocacy Hub (3-year contract)
 - Cardigan House (2-year contract)
2. Gives delegated authority to the Director of Care and Health to award the tender to the successful bidders following the tender process.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 These are current services that require either a review, a re-tender, or an award and financial approval is required.
- 1.2 Beach Accessible wheelchairs is a new service offer, funding will be provided from the Adult Social Care Budget.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 Officers intend to procure the care provision where possible from the established Liverpool City Region (LCR) Flexible Purchasing System, as per current regional agreements. This allows a wider choice of providers as the framework has recently been extended to attract service providers.
- 2.2 Officers could have chosen to do a standalone procurement exercise or to tender from the Wirral only Care and Support Framework for mobile nights.

3.0 BACKGROUND INFORMATION

- 3.1 **Care and Support at Home Mobile Nights Service** – Has been available since 2016. This is an overnight mobile domiciliary care service that supports people in their own home, offering both a “step up” and “step down” response to:
 - Facilitate a timely discharge from hospital,
 - Prevent and divert from inappropriate admission to hospital.

The service provides a transport solution for staff to enable them to be mobile throughout the overnight period it has a flexible referral route to respond to multiple care pathways, with referrals actioned same day or even through the night.

The service currently runs between the hours of 10pm and 8am, 365 days a year.

The service is currently funded within the BCF.

Officers intend to procure the care provision from the established Wirral Care and Support at Home Framework.

- 3.2 **Beach Accessible Wheelchairs** – The Council has expressed an ambition to introduce beach accessible wheelchairs service. We are exploring a range of local options and undertaking a scoping exercise to identify cost associated with setting up and running the scheme for 2 years in New Brighton, as this is proven to be the most accessible and popular. This will enable them to test the demand for this service with the view to extend this to other beach areas in Wirral i.e. West Kirby.
- 3.3 **Early Intervention and Prevention and Carers (EIAP and Carers)** - In 2014/15 commissioners reviewed several existing separate contracted services across the voluntary and community sector and brought them together under one contract. The services delivered through EIAP and Carers assist the local authority to meet the

requirements of the Care Act 2014, through the provision of support services that assist to prevent, or delay, the needs of an individual from requiring more intensive support through early identification, intervention, and support. Providers assist people to access universal and community support to improve the individual's health and wellbeing. A Direct Award was made to the Wirral Health and Wellbeing CIC in October 2015. A review of the current service provision in this contract is taking place, with the intention to go out to tender June – September 2021. This will be a standalone tender, as a LCR framework is not available for this service area.

3.4 **Wirral Advocacy Hub** - The IMCA, IMHA and Care Act Advocacy services are a statutory requirement as identified in the Care Act 2014, Mental Capacity Act 2005, and Mental Health Act 2007. Wirral also commission the service provider to support residents with general advocacy, peer advocacy and self-advocacy. A trained independent Advocate will support people who are experiencing problems using, or accessing, adult health and social care services. This contract is due for re-tendering, which will take place in August – September 2021. This will be a standalone tender, as a LCR framework is not available for this service area.

3.5 **Cardigan House** - A former Day Care Centre in Birkenhead, the Fusion Centre, has been redeveloped by Sanctuary Care Ltd to a small 8-bed Supported Living accommodation. Sanctuary Care Ltd were in discussion with commissioners early last year, prior to the Covid restrictions, and the focus client group identified to benefit from this service was people with learning disabilities. It is intended to pilot the Supported Living service to people with learning disabilities between the age of 18 and 64 years, and to monitor demand for this client group over the 2-year period. Focus will be given to enabling to a model which enables people to become more independent and move on to their own living accommodation and independence. As this is a pilot service, a direct award will be made for two years, and if successful will be re-tendered.

4.0 FINANCIAL IMPLICATIONS

4.1 Below, is the annual cost and overall cost of each of the commission / re-tender

Service	Current Annual	Proposed new cost for length of Contract
Mobile Nights	£800,000	To be determined following the review of service with CCG
Beach Accessible Wheelchairs (2 Years)	£0	£168,124.40 (2 years)
Early Intervention and Prevention and Carers	1,822,000	£5,466,000 (3-Year) tbc
Wirral Advocacy Hub	£391,000	£1,173,000 (3-year)
Cardigan House	£308,000	£616,000 (2 years)

Budget has been allocated from the Adult Social Care Budget for the new Beach Accessible Wheelchairs service offer.

4.2 The Council will, in the final quarter of the financial year 2020/21, undertake its annual rate and fees negotiations and the final rate will be agreed at that point for the Care and Support at Home Mobile Night Service.

5.0 LEGAL IMPLICATIONS

5.1 The commission of the services detailed in this report will need to be undertaken in accordance with The Public Contract Regulations 2015 and the Council's Contract Procedure Rules. Using the framework detailed in this report, will meet these requirements.

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

6.1 Budget has been allocated from the Adult Social Care Budget for the new Beach Accessible Wheelchairs service offer.

7.0 RELEVANT RISKS

7.1 Contracts will be in breach if the procurement exercise is not completed.

8.0 ENGAGEMENT/CONSULTATION

8.1 Care and Support at Home Mobile Night Service - Provider engagement is scheduled in to support with the co-production of the specification.

9.0 EQUALITY IMPLICATIONS

9.1 Equality implications are embedded into the procurement and tender processes used as part of the application process and are taken into account when evaluating tender applications. Equalities implications are also part of the decision-making process when an award is made.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 Mobile night Service scheduling systems are in place to minimise travel in the Borough.

10.2 Services will be required to minimise travel and environmental impact where possible, using digital service options as a solution.

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APPENDICES

N/A

BACKGROUND PAPERS

Specifications and invitation to tender documentation.

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Public Health Committee	March 2021



ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

7 JUNE 2021

REPORT TITLE:	Infection Prevention and Control Service Commission
REPORT OF:	DIRECTOR OF PUBLIC HEALTH

REPORT SUMMARY

This report seeks agreement from the Adult Social Care and Public Health Committee to progress Public Health's proposed commissioning intentions for Community Infection Prevention and Control Services.

The proposed actions affect all wards within the borough.

The decisions requested are key decisions.

RECOMMENDATION/S

The Adult Social Care and Public Health Committee is requested to:

1. Authorise the Director of Public Health to re-commission the Wirral Community Infection Prevention and Control (IPC) Service totalling up to £2,450,000 (£350,000 per annum) for an initial five-year contract (1 April 2022 – 31 March 2027) with the option of two one-year extensions.
2. Agree that delegated authority be given to the Director of Public Health to award the tender to the successful bidder following the tender process.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 To allow Public Health to implement the commissioning intentions for Community Infection Prevention and Control Services as outlined in this report.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 It is necessary to recommission the service highlighted in order to comply with Public Contract Regulations and Wirral Council Contract Procedure rules. Other options related to contract length and contract value were considered. With the proposals being put forward being agreed as the best option.

3.0 BACKGROUND INFORMATION

- 3.1 The current Community Infection Prevention and Control (IPC) service is delivered by Wirral Community Health and Care NHS Foundation Trust. This contract commenced in April 2017 for a 3-year period with the option of two one-year extensions. The final one-year extension was awarded for the 2021/ 22 financial year meaning the contract comes to an end on 31 March 2022. This paper therefore seeks permission for the Director of Public Health to recommission the service in order to comply with Public Contract Regulations and Wirral Council Contract Procedure rules.
- 3.2 The COVID-19 pandemic and response has highlighted the vital importance of IPC and the specialist support required to ensure that IPC standards can be implemented and maintained. COVID-19 has led to a renewed focus on IPC within health and care settings, wider community settings and among our local communities. Due to the increased focus and demand on IPC we have utilised Contain Outbreak Management Funding (COMF) funding to enhance capacity within the current Community IPC Service. This recommission provides an opportunity to review local Community IPC service requirements and ensure we have the right funding and delivery model in place to manage COVID-19 alongside other infectious diseases within community settings going forward.
- 3.3 The recommission of the Community IPC service will:
- Provide a visible and proactive service that ensures the tools and information to maintain high IPC standards are available in all community settings. The service will be a 'one-stop-shop' for all infection prevention and control requirements; make the information easily accessible for all and provide training and ongoing support as required for all community settings.
 - In collaboration with the Wirral Council Public Health Team and the UK Health Security Agency it will ensure a timely response to cases, clusters, and outbreaks of communicable disease such as COVID-19, flu, norovirus in all community settings where IPC expertise and support is required.
 - Prevent and reduce rates of Healthcare acquired infections using evidence-based interventions and through leading on IPC system improvement programmes. In particular Clostridium difficile infection (C.diff), E.coli

bacteraemia (blood stream infection), and Methicillin Resistant Staphylococcus Aureus (MRSA) & Methicillin Sensitive Staphylococcus Aureus (MSSA) bacteraemia.

- 3.4 The current contract will continue during the recommissioning process and a period of service mobilisation will be built into the tender process to ensure there is no loss of service and a seamless transition for existing service users is maintained.
- 3.5 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. 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.

4.0 FINANCIAL IMPLICATIONS

- 4.1 The Public Health grant currently funds the services highlighted. The value and availability of the Public Health grant for 2022/23 onwards is not yet known. However, funding for the Community Infection Prevention and Control Service will be continued once future years of the Public Health grant is confirmed.

5.0 LEGAL IMPLICATIONS

- 5.1 The recommissioning of the service 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: STAFFING, ICT AND ASSETS

- 6.1 Transfer of Undertakings (Protection of Employment) Regulations 2006 (T.U.P.E.) will be applicable.

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.

- 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 2022/23 onwards is not yet known. However, funding for the Community Infection Prevention and Control Service will be continued once future years of the Public Health grant is confirmed. This risk will be mitigated by the insertion of appropriate termination clauses in the contract.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 In order to inform the development and design of the future service engagement and consultation will be undertaken with key partners, stakeholders, and local communities. This will include:
- Engagement with local commissioners of health and care and community services to understand the impact of COVID-19 and IPC support required.
 - Engagement sessions with a wide range of local community settings to understand their current IPC concerns and challenges.
 - Utilising 3rd sector and community partners to engage with local communities to understand their needs in relation to IPC support.

9.0 EQUALITY IMPLICATIONS

- 9.1 Public Health will 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. As part of the recommission, an Equality Impact Assessment (EIA) will be undertaken to ensure all equality impacts are considered and relevant actions are taken to mitigate any potential negative impacts.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 During the procurement process, bids will be evaluated on any social value added to the service. 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

N/A

BACKGROUND PAPERS

N/A

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
N/A	

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ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

7 JUNE 2021

REPORT TITLE:	Discharge to Assess (D2A) bed-based service model
REPORT OF:	DIRECTOR OF CARE AND HEALTH

REPORT SUMMARY

Discharge to Assess (D2A) is a pathway model for people who are clinically ready for discharge from hospital and who no longer require an acute hospital bed, but who may still require care services including short-term, funded support. The ethos is to discharge people to remain in their own home wherever this is possible. This is the 'Home First' approach. However, some people require a period of extended short-term support, assessment and therapy within a bed based D2A service before they can return to their home or to their onward care arrangements.

The proposal in this report is to transfer D2A bed-based service provision from the current range of services in the independent care home sector, to a single site service operated by the NHS.

This is a key decision.

RECOMMENDATION/S

The Adult Social Care and Public Health Committee is requested to;

1. Support the proposal to end the current D2A independent care home contracts held by the Council as described in section 3.1 of this report, which are due to expire on 30 September 2021.
2. Support the progression of proposals for D2A bed-based services to be commissioned by the NHS as a single site NHS offer from 1 September 2021 as described in the report in section 3.14.
3. Support the proposal for up to an additional 30 community independent care home beds to be commissioned for a period of 6 months (ending on 31 March 2022) to support the transition from the current model and to support with the additional demand on the care and health system expected due to winter pressures.
4. Receive a further report to a future Committee with detail of the D2A service arrangements.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 There has been a review of the current occupancy and average length of stay data of the current D2A bed-based services (Appendix 1). The current services are disparate and are currently operated across five care home sites plus the Grove Discharge Unit (GDU) service and a temporary Bluebell Unit at the Clatterbridge site. The Multi-Disciplinary Team (MDT) approach to supporting people in achieving their goals and to return home at the earliest opportunity is more complex to deliver across multiple sites. It is believed that a single site offer would enable more effective MDT support to people.
- 1.2 The data show that the average length of stay in D2A bed-based services could be reduced by a single site offer operated within the NHS.
- 1.3 The proposed D2A model would provide a more seamless service to people who may also need ongoing care provided by community NHS and social care services on their return home. It is envisaged that people will experience more joined up care and support.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 It was considered whether to continue with the current services and to extend the current D2A arrangements further. However, this is believed not to deliver the benefits of a single site offer provided within the NHS.

3.0 BACKGROUND INFORMATION

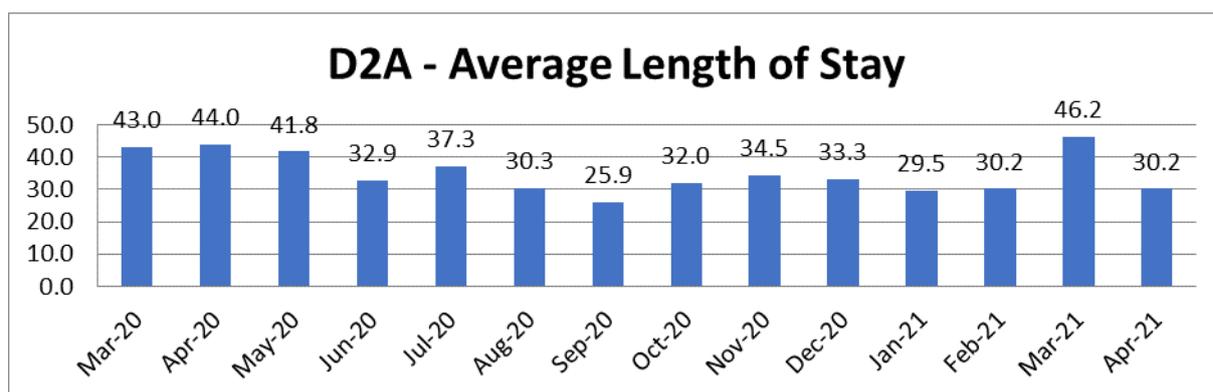
- 3.1 The current D2A bed-based services (94 beds) are commissioned with five independent care home providers as follows:

- 25 x beds @ Leighton Court Nursing Home, Wallasey
- 23 x beds @ Grove House Nursing Home, Oxton/Birkenhead
- 22 x beds @ Daleside Nursing Home, Rock Ferry/Birkenhead
- 16 x beds @ Elderholme Nursing Home, Bebington
- 8 x beds @ Summerfields Residential Elderly Mentally Infirm, Rock Ferry/Birkenhead

The current contracts with the above care home providers have been extended and are due to expire at the end of September 2021. They are funded via the Better Care Fund (BCF).

- 3.2 The GDU has provided up to an additional 30 beds for the care and health system, to support people to be discharged from hospital as soon as they are medically optimised. The Wirral University Teaching Hospital Trust (WUTH) commission and hold the contract for the GDU service which is operated by Tamaris-Four Season's Healthcare. This contract has been extended to support transition to a proposed new D2A service offer.

- 3.3 In addition to the D2A and GDU beds, the Bluebell unit was recently opened to provide additional support for the second wave of the covid 19 pandemic. The service has 22 beds on the Clatterbridge site and is currently delivered by Wirral Community Health and Care NHS Trust (WCHC), with MDT and therapeutic support to help people to regain their independence and to return to their own homes.
- 3.4 The current D2A services include therapists and Social Workers, with the accommodation and nursing care being provided by the individual care homes. A single GP practice is commissioned for each D2A site to provide any primary care support.
- 3.5 NHS and Local Authority Commissioners have been working to review the options for future D2A bed-based services in Wirral, still with the focus firmly on the 'Home First' ethos. To inform the proposed new D2A model, a review was undertaken of the average length of stay and future capacity and demand requirements (data included as Appendix 1).
- 3.6 Commissioners have considered national benchmarking data, recent demand data and preliminary findings of the Cheshire and Merseyside capacity and demand modelling.
- 3.7 When compared to the national data, Wirral's current D2A (94 bed) service model is an outlier for having more beds per 100,000 population. Wirral currently has 26 D2A beds per 100,000 compared to 23 nationally according to the National Audit for Intermediate Care (NAIC).
- 3.8 People access the service for active therapy and/or assessment for up to 6 weeks. The target length of stay within D2A is currently 29.4 days (4.2 weeks) which has proved challenging to meet as is demonstrated in the table below:



- 3.9 The overall annual cost of the current 94 bed independent care home D2A service is £5,745,000, funded predominantly via BCF.
- 3.10 In addition to the current D2A provision (94 bed) there are an additional 30 beds, GDU, contracted directly by WUTH with Tamaris-Four Seasons Health Care providing the day to day running of the unit, and a further 22 bed Bluebell Unit temporary service operated by WCHC at the Clatterbridge site.

- 3.11 GDU is located within the Clatterbridge Hospital grounds. The initial intention of this unit was to provide additional community bed capacity to support medically fit discharges from the acute hospital.
- 3.12 The current D2A providers have agreed to extend their contracts until 30 September 2021 and the GDU service has also been extended.
- 3.13 The proposed future D2A service would include a lower number of beds than the current 124 (94 D2A beds plus 30 GDU). Initially it is proposed to be 101 beds (71, potentially at the Clatterbridge site) plus a temporary up to 30 independent care home beds) and then reducing to 71 beds only potentially at the Clatterbridge site from 1 April 2022.
- 3.14 The proposed future D2A bed-based service model is a 71-bed service operated by an NHS provider that can provide a single site D2A service with full MDT and ensure seamless ongoing care and health support where required. This would better align and integrate the ongoing care and therapy needs of individuals compared to a disparate and multi-site service D2A model.
- 3.15 It is expected that people will have a shorter length of stay (target 21 days) and may be more likely to reach their full rehabilitation potential. Bluebell Unit (22 beds), opened at the Clatterbridge site temporarily as part of the system's Covid-19 response currently has an average length of stay of 22 days, lower than that of the current D2A service.
- 3.16 It is proposed that up to an additional 30 independent care home beds are commissioned for a period of 6 months from 1 October 2021 (ending on 31 March 2022). This would provide additional support during the transitional period from the current service and support with expected demand on the care and health system due to winter pressures.

4.0 FINANCIAL IMPLICATIONS

- 4.1 It is proposed that the current Council funding for D2A services within the BCF would be reallocated within the BCF to contribute towards the cost of the proposed service model, with no additional funding requirement from the Council.

5.0 LEGAL IMPLICATIONS

- 5.1 It is proposed that the current D2A contracts held by the Council will not be extended beyond their existing end date. Subject to decisions on the proposed model, the procurement route for the proposed new D2A service model, including for the proposed additional temporary care home beds will be agreed.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 The proposed new D2A service would be provided by an NHS provider as a single site service.

7.0 RELEVANT RISKS

7.1 The proposed future D2A bed-based services are considered to be sufficient to meet the needs of the local population. Commissioners will monitor capacity and demand and will consider any required response should the care and health system require additional capacity.

8.0 ENGAGEMENT/CONSULTATION

8.1 Further communication and engagement with the current D2A and GDU providers will take place. There is no requirement for public consultation as the proposed new service model would offer improved outcomes for people using the service by replacing current temporary and disparate services with a single site offer.

9.0 EQUALITY IMPLICATIONS

9.1 The proposed services would continue to offer short term support to a people with a broad range of needs, to maximise their independence and to support their return home following their hospital treatment. Equality implications were part of the commissioning and selection for this proposed service.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 There may be some benefit in operating services from a single site and reducing MDT staff travel time between multiple sites.

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APPENDICES

Appendix 1 – Review data

BACKGROUND PAPERS

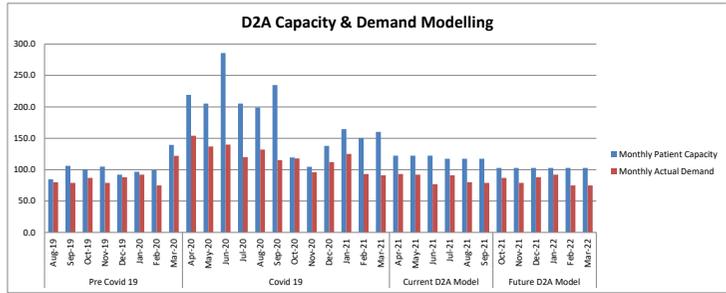
N/A

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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	Pre Covid 19												Covid 19												Current D2A Model												Based on average of 2019/20 data Future D2A Model											
	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22																
Monthly Patient Capacity	84.8	106.2	100.6	104.8	92.0	96.7	99.3	139.4	219.0	205.3	199.1	234.6	119.5	104.6	138.0	164.4	150.3	160.2	122.2	122.2	122.2	117.5	117.5	102.8	102.8	102.8	102.8	102.8	102.8	102.8	102.8																	
Monthly Actual Demand	80	79	87	79	88	92	75	122	154	137	140	120	132	115	118	96	112	125	93	91	93	92	77	91	80	79	88	92	75	75	75																	
Variance	4.8	27.2	13.6	25.8	4.0	4.7	24.3	17.4	65.0	68.3	145.7	85.3	67.1	119.6	1.5	8.6	26.0	39.4	57.3	69.2	29.2	30.2	45.2	26.5	37.5	38.5	15.8	23.8	14.8	10.8	27.8	27.8																
Number of Beds	124	124	124	124	124	124	124	165	216	216	216	216	216	216	165	165	186	173	173	158	146	146	146	116	116	116	71	71	71	71	71	71																
LOS	44.5	35.5	37.5	36	41	39	38	36	30	32	23	32	33	28	42	48	41	32	35	30	36	36	36	30	30	30	21	21	21	21	21	21																



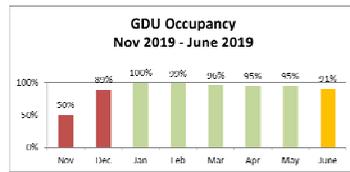
	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Emergency Bed no's	71	122	122	122	122	122	122	97	71	98	111	119	119
T2A Bed no's	94	94	94	94	94	94	94	94	94	94	94	94	94
GDU Bed no's	30	30	30	30	30	30	30	30	30	30	30	24	24
Total Community Bed no's	165	216	216	216	216	216	216	191	165	192	205	213	213

Core T2A
 GDU
 Marine Vie
 Lighthouse
 Windy Kno
 Trepassay
 Sandtoft
 Windy Kno
 County Ho
 Dunderan
 Homcrest Homcrest

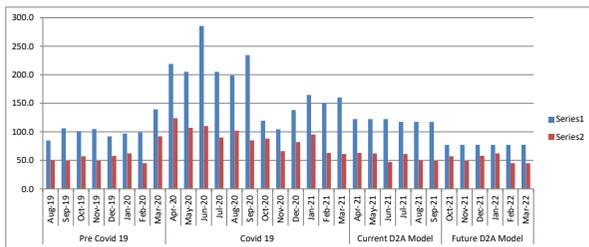
Table 6 – Referral Numbers

	2018												2019				
	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May			
Nursing Hc	8	12	16	14	19	11	15	13	8	16	11	12	13	13			
Nursing Hc	9	14	13	8	13	9	9	10	10	14	20	9	6	4			
Nursing Hc	9	14	13	17	17	18	12	17	23	7	9	17	8	13			
Nursing Hc	7	17	14	15	13	19	18	16	17	15	16	11	14	23			
Nursing EH	0	2	1	0	3	1	2	1	2	4	3	3	0	0			
Res EMI H	1	4	5	1	4	2	2	3	2	0	5	1	2	3			
Res Home	4	6	8	12	5	7	10	6	6	5	7	8	1	4			
MI1 (40)	0	0	0	0	0	0	0	24	23	17	13	15	27	24			
GDU (30)	0	0	0	0	0	0	0	16	25	18	9	26	17	23			
MONTHLY	38	69	70	67	74	67	68	106	116	96	93	102	88	107			

The GDU site opened in November which is indicated in the occupancy levels for the month as will have taken time for these beds to be filled at the start. However, the occupancy levels have been constantly above a 95% target, compared to T2A beds.
 GDU occupancy levels



	Pre Covid 19												Covid 19												Current D2A Model												Based on average of 2019/20 data Future D2A Model											
	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22																
Monthly Patient Capacity	84.8	106.2	100.6	104.8	92.0	96.7	99.3	139.4	219.0	205.3	199.1	234.6	119.5	104.6	138.0	164.4	150.3	160.2	122.2	122.2	122.2	117.5	117.5	102.8	102.8	102.8	102.8	102.8	102.8	102.8	102.8																	
Monthly Actual Demand	50	49	57	49	58	62	45	92	124	107	110	90	102	85	88	66	82	95	63	61	63	62	47	61	50	49	57	49	58	62	45	45																
Variance	34.8	57.2	43.6	55.8	34.0	34.7	54.3	47.4	95.0	98.3	175.7	115.3	97.1	149.6	31.5	38.6	56.0	69.4	87.3	99.2	59.2	60.2	75.2	56.5	67.5	68.5	20.1	28.1	19.1	15.1	32.1	32.1																
Number of Beds	124	124	124	124	124	124	124	165	216	216	216	216	216	165	165	186	173	173	158	146	146	146	116	116	116	71	71	71	71	71	71	71																
LOS	44.5	35.5	37.5	36	41	39	38	36	30	32	23	32	33	28	42	48	41	32	35	30	36	36	36	30	30	30	28	28	28	28	28	28																



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ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

7 JUNE 2021

REPORT TITLE:	Fee Setting for 2021/22 (Outcome of Provider Fee Setting Engagement)
REPORT OF:	DIRECTOR OF CARE AND HEALTH

REPORT SUMMARY

This report describes the outcome of the annual engagement exercise with the Local Community Care Market for fee rates to be paid to care providers for 2021/2022. The service areas that the rates and fees cover are Residential and Nursing, Supported Living, Extra Care, Care and Support at home and Direct Payments.

This is a key decision as the total budget impact is £8.9m

RECOMMENDATION/S

The Adult Social Care and Public Health Committee is requested to;

1. Approve the rates as set out in the table at 4.1 of this report that apply to services commissioned by Wirral Council and jointly commissioned services between Wirral Council and NHS Wirral Clinical Commissioning Group (CCG), in relation to Residential and Nursing, Supported Living, Extra Care, Care and Support at home and Direct Payments.
2. Approve the backdating of the rates to apply from 1 April 2021.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The Council undertakes a fee setting engagement exercise on an annual basis, where rates and fees proposals are shared with the community care market, this exercise ran between 8 March 2021 and 11 April 2021 and is complete.
- 1.2 The Council has maintained a considered balance between the cost of care, maximising value for the Wirral pound, whilst considering local factors, quality and meeting needs of Wirral residents.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 Not to undertake an annual engagement exercise.
- 2.2 Officers have been supported by an external partner Cipfa C.Co to undertake a pre-engagement exercise.
- 2.3 The Council has shared the fee models with care providers. It has responded to the issues raised during the consultation period, reflecting on the proposed changes and stated the reasons for its proposals. Accordingly, the final proposal is reasonable and is well considered.
- 2.4 The Council could have proposed other alternative fee rate levels.

3.0 BACKGROUND INFORMATION

- 3.1 Under the Care Act 2014 Local Authorities (LA's) have a duty to promote diversity (choice) and quality in the care and support provider market. The purpose is to produce a sustainable and diverse range of care and support providers to deliver good quality, innovative and cost-effective services, and support to promote the well-being of every person with need of care and support.
- 3.2 This requires LA's to identify those with care and support needs in their area, identify what needs require prioritising and then encouraging provider competition, while monitoring the quality of the services provided. In addition, LA's have a duty to assure provision is of a good quality to meet needs.
- 3.3 In order to avoid challenge the Council must be able to demonstrate that the approach adopted in relation to the decision is open, fair, and transparent. Provided that the Council has followed due process and given due regard to the actual costs of care and local factors, then the decision as to what fees it will pay to care home providers is a matter for the Council and it may take into account its financial circumstances in coming to that decision.
- 3.4 When considering the actual cost of care, fees have not been set mechanistically, but have given due regard to providers' costs, efficiencies and planned outcomes for

people using services. Fee setting has taken into account the legitimate current and future costs as well as factors that may affect those costs (for example the Real Living Wage and National Living Wage) and not just the potential for improved performance and more cost-effective ways of working.

- 3.5 The commissioners' strategy is to set fees that stimulate a responsive and flexible marketplace, maintain capacity, and ensure that a range of provision is available to meet local demands across the whole health and social care economy, including suitable provision for people with dementia. The approach to fee-setting for 2021/22 reflects the joint approach taken between the Council and NHS Wirral Clinical Commissioning Group (CCG) via Wirral Health and Care Commissioning (WHCC).
- 3.6 Responsive and timely provision is required to support individuals appropriately in their community, avoiding and minimising the need for acute service and maximising outcomes for individuals. The Council is investing in the development of viable alternatives such as extra care housing and a range of reablement and community services to reduce and delay the need for long-term care.
- 3.7 The rates and fees paid by the Council need to reflect both the requirements for providers to be able to meet quality and safety standards and enable the Council to maintain a stable market which can offer quality provision, whilst also ensuring best value for money and consideration of local factors.
- 3.8 Wirral Health and Care Commissioning is committed to improving the outcomes for older people and people with disabilities in Wirral, and minimising future demand within a sustainable budget.
- 3.9 Proposals are made within the context of continuing significant financial pressures for both providers and the Council. The Council has given due regard to local market pressures and providers' actual costs of care, as well as its own financial circumstances.
- 3.10 The consultation covers services provided on behalf of Wirral Adult Care and Health and NHS Wirral Clinical Commissioning Group (CCG) as part of its joint commissioning arrangements as Wirral Health and Care Commissioning.
- 3.11 The report covers the following sectors: Residential and Nursing, Supported Living, Extra Care, Care and Support at home and Direct Payments.
- 3.12 The following council themes will be met:
 - A prosperous, inclusive economy where local people can get good jobs and achieve their aspirations.
 - Brighter futures for our 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.
- 3.13 In May 2020, the Council introduced an opportunity to incentivise providers to pay the Real Living Wage (RLW) for a period between 1 May 2020 and 31 March 2021. The fee models for 2021/2022 includes the continuation of this opportunity for those

providers who wish to take it up. This fee rate initiative helped to support the market during with its covid response to attract and retain staff within the sector, and to recognise the valuable work undertaken during the pandemic of the social care workforce.

3.14 The Council agreed on 1 March 2021 to approve funds to continue to support the RLW initiative, and the fee model for 2021/22 continues to include this as an option for providers.

3.15 The tables below provide an analysis (to date) of the proportion of Care Providers that have agreed to pay their employees the Real Living Wage (RLW) and also the proportion of Wirral Council clients who are now receiving care from a Provider paying the RLW.

3.16 Table 1: Percentage of Wirral Care Providers Signed up to RLW fee rates.

Care Type	%
Domiciliary Care / Extra Care	74
Residential/Nursing Care	46
Supported Living	57

3.17 Table 2: Percentage of Wirral Council Clients receiving care from Providers paying RLW.

Care Type	%
Domiciliary Care / Extra Care	97
Residential/Nursing Care	58
Supported Living	73

3.18 In September 2020 in response to the request for exceptional financial support from Ministry of Housing, Communities and Local Government (MHCLG) the Council also worked with an external partner CIPFA C.Co to engage with the Community Care Market, to undertake an independent evaluation and review of its fee rate models. The review sought feedback from providers and considered actual costs from providers, which have been taken into account for the model for 2021/2022. CIPFA C.CO were able validate and endorse the Council’s models and suggested amendments based on feedback from providers which have been taken into account by the Council.

3.19 The Council has considered the recent Supreme Court Judgement “Royal Mencap Society v Tomlinson-Blake and Shannon v Rampersad (t/a Clifton House Residential Home)”. On the announcement of the judgment on 19 March 2021 the Council maintained its overnight fee model offer to the market and did not revert to a reduced sleep-in payment. The Council’s decision reflects feedback from providers about the recruitment and retention of staff to work overnight and associated costs.

3.20 Feedback has been received from Providers in relation to “Supporting People” funding which is not recommended for uplift in this financial year and the Council had agreed to review this within financial year 2021/2022.

3.21 The Council has taken in to account the impact of an increased void rate in the local Care Home market following the pandemic in conjunction with its delivery of new

models of care, including extra care. As a result, the Council has not supported or included any additional costs, other than in the existing model to attribute to increased voids.

4.0 FINANCIAL IMPLICATIONS

4.1 The table of proposed fees used within the engagement exercise:

Care Type	Fee Type	Unit	2020-21 Fee Rates	Proposed 2021-22 Fee Rates	% Fee Rate Increase	Estimated Budget Pressure £m
Supported Living - Day Support	RLW	Hourly	£16.76	£16.92	1.0%	2.10
	Standard to RLW	Hourly	£15.55	£16.92	8.8%	
	Standard	Hourly	£15.55	£15.89	2.2%	
Supported Living - Night Support	RLW	Night	£113.58	£131.99	16.2%	1.50
	Standard to RLW	Night	£105.27	£131.99	25.4%	
	Standard	Night	£105.27	£124.00	17.8%	
Extra Care Older People	RLW	Hourly	£14.66	£14.80	1.0%	0.20
	Standard to RLW	Hourly	£13.60	£14.80	8.8%	
	Standard	Hourly	£13.60	£13.90	2.2%	
Extra Care Adults (18-64)	RLW	Hourly	£16.76	£16.92	1.0%	0.10
	Standard to RLW	Hourly	£15.55	£16.92	8.8%	
	Standard	Hourly	£15.55	£15.89	2.2%	
Extra Care Adults (18-64)	RLW	Night	£113.58	£131.99	16.2%	0.10
	Standard to RLW	Night	£105.27	£131.99	25.4%	
	Standard	Night	£105.27	£124.00	17.8%	
Residential Care - Long Term	RLW	Weekly	£519.00	£527.00	1.5%	1.20
	Standard to RLW	Weekly	£484.00	£527.00	8.9%	
	Standard	Weekly	£484.00	£502.00	3.7%	
Residential EMI Care - Long Term	RLW	Weekly	£579.00	£589.00	1.7%	0.70
	Standard to RLW	Weekly	£540.00	£589.00	9.1%	
	Standard	Weekly	£540.00	£561.00	3.9%	
Nursing Care - Long Term	RLW	Weekly	£561.00	£565.00	0.7%	0.60
	Standard to RLW	Weekly	£524.00	£565.00	7.8%	
	Standard	Weekly	£524.00	£526.00	0.4%	
Nursing EMI Care - Long Term	RLW	Weekly	£581.00	£601.00	3.4%	0.50
	Standard to RLW	Weekly	£542.00	£601.00	10.9%	
	Standard	Weekly	£542.00	£560.00	3.3%	
Domiciliary Care	RLW	Hourly	£17.43	£17.79	2.1%	1.10
	Standard to RLW	Hourly	£16.31	£17.79	9.1%	
	Standard	Hourly	£16.31	£16.64	2.0%	
Direct Payments	RLW	Hourly	£13.84	£14.35	3.7%	

	Standard to RLW	Hourly	£13.38	£14.35	7.2%	0.80
	Standard	Hourly	£13.38	£13.92	4.0%	
Total Increase						8.90

*NHS Funded Nursing Care (FNC) is paid in addition to the above fee rates for Nursing Care and Nursing EMI care. For 2021/22, the FNC rate will be £187.60 per week.

Commissioners will also factor in the cost pressures of the following fee rates as part of the Better Care Fund 21/22 priorities:

Care Type	Fee Type	Unit	2020-21 Fee Rates	Proposed 2021-22 Fee Rates	% Fee Rate Increase	Increased cost to Better Care Fund £m
Reablement	RLW	Hourly	£17.43	£17.79	2.1%	0.1
	Standard to RLW	Hourly	£16.31	£17.79	9.1%	
	Standard	Hourly	£16.31	£16.64	2.0%	
Mobile (block) Nights	RLW	Hourly	£18.06	£18.43	2.1%	0.1
	Standard to RLW	Hourly	£16.90	£18.43	9.1%	
	Standard	Hourly	£16.90	£17.24	2.0%	

4.2 The cost of implementing the revised fees from 1 April 2021 is £8.9m for the full year 2021/22. This will be accommodated from growth within the overall budget setting for Adult Social Care which includes increased income from Social Care Support Grant and fully utilising the Social Care precept, as well as a range of efficiency proposals.

4.3 The proposed increases will ensure that providers are able to meet their statutory responsibilities, such as National Living Wage, where they choose to do so pay Real Living Wage and meet employer workplace pension responsibilities.

5.0 LEGAL IMPLICATIONS

5.1 The Council has undertaken both a pre- engagement exercise with an external partner, and an open engagement exercise with the market, which has been transparent.

5.2 The Council will as a result of the engagement exercise assure itself that it will meet legislative requirements in relation to national living wage requirements.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

No implications arising as a result of this exercise.

7.0 RELEVANT RISKS

- 7.1 The Council could have not agreed the budget to progress to support the Real Living Wage for the Community Care Market, this was agreed and supported by the Council on 1 March at Budget Council. The impact of this would have meant that many frontline care staff would have had to revert to National Minimum Wage levels.
- 7.2 The Council could have held the rates at existing levels, but this was not an option given the national requirements in relation to wages.

8.0 ENGAGEMENT/CONSULTATION

Date	Actions/Details
Engagement with CIPFA C.Co: September - December 2020	Engagement undertaken with external partner CIPFA C.Co to review fees model in an independent exercise with Provider Market.
5 March 2021	Briefing to Provider Market
4-week period of engagement: 8 March – 11 April 2020	Week commencing 8 March: verbal briefings at Provider Forums. Options for feedback include: <ul style="list-style-type: none">• 1:1 individual meetings• Email feedback via dedicated email address for each sector• Conversation on Provider portal
12 April – 16 April	
19 April 2021	Council drafts its final position for Joint Health and Care Commissioning Executive Group (JHCCEG)
7 June 2021	Report delivered to Members at Adult Social Care and Public Health Committee, with approval to backdate implementation to 1 April 2020.

9.0 EQUALITY IMPLICATIONS

No equality implications arising as a result of this exercise.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

No environmental implications arising as a result of this exercise.

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APPENDICES

Appendix 1 - For information and context, the report includes an appendix which details a summary of feedback given by providers as part of the consultation exercise.

Appendix 2 - For information and context, the report includes an appendix which details neighbouring authorities fee rates for 2020/21.

BACKGROUND PAPERS

Joint Health and Care Commissioning Executive Group report - 4 May 2021.
Provider engagement briefing and engagement documents.

SUBJECT HISTORY (last 3 years)

Wirral Health and Care Commissioning has provided an annual report on the outcome of its rates and fees engagement exercise for the last 3 years.

Council Meeting	Date
Council Budget	1 March 2021

APPENDIX 1

CONSULTATION

CONSIDERATION OF FEEDBACK FROM PROVIDERS

The following aspects of the marketplace have been consulted with:

- Residential and nursing care
- Supported living
- Extra care
- Domiciliary Care

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

- Residential and nursing care: 14
- Supported living: 13
- Domiciliary Care: 1

In total, 28 providers responded to the consultation.

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

As part of the 2021-22 fee Setting process the Council commissioned consultants (C.co) to undertake an independent and objective Cost of Care Exercise to provide assurance on both the approach taken to setting local rates and costs to be considered.

The exercise found that the Council has a robust and comprehensive costing model for the in-scope types of care (which included Residential and Nursing Care) that supports the calculation of care fees and meets legislative and market requirements.

Ref	Comment	Qty	Response
1	<u>Residential/Nursing</u>		
1.1	In 2020-21, an enhanced fee rate has been offered since 1 May 2020, to enable providers to pay their employees the Real Living Wage (RLW). Is this enhanced rate expected to continue in 2021-2022?	11	The Council has agreed to continue to offer an enhanced fee rate for those providers who are committed to paying all staff the Real Living Wage in 2021-22.
1.2	Does accepting the standard fee rate exclude or restrict us from any COVID funding from April 2021?	2	Any future COVID funding that may come to the Council to distribute in the form of a grant, e.g. Infection Prevention grants, would still be accessible to providers irrespective of the fee rate paid.
1.3	The model uses a pay rate for Management and Admin which is not reflective of the amount which needs to be paid by providers.	1	The pay rates used within the 'Management Allowance' figure, which include managerial and admin posts, is derived from current market data and are considered to be a reasonable allowance. This has been verified by the work of CIPFA C.CO.
1.4	We employ more staff than your fee model allows.	1	The Council recognises that there will be variance in the marketplace in terms of the staffing structure employed, with some homes employing more staff than others. The staffing levels used within the fee models were derived from the independent work of CIPFA C.co.
1.5	The total rate offered is insufficient.	5	The Council's fee model complies with the requirement to give consideration to providers' actual costs of care and provides sufficiently for each provider to fulfil its legal duty to pay the NLW and/or RLW.
1.6	The number of care hours per resident are not representative of the actual position in care homes.	1	The care hours in the fee model allows for between 19 and 24 hours of direct care per resident per week, which is based on the independent work of CIPFA C.co.

1.7	Will the Council continue to offer financial support to assist providers with the COVID-19 response?	2	<p>The Council has passported various grants to providers over the past year. This included assistance with PPE, food supplies, Workforce Capacity Grants, and Infection Control Funding. There has also been assistance with rapid testing and vaccinations of sector staff/residents.</p> <p>We have recently received notification of a further round of IPC grant, and this will be distributed to the market shortly.</p>
1.8	Extra operational costs.	1	Operational costs have been amended to reflect the relevant inflation rate and/or the feedback received from providers during the independent review of our fee models.

2	Supported Living	
2.1	<p>Sleep in Costs (Supreme Court Ruling Appeal (Mencap V Tomlinson))</p> <p>Waking Nights Costs – these shifts can be a core element to our business and requires the same management, training, cover etc. We feel there should be no difference between day and night fees as is the case with most local authorities.</p>	<p>3</p> <p>Following the judgement of the appeal, Wirral is not looking to move from the position that we outlined in our proposed rates and fees model.</p> <p>We have continued to respond to feedback providers gave to the Council as part of the engagement exercise with Cipfa C.co and based on our rate for overnight on actuals submitted as part of the exercise. Whilst we acknowledge that the rate does not go all the way to meet the full hourly rate, we do feel the increase represents a significant step and does cover NMW plus on costs. The increase in the NLW/NMW has been reflected in the proposed model.</p>
2.2	<p>In 2020-21, an enhanced fee rate has been offered by the Council since 1 May 2020, to enable providers to pay their employees the Real Living Wage (RLW). Is this enhanced rate expected to continue in 2021-2022?</p>	<p>8</p> <p>The Council has agreed to continue to offer an enhanced fee rate for those providers who are committed to paying ALL staff the Real Living Wage in 2021-22.</p>
2.3	<p>National Minimum/ Living Wage increased from 1 April 2021. Leading to enhanced labour costs for all providers.</p>	<p>The Council's fee model complies with the requirement to give consideration to providers' actual costs of care and provides sufficiently for each provider to fulfil its legal duty to pay the National Living Wage.</p>
2.4	<p>Sickness cover is understated</p>	<p>1</p> <p>The sickness cover used in the model has been amended to reflect the relevant feedback received from providers during the independent review of our fee models.</p>
2.5	<p>Agency costs are understated</p>	<p>1</p> <p>The Agency costs used in the model have been amended to reflect the relevant feedback received from providers during the independent review of our fee models.</p>

2.6	The Return on Activity (ROA) offered in the model is below the market average.		The return percentage used in the model has been amended to reflect the relevant feedback received from providers during the independent review of our fee models.
2.7	Supporting People Funding – This funding has continued to be frozen, and no expectation was given as to this review taking place. It is concerning that there is a two-tiered support worker approach from two different funding pots.	2	We are looking to do a review of Supporting People funding for Wirral during the 2021-2022 financial year, However, we are not looking at changing the rate that is currently in place for this year.
2.8	COVID Costs – We would ask for confirmation from Wirral Council on their continued support for PPE supplies and other associated costs regarding the COVID-19 situation.	1	Our understanding is that the portal will continue for the foreseeable future, the Council can provide PPE in exceptional circumstances if supply is not available. We have recently received notification of a further round of IPC grant (3) and will distribute this to the market shortly.

3	Domiciliary Care		
3.1	In 2020-21, an enhanced fee rate has been offered by the Council since 1 May 2020, to enable providers to pay their employees the Real Living Wage (RLW). Is this enhanced rate expected to continue in 2021-2022?	1	The Council has agreed to continue to offer an enhanced fee rate for those providers who are committed to paying ALL staff the Real Living Wage in 2021-22.
3.2	What is the Implementation date for new fee rates?	1	The period of the current engagement ends on 11 April 2021. Officer recommendations will then be discussed and agreed at Adult Social Care and Public Health Committee on 7 June 2021, once agreed the rates will be backdated to 1 April 2021.
3.3	Recruitment and stability.	1	By offering the RLW to staff we hope that this would help with recruitment within the sector and staff are rewarded for the work they do.

APPENDIX 2

PROVIDER FEE RATES FOR 20/21 SUMMARY						
Local Authority	Domiciliary Care	Supported Living - Day Support	Residential Care	Residential EMI Care	Nursing Care	Nursing EMI Care
Halton	£16.46	£15.90	£455.00	£551.00	£497.00	£584.00
Knowsley	£15.52	£14.65	£484.37	£556.70	£503.92	£572.12
Liverpool	£16.04	£14.97	£468.33	£582.35	£512.81	£585.34
Sefton	£16.04	£15.25	£513.09	£580.54	£522.35	£580.54
St Helens	£16.60	£14.98	£522.00	£604.00	£568.00	£627.00
Cheshire West	£16.83	£15.29	£477.00	£538.00	£542.00	£566.00
Wirral Council (standard)	£16.31	£15.55	£484.00	£540.00	£524.00	£542.00
Wirral Council (real living wage)	£17.43	£16.76	£519.00	£579.00	£561.00	£581.00

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Adult Social Care and Public Health Committee

7TH JUNE 2021

REPORT TITLE:	National Drug Treatment and Recovery Grant Funding
REPORT OF:	DIRECTOR OF PUBLIC HEALTH

REPORT SUMMARY

This report provides the Adult Social Care and Public Health Committee with an overview of the Government’s national grant funding programme for Drug Treatment and Recovery, and outlines proposals to utilise the funding to ensure the following three main objectives are achieved:

1. Reduction in drug-related deaths
2. Reduction in drug-related offending
3. Reduction in prevalence of drug use

The proposed actions affect all wards within the borough.

The decisions requested are key decisions.

The report contains two exempt appendices:

- Appendix 1: Drug Treatment and Recovery Grant Funding Programme - Menu of Interventions. This is not for sharing at the request of Public Health England (PHE) and the Home Office;
- Appendix 2: Wirral Programme Delivery Plan is not for sharing as contains commercially sensitive financial information.

RECOMMENDATION/S

The Adult Social Care and Public Health Committee is requested to:

1. Note the contents of the report and agree to accept the National drug treatment and recovery grant funding.
2. Agree the proposals for spending the £1.4 million Drug Treatment and Recovery Programme grant funding as set out within the paper and in more detail in Appendix 2 (EXEMPT).

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 This funding will strengthen the Council's and local partners capacity to deliver a place-based person-centred approach to reduce drug related deaths, drug related hospital admissions, and drug related offending.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 Other options were considered in relation to developing the Wirral Delivery Plan based upon the Menu of Interventions provided by Public Health England (PHE). The Wirral Programme Delivery Plan was agreed upon following review of local intelligence and consultation with a wide range of partners.

3.0 BACKGROUND INFORMATION

- 3.1 In January 2021, the government announced an additional £148 million funding package to reduce drug-related crime, and health harms. This included an announcement of a national grant funding programme. This is a joint Home Office, Department for Health and Social Care, and Public Health England programme, which is testing an intensive whole-system approach led by local authority, local police, drug treatment and recovery services, with the involvement and support of a wider collection of partners, to tackling drug misuse and drug-related crime.
- 3.2 As part of the national programme, Wirral has been awarded £1.4 million to be spent during 2021/22 financial year. Merseyside Police have also been provided with grant funding targeted at enforcement and diversion interventions, and a key ask is that Councils and local police forces work together in the design of their delivery plans to achieve the aims and outcomes as set out in Figure 1 below:

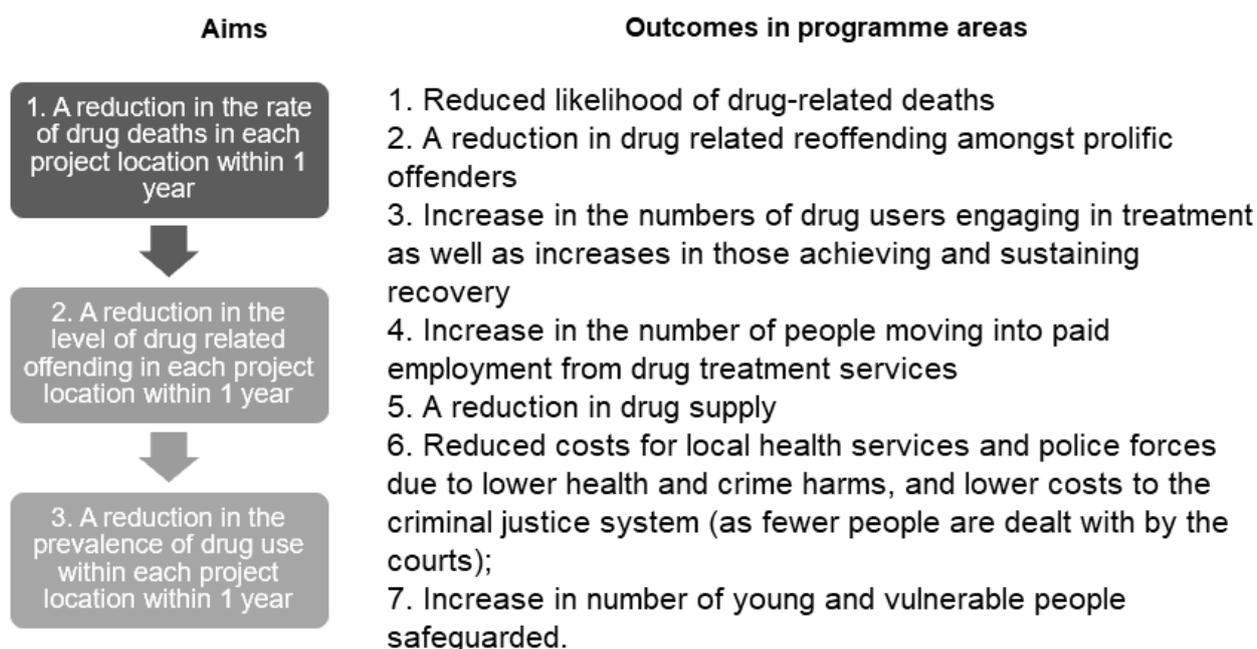


Figure 1: Overview of funding aims and outcomes

- 3.3 Wirral has been asked to submit a detailed delivery plan setting out what will be delivered, for how much and by when, as well as highlighting clear links between the interventions to be funded and the aims and objectives. To steer us in the development of our local delivery plan PHE have provided a menu of specific interventions to consider including, which are known to have clear evidence of effectiveness and cost-effectiveness. Local areas are required to develop proposals for funding based on this menu. The menu of interventions is provided in Appendix 1 (EXEMPT).
- 3.4 The programme model is underpinned by a monitoring and evaluation framework and we will be expected to regularly report back on progress to the national Programme Team. Receiving the funding provides an opportunity to network and learn from the other areas, and to develop the evidence base for further roll out, future Government intervention, and a renewed national investment in this field.
- 3.5 In order to co-ordinate and develop the delivery plan, and to ensure successful delivery and reporting, a multi-agency Wirral Steering Group has been established. The Wirral Steering Group undertook a rapid review of current local system deficits to develop an understanding of investment needs, based upon the menu of interventions provided. When compared to other areas Wirral has high-levels of drug-related deaths, high numbers of drug related hospital admissions, and higher levels of drug related offending. This informed the development of a local delivery plan that builds on and enhances existing local interventions and which can be delivered through local agencies working together in a whole-system approach.

Full details of the Wirral Delivery Plan can be found in Appendix 2 (EXEMPT).

We propose the additional resources will be used to:

- Strengthen Criminal Justice programmes
- Enhance pathways from Acute Hospital Care to Community Treatment services
- Enhance specialist mental health support
- Utilise the community pharmacies for frontline health screening, treatment and support, safeguarding, and signposting.
- Increase proactive outreach provision
- Increased Criminal Justice in-reach to custody suites, courts and prisons.
- Deliver Primary Care Outreach services
- Respiratory Outreach services
- Mobilise peer Naloxone distribution
- Support for families and peers
- Focus on Early intervention and provision for 18-25's
- Benzodiazepine & Z-Drug Specialist
- Enhance support to sustain housing and accommodation
- Enhanced support to gain employment skills and employment
- Increase capacity for system co-ordination, monitoring, evaluation and learning

4.0 FINANCIAL IMPLICATIONS

- 4.1 The delivery of this programme is funded via a £1.4million ring-fenced PHE Grant for drug treatment and recovery. The funding can only be used to deliver these activities

as outlined within the Menu of Interventions that comes with the programme. The grant cannot be overspent, if there is any underspend, the Council will be required to return this to PHE.

It is proposed this funding is allocated as follows:

Intervention	Value
Enhanced harm reduction provision	£613,000
Enhanced recovery support	£84,000
Increased integration and improved care pathways between the criminal justice and other settings, and drug treatment	£272,000
Increased pharmacological and psychosocial treatment capacity	£295,000
System coordination and evaluation	£136,000
Total	£1,400,000

5.0 LEGAL IMPLICATIONS

5.1 Due to the tight timeframe of delivery, and the prescriptive set of interventions that funding can be allocated; we intend to waive the procurement processes. Regulation 72 of the Public Contracts Regulations allows contracts with providers to be varied to up to 10% of the total contract value and the proposed usage of additional grant funding falls within that limit. Legal and procurement advice has been sought and continued legal support will be provided in relation to these matters.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 Details of roles to be funded utilising Wirral grant is outlined in Appendix 2 (EXEMPT). Due to the funding being available for a 1-year period these posts will be recruited on fixed-term contracts.

7.0 RELEVANT RISKS

7.1 Risks to the delivery of the project include:

- Delay in implementing partnership work due to continuing pressures presented by COVID-19.
- Difficulties in recruiting staff quickly enough to get the programme up to an optimal level of performance within the necessary time frame.
- Difficulty in recruiting appropriately qualified staff for a 12-month funding scheme.
- Continuation of service developments and enhancements, including additional posts, beyond 12 months if central funding is not extended.

7.2 These risks will be managed and mitigated by the Wirral Steering Group and monthly Programme review meetings with national Programme co-ordinators from PHE and the

Home Office. Conversations are already planned with partners to identify how we can ensure sustainability and continue developments beyond the 2021/22 financial year.

7.3 There is no risk to the Council in accepting this grant funding. The funding can only be used to deliver these specific activities as outlined within the Menu of Interventions. The grant cannot be overspent, if there is any underspend, the Council will be required to return this to PHE.

8.0 ENGAGEMENT/CONSULTATION

8.1 In order to co-ordinate and develop the delivery plan, and to ensure successful delivery and reporting, a Wirral Steering Group has been established. This Steering Group is led by Wirral Council Public Health and includes a wide range of partners as set out in the Figure 2 below:

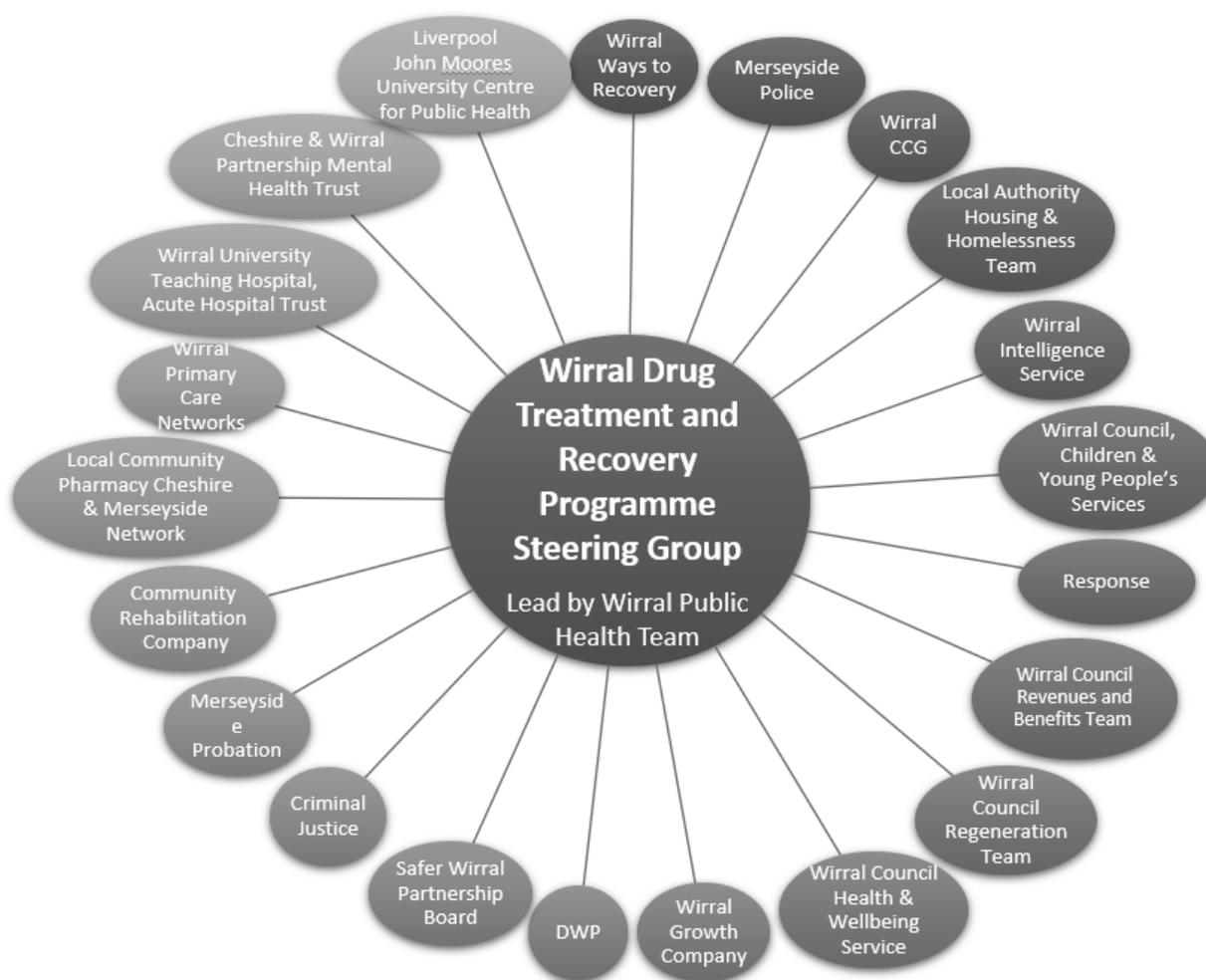


Figure 2: Wirral Drug Treatment and Recovery Grant funding Steering Group partners

9.0 EQUALITY IMPLICATIONS

9.1 Wirral Council has a legal requirement to make sure that its policies, and the way it carries out its work, do not discriminate against anyone. Equality considerations were a key component of the guidance for the programme activities, stating that “all

interventions should bear in mind the need to ensure access for a range of disadvantaged populations: parents who use drugs; black, Asian and minority ethnic (BAME) groups; women; LGBTQ+; people with disabilities etc”. We will ensure equality implications are reviewed as part of the project delivery. If the proposed use of funding is approved an equality impact assessment will be undertaken to ensure the interventions are delivered in a way that does not discriminate.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

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

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APPENDICES

Appendix 1 – Programme Menu of Interventions (EXEMPT)

Appendix 2 – Wirral Programme Delivery Plan (EXEMPT)

BACKGROUND PAPERS

Government announced an additional £148 million funding package for reducing drug-related crime, and drug related health harm, across the country:

<https://www.gov.uk/government/news/148-million-to-cut-drugs-crime>

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
N/A	

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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of the Local Government Act 1972.

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ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

7 JUNE 2021

REPORT TITLE:	Strategic Changes in the NHS – a follow up report on proposed changes, impact on the Council, progress made and next steps re: Integrated Care System (ICS) and Integrated Care Partnership (ICP).
REPORT OF:	DIRECTOR OF CARE AND HEALTH

REPORT SUMMARY

This report aims to provide members of the Committee an update on the proposed strategic changes in the NHS and outline the implications for the Council of such emerging arrangements and 'Integrating Care' in terms of 'place'.

The report sets out what is expected and what can be defined locally in relation to place making. The report also outlines the steps being considered and the time scales for implementation.

RECOMMENDATION/S

That the Adult Social Care and Health Committee:

1. Notes the Queen's Speech announcing the forthcoming Health and Care Bill, intended to make it easier for different parts of the health and care system to work together and to support place-based joint working between the NHS, local government, community health services, and other partners.
2. Supports the Local Government Association's efforts to secure with Government their commitment that existing local partnerships and democratic structures should be based on local government place and recognises the importance of the Council's role as that place-level leader.
3. Endorses the Health and Wellbeing Board's role in leading the development of place-based partnership necessary to deliver improved outcomes in population health and tackling health inequality and notes the progress currently being made.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 These are important strategic changes in the NHS that provide opportunities for the Council to have a greater impact on Health and Wellbeing Outcomes. It is imperative that Committee has full awareness and understanding of the proposed changes.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 This is an update report primarily for information and understanding, it does not include options for Committee to consider.

3.0 BACKGROUND INFORMATION

National Context

- 3.1 Nationally and locally there continues to be unacceptable inequalities in the health outcomes for our local population. Proposed changes in the NHS offers the opportunity for Wirral Council to take a key leadership role in shaping the work of the NHS and partners to be much more effective in addressing health inequalities and improving outcomes for Wirral's residents.
- 3.2 The integration of Health and Care has the potential to drive improvements in population health by reaching far beyond traditional NHS activity with Local Authorities and other agencies leading work on the wider determinants of health that drive longer term health outcomes and inequalities. Together we are better placed to promote positive health related behaviour, ensure equitable access to quality clinical and social care services. We are also well placed to tackle those broader issues that relate to poverty, poor outcomes, and opportunities by recognising that the whole of the Council has a key role in improving Wirral for our residents.

Local Context - Cheshire and Merseyside

- 3.3 The Cheshire and Merseyside Health Care Partnership (C&M HCP) formally wrote to NHS England on 28 January 2021 to seek approval to become recognised as an **Integrated Care System** citing its potential to drive improvements in population health by reaching beyond health and care to tackle wider determinants through:
- **System stewardship**
 - **Inclusive arrangements**
 - **Engagement with Public, Staff and other key Stakeholders**
 - **Planning and establishing an approach to Finance and Performance**
 - **Enhancing Integrated Commissioning at place/borough level**
 - **Provider collaborative**
 - **Responding to and embedding NHS Constitution**
 - **Academic partnership to underpin programme evidence and evaluation.**

3.4 The Integrated Care System application from the C&M HCP references the role of the Local Authority at place level as being able to provide focus through the Health and Wellbeing Board. With the fundamentals of an ICS integration being focused on improved population health and healthcare, tackling unequal outcomes and access to services, enhancing productivity and Value for Money and Helping the NHS to support broader Social and economic development of the whole Borough as reflected in the Wirral Plan.

Local Context in Wirral

3.5 Within the guidance issued by the Department of Health, the role of 'Place' is defined as meaning "long-established Local Authority boundaries", at which joint strategic needs assessments, health and wellbeing strategies and commissioning approaches are developed in partnership. The DHSC guidance states that each 'Place' must ensure there is a single, system-wide approach to undertake strategic commissioning. This will discharge core functions on behalf of the ICS, which include:

- **Assessing population health needs and planning and modelling demographic, service use and workforce changes over time**
- **Planning and prioritising how to address those needs, improving all residents' health, and tackling inequalities**
- **Ensuring that these priorities are funded to provide good value and health outcomes**
- **Supporting a segmented and targeted approach to ensure we level up health inequalities**
- **Contractual mechanisms for delivery**
- **Ensuring that clinical input is a key part of Strategic Commissioning.**

3.6 The guidance clearly states that systems should also agree whether individual functions are best delivered at system or at Place, balancing subsidiarity with the benefits of scale working.

3.7 Places will be expected to develop an integrated approach to commissioning between Health and the Local Authority. This role is described by C&M as place-based commissioning and co-ordination. It is expected that this will be led by the Council with staff from the ICS at Cheshire and Merseyside level making up integrated commissioning teams alongside Local Authority Commissioners.

3.8 NHS Wirral CCG and Wirral Council are working together, with the Cheshire and Merseyside Health and Care Partnership (HCP), our ICS, to shape the future delivery of commissioning functions at place and across the ICS. We want to evolve the successful strategic commissioning partnership between the NHS and Wirral Council in response to the publication of the White Paper and Integrating Care: Next steps. NHSE/I and the ICS, as well as partners in provider organisations, will have a view on "how commissioning will work" going forward. Our work therefore needs to be cognisant of those views but very clear on the Council's expectations and aspirations.

3.9 Detail defining those NHS commissioning functions that remain at place and those that will be carried out at the larger Cheshire and Merseyside level is awaited, however early work indicates that the majority of strategic commissioning will be delivered at

place level with the most specialist types of commissioning taking place on the larger footprint.

Integrated Care Partnership (ICP)

3.10 The aims of Integrated Care Partnerships are to:

- a) **Plan, manage and deliver services together for populations. This would enable neighbourhoods to focus on need, be that a health need or a wider determinant of health need.**
- b) **Linking education, employment, and service delivery in a Place/Borough to enable us to shape our workforce and build resilience and opportunity in communities.**
- c) **Linking health skills and knowledge with housing and care across our neighbourhoods to enable us to support our families in need or at risk of harm.**

3.11 The guidance suggests that partners should include - Primary Care Network Leads, LA adult and children's social services leads, Community Health Provider, Mental Health Provider, Acute Provider(s), Public Health, Voluntary sector, Housing, Police, Education. People within each area therefore must be able to:

- **access clear advice on staying well.**
- **access a range of preventative services.**
- **access simple, joined-up care and treatment when they need it.**
- **access digital services (with non-digital alternatives) that put the citizen at the heart of their own care.**
- **access proactive support to keep as well as possible, where they are vulnerable or at high risk.**
- **expect the NHS, through its employment, training, procurement, and volunteering activities, and as a major estate owner to play a full part in social and economic development and environmental sustainability.**

3.12 The Department of Health and Social Care (DHSC) recognise that every area is different, but clearly highlight that common characteristics of the most successful systems are when there is the full involvement of all partners who contribute to the Place's health and care. The DHSC recognise that there is a critical role for local Councils to work with health partners who will play a leading role for clinical primary care leaders, through Primary Care Networks; and a clear, strategic relationship with Health and Wellbeing Boards. From a Council perspective very localised working through neighbourhoods would enable alignment but more importantly a greater understanding of need and action required at a local level. Moving towards this approach would impact across all Council delivery Directorates.

Wirral Integrated Commissioning

3.13 This is a component part of the Integrated Commissioning Partnership underpinned by Pooled Funds and formalised partnership arrangements with the following key functions:

- **Improve Health and Wellbeing Outcomes for the Population**
- **Reduce Health Inequalities across the Borough**

- **Provide oversight and leadership of System Planning, Quality Assurance and Safeguarding.**
- **Manage Care and Health Market to Ensure that there is a full and effective range of sustainable services across the Borough.**
- **Discharge the statutory commissioning duties of the Local Authority for Adult Social Care, Public Health and Children's services alongside the NHS Commissioning duties on behalf of the ICS**
- **Enable and Support the Provider Collaborative to deliver population health outcomes.**

Wirral Provider Collaborative

3.14 This is a component part of the Integrated Commissioning Partnership. The details of how the collaborative will work together and be constituted including working methods are currently in development. There are however key principles for provider collaboratives as developed by NHS England for Mental Health services that are likely to apply:

- **Collaboration between Providers and across local systems**
- **Experts by Experience and clinicians leading improvements in care pathways**
- **Making best use of resources across the collaborative to provide community alternatives and reduce inappropriate admissions/care away from home**
- **Working with local stakeholders**
- **Improvements in quality, patient experience and outcomes driving change**
- **Advancing equality for the local population**

3.15 The opportunity to shape local governance at Borough level is key with a focus on strengthening the **Health and Wellbeing Board as well as the role of the Adult Social Care and Public Health Committee** to support local system leadership and with a strong emphasis on improving population health. Future transformation funding from the NHS will focus on improving population health at scale across the Cheshire and Merseyside footprint and so the role of the HWBB will be pivotal. Systems of governance will change over time in line with legislative changes. We also need to be nimble and respond quickly to the opportunity. The Health and Wellbeing Board will have a critical role in driving local arrangements at Place or Borough level.

Place leadership

3.16 The DH state that there should be a recognised and identified Place leadership to undertake the following tasks:

- **to understand and identify – using population health management techniques and other intelligence – people and families at risk of being left behind and to organise proactive support for them.**
- **to coordinate the local contribution to health, social and economic development to prevent future risks to ill-health within different population groups.**
- **to focus on the wider determinants of health across the population**
- **to support and work alongside Primary Care Networks (PCNs) which join up primary and community services across local neighbourhoods.**

- **to simplify, modernise and join up health and care (including through technology and by joining up primary and secondary care where appropriate).**

3.17 Based upon the above it is clear that in partnership with the existing CCGs, PCNs, NHS providers, Voluntary sector providers, Healthwatch, Police, Housing, Education, that the Local Authority should take the leadership role in local 'place' making arrangements. This is acknowledged by leaders within the Cheshire and Merseyside Partnership who have stated "the lead role of the Local authority in the integration of care and system design is recognised"; "place at the Local authority level is the primary building block for integration between health and care and other sectors of the system."

3.18 Cheshire and Merseyside in their application to become an ICS make it clear they expect a lead role on behalf of the Local Authority in the integration of Care, system design and that political engagement and democratic input will bring legitimacy to the transformation. Wirral is yet to consider the designation of Place leader, however all parties from within the local system would need to agree with the appointment.

Health and Wellbeing Board

3.19 The Health and Wellbeing Board will have a critical role in driving this process forward as the key partnership for our local system at Place or Borough level. In addition, the Adult Social Care and Public Health Committee will have a key Governance role in relation to the outcomes that need to be delivered to improve the local population's health, and for the quality and consistency of the way that care is provided to people by the local Integrated Care Partnership. It should be noted here that other Committees will also have a stake in this developing initiative, as it is likely to impact across service areas most notably Children and Families and neighbourhood services. Implications of moving towards a Neighbourhood delivery model will need to be further explored.

3.20 The Health & Wellbeing Board is the partnership body that provides strategic vision, shared leadership, and co-ordination of local partnerships in order to improve Wirral and the population health outcomes of its residents. HWB continue to have statutory role for improving health and wellbeing of local population, using JSNA to set local priorities. HWBs are a key component of the ICS and a key role for the ICS is to support place-based working and the development of ICP arrangements. In order to achieve this there are four key pillars of work related to the delivery of the Wirral Plan:

- **Ensure that the sustainable regeneration of the Borough, contributes to improved outcomes for residents in line with those set out in the Wirral Plan.**
- **Ensure that partnership and integrated care arrangements are in place and that they are effective in delivering improved health outcomes and experiences of care for all residents of Wirral.**
- **Understand the needs of the local communities in order to develop and implement a Health & Wellbeing Strategy and improve the lives of residents.**
- **Provide oversight, strategic direction, and co-ordination of the statutory responsibilities of Health & Wellbeing Boards**

3.21 In Wirral it has been agreed by members of the Health and Wellbeing Board and the Wirral Health System, that the Wirral ICP will have three distinct components or ‘a triumvirate’ that as a whole make up the ICP:

1.	Health and Wellbeing Board
2.	Wirral Integrated Commissioning
3.	Wirral Provider Collaborative

Timeframe and next steps

3.22 The Cheshire and Merseyside Health Care Partnership, which has now formed the ICS highlights emerging need to develop public engagement in planning and decision making, development plans to places taken us up to 2022, further clarity of place functions, efficacy plans for each place, enabling place to support challenged organisation and address systemic issues, design expectations and goals for system, place, and neighbourhood integration. this will need to be considered as part of the task and finish programme management approach.

3.23 Shadow arrangements for ICS are currently in place and by September 2021 plans are expected of how this will be delivered in full by April 2022. In 2021/22 there will be a requirement for the system to begin planning its recovery, performance, delivery, and development in each of its 9 places, with an eventual requirement for firm 5-year plans. The partnership proposes to work with 2 or 3 places to as initial development areas to help define what good looks like the outcome being an agreed work plan, Development plan and Organisational Development plan. This work began in March 2021.

Wirral's Integrated Care Partnership Development Timeline 2021 - 2022

Governance & Legal	
Establish Project Board in partnership with Council and Clinical Commissioning Group Senior Officers	May 2021
Agree governance reporting and oversight structure / decision making model for ICP	June 2021
Produce full Business Plan	September 2021
Outline the Legal arrangements / section 75 / agreements / MOUs' for ICP	July 2021
Report to Adult Social Care and Public Health Committee	June 2021
Report to Health and Wellbeing Board	July, November March 2022
Engage t with Cheshire & Merseyside Partnership / ICS	Ongoing
Integrated Commissioning	
Agree Purpose, Roles and Functions of Integrated Commissioning	June 2021
Define footprints for delivery of integrated care and understand Localities and neighbourhoods (demographic data by Primary Care Network)	July 2021
Produce ICP Development Plan	September 2021
Partnerships, Communication, Engagement	
Produce Communication Plan	June 2021
Undertake Stakeholder mapping	June 2021
Extend invitations and secure/maintain regular attendance by wider partner agencies	From July 2021
Begin public and wider stakeholder engagement at Place Level	From July 2021
Workforce	
Develop an integrated workforce model	June 2021
Consolidate the arrangements of single joint management team approach	July 2022
Intelligence / Digital / Outcomes	
Develop plans underpinned by local population health and socio-economic intelligence	Ongoing
Ensure that the programme of work aligned to Wirral Plan	May 2021
Agree Intelligence Dashboards / agreement of outcomes & measures	July 2021
Ensure that the digital Plan enables collaborative working	August 2021
Finance	
Agree content of expanded pool. Development of financial plan, mechanism to pool budgets & risk share	July 2021
Estates	
Develop Estates Plan	June 2021

4.0 FINANCIAL IMPLICATIONS

4.1 There are no direct financial implications of this report.

4.2 As the shape and future delivery of commissioning functions at place and across the ICS evolve, future reports will outline the way resources will be used to deliver the outcomes set out in the Wirral Plan and to improve progress against health inequalities in our Borough.

4.1 LEGAL IMPLICATIONS

5.1 The Department of Health and Social Care (DHSC) published the legislative proposals (White Paper) for a Health and Care Bill in February 2021. The proposals in the White Paper were a combination of:

- Proposals developed by NHS England (NHSE) to support the implementation of the NHS Long Term Plan (and which are the main focus of the document).
- Additional proposals that relate to public health, social care, and quality and safety matters, which require primary legislation.

5.2 The White Paper emphasised that the legislative proposals should be seen in the context of broader current and planned reforms to the NHS, social care, public health, and mental health.

5.3 The Queen's Speech to parliament committed the Government to bringing forward detailed proposals for reform on these key policy areas later this year.

5.4 Legal Services will attend the Integrated Care Partnership Project Board to respond and manage the legal implications of the development of the Integrated Care System and the Integrated Care Partnership as the practicalities, governance and legislative implications emerge.

5.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 There are staffing implications in relation to developing the integrated commissioning team in which the Council, CCG, Health and Wellbeing Board, Cheshire and Merseyside Partnership will work together to develop the new model and ways of working. The Project will have a Human Resources officer appointed to lead the work relating to staff to ensure that the new integrated commissioning team is supported throughout the transition.

6.0 RELEVANT RISKS

7.1 The Council will mitigate risks by developing a multi-functional project team that gains insight into all areas of risk and puts mitigating actions in place to reduce the impact of risk. A risk log is monitored and updated as part of the project.

7.0 ENGAGEMENT/CONSULTATION

8.1 A Communication plan will be developed to ensure appropriate engagement will take place across the Borough.

8.2 Local people and staff have been consulted widely over the years as part of the various work streams through the 'Healthy Wirral Partnership'. Further Public and wider stakeholder engagement will take place across the Borough to seek the views of local stakeholders.

8.3 Engagement will take place at local and regional level in relation to the Integrated Care System and Integrated Care Partnership developments.

8.0 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. Plans will be underpinned by local population health and socio-economic intelligence. The Council will work in partnership with local and regional partners to develop place-based partnership arrangements necessary to deliver improved outcomes in population health by tackling health inequality. An initial Equality Impact Assessment has been completed, which can be found - <https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments>. This document may be amended as needed as the Equality Duty is an ongoing consideration.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 Wirral Council is committed to carrying out its work in an environmentally responsible manner, and these principles will guide the development of the Integrated Care Partnership in Wirral.

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APPENDICES

N/A

BACKGROUND PAPERS

Government White Paper, 'Integration and Innovation: working together to improve health and social care for all.

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Report named Strategic Developments in the NHS was presented to Adult Social Care and Public Health Committee.	2 March 2021

ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Monday, 7 June 2021

REPORT TITLE:	APPOINTMENT OF STATUTORY COMMITTEE AND MEMBER CHAMPION FOR DOMESTIC ABUSE
REPORT OF:	DIRECTOR OF LAW AND GOVERNANCE

REPORT SUMMARY

The purpose of this report is to enable the Adult Social Care and Public Health Committee to appoint members and named deputies to serve on the Discharge from Guardianship by Wirral Council under the Mental Health Act 1983 Panel, as well as appoint a Member Champion for Domestic Abuse.

RECOMMENDATION/S

The Committee is requested to:

- (1) authorise the Monitoring Officer as proper officer to carry out the wishes of the Group Leaders in allocating Members to membership of the Statutory and Advisory Committees detailed within the report and to appoint those Members with effect from the date at which the proper officer is advised of the names of such Members.
- (2) Appoint a Member Champion for Domestic Abuse.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 Policy and Services Committees are required to appoint the membership of various panels, statutory / advisory committees and working parties, which fall under their remit at the start of each Municipal Year.
- 1.2 The role of a Member Champion is to become a focus for the Council and Committee, partners, stakeholders and communities in order to:
- i. Raise the profile of that highlighted area of the Council and Committee's functions, and in conjunction with the relevant Member(s), officers and partner(s), support community engagement activities and other related publicity campaigns;
 - ii. Liaise with members, public sector partners and other stakeholders to promote key initiatives (as appropriate and required);
 - iii. Act as an advocate for that highlighted area of the Council and Committee's functions and be required to familiarise themselves with related matters.
 - iv. Seek out and share best practice from other areas of the UK;
 - v. Periodically present reports to the members of their Committee or other committees (as necessary and requested) setting out the actions taken and how those actions have contributed to the success and promotion of that highlighted area of the Council and Committee's functions;
 - vi. Present, as appropriate, research papers and suggest new initiatives and ideas relating to highlighted area of the Council and Committee's functions for consideration by the Committee(s) or Council.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 The option of not appointing to the Discharge from Guardianship by Wirral Council under the Mental Health Act 1983 Panel would result in the Council not fulfilling its statutory duties.

3.0 STATUTORY COMMITTEES AND PANELS

- 3.1 The Discharge from Guardianship by Wirral Council under the Mental Health Act 1983 Panel was retained during 2020/21 with full delegated authority, with the following membership:

Councillor Yvonne Nolan
Councillor David Burgess-Joyce
Councillor Phil Gilchrist
Councillor Moira McLaughlin

- 3.2 The Committee is asked to appoint three or more members and named deputies from the Adult Social Care and Public Health Committee, as necessary, to serve on the Discharge from Guardianship by Wirral Council under the Mental Health Act 1983 Panel for the 2021/22 municipal year.

4.0 APPOINTMENT OF MEMBER CHAMPION FOR DOMESTIC ABUSE

- 4.1 Member Champions associated with the pledges of the Wirral Plan were created in 2015 to support Cabinet Portfolio holders and were brought to an end in 2019.
- 4.2 Champions for three specific areas, prompted by the involvement of outside agencies and requests, have existed for several years in respect of an Armed Forces Champion, Heritage Champion and the Domestic Abuse Champion.
- 4.3 With the introduction of the committee system, some roles will automatically continue or be subsumed into the chairing role, such as the Armed Forces Champion being the Mayor and the Risk Champion being the Chair of Audit and Risk Management Committee.
- 4.4 The Adult Social Care and Public Health Committee is asked to appoint a Member Champion for Domestic Abuse.

5.0 FINANCIAL IMPLICATIONS

- 5.1 No allowance or other remuneration shall be paid to Member Champions for performing the role.
- 5.2 Whilst expenses may be met for engagements with outside bodies or public occasions as approved by the relevant lead officer or the Committee, there are no direct financial implications to as a result of these recommendation.

6.0 LEGAL IMPLICATIONS

- 6.1 Under Section 23 of the Mental Health Act 1983 as amended an order for discharge can be made in respect of a patient who is subject to guardianship by the responsible clinician, by the Local Social Services Authority or by the nearest relative of the patient. Should an individual who is subject to Guardianship request that the Local Social Services Authority exercise its power to discharge a Guardianship Order this function must be exercised by three or more Members of the authority.
- 6.2 There is a requirement under the Council's Constitution to appoint a Member Champion for Domestic Abuse.

7.0 RESOURCE IMPLICATIONS: ICT; STAFFING AND ASSETS

- 7.1 There are none arising directly from this report.

8.0 RELEVANT RISKS

- 8.1 There is a risk that if the Council does not appoint to its statutory bodies, it will not fulfil the statutory duties requires of that body.

- 8.2 All relevant risks have been considered and the below working arrangements approved by Council;
- i. Member Champions will liaise as required with the relevant officer lead and the Committee Chair and Spokespersons in relation to their role and activities.
 - ii. The Member Champion will follow all appropriate and applicable Council working protocols for engaging with officers, stakeholders, and the public.
 - iii. The Member Champions shall not do anything that is contrary to or inconsistent with any decision or approach taken by the Committee(s) or the Council.
 - iv. Where there is any confusion or difference between the Member Champion views/proposed actions and that of the Committee, the Committee's view/position shall prevail.
 - v. Member Champions shall seek advice and guidance from the Council's Senior Leadership Team if they are in doubt or confusion on any issue or matter.

9.0 ENGAGEMENT / CONSULTATION

- 9.1 It is for political groups to decide how they wish to allocate their committee places and appointments.

10.0 EQUALITIES IMPLICATIONS

- 10.1 There are none arising directly from this report.

11.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 11.1 There are none arising directly from this report.

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APPENDICES

N/A

BACKGROUND PAPERS

Previous reports on the appointment of panels, statutory / advisory committees and working parties and amendments made during the year and the Council's Constitution.

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Public Health Committee	13 October 2020
Council	28 September 2020
Council	14 May 2019
Council	15 May 2018

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ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Monday, 7 June 2021

REPORT TITLE:	2021/22 BUDGET MONITORING AND 22/23 BUDGET PROCESS
REPORT OF:	DIRECTOR OF RESOURCES

REPORT SUMMARY

On 17 March 2021, the Committee approved the process for monitoring the 2021/22 budget and for commencing the budget setting process for 2022/23. This report highlights these processes and includes further supporting information to ensure they can be followed.

The Committee is aware that the Ministry for Housing, Local Government and Communities have provided a conditional offer of exceptional financial support (capitalisation directive) for 2021/22 of up to £10.7m. One of the conditions of that offer is that the Council will need to provide evidence from the assurance review of the authority's financial position and its ability to meet any or all of the identified budget gap without any additional borrowing.

Therefore, it is vitally important that the Council has robust processes in place to manage and monitor the in-year financial position, to ensure it is reporting a forecast balanced position to the end of the year and that the process for 22/23 budget setting is underway early so that an agreed budget can be agreed by Full Council in March.

2021/22 Budget Monitoring

The report updates on the position for the 2021/22 budget and the role of the Committees in monitoring the budget during the year. This enables Committees to take ownership of their specific budgets and provide robust challenge and scrutiny to Officers on the performance of those budgets. Supporting information is provided to the Committee in order for this to happen as part of the appendices. The Committee is accountable for ensuring that the committee budget remains within the relevant envelope and will take collective responsibility via the Policy and Resources Committee to ensure that the whole Council budget remains in balance at all times, by agreeing mitigating actions to bring the budget back in line, should a deficit be forecast.

To enable committees to manage and monitor budgets effectively in year, a suite of detailed information will be provided on a quarterly basis:

- Full revenue budget monitoring report for the preceding quarter
- Full list of budget savings proposals and the progress for their achievement
- Full list of reserves allocated to the Committee for future on-off commitments
- Full capital budget monitoring report for the preceding quarter
- Other specific information relevant to the individual committee

In addition, committees who have requested it, will be provided with an exception report on a monthly basis, outside of the quarterly monitoring process. This will be a summary report and will highlight any known significant changes from the previous quarterly forecast that require the committees attention

2022/23 Budget Process

Members will note that one of the key documents required to enable the Council to receive approval for exceptional financial support was a balanced five-year medium term financial plan (MTFP). A summary of this was provided in the budget report to the Committee on 17 March 2021. This document was prepared by Officers and now requires committee oversight and approval. The Committees will consider whether the proposals included in the MTFP for the 2022/23 budget, and beyond, are to be taken forward or whether they are to be replaced by alternative proposals that the committee recommend.

Officers have prepared a suite of documents included within the appendices to support the Committee in its role of contributing to the budget setting process.

Each committee, supported by the officers, is accountable for identifying, developing and agreeing savings proposals during the summer to ensure a draft balanced budget can be considered by the Policy and Resources Committee in October 2021, to enable budget consultation to start in a timely manner in November 2021.

To enable the officer budget proposals to be scrutinised by the Committee, it is recommended that a budget working group be established to consider the content of the MTFP and make recommendations into the committee on the viability of the proposals, the robustness of the pressures/growth items and to recommend any additional proposals that the Committee require officers to prepare.

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

RECOMMENDATION/S

That Adult Social Care and public Health committee:

1. Note the content of the report and the current forecast position of savings for 2021/22 and the ongoing work being undertaken to mitigate any under-achievement.
2. Agree to include the current proposals within this report from the Medium Term Financial Plan from 2022/23 – 2025/26 and the Director of Adult Care and Health to develop them into full business cases, where appropriate, for

inclusion in the 2022/23 budget proposals to Policy and Resources Committee at its October meeting for approval.

3. Convenes a series of budget workshops to identify any alternative savings/income/reductions in pressures to ensure that a full suite of costed and deliverable proposals can be recommended to the Policy and Resources Committee at its October meeting for approval.
4. Commence the Zero Based Budgeting project within the budget workshops to contribute to the overall savings target of £170k in 2021/22

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 The 2021/22 Budget was agreed at Full Council on 1 March 2021. This budget was made up of savings proposals, pressures/growth items and funding that were based on either actual known figures or best estimates available at the time. At any point during the year, these estimated figures could change and need to be monitored closely to ensure, if adverse, mitigating actions can be taken immediately to ensure a balanced forecast budget can be reported to the end of the year.

1.2 The 2022/23 budget is required to be agreed by full Council no later than 11 March each year. Members should be engaged as early as possible in this process to have time to consider and recommend proposals to be able to present a balanced budget to full Council and to allow sufficient time for a meaningful public consultation exercise.

2.0 OTHER OPTIONS CONSIDERED

2.1 The Committee could choose to not engage in the budget monitoring process for 2021/22 which could result in an overspend position for 2021/22 being reported.

2.2 The Committee could choose to not engage in the budget setting process for 2022/23 which could result in the inability to recommend a balanced budget to full Council in March 2022.

2.3 Both of these options would result in an unbalanced budget which is unlawful. Under these circumstances, the Section 151 Officer would be required to issue a section 114 notice and report this to all Members of Full Council. The outcome of which would result in intervention by Government.

2.4 The Committee can decide to establish their own process for monitoring the 2021/22 in-year budget and setting the 2022/23 budget. This would need to be agreed at the 29 June Policy and Resources Committee which reduces the time available to implement mitigating actions, where an adverse 2021/22 forecast maybe found.

2.5 This also reduces the time available for the identification and agreement of proposals to be included in the 2022/23 budget. Either of these delays could put the ability to present a balanced 21/22 and 22/23 budget at risk and increase the risk.

3.0 BACKGROUND INFORMATION

3.1 At its Committee in March, the Policy and Resources Committee agreed the process for managing and monitoring the 2021/22 budget. This process is as follows:

2021/22 Budget Monitoring

- 3.2 Committee's will be accountable for ensuring that the budget remains within the relevant envelope for each committee and will take collective responsibility via the Policy and Resources Committee to ensure that the whole Council budget remains in balance at all times or provides mitigating actions to bring the budget back in line, should a year end deficit be forecast.
- 3.3 To enable committees to manage and monitor budgets effectively in year, a suite of detailed information will be provided on a quarterly basis:
- Full revenue budget monitoring report for the preceding quarter (available at the end of Quarter 1)
 - Summary Budget Book (Appendix 1)
 - Full list of budget savings proposals and the progress for their achievement (Appendix 3)
 - Full list of reserves allocated to the Committee for future on-off commitments (Appendix 4)
 - Full capital budget monitoring report for the preceding quarter (available at the end of Quarter 1)
 - Other specific information relevant to the individual committee
- 3.4 Committees had previously requested a budget book that detailed the individual budgets for each committee. Appendix 1 contains a summary of this by service. The full budget books are extremely detailed and could contain hundreds of separate lines and would be more conducive to a workshop where these can be scrutinised and discussed in detail. It is recommended that a budget working group is established by the Committee, convened immediately, that would meet throughout the summer to:
- Oversee the monitoring of the 2021/22 in-year budget
 - Review the detailed budgets for the committee
 - Undertake the Zero Based Budgeting exercise (paragraph 3.15)
 - Identify proposals/scrutinise pressures to be included for the 2022/23 budget (paragraphs 3.19 and 3.20)
- 3.5 Committees have the autonomy to vire (transfer) budgets from one function to another within their overall committee budget envelope. Virements will be also agreed by the relevant Statutory Officers as there are certain conditions where budgets are not allowed to be vired for the purposes of gaining a specific benefit e.g. where budgets from supplies budget headings are vired to employees budget headings to take advantage of an uplift for pay inflation.
- 3.6 Each committee will be responsible for remaining within its overall budget envelope and not overspending. Where an adverse variance is forecast, each committee will be required to take remedial action to bring the budget back in line and ensure that overspends are mitigated.

- 3.7 Where a committee has taken all possible steps for remedial action and is unable to mitigate an overspend, this must be reported to the P&R Committee who will take an organisational view of how this adverse variance will be managed. There must be immediate action agreed to ensure a forecast balanced budget can be reported, and this will be monitored by the P&R Committee.
- 3.8 Whilst each committee is required to remain within its annual budget envelope, there may be reasons for committees to report a favourable variance in-year. Committees wishing to use any forecast underspend must have approval from the P&R Committee to do this. The council cannot be in a situation where one committee is forecasting an overspend that it is unable to mitigate, and another committee is forecasting an underspend and utilises this for its own purposes.
- 3.9 The P&R Committee has overall responsibility for taking any necessary steps required to ensure a whole Council budget can report a balanced budget throughout the year.

2021/22 Interim Budget Forecast

- 3.10 As at June 2021, the majority of the approved 2021/22 savings are on target to be achieved. One saving is at risk of not being fully achieved relating to the Wirral Evolutions review of day services for people with Learning Disability. The Council have been supporting Wirral Evolutions for a number of months in order for them to review the services they provide at day centres.
- 3.11 Some of the savings are predicated on a number of staff leaving the Company on voluntary redundancy. As the saving was not approved until March, work could not start on staff consultation until after that date meaning that there would be a delay in staff being able to leave. The impact being a delay to the saving being achieved.
- 3.12 The Council will continue to work closely with the Company throughout the year to support them in being able to achieve the full saving.

Zero Based Budgeting

- 3.13 As part of the 2021/22 budget, a savings proposal of £170k to carry out a zero based budgeting exercise was agreed. Zero basing is a method of budgeting in which all expenditure must be justified before it is agreed. The process starts from a 'zero base' i.e. a zero budget and every function within the area is analysed for its needs and costs. Budgets are then built around what is needed for the following period, regardless of whether each budget is higher or lower than the previous one.
- 3.14 The process can be time-consuming and is usually undertaken in advance of the following years budget setting. The proposal for £170k saving recognises

that this is a part year saving and should provide an indication of further savings that could be achieved in 2022/23.

- 3.15 In order for this saving to be achieved in-year, it is recommended that Members of the budget workshops, supported by Officers, start the zero basing in July. Officers will shortly be undertaking a 'spring-clean' of budgets to ensure that the current activity is correctly reflected in the budgets in order for the zero-basing to be undertaken effectively.

2022/23 Budget Setting

- 3.16 The process for setting the 2022/23 will commence immediately. Officers, to satisfy the requirement of MHCLG for exceptional financial support, have compiled a five-year medium term financial plan (MTFP). Committees will consider whether the proposals included in the MTFP for the 2022/23 budget, and beyond, are to be taken forward or whether they are to be replaced by alternative proposals that the committees recommend.
- 3.17 The budget gap for the Council for 2022/23 currently stand at £19.5m. At the Policy and Resources Committee on 17 March, a full list of proposals were included in the budget report that balanced this gap. Since then, as Officers have been reviewing these proposals, some of these values are currently at risk and there now remains a forecast unmitigated budget gap, of around £5m.
- 3.18 In readiness for the first committees of the new municipal year, Officers have prepared a suite of documents for the committees. These are:
- List of future years savings and pressures included within the MTFP (Appendix 5)
 - Summary business cases for each of the savings' proposals in the MTFP for 2022/23 and whether any specific consultation is required for each one (To be included as part of the budget workshops)
 - Summary business cases for each of the perceived pressures/growth items in the MTFP with supporting evidence as to how they have been estimated (To be included as part of the budget workshops)
 - Oversight of all savings proposals and growth/pressures over the medium term for Members to ensure no duplication or contradiction across Committees (To be included as part of the budget workshops)
- 3.19 Each committee, via the budget working groups, will be accountable for identifying, developing and agreeing savings proposals during the summer to meet the 2022/23 budget gap and ensure a draft balanced budget can be considered by the P&R Committee in October 2021, to enable budget consultation to start in a timely manner in November 2021.
- 3.20 It is recommended that the budget workshops not only identify additional savings proposals to meet the gap but to scrutinise and challenge the pressures and growth items included in the MTFP for 2022/23 to see if these can be reduced.

Exceptional Financial Support

- 3.21 Members will be aware that in March, MHCLG provided a conditional offer of Exceptional Financial Support (EFS) to the Council of up to £10.7m to support the indirect pressures forecast as an ongoing impact of Covid-19 in the 2022/23 budget. One of the conditions of that offer was that an external assurance review would be commissioned by MHCLG.
- 3.22 In preparedness for this review, the Council has been working with the Chartered Institute of Public Finance and Accountancy (CIPFA) to carry out an interim assessment of MTFP and a high level review of the cost of the services the Council provides. Further information regarding EFS can be found at Appendix 6.

4.0 FINANCIAL IMPLICATIONS

- 4.1 This report describes the process for 2021/22 budget monitoring and 2022/23 budget setting. Included within it are the current financial forecasts for both years. Therefore, all the financial implications are included within the body of the report.

5.0 LEGAL IMPLICATIONS

- 5.1 The role of the Policy and Resources Committee, in consultation with the respective Policy and Service Committees, has been charged by Council to formulate a draft Medium Term Financial Plan (MTFP) and budget to recommend to the Council.
- 5.2 The Council must set the budget in accordance with the provisions of the Local Government Finance Act 1992 and approval of a balanced budget each year is a statutory responsibility of the Council. Sections 25 to 29 of the Local Government Act 2003 impose duties on the Council in relation to how it sets and monitors its budget. These provisions require the Council to make prudent allowance for the risk and uncertainties in its budget and regularly monitor its finances during the year. The legislation leaves discretion to the Council about the allowances to be made and action to be taken.
- 5.3 Section 30(6) of the Local Government Finance Act 1992 provides that the Council has to set its budget before 11th March in the financial year preceding the one in respect of which the budget is set.
- 5.4 The provisions of section 25, Local Government Act 2003 require that, when the Council is making the calculation of its budget requirement, it must have regard to the report of the chief finance (s.151) officer as to the robustness of the estimates made for the purposes of the calculations and the adequacy of the proposed financial reserves.

- 5.5 Consultation must take place in accordance with the Council's duties under section 65 of the Local Government Finance Act 1992. The detailed summary of responses provided are attached in the appendix to this report. It must be borne in mind that this is consultation on the budget proposals, not on the decision to take whatever decision is implied by the adoption of that budget. The consultation process, including the Council's consideration of the responses, is required to comply with the following overarching obligations (unless detailed statutory rules supplant these):
- (a) Consultation must be at a time when proposals are at a formative stage.
 - (b) The proposer must give sufficient reasons for its proposals to allow consultees to understand them and respond to them properly.
 - (c) Consulters must give sufficient time for responses to be made and considered.
 - (d) Responses must be conscientiously taken into account in finalising the decision. This is the same whether or not a public body was required to consult or chooses to do so. This is because all of those rules are aspects of an overriding requirement for 'fairness'. The process must be substantively fair and have the appearance of fairness. The setting of the budget and council tax by Members involves their consideration of choices.
- 5.6 When considering options, Members must bear in mind their fiduciary duty to the council taxpayers of Wirral. Members must have adequate evidence on which to base their decisions on the level of quality at which services should be provided.
- 5.7 Where a service is provided pursuant to a statutory duty, it would not be lawful to fail to discharge it properly or abandon it, and where there is discretion as to how it is to be discharged, that discretion should be exercised reasonably.
- 5.8 The report sets out the relevant considerations for Members to consider during their deliberations and Members are reminded of the need to ignore irrelevant considerations. Members have a duty to seek to ensure that the Council acts lawfully. Members must not come to a decision which no reasonable authority could come to; balancing the nature, quality and level of services which they consider should be provided, against the costs of providing such services.
- 5.9 There is a particular requirement to take into consideration the Council's fiduciary duty and the public sector equality duty in coming to its decision.
- 5.10 The public sector equality duty is that a public authority must, in the exercise of its functions, have due regard to the need to: (1) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010; (2) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and (3) foster good relations between persons who share a relevant protected characteristic and persons who do not share it

- 5.11 Any decision made in the exercise of any function is potentially open to challenge if the duty has been disregarded. The duty applies both to Full Council when setting the budget and to the Policy and Services Committees when considering decisions.
- 5.12 Once a budget is in place, Council has delegated responsibility to the Policy and Services Committees to implement it. The Committees may not act contrary to the Budget without consent of Council other than in accordance with the Procedure Rules set out at Part 4(3) of the Constitution.
- 5.13 It is essential, as a matter of prudence that the financial position continues to be closely monitored. In particular, Members must satisfy themselves that sufficient mechanisms are in place to ensure both that savings are delivered and that new expenditure is contained within the available resources. Accordingly, any proposals put forward must identify the realistic measures and mechanisms to produce those savings.
- 5.14 Members are also individually reminded that Section 106 of the Local Government Finance Act 1992 applies to this meeting. Members who are two months or more in arrears with their Council Tax must declare this to the meeting and must not vote on budget recommendations, as to do otherwise can be a criminal offence.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 At this time, there are no additional resource implications as these have already been identified for the proposals agreed and submitted. However, where the budget is unbalanced and further proposals are required, then there will be resource implications, and these will be addressed within the relevant business cases presented to the Committee.

7.0 RELEVANT RISKS

- 7.1 The Council's ability to maintain a balanced budget for 2021/22 is dependent on a static financial position. This is an impossible scenario due to estimated figures being provided in the calculation for the 2021/22 budget, albeit the best estimates that were available at the time, plus any amount of internal and external factors that could impact on the budget position in year. Examples of which are new legislation, increased demand, loss of income, increased funding, decreased funding, inability to recruit to posts, ongoing impact of the pandemic etc
- 7.2 A robust monitoring and management process for the 2021/22 budget must be agreed and in place as soon as possible. If at any time during the year an adverse position is forecast, remedial action must be agreed and implemented immediately to ensure the budget can be brought back to balanced position.

- 7.3 The risk of this not being able to be achieved could mean that the Council does not have enough funding to offset its expenditure commitments for the year and therefore not be able report a balanced budget at the end of the year. This could result in the Section 151 Officer issuing a Section 114 notice.
- 7.4 The budget agreed by full Council on 1 March 2021 for 2021/22 was underpinned by an offer of a maximum of £10.7m exceptional financial support provided by MHCLG. This offer was conditional and is described in paragraph 3.21. If the Council does not accept recommendations made from the external assurance review, this may put the offer of the exceptional financial support at risk. If the Council is not able to report a balanced budget without some or all of the exceptional financial support, this may also result in the Section 151 Officer issuing a Section 114 notice in year.
- 7.5 A key risk to the Council's financial plans is that funding and demand assumptions in particular can change as more information becomes available. As such, the MTFP is regularly reviewed and updated as part of routine financial management.
- 7.6 Under the system of retained Business Rates, Authorities benefit from a share of any increased revenues but are liable for at least a share of any falls in income (subject to safety net triggers) and any non-collection. This includes reductions arising from appeals relating to past years which partially fall on the Authority. These risks are mitigated through a combination of the operation of the Collection Fund, General Fund Balances and a Business Rates Equalisation Reserve.
- 7.7 The MTFP currently presents a balanced budget over a five-year period. If the committees are not minded to accept the proposals included by officers in the MTFP, especially for the 2022/23 budget, alternative proposals need to be identified and agreed as soon as possible. A delay in agreeing these may put the timetable for setting the 2022/23 at risk and may result in a balanced budget not being identified in time for the deadline of 11 March 2022.
- 7.8 The five-year MTFP is based on current estimated information available. A four-year comprehensive spending review (CSR) is anticipated from Government from 2022/23. Assumptions have been made in the current MTFP for income and funding from business rates and council tax and social care grants as the main sources of funding. If there is an adverse change to these assumptions as a result of the CSR, additional savings proposals or reduced expenditure would need to be identified as soon as possible to ensure a balanced five-year MTFP can be achieved. Committees will be kept updated with any announcements regarding the CSR through the year.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 Consultation has been carried out with the Senior Leadership Team (SLT) in arriving at the governance process for the 2021/22 budget monitoring process and the 2022/23 budget setting process. SLT have compiled the MTFP.

8.2 Since the budget was agreed at Full Council on 1 March, some proposals may have been the subject of further consultation with Members, Customer and Residents. The details of these are included within the individual business cases or are the subject of separate reports to the Committee

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.

9.2 At this time, there are no further equality implications as these have already been identified for the proposals agreed and submitted. However, where the budget is unbalanced and further proposals are required, then there may be equality implications associated with these, and these will be addressed within the relevant business cases presented to the Committee.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 At this time, there are no additional environmental and climate implications as these have already been identified for the proposals agreed and submitted. However, where the budget is unbalanced and further proposals are required, then there may be environment and climate implications associated with these that will be addressed within the relevant business cases presented to the Committee.

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APPENDICES

Appendix 1 Adult Social Care and Public Health Committee 2021-22 Budget Book
Appendix 2 Adult Social Care and Public Health Committee 2020-21 Activity Profile
Appendix 3 Achievement of 2021/22 approved savings
Appendix 4 Committee Reserves
Appendix 5 Future years savings proposals and Growth/Pressures
Appendix 6 Exceptional Financial Support

BACKGROUND PAPERS

MHCLG Exceptional Financial Support Offer Letter

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Policy and Resources Committee	17 March 2021
Full Council	1 March 2021
Policy and Resources Committee	7 October 2020

APPENDIX 1

Adult Social Care and Public Health Committee 2021-22 Budget Book

The Adult Social Care and Public Health Committee oversees and is responsible for the full range of Adult Social Care and Public Health services that the population of our Borough require. This includes not only formal statutory care services but also preventative and community-based services, as well as responding outbreaks of disease.

The Committee will hold the Director to account for oversight of the care market including service commissioning and quality standards of adult social care services.

The Committee is responsible for Safeguarding vulnerable people, ensuring that social care needs are met and enabling people to live fulfilling lives and stay as independent as possible. The Adult Social Care and Health Committee is also responsible for the promotion of the health and wellbeing for the whole population of the Borough.

The tables below breakdown and explain the financial resources available to the Committee in 2021-22.

REVENUE BUDGETS

Revenue Budgets are the monies the Council allocates for its day-to-day expenditure. It is the amount of money the Council requires to provide its services during the year.

Table 1 below, highlights how the revenue budgets are allocated across the various Service Areas of the Adult Care and Health Directorate.

TABLE 1: 2021/22 Adult Social Care and Public Health – Service Budget

Service Area	Budget £000
ASC Central Functions	5,601
Older People Services - WCFT	51,693
Mental Health & Disability Services - CWP	52,626
Other Care Commissions	-104
Public Health	-1,714
Wirral Intelligence Service	480
Sub Total	108,582
Support/Admin Building Overhead	3,548
Movement in Reserves	1,452
Total Committee Budget	113,583

ASC Central Functions: This service area contains the central teams and support service functions which help adults social care to operate efficiently. Teams such as the Directorate Management Team, the Safeguarding Team and the Contract and Commissioning Team are included within this service area.

Older People Services – WCFT: This service area relates to the services for adult social care that range from 18+ and includes the vast majority of individuals that link in with Adult Social Care and primary services/community services. This support is largely for residents who require support in the short to medium term and mostly affects people coming out of hospital or illnesses occurring in later years of residents' lives. The delivery of these services is transferred to an external provider, Wirral Community Foundation NHS Trust (WCFT). WCFT have the contractual responsibility to manage the day-to-day operation of the services and are tasked with working collaboratively with the Council and partners to seek future efficiencies to mitigate against anticipated future service growth pressures. Services included in this area are Hospital Discharge, MASH (Multi Agency Safeguarding Hub) as well as support for older people to live independently at home, or with varying degrees of support, as per their assessment and support plan.

Mental Health & Disability Services – CWP: This service area relates to the individuals with complex needs/ diagnoses and usually have access to Secondary Services, such as Learning Disability Nursing and/or Mental Health services. This support is person-centred specialist support for someone, usually, with a chronic or long-term health condition, who requires extra assistance to manage their symptoms and day-to-day activities. There are three main types of services, Learning Disability (LD), Mental Health (MH) and Children with Disabilities (CwD). The delivery of these services is transferred to an external provider, the Cheshire and Wirral Partnership NHS Foundation Trust (CWP). CWP have the contractual responsibility to manage the day-to-day operation of the services and are tasked with working collaboratively with the Council and partners to seek future efficiencies to mitigate against anticipated future service growth pressures.

Other Care Commissions: This service area contains services and commissions which are generic to the work of Adult Social Care and/or do not fit easily within the service areas of Complex or Non-Complex care. Services such as Assistive Technology and the equipment service contract, as well as the commissions with voluntary organisations.

Public Health: Public Health responsibilities include, improving the health and wellbeing of residents, reducing differences between the health of different groups by promoting healthier lifestyles, providing Public Health advice to the NHS and the public, protecting residents from public health threats and hazards and preparing for and responding to public health emergencies.

Wirral Intelligence Service: This service area relates to the Wirral Intelligence Service Team who work with partners, groups and communities to help improve understanding of Wirral and its people; providing analysis which can be used to support services and campaigns for improving outcomes for residents.

Table 2, below, highlights how the revenue budget is allocated across the various subjective or types of expenditure.

TABLE 2: 2021/22 Adult Social Care and Public Health – Subjective Budget

Subjective	Budget £000
Income	-86,333
Expenditure:	
Employee	6,193
Non-Pay	54,835
Cost of Care	133,888
Total Expenditure	194,916
Sub Total	108,583
Support/Admin Building Overhead	3,548
Movement in Reserves	1,452
Total Committee Budget	113,583

Better Care Fund and the Section 75 pooled fund agreement

Elements of the Adult Social Care budgets, shown above, are funded via the Better Care Fund.

The Better Care Fund (BCF) is a programme, spanning both the NHS and local government, which seeks to join up health and social care services so that people can manage their own health and wellbeing and remain as independent as possible.

The Council has entered a pooled budget arrangement in partnership with Wirral NHS Clinical Commissioning Group, under Section 75 of the Health Act 2006, for the commissioning and delivery of various integrated Care & Health functions. This pooled budget is hosted by the Council and includes, but is not limited to, services funded by the Better Care Fund.

The pool incentivises the NHS and local government to work more closely together around people, placing their well-being as the focus of care and health services. The pooled fund arrangements are well established in Wirral and enable a range of responsive services to vulnerable Wirral residents, as well as a significant component of BCF funding to protect frontline social care delivery.

Table 3 below, provides a further detailed breakdown of the service budgets.

TABLE 3: 2021/22 Adult Social Care and Public Health – Service budgets

Service Areas	Income (£000)	Employee (£000)	Non-Pay (£000)	Cost of Care (£000)	Service Sub Total	Support/ Admin Building Overhead (£000)	Movement in Reserves (£000)	Net Total Budget (£000)
Central Functions	-2,782	3,258	4,832	293	5,601	3,287	0	8,888
Older People Services - WCFT								
WCFT Commissioning Contract	-4,194	0	9,533	-1,038	4,301	0	0	4,301
Neighbourhoods	-20,219	0	1	65,495	45,276	0	0	45,276
Integrated Neighbourhood Services	-5,990	0	69	8,036	2,115	0	0	2,115
Mental Health & Disability Services - CWP								
CWP Commissioning Contract	-475	0	5,982	-1,022	4,486	0	0	4,486
All Age Disability Service	-9,202	0	0	40,356	31,154	0	0	31,154
Mental Health Services	-3,957	0	2	13,834	9,879	0	0	9,879
Children with Disabilities Service	-80	2	96	1,102	1,120	0	0	1,120
Integrated Disability Services	-843	0	0	6,830	5,987	0	0	5,987
Other Care Commissions								
Care Commissions	-6,528	151	6,273	0	-104	0	0	-104
Adult Social Care Total	-54,269	3,410	26,787	133,887	109,816	3,287	0	113,102

Service Areas	Income Budget (£000)	Employee (£000)	Non-Pay (£000)	Cost of Care (£000)	Service Sub Total	Support/ Admin Building Overhead (£000)	Movement in Reserves (£000)	Net Total Budget (£000)
Public Health								
Wider determinants of health	-30,456	1,123	7,908	0	-21,425	262	1,946	-19,218
Collaborative Service CHAMPS	-645	754	385	0	494	0	-494	0
Children Non-Core Healthy Child Prog.	0	0	698	0	698	0	0	698
Children Core Healthy Child Prog.	0	0	5,317	0	5,317	0	0	5,317
Adults Health Improvement	0	0	388	0	388	0	0	388
Children Health Improvement	0	0	716	0	716	0	0	716
Drugs and Alcohol Abuse Adults	0	0	5,937	0	5,937	0	0	5,937
Stop Smoking Services	0	0	739	0	739	0	0	739
Sexual Health Services	0	0	2,938	0	2,938	0	0	2,938
Health Protection- Infection Control	0	0	270	0	270	0	0	270
Public Mental Health	-143	0	1,121	0	978	0	0	978
Miscellaneous Public Health	-375	0	1,568	0	1,193	0	0	1,193
Suicide Prevention	0	0	44	0	44	0	0	44
Public Health Total	-31,619	1,877	28,028	0	-1,714	262	1,452	0
Wirral Intelligence Service	-445	906	20	0	480	0	0	480
COMMITTEE BUDGET TOTAL	-86,333	6,193	54,835	133,887	108,583	3,548	1,452	113,583

CAPITAL BUDGET

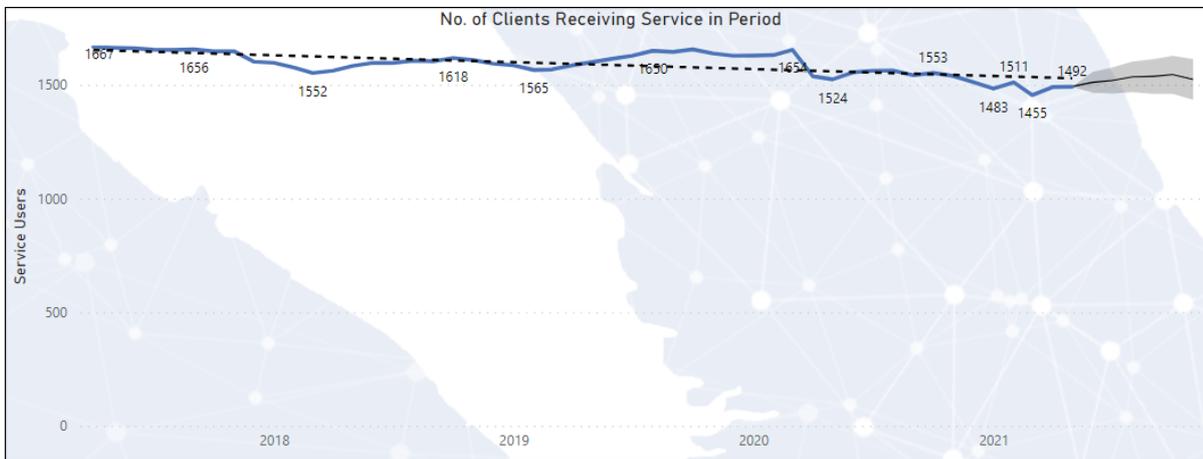
Capital budgets are the monies allocated for spend on providing or improving non-current assets, which include land, buildings and equipment, which will be of use or benefit in providing services for more than one financial year.

TABLE 4: 2020/21 Adult Social Care and Public Health – Capital Budget

Capital Programme	Budget £000
Extra Care Housing	2,874
Technology (Telecare & Integrated IT)	3,187
Community Intermediate Care	500
Total	6,561

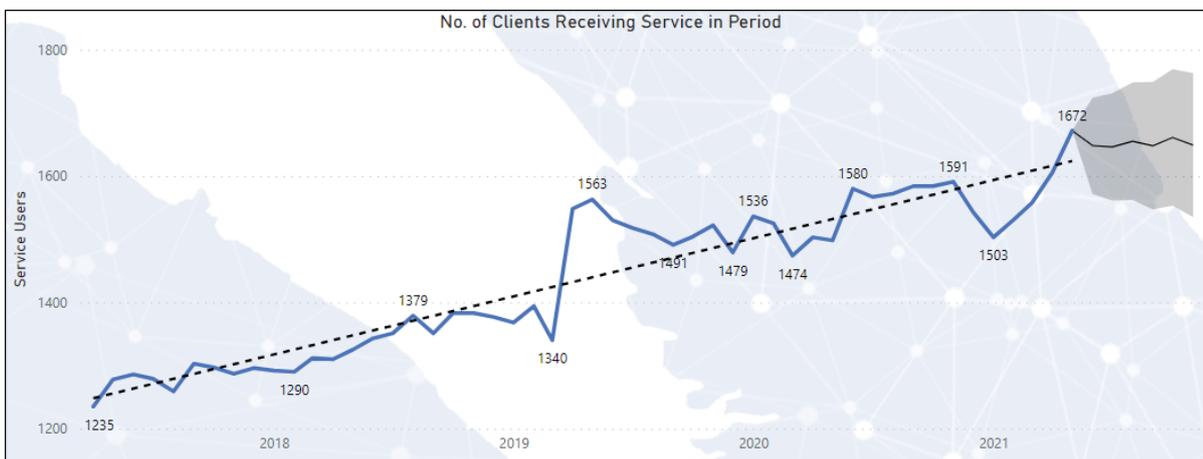
2020-21 Activity Profile

Residential/ Nursing Services (All service types)



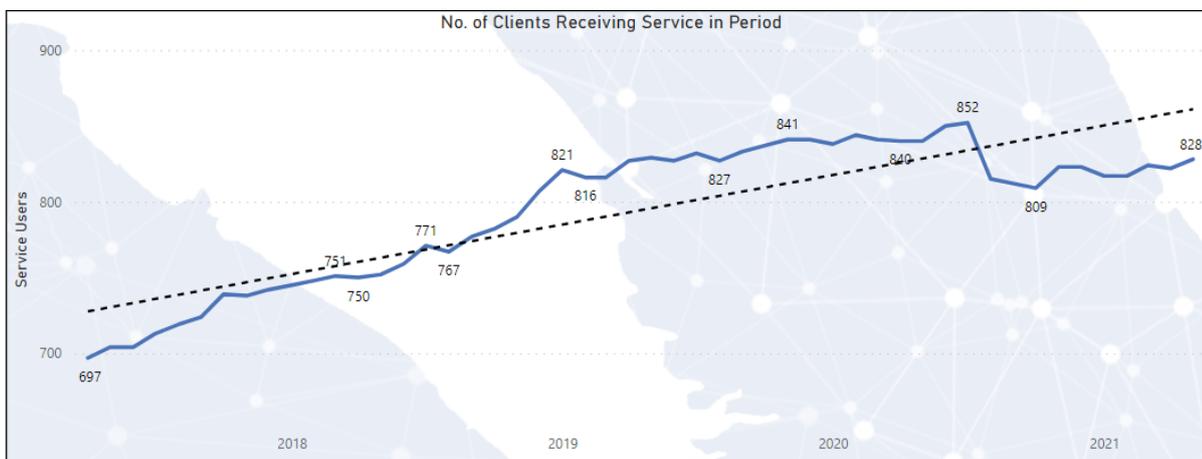
There was a small reduction in the number of overall residential /nursing service users between March 2020 and April 2020 (122 services, or 7.3%), which can at least in part be explained by a reduction in services such as Respite care as a result of COVID. Since then, services numbers have trended slightly down, with a 5.4% reduction in overall numbers in 2020/21.

Domiciliary Care Services



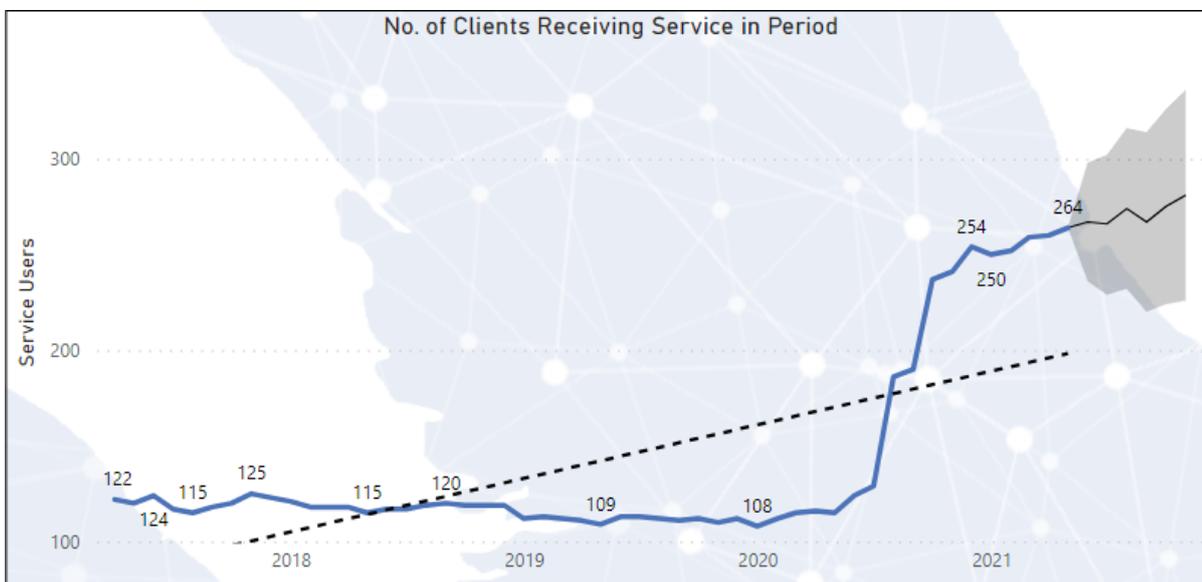
Domiciliary Care services saw a slight increase of service users between March 2020 and April 2020 (an increase of 29, or 1.9%), and an overall increase in 2020-21 of 3.7%. There was, however, a notable dip in service numbers in January 2021, at the peak of the second COVID-19 wave. Service numbers are trending upwards so far in 2021-22.

Supported Living Services



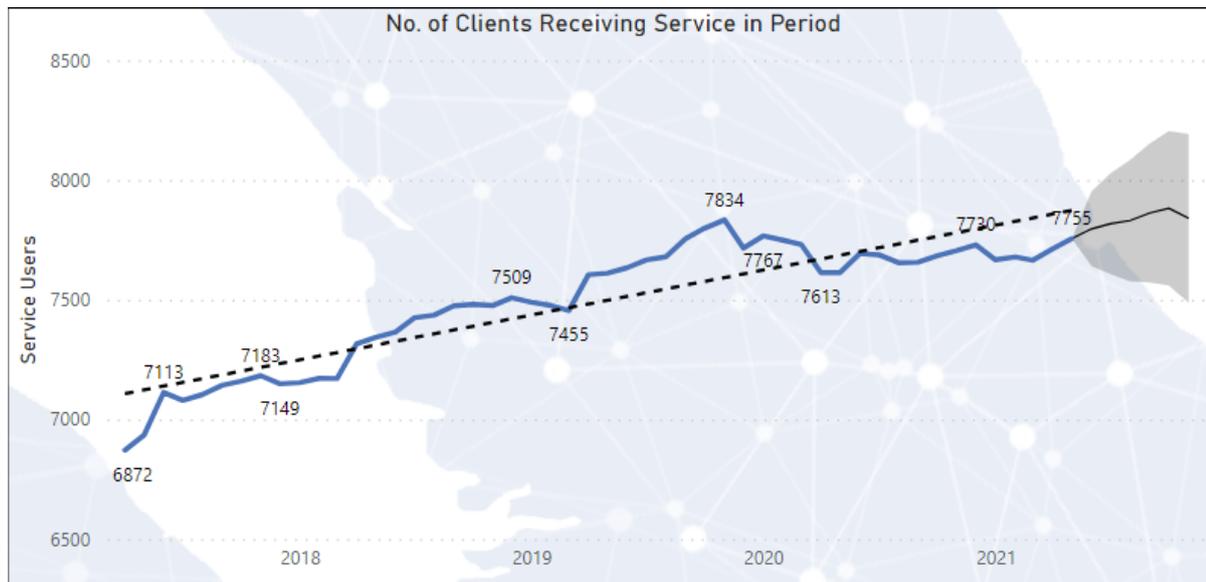
Supported Living services saw a 1.9% decrease over 2020-21, with a steep drop (37 services, or 4.3%) between July and August 2020 which relates to new extra care schemes opened on the Wirral. Numbers have remained constant apart from that one month though.

Extra Care Services



Extra Care service numbers saw a significant increase in 2020-21. Between July and December 2020, service numbers increased by 125, or 96.9% as new extra care housing provisions have begun to open.

All Current Services (All service types)



Looking at all services of any type currently delivered by Adult Social Care, again we see a slight drop between March 2020 and April 2020 (115 services, or 1.5%). Numbers remained fairly constant during 2020-21, with an overall 0.7% increase during the year.

Numbers are beginning to increase again in 2021-22, with a 1.2% increase in the first seven weeks of the year.

Market Position Statement

The Council is aiming in the long term to continue to reduce the number of long-term placements in residential and nursing settings as it continues to both improve and grow its domiciliary care offer and increase the number of Extra Care housing units.

The Council will continue to support and place people with only the most complex needs such as dementia. We will continue to provide respite care for people where all options of supporting in the community have been considered. We will de-commission and reduce the number of placements for long term care in a care home setting and look at alternatives accommodation models and we will increase care and support at home offer so that more people can be supported in their own homes.

We will support people to sustain and improve the quality of their life living at home, preventing deterioration and social isolation through regular monitoring and support, diverting people away from inappropriate and long-term reliance on health and social care services unless they are absolutely necessary.

One of our main focuses for the future will be to deploy a range of technologies, with an ambitious roll out to support both health and care outcomes. This will include a range of technologies including electronic support planning, equipment to help people remain at home and also to make them more independent.

APPENDIX 3**Progress on the achievement of approved 2021/22 Budget Savings**

Saving Title	Agreed Value	Forecast Value	RAG Rating	Comments
Demand Mitigations	£3.8m	£3.8m	Green	On target to be achieved
Change Initiatives	£0.2m	£0.2m	Green	Work commenced with Partners for Change who are supporting this initiative
Wirral Evolutions review of day services for people with Learning Disability	£0.5m	£0.25m	Amber	Reliant on staff exits via voluntary redundancy which did not commence until April resulting in a delay to achievement
TOTAL	£4.5M	£4.25M		

APPENDIX 4**List of Reserves as at 1 April 2021**

Reserve Name	Value £	Total £
Public Health Ringfenced Grant	-3,681,921	
Champs Innovation Fund	-2,418,534	
Champs Covid-19 Contact Tracing Hub	-1,962,303	
Safeguarding Adults Board	-180,819	
Adult Social Care & Public Health Total		-8,243,577

APPENDIX 5

Future years budget proposals and Pressures/Growth Items

Savings Proposals	2022/23 £m	2023/24 £m	2024/25 £m	2025/26 £m
Demand Mitigations	3.0	4.0	4.0	4.0
Change Initiatives	1.0	1.0		
All Age Disability		1.0		
Total	4.0	5.0	4.0	4.0
Pressures/Growth Items				
Demand growth for Older People and Learning Disability	2.4	2.4	2.4	2.4
Care Cost Demand Pressures	3.0	3.0	3.0	3.0
Specialist Fee Rate Increases	0.3	0.3	0.3	0.3
Contract Increases	0.5	0.5	0.5	0.5
Total	6.2	6.2	6.2	6.2
Net Pressures	2.2	1.2	2.2	2.2

Exceptional Financial Support

In March, the Ministry for Housing, Communities and Local Government (MHCLG) made an offer of £10.7m to the Council for exceptional financial support, sometimes called a capitalisation direction of capitalisation directive. This means that MHCLG approved the Council, in principle, to borrow £10.7m of funds to help ensure a balanced budget could be agreed by Full Council on 1 March. Borrowing to fund revenue (day to day) expenditure is not normally allowed under law, but on this occasion, a special case was put to HM Treasury and approved.

The Council had not been able to identify sufficient savings to balance the budget, due to additional financial pressures present as a result the outcome of Covid-19. Such pressures include Adults and Children's Social Care increases, SEN transport increases and Homelessness increases. Ordinarily, a Council would use its reserves and balances to help balance its budget in times of crisis and would not have to apply for exceptional financial support, however the Council does not have the level of reserves and balances to be able to do this.

The borrowing has to be paid back over a 20 year timeframe and costs the Council an additional 1% in interest over and above what it would normally expect to pay, so it is prudent for the Council to identify any further proposals to reduce the level of exceptional financial support that it requires, so that the interest payments can also reduce.

The offer of exceptional finance support from MHCLG came with conditions which included an external assurance review that would review the authority's financial position and its ability to meet any or all of the identified budget gap without any additional borrowing. Therefore, as part of the external assurance review, MHCLG will be looking for areas that the Council can reduce its expenditure so that it may not have to provide all or any of the exceptional financial support offered.

This means that a further £10.7m proposals could be recommended to be implemented in year. If the Council fails to comply with MHCLG recommendations, the exceptional financial support may not be provided and a balanced budget could not be forecast to the end of the year.

In this circumstance, the Section 151 Officer would have to issue a Section 114 notice which states that the Councils' expenditure exceeds its funding and this would be reported to Full Council. The outcome of this would result in Government intervention and Commissioners appointed to manage the financial affairs of the Council. During the period of issuing a Section 114 notice, only statutory and contracted expenditure is allowed to take place, all other expenditure must stop.



ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Monday, 7 June 2021

REPORT TITLE:	CAPITAL AND REVENUE BUDGET MONITORING QUARTER 4
REPORT OF:	DIRECTOR OF CARE AND HEALTH

REPORT SUMMARY

This report sets out the financial monitoring information for the Adult Social Care and Public Health Committee. The report provides Members with an overview of budget performance for this area of activity. The financial information details the year-end revenue and capital outturn position, as reported at quarter 4 (Apr-Mar) 2020/21.

RECOMMENDATION/S

The Adult Social Care and Public Health Committee is requested to note the year-end revenue outturn position of £1.1m favourable and the £0.8m favourable position of the capital programme, as reported at quarter 4 (Apr-Mar) of 2020-21.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 Regular monitoring and reporting of the Revenue Budgets, savings achievements and Medium-Term Financial Strategy (MTFS) position enables decisions to be taken faster, which may produce revenue benefits and will improve financial control of Wirral Council.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 No other options have been considered.

3.0 BACKGROUND INFORMATION

- 3.1 The financial outturn for 2020-21 is a favourable position of £1.1m against a total net budget of £106.63m. This represents a significant improvement from the forecast 'balanced' position reported at the end of Month 11 (February).
- 3.2 However, it should be noted that this position includes a £0.6m joint funded income correction relating to two historic invoices which only came to light in March 21. This historic adjustment does not relate to our financial performance in 2020-21 but nevertheless does need to be reflected in our figures.
- 3.3 Other significant differences from the position which we had previously reported include a £0.14m increase in the Better Care Fund (BCF) surplus position due to winter pressure monies not being utilised as expected and a £0.15m favourable movement in expected costs of corporate recharges.
- 3.4 Throughout this financial year, the cost of care pressure has been managed through access to increased Government funding for the COVID-19 response and the Clinical Commissioning Group (CCG) responsibility to provisionally fund hospital discharges and deflections. In 2020-21, the CCG funded £1.7m of hospital discharges and deflections and further alleviated costs by funding additional emergency bed provision.
- 3.5 The pandemic also limited the ability to achieve £3.75m of efficiency savings, approved at the start of the financial year and prior to the COVID-19 pandemic, exacerbating financial pressures. Despite this, £1.5m of savings were achieved in 2020-21 across the two Trusts.
- 3.6 Overall, the Adult Care and Health budget experienced substantial pressures in 2020-21 which would have led to a significant overspend had it not been for the CCG and COVID grant support.

TABLE 1: 2020/21 Adult Care and Health – Service Budget & Outturn

	Budget	Outturn	Variance		Adv/ Fav
	£000	£000	£000	(+ Fav / - Adv) %	
ASC Central Functions	9,778	8,574	1,235	13%	Favourable
Older People Services - WCFT	44,903	44,998	-95	0%	Adverse
Mental Health & Disability Services - CWP	48,293	48,170	123	0%	Favourable
Other Care Commissions	-148	75	-223	-151%	Adverse
Public Health	215	-4,789	5,003	0%	Favourable
Wirral Intelligence Service	485	438	47	10%	Favourable
Directorate Surplus / (Deficit)	103,525	97,465	6,091	6%	Favourable
Support/Admin Building Overhead	3,577	3,548	29	1%	Favourable
Movement in Reserves	-476	4,512	-5,019	1054%	Favourable
Total Surplus/ (Deficit)	106,627	105,525	1,101	1%	Favourable

- 3.7 **Central Functions:** A favourable variance of £1.235m is reported for 2020-21. This is due to savings from employee costs from vacancies and short delays in filling vacant posts. The BCF surplus, due to winter pressure monies not being utilised as expected, is also shown against this service area, along with the favourable variances from corporate recharges.
- 3.8 **Older People Services:** An adverse variance of £0.095m is reported for 2020-21. The increased risk of non-achievement of the efficiency savings approved at the start of the financial year has been offset by access to Government COVID-19 monies and the CCG's responsibility to provisionally fund hospital discharges and deflections.
- 3.9 **Mental Health & Disability Services:** A favourable variance of £0.123m is reported for 2020-21. The cost of care within Mental Health & Disability Services has been eased due to access to Government COVID-19 monies and the current CCG's responsibility to provisionally fund hospital discharges. This has helped to offset the pressures from the reduced achievement of the efficiency savings approved at the start of the financial year.
- 3.10 **Other Care Commissions** An adverse variance of £0.223m is reported for 2020-21. The adverse variance in this area relates to early intervention and prevention (EIP) commissions. Many of these commissions have been extended longer than initially anticipated due to the COVID-19 pandemic.
- 3.11 **Public Health:** A balanced position is reported for 2020-21. As Public Health variances cannot be utilised by Wirral Council for any other activity, a corresponding movement in reserves is shown, having the impact of fully utilising the grant in-year, which is in line with the ringfenced nature of the grant for Public Health activity.

Public Health is a ringfenced grant with an annual value £29.7m. £6.7m of this funding supports public health activities delivered by the Council, representing a significant funding stream. Access to additional COVID funding and projects affected by the impact of CV-19 and local restrictions have led to a larger than initially expected contribution to reserves at the year end.

- 3.12 **Wirral Intelligence Team:** Favourable variance of £0.05m represents surpluses in staffing costs mainly due to staff not being at the top of their pay scales, although the budget is set assuming that this is the case, coupled with short delays in filling vacant posts.
- 3.13 **Movement on reserves:** The movement within reserves relates to year end contributions to Public Health reserves. Access to additional COVID funding and Public Health projects affected by the impact of CV-19 and local restrictions have led to a larger than initially expected contribution to reserves.
- 3.14 **Pressures and Savings Statement** The pandemic limited the ability to achieve £3.75m of efficiency savings, approved at the start of the financial year and prior to the COVID-19 pandemic, exacerbating financial pressures. Despite this, £1.5m of savings were achieved in 2020-21 across the two Trusts.

TABLE 2: 2020/21 Adult Care and Health – Subjective Budget & Outturn

	Budget	Outturn	Variance		Adv/ Fav
	£000	£000	£000	(+ Fav / - Adv) %	
Income	-83,919	-87,319	3,400	4%	Favourable
Expenditure:					
Employee	5,786	5,115	671	12%	Favourable
Non Pay	53,846	53,585	291	1%	Favourable
Cost of Care	127,813	126,084	1,729	1%	Favourable
Total Expenditure	187,445	184,784	2,691	1%	Favourable
Directorate Surplus / (Deficit)	103,525	97,465	6,091	6%	Favourable
Support/Admin Building Overhead	3,577	3,548	29	1%	Favourable
Movement in Reserves	-476	4,512	-5,019	1054%	Adverse
Total Surplus/ (Deficit)	106,627	105,525	1,101	1%	Favourable

- 3.15 **Income:** A favourable variance of £3.400m is reported for 2020-21. Within this position, it should be noted that there are a number of historic income adjustments relating to the correction of client income accruals and joint funded income. The Cheshire and Merseyside TCP Community Discharge grant income (£0.950m) is also shown here, as it is administered by Wirral Council. This income was not

represented in Directorate's original budget figures and hence shows up as a variance.

- 3.16 **Employees:** A favourable variance of £0.671m is reported for 2020-21. There are surpluses in all areas due to vacancies, staff not at the top of their pay scales (although the budget is set assuming that this is the case) and short delays in filling vacant posts.
- 3.17 **Non Pay:** A favourable variance of £0.291m is reported for 2020-21. Adverse variances relating to the contract extensions to the Early intervention and prevention (EIP) commissions have been offset by favourable variances in non-pay expenditure largely within Public Health, where project spend has been affected by the impact of CV-19 and local restrictions.
- 3.18 **Cost of Care:** A favourable variance of £1.729m is reported for 2020-21. It should be noted that the outturn position would have been significantly adverse had it not been for the substantial grant support which has helped to temporarily alleviate in-year financial pressures.

3.19 Capital Outturn

TABLE 3: 2020/21 Adult Care and Health – Capital Outturn

	Budget	Outturn	Variance		Adv/ Fav
	£000	£000	£000	%	
Adult Care & Health	1,021	211	810	79%	Favourable

- 3.20 Table 3 provides an update on the 2020/21 Capital Programme. Several variations have arisen since the programme was agreed in March 2020. The Covid-19 pandemic has delayed the expected programme of Assistive Technology installations and Extra Care Schemes in 2020-21. These budgets will be slipped into the next financial year (2021-22).

4.0 FINANCIAL IMPLICATIONS

- 4.1 This is the capital and revenue budget monitoring report that provides information on the forecast outturn for the Adult Care and Health Directorate for 2020/21. The Council has robust methods for reporting and forecasting budgets in place and alongside formal Quarterly reporting to the Policy & Resources Committee, the financial position is routinely reported at Directorate Management Team meetings and corporately at the Strategic Leadership Team (SLT). In the event of any early warning highlighting pressures and potential overspends, the SLT take collective responsibility to identify solutions to resolve these to ensure a balanced budget can be reported at the end of the year.

5.0 LEGAL IMPLICATIONS

5.1 The provisions of section 25, Local Government Act 2003 require that, when the Council is making the calculation of its budget requirement, it must have regard to the report of the chief finance (s.151) officer as to the robustness of the estimates made for the purposes of the calculations and the adequacy of the proposed financial reserves. This is in addition to the personal duty on the Chief Finance (Section 151) Officer to make a report, if it appears to them that the expenditure of the authority incurred (including expenditure it proposes to incur) in a financial year is likely to exceed the resources (including sums borrowed) available to it to meet that expenditure.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 There are no implications arising directly from this report.

7.0 RELEVANT RISKS

7.1 The possible failure to deliver the Revenue Budget is being mitigated by:

1. Senior Leadership / Directorate Teams regularly reviewing the financial position.
2. Availability of General Fund Balances.
3. Review of existing services and service provision.

8.0 ENGAGEMENT/CONSULTATION

8.1 The priorities in the Council Plan 2025 were informed by stakeholder engagement carried out in 2019.

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.

9.2 There are no equality implications arising specifically from this report.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 The Wirral Plan 2025 includes a set of goals and objectives to create a sustainable environment which urgently tackles the environment emergency. These are based on developing and delivering plans that improve the environment for Wirral residents. The performance report will include information on key areas where environment and climate related outcomes are delivered.

10.2 No direct implications. The content and/or recommendations contained within this report are expected to have no impact on emissions of Greenhouse Gases.

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APPENDICES

None

BACKGROUND PAPERS

- 2020/21 Revenue Budget Monitor for Quarter Two (Apr - Sep)
- 2020/21 Revenue Budget Monitor for Quarter Three (Apr- Mar)
- Revenue Budget 2020/21 and Medium-Term Financial Plan (2021/22 to 2024/25)

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Public Health	13 Oct 20
Adult Social Care and Public Health	19 Nov 20
Adult Social Care and Public Health	18 Jan 21
Adult Social Care and Public Health	2 Mar 21

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ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Monday, 7 June 2021

REPORT TITLE:	ADULT SOCIAL CARE AND HEALTH PERFORMANCE REPORT
REPORT OF:	DIRECTOR OF CARE AND HEALTH

REPORT SUMMARY

This report provides a performance report in relation to Adult Social Care and Health. The report was designed based on discussion with Members through working group activity in 2020 and 2021. Members' requests have been incorporated into the report presented at this committee meeting. This matter affects all Wards within the Borough. This is not a key decision.

RECOMMENDATION

The Adult Social Care and Public Health Committee is recommended to 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 Public Health Committee have the opportunity to monitor the performance of the Council and partners in relation to Adult Social Care and Public Health Services.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 This report has been developed in line with Member requirements. In addition to this report Committee members requested access to a set of automated Adult Social Care Reports. Following testing and demonstration of reports to a pilot Member group, these reports are now available for all committee members to access and appropriate support has been offered.

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. The Performance Report is included in Appendix 1.

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 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 is no impact for equality implications arising directly from this report.

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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APPENDICES

Appendix 1:
Adult Social Care and Public Health Committee Performance Report 28/04/2021

BACKGROUND PAPERS

Adult Social Care and Public Health Committee Performance Report 2 March 2021
Adult Social Care and Public Health Committee Performance Report 18 January 2021
Adult Social Care and Public Health Committee Performance Report 19 November 2021
Appendix 1 Report includes reference to a range of data sources

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Public Health Committee	2 March 2021
Adult Social Care and Public Health Committee	18 January 2021
Adult Social Care and Public Health Committee	19 November 2020
Adult Social Care and Public Health Committee	13 October 2020

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Adult Social Care and Public Health Committee Performance Report 28/04/2021

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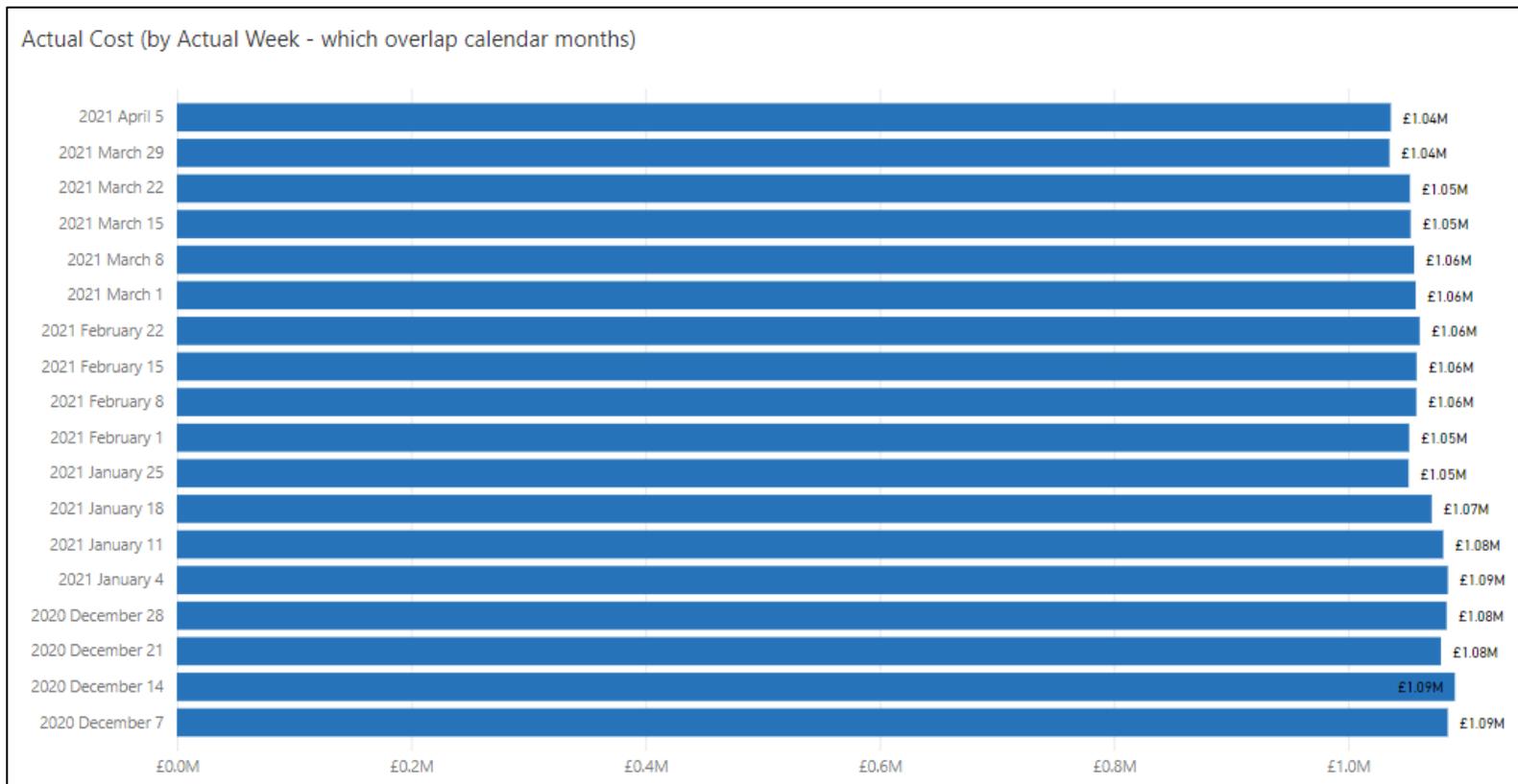
1.0 Introduction

The Adult Care and Health Committee have requested a set of key intelligence related to key areas within Health and Care. This report supplies that information for review and discussion by members. If additional intelligence is required further development on reporting will be carried out.

2.0 Care Market – Homes

2.1 Residential and Nursing Care - Cost and Numbers of People

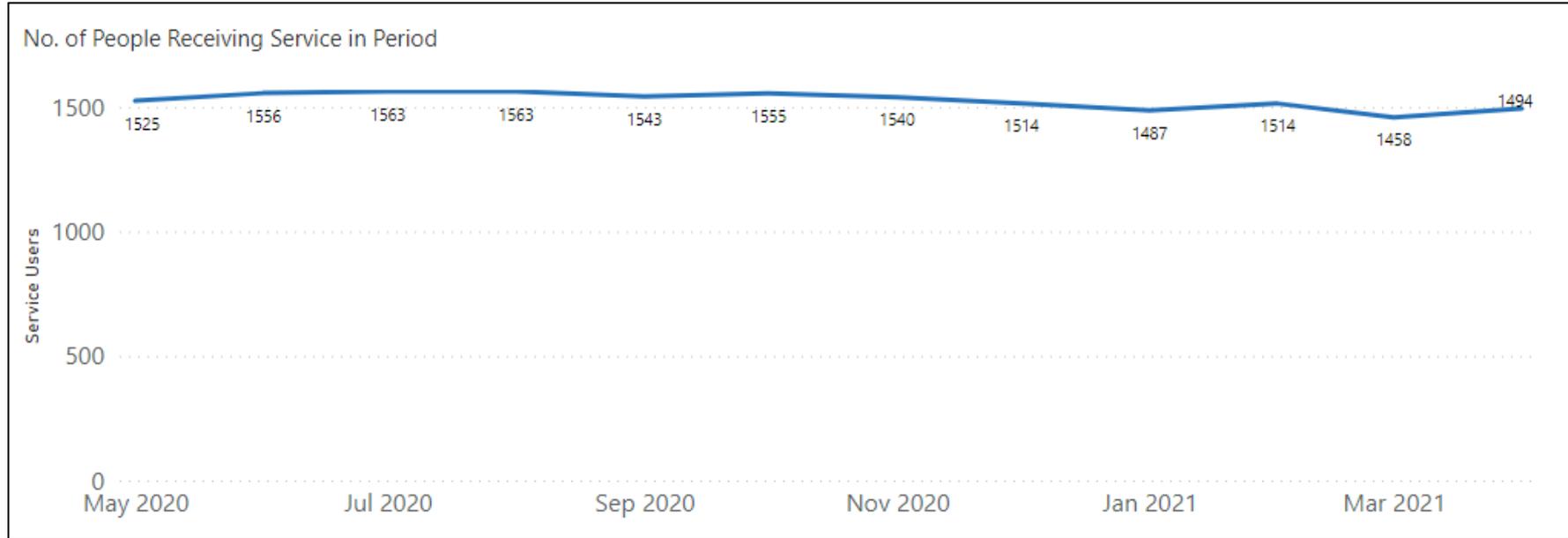
The actual cost for Residential and Nursing Care over the last 12 months.



Actual Cost (by Actual Week...

Year	Month	Day	Actual Cost
2021	April	5	£1,036,472.85
2021	March	29	£1,035,372.84
2021	March	22	£1,052,803.86
2021	March	15	£1,053,380.42
2021	March	8	£1,056,405.23
2021	March	1	£1,057,667.52
2021	February	22	£1,061,139.55
2021	February	15	£1,058,523.81
2021	February	8	£1,058,314.08
2021	February	1	£1,052,145.40
2021	January	25	£1,051,610.49
2021	January	18	£1,071,385.08
2021	January	11	£1,081,245.07
2021	January	4	£1,085,158.53
2020	December	28	£1,084,125.16
2020	December	21	£1,079,283.67
2020	December	14	£1,091,176.95
2020	December	7	£1,085,080.31
Total			£19,151,290.82

2.2 Residential and Nursing Care Over Time

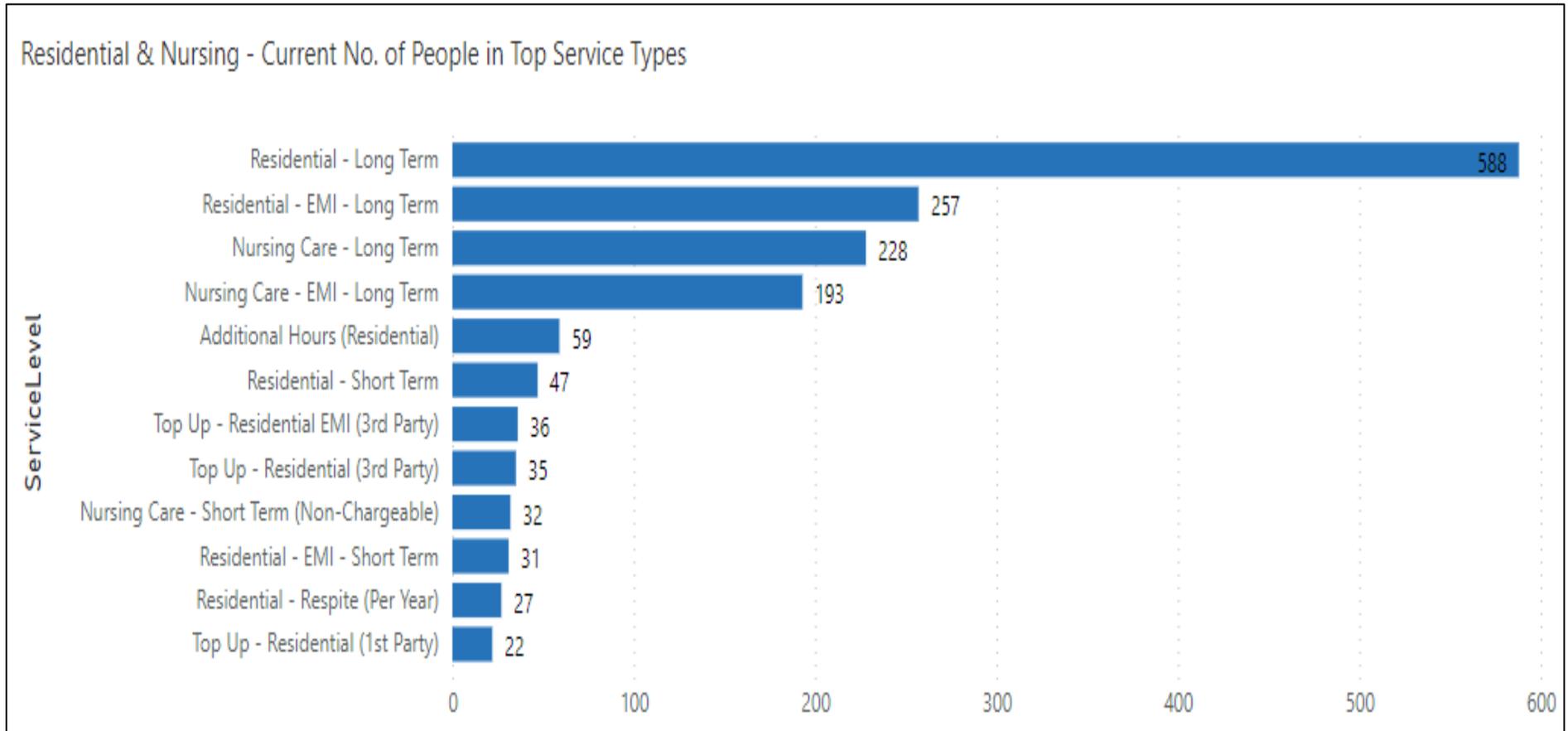


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Year	January	February	March	April	May	June	July	August	September	October	November	December
2021	1487	1514	1458	1494								
2020					1525	1556	1563	1563	1543	1555	1540	1514

The above line chart and table give the number of people receiving Residential and Nursing care month by month in the last 12 months.

2.3 Residential and Nursing – Current People by Service Type

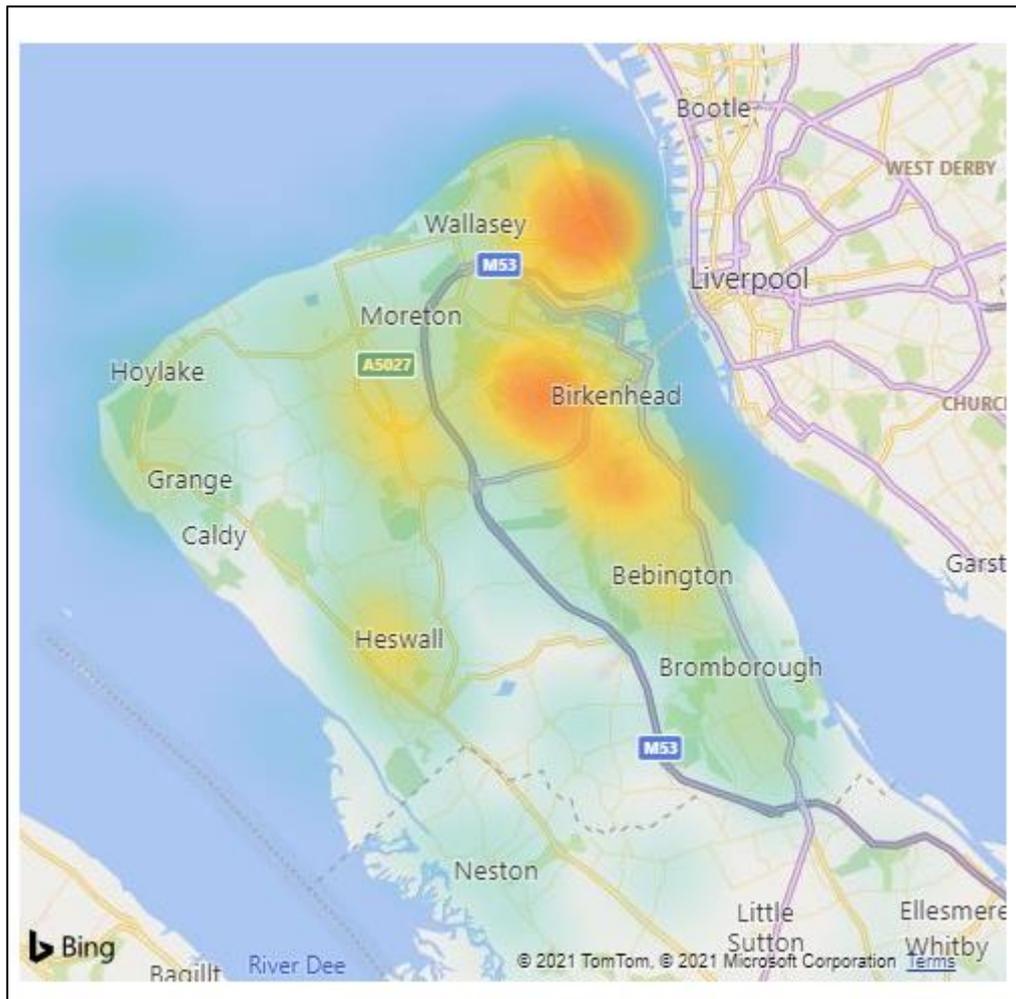


Residential & Nursing - Current No. of People by Top Service Types

ServiceLevel	No. of People
Residential - Long Term	588
Residential - EMI - Long Term	257
Nursing Care - Long Term	228
Nursing Care - EMI - Long Term	193
Additional Hours (Residential)	59
Residential - Short Term	47
Top Up - Residential EMI (3rd Party)	36
Top Up - Residential (3rd Party)	35
Nursing Care - Short Term (Non-Chargeable)	32
Residential - EMI - Short Term	31
Residential - Respite (Per Year)	27
Top Up - Residential (1st Party)	22
Total	1401

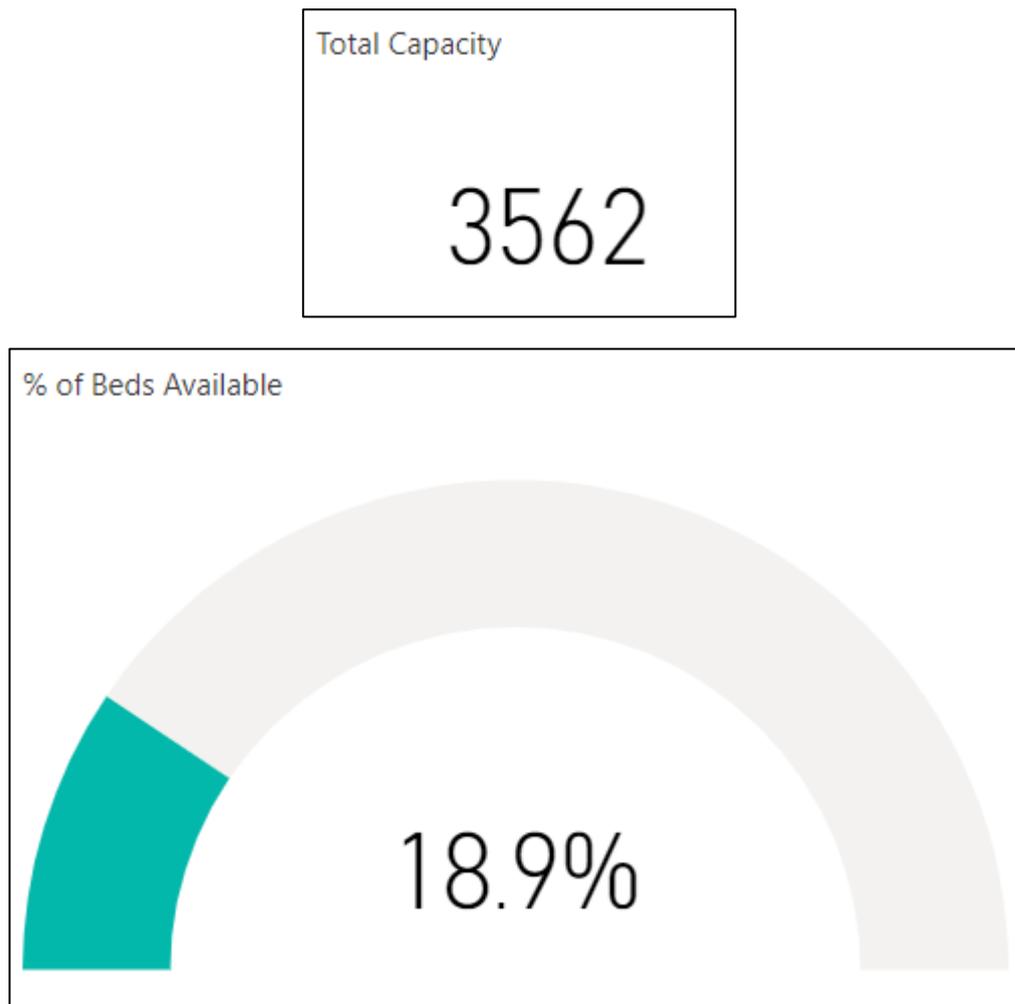
Residential and Nursing Long term and EMI (Elderly, Mental Health and Infirm) make up the bulk of the services received.

2.3 Residential and Nursing – People Location



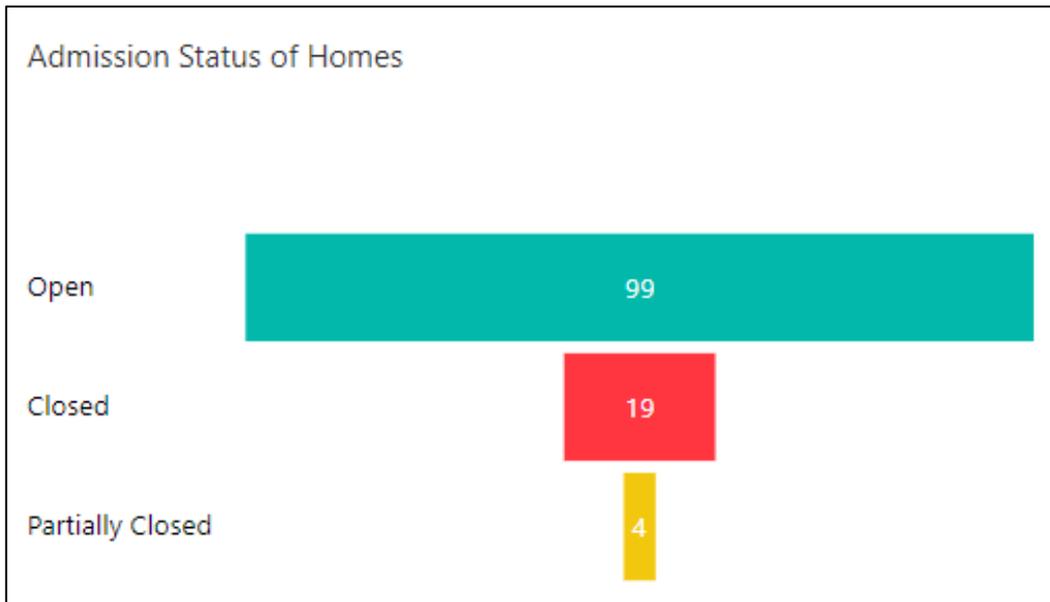
The heat map shows the care home locations.

2.4 Care Homes – Current Vacancy Rate



Data Source: NHS Capacity Tracker.

There is a capacity of 3562 places in care homes with a current vacancy rate as at 28/04/21 of 18.9%.

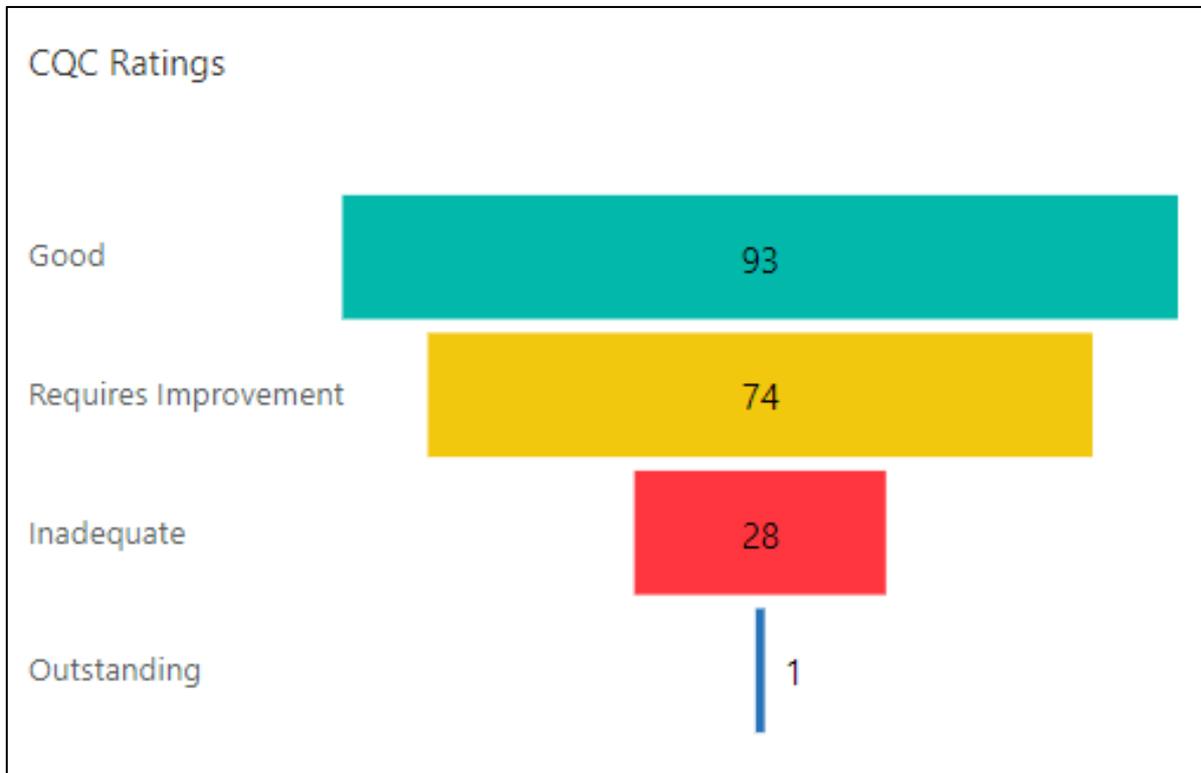


Data Source: NHS Capacity Tracker.

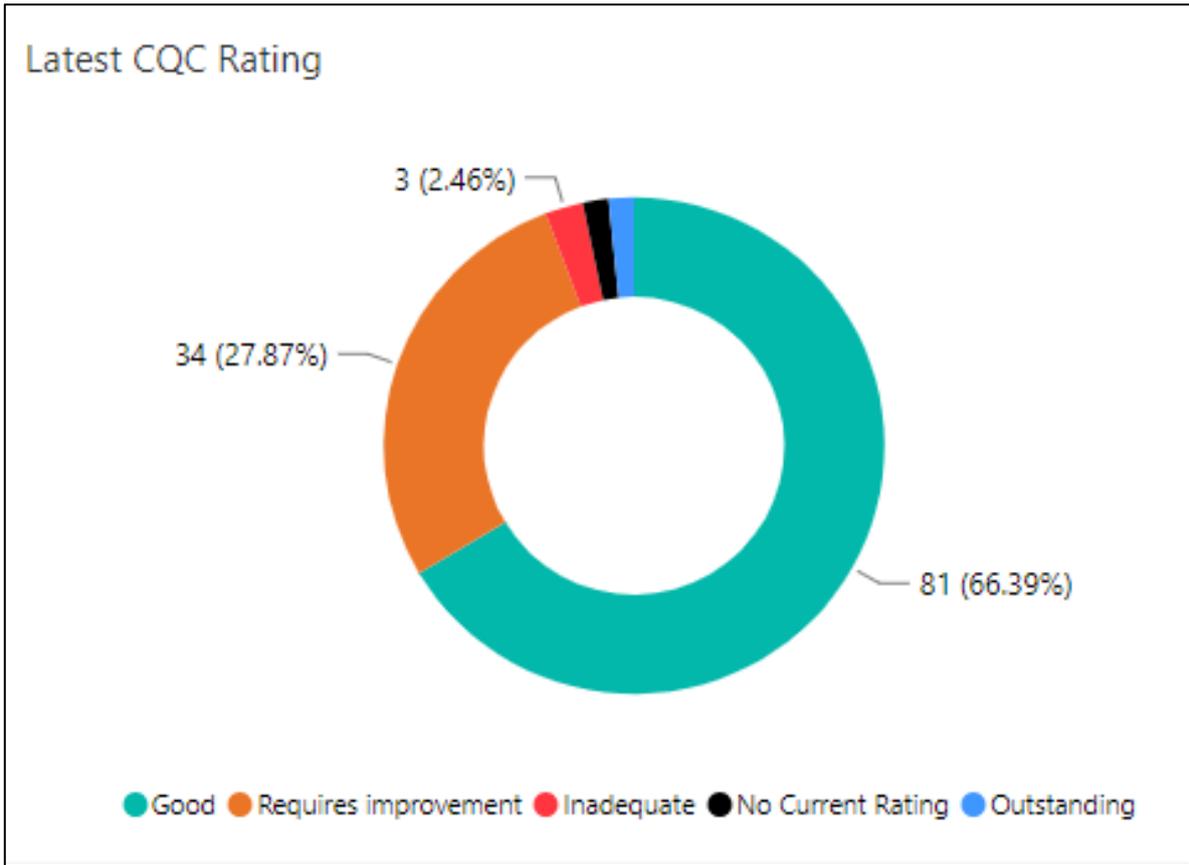
As at 28/04/21 there are currently 19 homes closed to admissions.

2.5 Care Homes – Care Quality Commission Inspection Ratings

Total number of inspections carried out since 05/01/2017 with rating information.



(Please note: homes may be inspected multiple times).



This is the current rating of the care homes based on their last CQC inspection.

The number of long-term care home placements continues to be at a reduced level, which is consistent with the intention to support people in their own homes wherever possible. Vacancy rates have continued to be higher than usual during the Covid-19 pandemic. The Quality Improvement Team continue to work with care homes to reduce the number of homes with a rating of Inadequate or Requires Improvement. The number of homes closed due to Covid-19 has significantly reduced following the reduction in infection rates generally.

2.6 Care Homes – CQC Alerts: Care Quality Commission (Registration) Regulations 2009: Regulation 18

The intention of this regulation is to specify a range of events or occurrences that must be notified to CQC so that, where needed, CQC can take follow-up action. Providers must notify CQC of all incidents that affect the health, safety and welfare of people who use services.

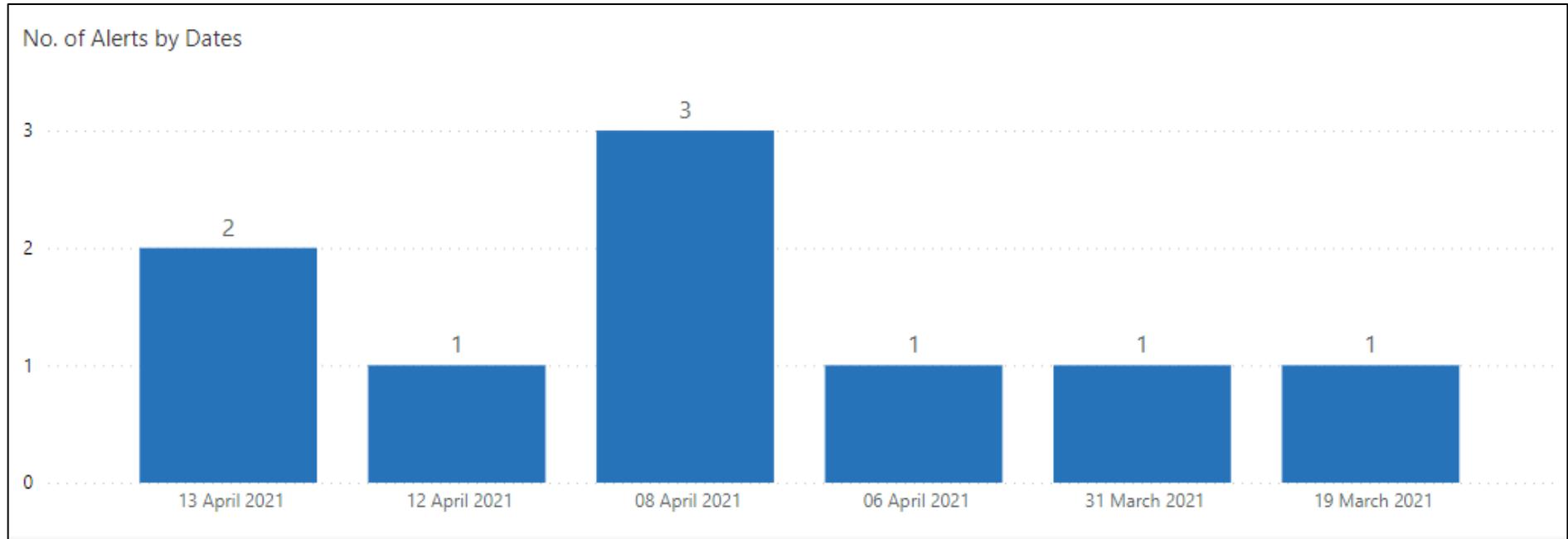
The Contracts Team receives a copy of all notifiable incidents as sent to CQC. This information was used, prior to contract monitoring being stepped back due to the pandemic, to inform individual Contract Meeting discussions. It was not stored in such a way to allow for market reporting.

The team have taken steps to ensure that this information will be available going forward. Notifiable Incidents include: -

- Serious Injury
- Abuse or Alleged abuse
- Changes affecting a provider or manager e.g. a new manager; change of contact details; new nominated individual; new SOP
- Death (unexpected and expected)
- DOLs
- Police incidents and / or investigations
- Absences of registered persons (and returns from absence) of 28 days or more
- Deaths and unauthorised absences of people who are detained or liable to be detained under the Mental Health Act
- Events that stop, or may stop, the registered person from running the service safely and properly

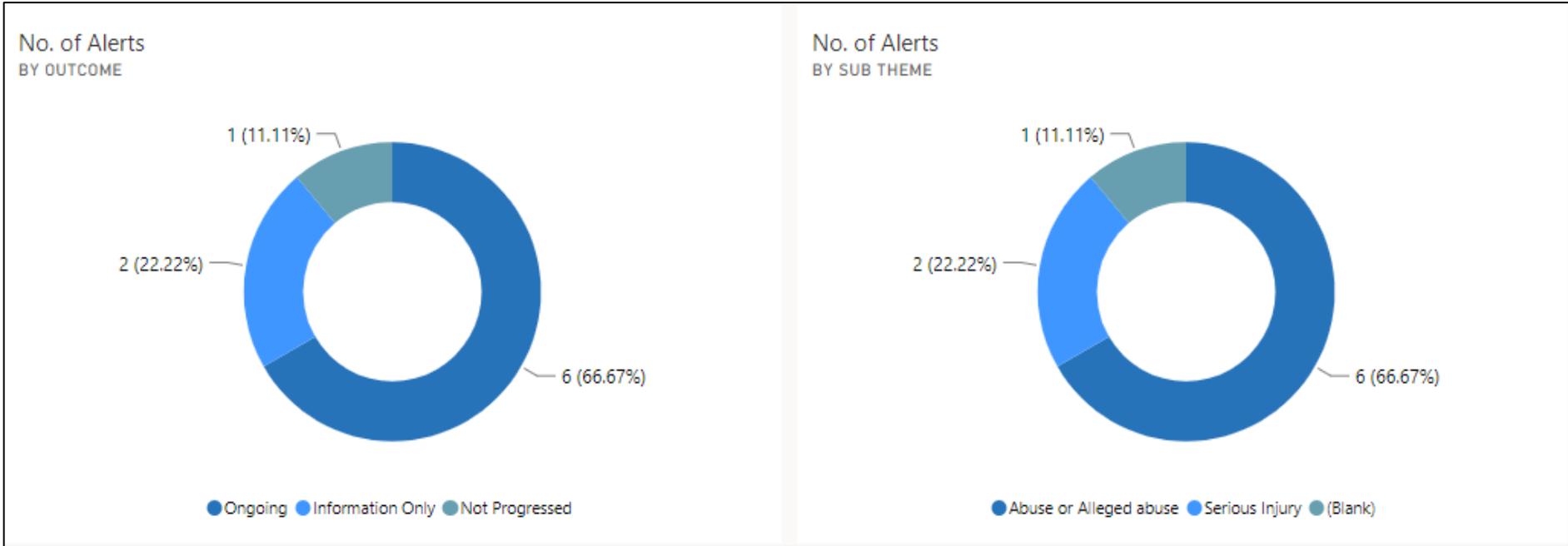
The below is a summary of CQC Alerts received since 19/03/2021.

No. of Alerts	No. of Clients Identified
9	6



No. of Alerts by Dates

Date	No. of Alerts
13 April 2021	2
12 April 2021	1
08 April 2021	3
06 April 2021	1
31 March 2021	1
19 March 2021	1
Total	9

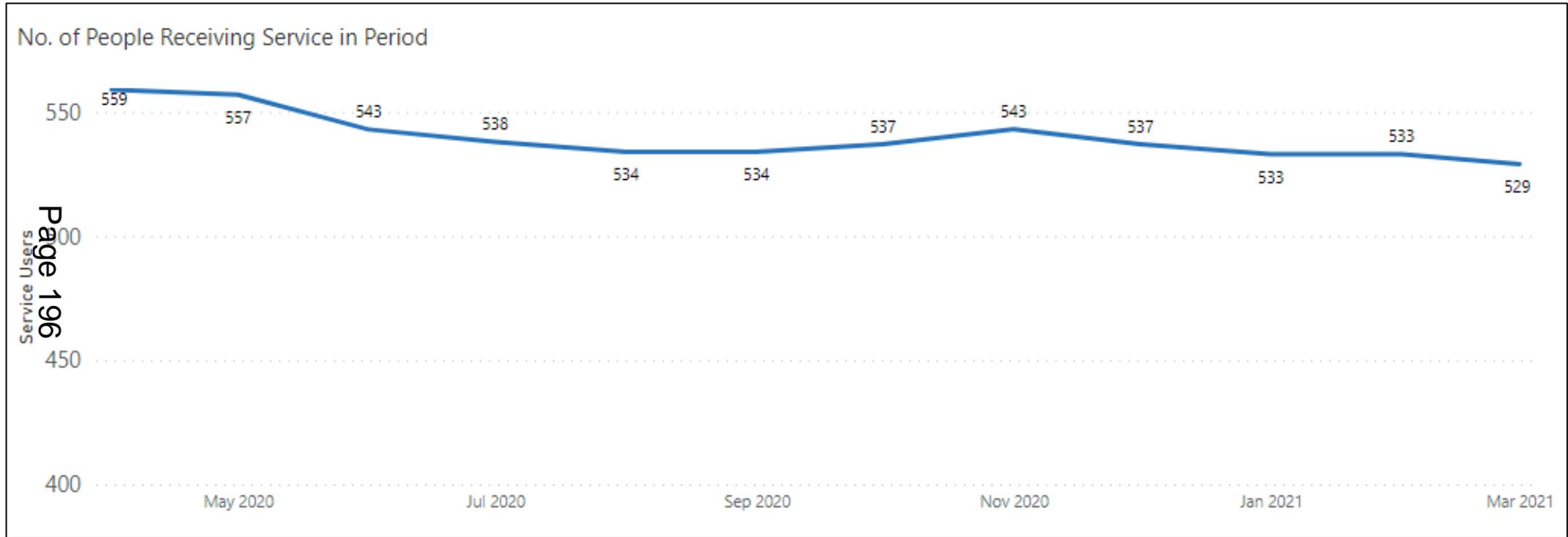


No. of Alerts BY OUTCOME	
Outcome	No. of Alerts
Ongoing	6
Information Only	2
Not Progressed	1
Total	9

No. of Alerts BY SUB THEME	
Sub Theme	No. of Alerts
Abuse or Alleged abuse	6
Serious Injury	2
(Blank)	1
Total	9

3.0 Direct payments

3.1 Direct Payments – Number of People Receiving a Service



Service Users
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No of People Receiving Service in Period

Year	January	February	March	April	May	June	July	August	September	October	November	December
2020				559	557	543	538	534	534	537	543	537
2021	533	533	529									
Total	533	533	529	559	557	543	538	534	534	537	543	537

Data Source: ContrOCC System.

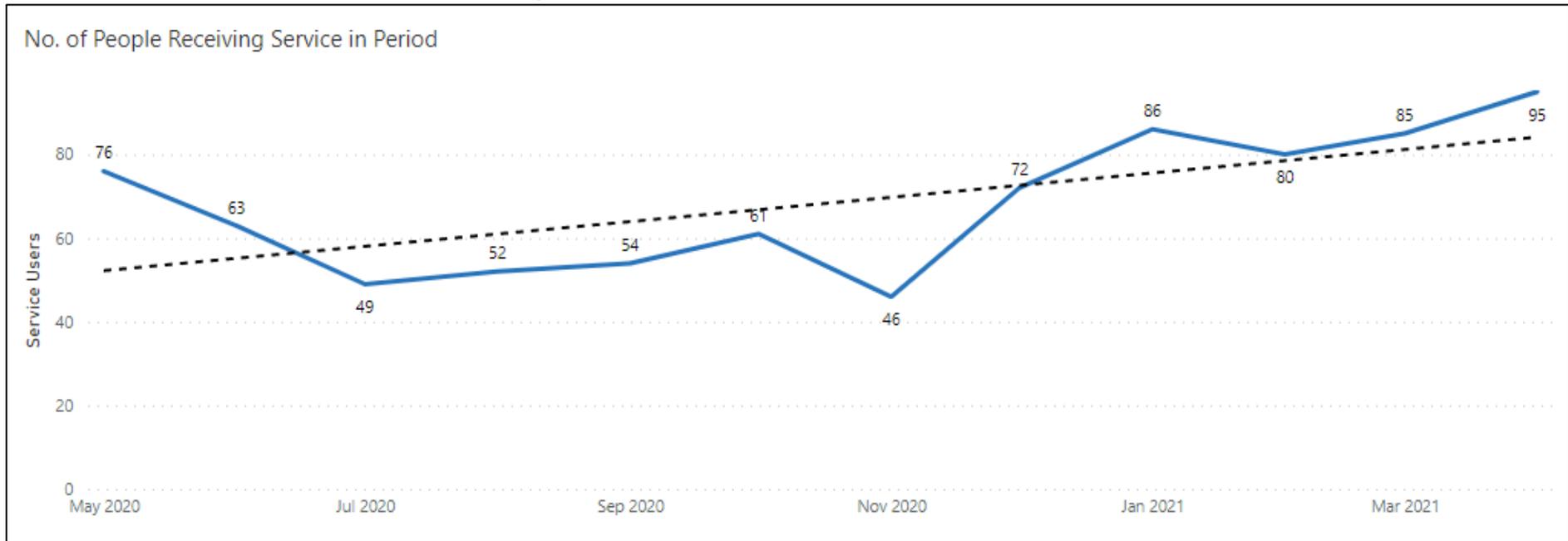
The chart and table show the number of people receiving a direct payment in the last 12 months. Data is updated monthly.

The current number of people receiving direct payments as at 28/04/21 is 524.

There continues to be a small reduction in the number of people who arrange their support with a Direct Payment. This appears to be related to the Covid-19 pandemic. Direct Payments are a good option for people to be more in control of their care and support arrangements and the majority of Direct Payments are now made with a pre-Paid Card. A review is currently being undertaken as well as engagement work to encourage the uptake of Direct Payments.

4.0 Care Market – Block Commitments:

4.1 Transfer to Assessment – Number of People



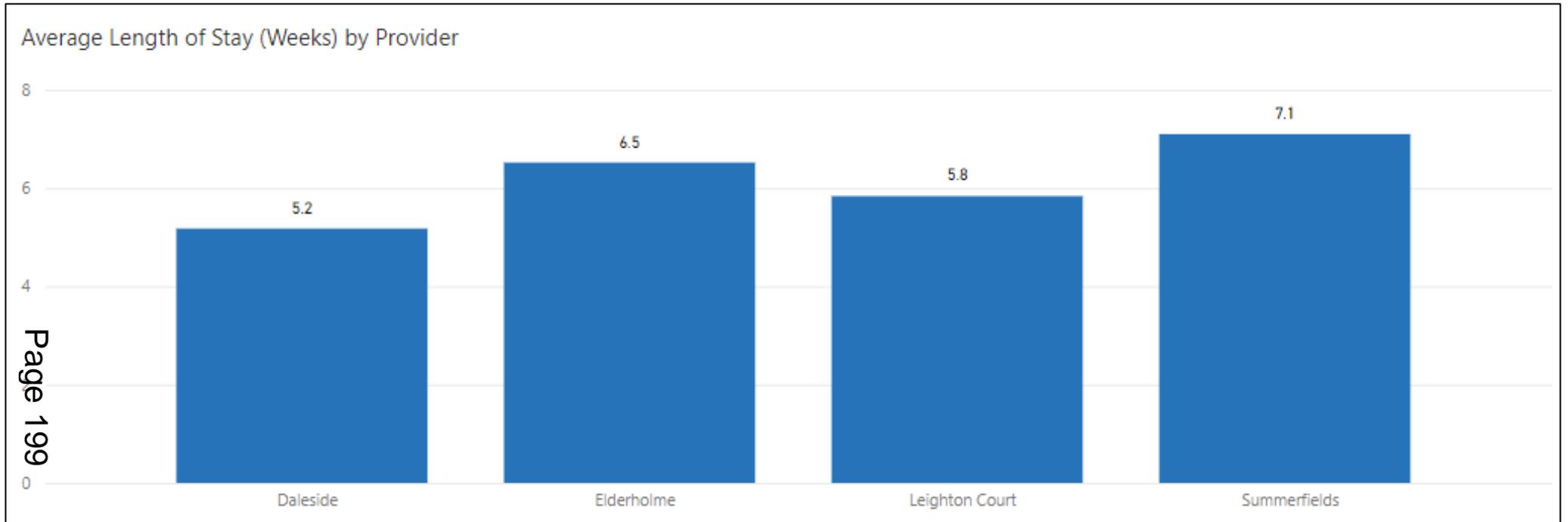
No. of People Receiving Service in Period

Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
2021	86	80	83										83
2020				60	76	63	49	52	54	61	46	72	72
Total	86	80	83	60	76	63	49	52	54	61	46	72	83

Data Source: ContrOCC System.

These are care home beds commissioned for people being discharged from hospital who need further rehabilitation and recovery.

4.2 Transfer to Assessment – Average Length of Stay



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Average Length of Stay (Weeks) by Provider

Provider	Average of LOS in Weeks
Daleside	5.18
Elderholme	6.52
Leighton Court	5.84
Summerfields	7.10
Total	5.81

Data Source: Liquid Logic.

The average length of stay is shown since April 2018.

4.3 Transfer to Assessment – Vacancy Rate –

Table 1 - Actual Bed Days												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Nursing (Covid-19 Block Bed)	967	1003	790	1008	1193	1264	941	1127	580	799	476	243
Nursing EMI (Covid-19 Block Bed)	94	121	108	102	70	73	4	0	31	45	64	102
Residential (Covid-19 Block Bed)	232	244	223	275	358	286	29	0	28	227	226	160
Residential EMI (Covid-19 Block Bed)	550	424	336	273	230	201	377	408	295	165	66	0
Transfer to Assess	1913	2043	2200	1596	1612	1648	1730	1602	1528	2338	2170	2541
Total	3756	3835	3657	3254	3463	3472	3081	3137	2462	3574	3002	3046

Table 2 - Commissioned Bed Days												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Nursing (Covid-19 Block Bed)	1680	1736	1680	1736	1736	1674	1550	1500	1562	1147	1006	210
Nursing EMI (Covid-19 Block Bed)	144	186	180	186	186	174	0	0	62	217	346	450
Residential (Covid-19 Block Bed)	913	1129	1110	1147	1147	886	180	0	31	186	168	180
Residential EMI (Covid-19 Block Bed)	630	651	630	651	651	630	651	630	461	217	196	210
Transfer to Assess	2771	2914	2820	2914	2909	2820	2914	2820	2914	2914	2632	2914
Total	6138	6616	6420	6634	6629	6184	5295	4950	5030	4681	4348	3964

Table 3 - % Occupancy												
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total	61%	58%	57%	49%	52%	56%	58%	63%	49%	69%	52%	57%

Data Source: WCFT.

4.4 Short Breaks – Number and Occupancy Levels

Days Occupied in Week, Number of people BY YEAR, MONTH		
Year	Number of people	Days Occupied in Week
2020	376	1,819.00
April	21	128.00
May	18	116.00
June	36	188.00
July	40	193.00
August	62	280.00
September	60	299.00
October	57	279.00
November	37	149.00
December	45	187.00
2021	111	473.00
January	34	152.00
February	33	147.00
March	44	174.00
Total	487	2,292.00

Occupancy Level by Date and Provider

Date - Week Commencing	Vacancies Rate	Service
12 April 2021	50%	Tree Vale Limited Acorn House
05 April 2021	21%	Tree Vale Limited Acorn House
29 March 2021	21%	Tree Vale Limited Acorn House
22 March 2021	50%	Tree Vale Limited Acorn House
15 March 2021	79%	Tree Vale Limited Acorn House
08 March 2021	100%	Tree Vale Limited Acorn House
01 March 2021	100%	Tree Vale Limited Acorn House
22 February 2021	100%	Tree Vale Limited Acorn House
15 February 2021	71%	Tree Vale Limited Acorn House
08 February 2021	29%	Tree Vale Limited Acorn House
14 December 2020	7%	Tree Vale Limited Acorn House
07 December 2020	7%	Tree Vale Limited Acorn House
30 November 2020	29%	Tree Vale Limited Acorn House
23 November 2020	50%	Tree Vale Limited Acorn House
16 November 2020	50%	Tree Vale Limited Acorn House
09 November 2020	50%	Tree Vale Limited Acorn House
02 November 2020	71%	Tree Vale Limited Acorn House
26 October 2020	50%	Tree Vale Limited Acorn House
19 October 2020	64%	Tree Vale Limited Acorn House
12 October 2020	50%	Tree Vale Limited Acorn House
05 October 2020	50%	Tree Vale Limited Acorn House
28 September 2020	50%	Tree Vale Limited Acorn House
21 September 2020	50%	Tree Vale Limited Acorn House
14 September 2020	71%	Tree Vale Limited Acorn House
07 September 2020	100%	Tree Vale Limited Acorn House
31 August 2020	100%	Tree Vale Limited Acorn House
24 August 2020	100%	Tree Vale Limited Acorn House
17 August 2020	50%	Tree Vale Limited Acorn House
10 August 2020	57%	Tree Vale Limited Acorn House
03 August 2020	57%	Tree Vale Limited Acorn House
27 July 2020	57%	Tree Vale Limited Acorn House
20 July 2020	93%	Tree Vale Limited Acorn House
13 July 2020	7%	Tree Vale Limited Acorn House
06 July 2020	29%	Tree Vale Limited Acorn House
29 June 2020	57%	Tree Vale Limited Acorn House
22 June 2020	100%	Tree Vale Limited Acorn House
15 June 2020	100%	Tree Vale Limited Acorn House
08 June 2020	93%	Tree Vale Limited Acorn House
01 June 2020	100%	Tree Vale Limited Acorn House
25 May 2020	100%	Tree Vale Limited Acorn House

Short Breaks services provide valuable support to people and their carers. It is usual to have fluctuating occupancy levels between short stay bookings.

5.0 Care Market – Domiciliary Care and Reablement

5.1 Domiciliary Care - Cost and Hours

Actual Cost	Average Weekly Actuals Cost	Number of Calls
£29.74M	£275.33K	3.12M

Number of Hours Delivered	Average No. of Weekly Hour...
1.72M	15.96K

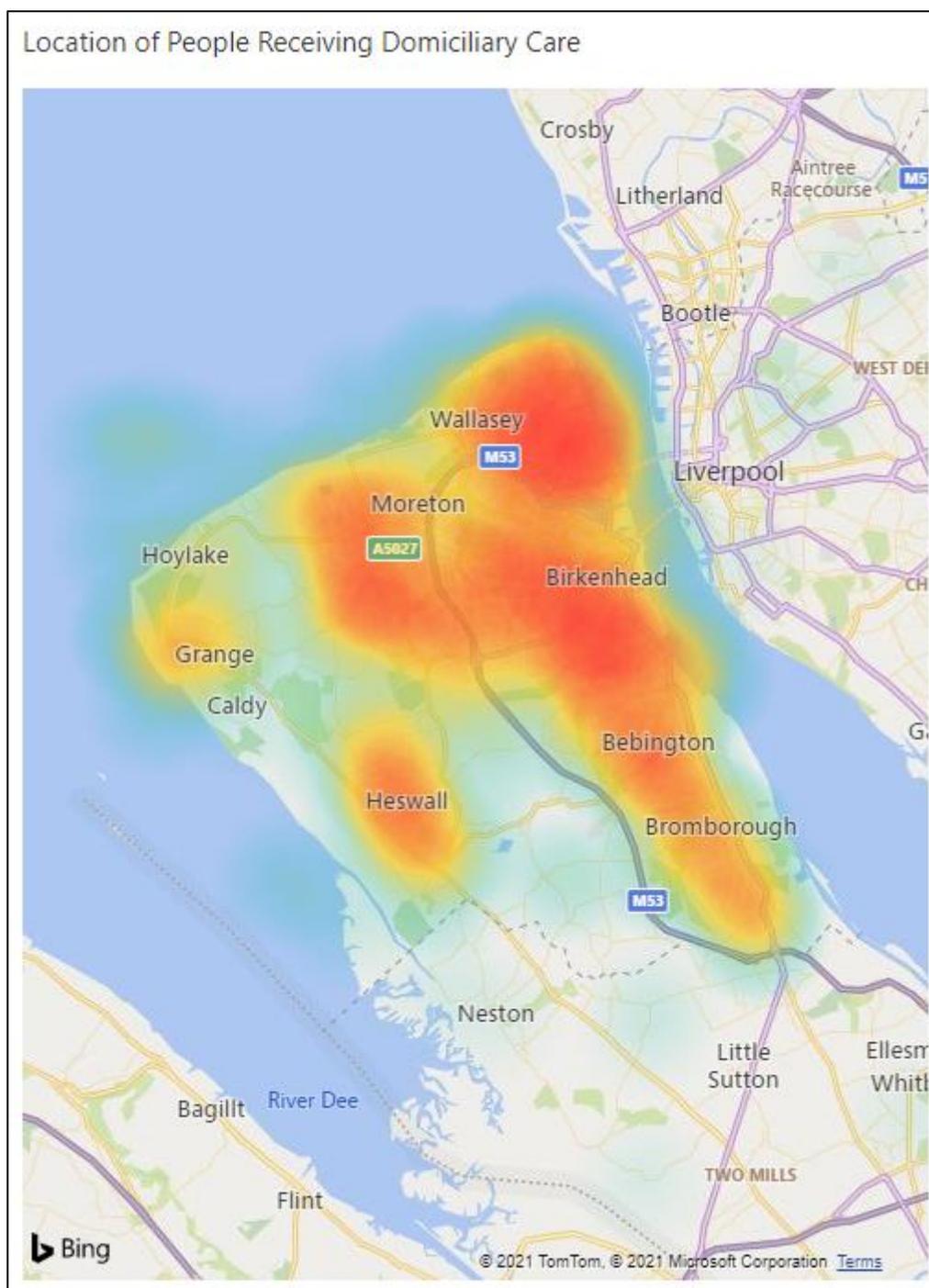
Actual Cost Vs Commissioned Cost

Year	Count of SSRef	Hours Delivered	Hours Commissioned	Actual Cost	Commissioned Cost
2019	3434	720,064.03	863,749.00	£12,090,840.27	£14,174,818.36
March	1639	57,733.00	64,727.25	£936,301.80	£1,024,378.45
April	1852	86,052.88	96,054.75	£1,419,649.11	£1,577,577.75
May	1816	69,323.92	80,113.75	£1,159,941.60	£1,312,991.85
June	1838	70,019.15	80,324.75	£1,180,593.88	£1,316,966.23
July	1811	84,868.38	100,043.00	£1,434,452.06	£1,648,156.58
August	1743	66,001.78	80,510.50	£1,113,722.04	£1,325,912.04
September	1797	80,222.85	100,926.75	£1,353,871.53	£1,662,138.84
October	1772	63,628.67	79,908.50	£1,072,075.88	£1,319,241.60
November	1767	64,200.50	80,686.50	£1,091,658.97	£1,331,477.97
December	1791	78,012.90	100,453.25	£1,328,573.40	£1,655,977.04
2020	4224	850,520.27	1,156,223.83	£14,933,303.47	£20,221,981.12
January	1774	60,008.62	81,797.00	£1,015,605.52	£1,345,022.93
February	1851	73,645.43	86,175.00	£1,235,171.51	£1,400,001.26
March	1900	86,285.88	107,499.00	£1,399,953.60	£1,756,381.33
April	1808	69,543.25	85,850.25	£1,181,227.72	£1,461,182.01
May	1819	70,486.50	84,774.00	£1,282,656.41	£1,525,016.34
June	1967	69,597.70	107,590.50	£1,284,161.87	£1,945,434.56
July	1935	58,557.53	89,949.25	£1,059,724.57	£1,610,738.59
August	1994	74,087.62	114,335.75	£1,315,940.35	£2,047,909.48
September	1972	61,669.00	93,264.33	£1,094,748.09	£1,668,491.27
October	2019	66,575.67	94,624.25	£1,184,700.13	£1,691,276.71
November	2095	97,603.85	117,603.75	£1,775,614.81	£2,108,535.14
December	1922	62,459.22	92,760.75	£1,103,798.88	£1,661,991.49
2021	2437	153,223.07	275,309.50	£2,711,168.66	£4,925,629.19
January	1951	61,720.12	91,499.00	£1,089,063.02	£1,637,354.79
February	1941	49,142.07	93,068.50	£871,025.96	£1,665,732.71
March	1944	42,360.88	90,742.00	£751,079.69	£1,622,541.68
Total	6470	1,723,807.37	2,295,282.33	£29,735,312.40	£39,322,428.66

The previous table shows the number of people receiving Domiciliary care, month by month along with the hours delivered compared to the hours commissioned and the actual cost compared to the commissioned cost. Data is shown from 04/03/2019 to 31/03/2021.

The Domiciliary Care Market continues to respond well to high levels of demand. These services support people to remain in their own home and to be as independent as possible, avoiding the need for alternative and more intensive care options.

5.2 Domiciliary Care – Locations of People Receiving Domiciliary Care



5.3 Reablement – People, Cost and Days (since 01/04/2018):

The aim of these services is to ensure that people are supported to regain their optimum independence and mobility following an episode of ill-health. The data is shown from 1 April 2018.

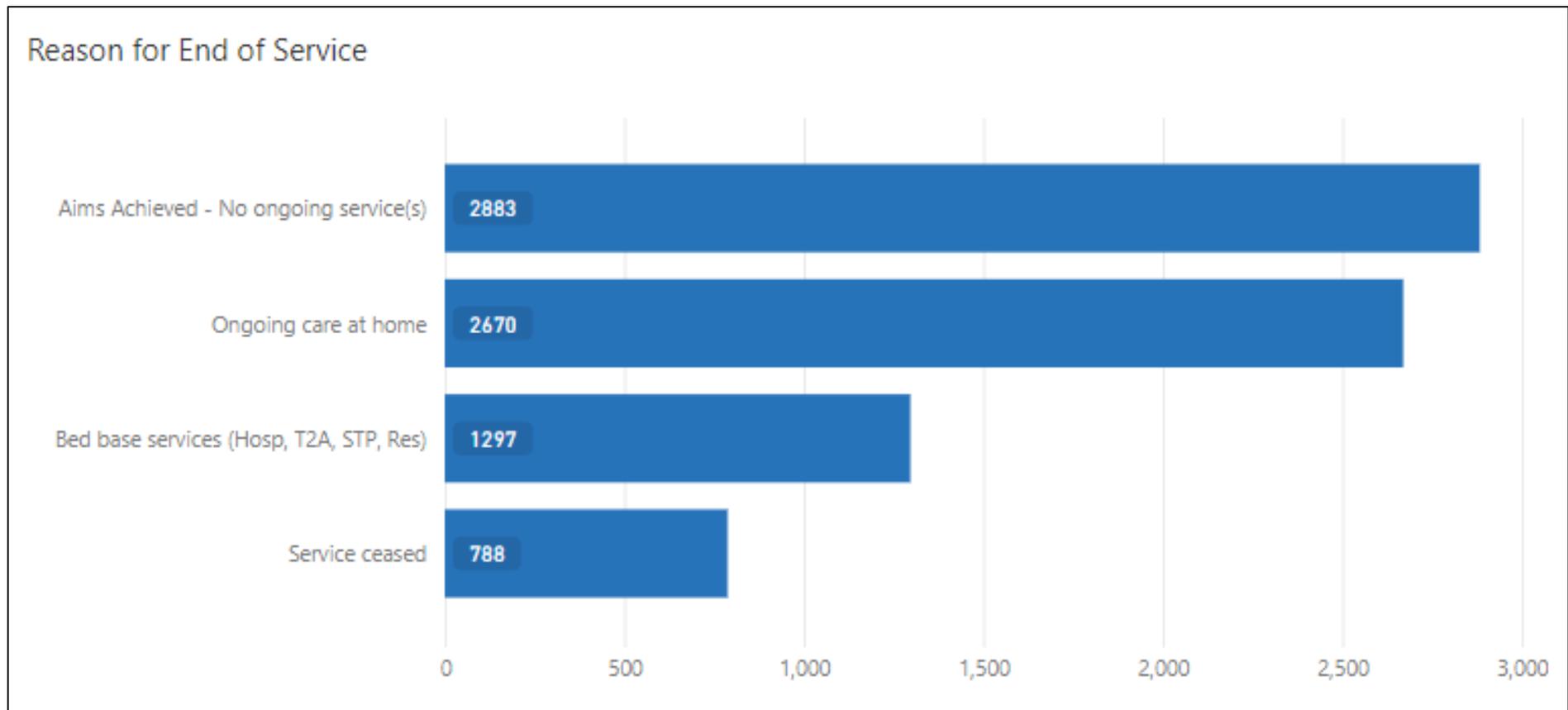
No. of Service Users	No. of Service Packages	Average Weekly Cost	Average no. of Days in Reabl...
5256	12.22K	£133.76	12.25

5.4 Reablement – Number of People

No. of People by Month Started													
Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
2021	139	126	93										358
2020				104	110	171	151	148	138	150	155	114	1241
Total	139	126	93	104	110	171	151	148	138	150	155	114	1599

This table shows the number of people receiving Reablement services month by month for the last 12 months.

5.5 Reablement – End Reasons of Care Packages



Reason for End of Service

Service Provision End Reason Group	No. of Clients
Aims Achieved - No ongoing service(s)	2883
Bed base services (Hosp, T2A, STP, Res)	1297
Ongoing care at home	2670
Service ceased	788
Total	7638

5.6 Reablement – Length of Stay

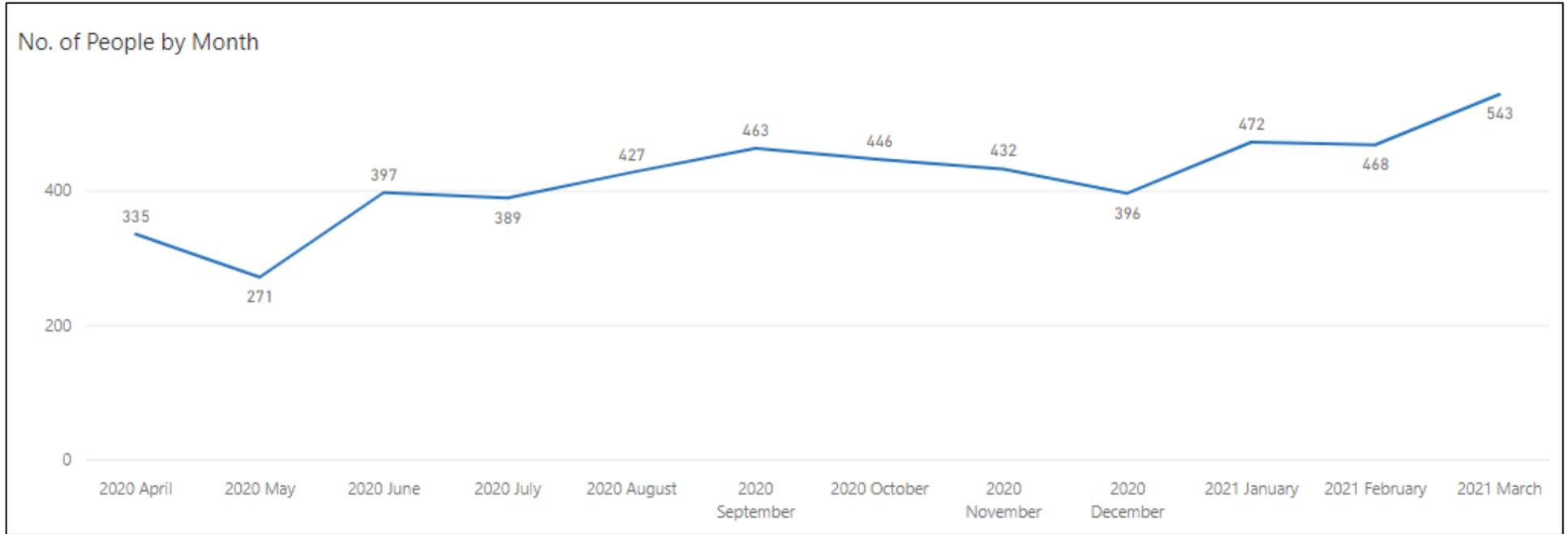
Length of Service by Start Month

Year	2 to 4 Weeks	4 to 6 Weeks	Over 6 Weeks	Under 2 Weeks	Total
2020	653	329	21	1801	2804
April	45	15		135	195
May	64	18		188	270
June	94	49	2	222	367
July	95	42	5	216	358
August	66	45	1	202	314
September	71	44	3	190	308
October	85	30	3	234	352
November	81	46	2	206	335
December	52	40	5	208	305
2021	196	89	4	580	869
January	75	43	3	204	325
February	78	45	1	184	308
March	43	1		192	236
Total	849	418	25	2381	3673

The above table shows the number of people receiving Reablement services over the last 12 months, month on month by Length of Stay category.

Reablement services are short term to support people to regain independence and to reduce reliance on longer term care services. The data shows levels of provision have maintained a similar level to the last half of 2020.

5.7 Brokerage – Packages by Number of People and Providers



Year	January	February	March	April	May	June	July	August	September	October	November	December
2021	472	468	543									
2020				335	271	397	389	427	463	446	432	396
Total	472	468	543	335	271	397	389	427	463	446	432	396

Number of People Waiting for Package

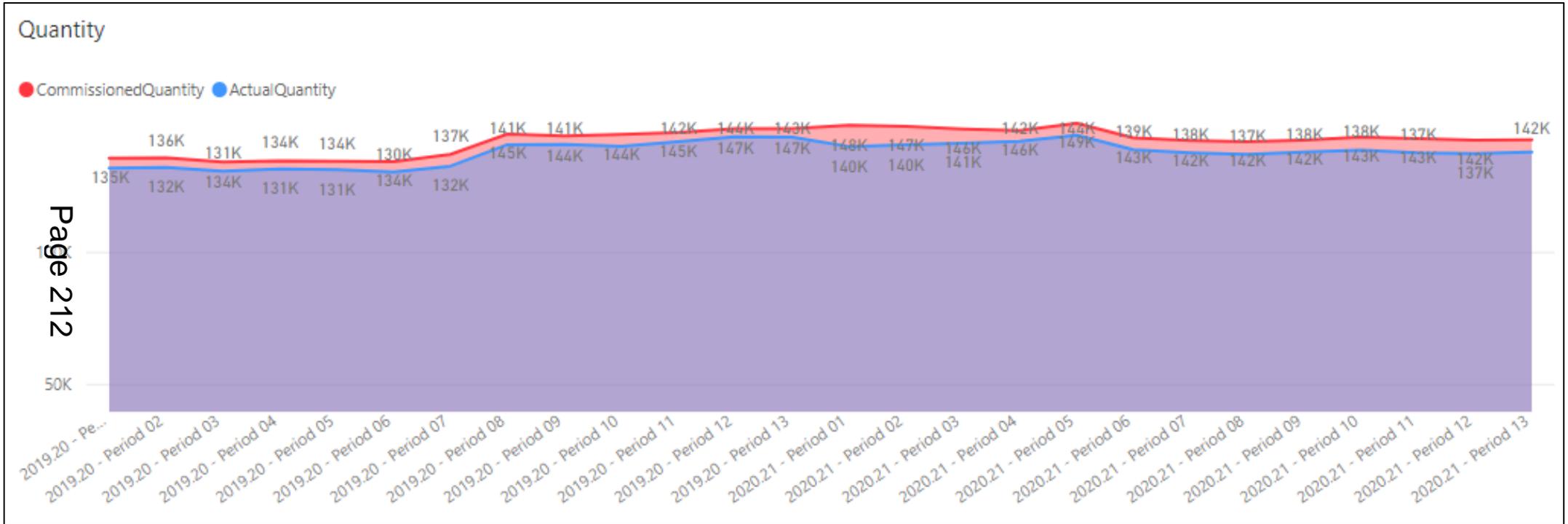
Days Live Group	No. of People
1 to 2 Weeks	8
2 to 3 Weeks	4
48hrs to 1 Week	16
Less than 48hrs	34
Over 3 Weeks	11
Total	73

The previous line chart and table show the number of people matched to home care packages month on month.

The data shows the high level of activity in the domiciliary care sector and low numbers of delays in arranging care and support. The data includes people who may be wanting to change their care provider.

6.0 Care Market – Specialist (Supported Living)

6.1 Cost



Commissioned v. Actual Cost

Period	Commissioned Cost	Actual Cost
2019.20 - Period 01	£2,360,969.30	£2,300,433.55
2019.20 - Period 02	£2,396,293.77	£2,339,541.41
2019.20 - Period 03	£2,371,297.33	£2,317,765.45
2019.20 - Period 04	£2,379,365.93	£2,333,087.19
2019.20 - Period 05	£2,378,870.57	£2,328,515.19
2019.20 - Period 06	£2,378,785.27	£2,318,362.46
2019.20 - Period 07	£2,418,678.93	£2,346,170.02
2019.20 - Period 08	£2,531,914.36	£2,467,449.82
2019.20 - Period 09	£2,525,110.61	£2,474,301.35
2019.20 - Period 10	£2,531,342.57	£2,460,186.36
2019.20 - Period 11	£2,544,866.07	£2,490,087.59
2019.20 - Period 12	£2,567,628.03	£2,519,450.33
2019.20 - Period 13	£2,565,568.31	£2,515,515.54
2020.21 - Period 01	£2,588,969.49	£2,460,904.72
2020.21 - Period 02	£2,789,349.93	£2,670,485.95
2020.21 - Period 03	£2,843,682.61	£2,754,348.40
2020.21 - Period 04	£2,831,658.48	£2,763,891.24
2020.21 - Period 05	£2,880,707.82	£2,806,068.12
2020.21 - Period 06	£2,774,091.99	£2,698,891.39
2020.21 - Period 07	£2,759,400.94	£2,680,340.04
2020.21 - Period 08	£2,746,661.76	£2,661,638.05
2020.21 - Period 09	£2,766,702.91	£2,690,844.86
2020.21 - Period 10	£2,789,494.84	£2,706,252.95
2020.21 - Period 11	£2,779,829.84	£2,689,065.13
2020.21 - Period 12	£2,767,844.49	£2,683,214.40
2020.21 - Period 13	£2,767,664.91	£2,687,860.28
Total	£68,036,751.06	£66,164,671.79

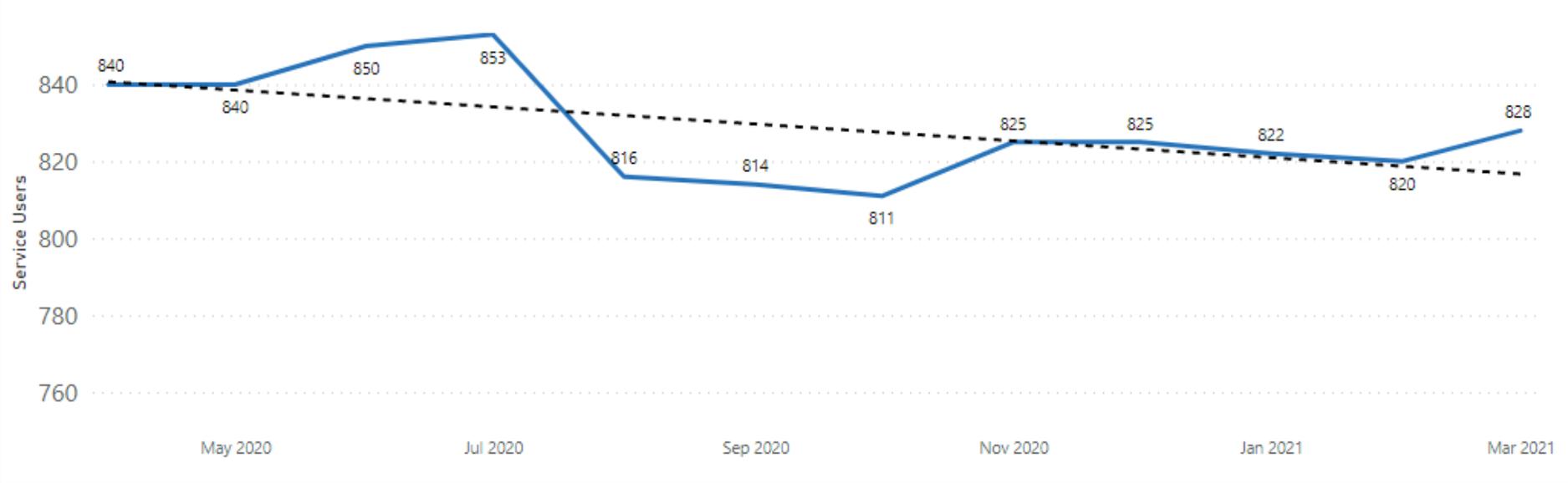
The above chart and table show the Commissioned cost against Actual costs for each 4-weekly billing period.

6.2 Supported Living - Number of People

Current No. of People Receiving Service

828

No. of People Receiving Service in Period



No. of People Receiving Service in Period

Year	No. of People
2020	825
April	840
May	840
June	850
July	853
August	816
September	814
October	811
November	825
December	825
2021	828
January	822
February	820
March	828
Total	828

The above table shows the number of people in supported living accommodation month on month.

6.3 Supported Living – People Locations

Ward	No of People
Birkenhead and Tranmere	123
Claughton	113
New Brighton	111
Rock Ferry	105
Oxton	90
Bromborough	64
Liscard	63
Bidston and St James	62
Moreton West and Saughall Massie	53
	48
Seacombe	42
Leasowe and Moreton East	37
Prenton	35
Heswall	28
Hoylake and Meols	28
Bebington	26
Clatterbridge	20
Pensby and Thingwall	19
Eastham	16
Upton	15
Wallasey	12
Greasby Frankby and Irby	8
West Kirby and Thurstaston	8
Total	1126

The above table shows the number of people in supported living accommodation by Ward.

6.4 Supported Living – Demographics

Age Group	Female	Male	Total
Adults	344	657	1001
Age 65-74	44	78	122
Age 75-84	14	19	33
Age 85-94	2	2	4
Total	404	756	1160

Adults are between 18 and 64.

The data shows a similar level to that of the latter half of 2020 in the number of people living in Supported Independent Living, which may be due to the Covid-19 pandemic.

7.1 Key Measures - monitored monthly

ID	Description	Green	Amber	Red	Target	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	YTD
KPI 1	% of initial contacts through to completion of assessment within 28 days	>=80%	<80% >=70%	<70%	80%	86.8%	91.5%	91.7%	92.0%	90.6%	90.9%	94.0%	91.3%	89.7%	93.3%	92.9%	91.1%	91.4%
Total Assessments Completed within 28 Days						236	238	344	344	308	318	347	304	260	347	326	346	3,718
Total Assessments Completed						272	260	375	374	340	350	369	333	290	372	351	380	4,066
KPI 2	% of safeguarding concerns (Contacts) completed within 5 Days	>=99%	<99% >=95%	<95%	99%	99.2%	100%	100%	99.7%	99.2%	100%	99.7%	100%	99.5%	99.6%	98.7%	99.7%	99.6%
Total number of safeguarding concerns completed within 5 days						258	236	335	355	386	290	329	335	369	281	304	350	3,828
Total number of safeguarding concerns completed						260	236	335	356	389	291	330	335	371	282	308	351	3,844
KPI 3	% of safeguarding enquiries concluded within 28 days	>=80%	<80% >=60%	<60%	80%	60%	79%	87%	93%	82%	83%	70%	64%	59%	65%	73%	67%	74%
Total number of safeguarding enquiries closed within 28 days						37	37	54	64	45	57	21	36	29	24	33	42	479
Total number of safeguarding enquiries closed						62	47	62	69	55	69	30	56	49	37	45	63	644
KPI 4	% of individuals who have had an annual review completed	>=70%	<70% >=60%	<60%	70%	68%	72%	71%	67%	68%	70%	71%	68%	64%	62%	61%	60%	60%
Total number of reviews forecast to be completed						4346	4571	4484	4194	4328	4450	4459	4231	3990	3841	3810	3753	3,753
Total number of people in receipt of a long term service on 1st April						6381	6348	6316	6260	6365	6355	6243	6258	6243	6224	6214	6214	6,214

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ID	Description	Green	Amber	Red	Target	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	YTD
KPI 5	% of care packages activated (in Liquidlogic) in advance of service start date (exc. Block Services)	>=65%	<65% >=50%	<50%	65%	62%	70%	65%	72%	71%	74%	69%	65%	66%	70%	69%	70%	69%
Total number of packages activated in advance of start date						424	489	616	676	618	686	703	649	568	588	616	720	7,353
Total number of packages activated						689	699	941	939	869	928	1,025	991	858	840	889	1,035	10,703
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%	93%	93%	93%	93%	93%	93%	94%
Total number of people aged 18-64 with a learning disability living in their own home or with their family						401	401	401	401	400	401	399	398	398	398	399	399	4,796
Total number of people aged 18-64 with a learning disability in receipt of a long term service during the year						425	425	425	426	426	428	427	427	426	427	428	427	5,117
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%	85.5%	82.8%	79.6%	93.8%	85.1%	80.3%	76.9%	78.9%	84.1%	83.7%	86.7%	85.5%	83.3%
Total number of people at home 91 days post discharged from hospital into a reablement service						53	48	39	30	40	49	50	45	58	41	65	59	577
Total number of people discharged from hospital into a reablement service						62	58	49	32	47	61	65	57	69	49	75	69	693

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The performance data indicates that people are receiving responsive and timely services. There is a small reduction in the number of people receiving an annual review of their care and support needs.

A review of KPIs associated with the WCFT is currently being undertaken.

8.0 Length of Stay Report

8.1 Long Stay Patients:

Long Stay Patients



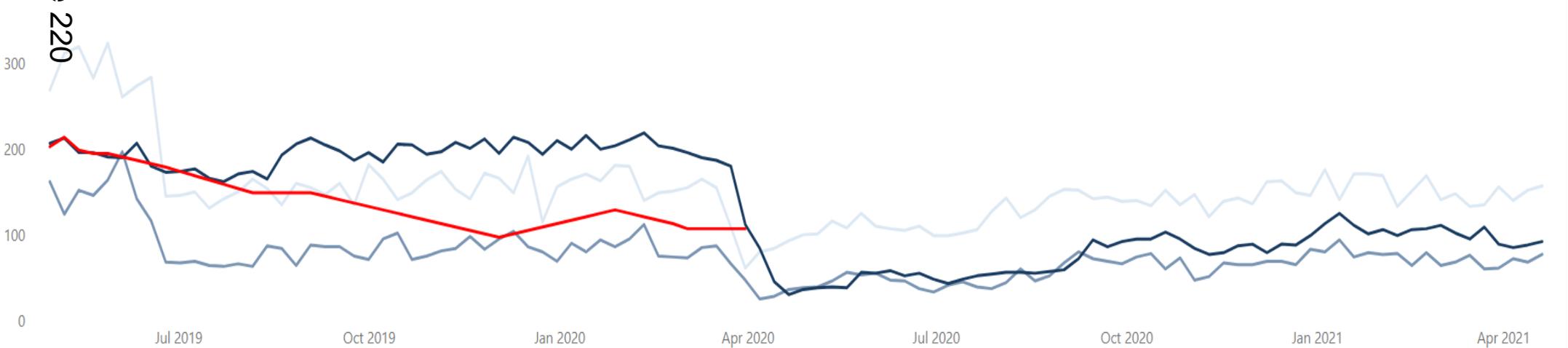
Latest Snapshot

20/04/21

157	77	92
7 to 14 days	14 to 21 days	Over 21 days

Timeline of Weekly Snapshots

● 7 to 14 days ● 14 to 21 days ● Over 21 days ● Over 21 Target



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This analysis measures 7 to 14 days, 14 to 21 days and Over 21 days by period.

- Each of the three series decreased from 30 April 2019 to 20 April 2021, with Over 21 days falling the most (56%) and 7 to 14 days falling the least (42%) over that time frame.
- 14 to 21 days finished trending upward in the final period, more than any of the other two series.
- Of note, Over 21 days fell over ten consecutive periods from 11 February 2020 to 21 April 2020 (-189), outpacing the overall change across the entire series.
- While Over 21 days decreased (from 11 February 2020 to 21 April 2020), 7 to 14 days and 14 to 21 days also decreased.
- Of the three series, the strongest relationship was between 14 to 21 days and 7 to 14 days, which had a strong positive correlation, suggesting that as one (14 to 21 days) increases, so does the other (7 to 14 days), or vice versa.

For 14 to 21 days:

- Average 14 to 21 days was 74.86 across all 104 periods.
- The minimum value was 25 (07 April 2020) and the maximum was 197 (04 June 2019).
- 14 to 21 days decreased by 52% over the course of the series but ended on a negative note, increasing in the final period.
- The largest single decline on a percentage basis occurred in 07 April 2020 (-47%). However, the largest single decline on an absolute basis occurred in 11 June 2019 (-55).
- The largest net decline was from 04 June 2019 to 07 April 2020, when 14 to 21 days decreased by 172 (87%). This net improvement was more than two times larger than the overall movement of the entire series.
- 14 to 21 days experienced cyclicity, repeating each cycle about every 34.67 periods. There was also a pattern of bigger cycles that repeated about every 52 periods.
- 14 to 21 days had a significant positive peak between 07 May 2019 (124) and 06 August 2019 (63), rising to 197 in 04 June 2019. However, 14 to 21 days had a significant dip between 30 April 2019 (162) and 04 June 2019 (197), falling to 124 in 07 May 2019.
- 14 to 21 days was lower than 7 to 14 days over the entire series, lower by 78.18 on average. 14 to 21 days was less than Over 21 days 91% of the time (lower by 57.31 on average).

For Over 21 days:

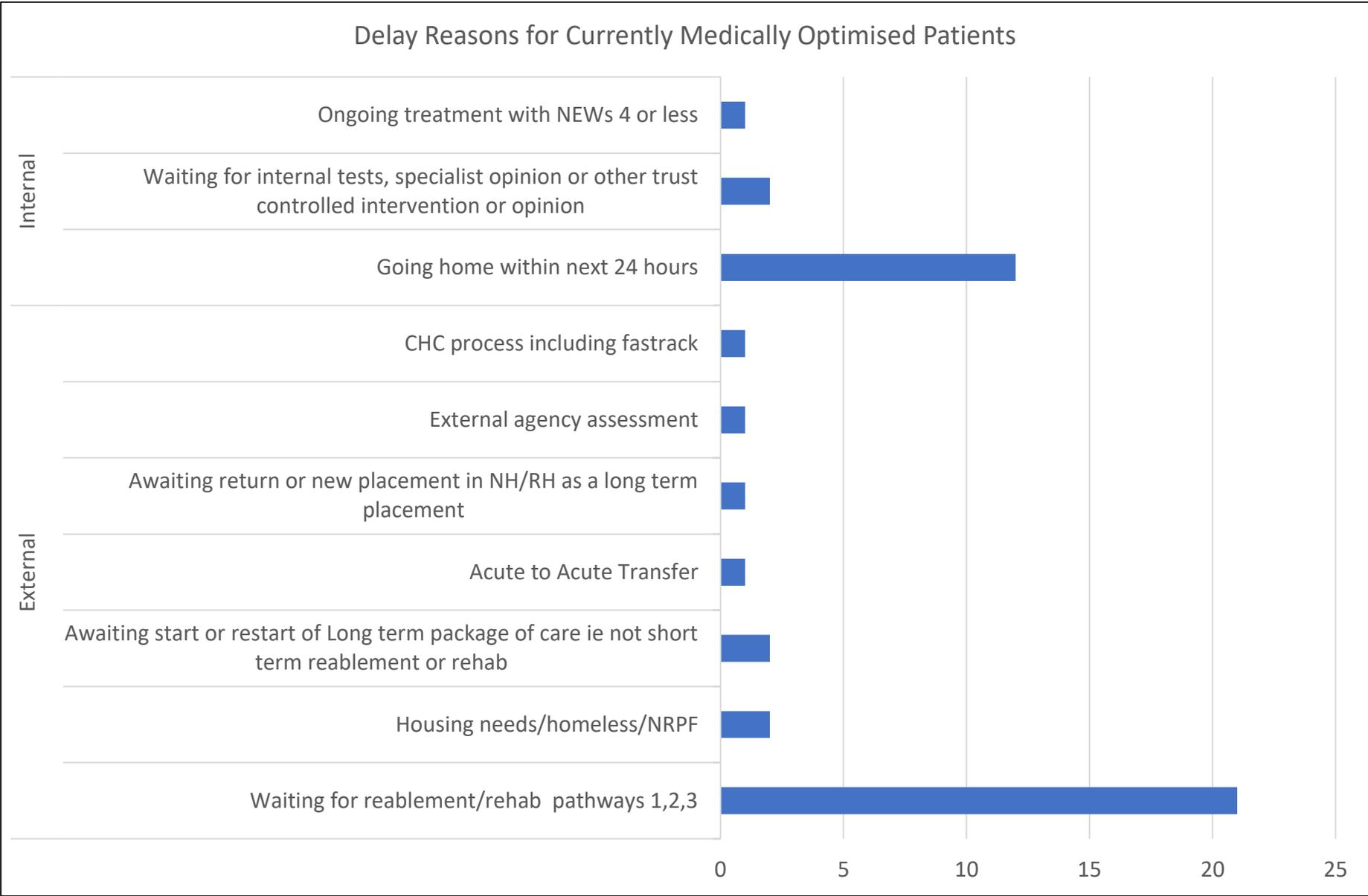
- Average Over 21 days was 132.16 across all 104 periods.

- The minimum value was 30 (21 April 2020) and the maximum was 219 (11 February 2020).
- Over 21 days fell by 56% over the course of the series but ended with an upward trend, increasing in the final period.
- The largest single decline on a percentage basis occurred in 14 April 2020 (-46%). However, the largest single decline on an absolute basis occurred in 31 March 2020 (-68).
- The largest net decline was from 11 February 2020 to 21 April 2020, when Over 21 days fell by 189 (86%).
- Over 21 days experienced cyclicity, repeating each cycle about every 52 periods.
- Over 21 days had a significant dip between 11 February 2020 and 09 June 2020, starting at 219, falling all the way to 30 at 21 April 2020 and ending slightly higher at 58.
- Over 21 days was most closely correlated with 14 to 21 days, suggesting that as one (Over 21 days) increases, the other (14 to 21 days) generally does too, or vice versa.
- Over 21 days was lower than 7 to 14 days at the beginning and end, but 7 to 14 days was lower between 25 June 2019 and 14 April 2020, accounting for 40% of the series. Over 21 days was greater than 14 to 21 days 91% of the time (higher by 57.31 on average).

For 7 to 14 days:

- Average 7 to 14 days was 153.04 across all 104 periods.
- The minimum value was 61 (31 March 2020) and the maximum was 324 (28 May 2019).
- 7 to 14 days fell by 42% over the course of the series but ended on a bad note, increasing in the final period.
- The largest single decline occurred in 25 June 2019 (-49%).
- The largest net improvement was from 28 May 2019 to 31 March 2020, when 7 to 14 days improved by 263 (81%). This net improvement was more than two times larger than the overall movement of the entire series.
- 7 to 14 days experienced cyclicity, repeating each cycle about every 34.67 periods. There was also a pattern of smaller cycles that repeated about every 17.33 periods.
- 7 to 14 days was higher than 14 to 21 days over the entire series, higher by 78.18 on average. 7 to 14 days was higher than Over 21 days at the beginning and end, but Over 21 days was higher between 25 June 2019 and 14 April 2020, accounting for 40% of the series.

8.2 Delay Reasons for Medically Optimised Patients (Sum of 21 days)



External	
Waiting for reablement/rehab pathways 1,2,3	21
Housing needs/homeless/NRPF	2
Awaiting start or restart of Long-term package of care i.e. not short term reablement or rehab	2
Acute to Acute Transfer	1
Awaiting return or new placement in NH/RH as a long-term placement	1
External agency assessment	1
CHC process including fastrack	1
Internal	
Going home within next 24 hours	12
Waiting for internal tests, specialist opinion or other trust controlled intervention or opinion	2
Ongoing treatment with NEWs 4 or less	1
Grand Total	44

8.3 Current External Delays

Current External Delays	
Awaiting return or new placement in NH/RH as a long-term placement	1
Awaiting start or restart of Long-term package of care i.e. not short term reablement or rehab	2
CHC process including fastrack	1
External agency assessment	1
Patient Family Choice	2

9.0 Deprivation of Liberty Safeguards (DOLS)

Number of DoLS applications		
Year	No of applications	Rate per 100,000
2019	3737	1,153.40
January	287	88.58
February	264	81.48
March	315	97.22
April	306	94.44
May	342	105.56
June	296	91.36
July	384	118.52
August	306	94.44
September	344	106.17
October	357	110.19
November	281	86.73
December	255	78.70
2020	3744	1,155.56
January	336	103.70
February	276	85.19
March	222	68.52
April	283	87.35
May	251	77.47
June	290	89.51
July	375	115.74
August	287	88.58
September	405	125.00
October	396	122.22
November	312	96.30
December	311	95.99
2021	1042	321.60
January	275	84.88
February	243	75.00
March	314	96.91
April	210	64.81
Total	8523	2,630.56

Number of DoLS applications - Granted

Status Year	Granted		Not granted	
	No of applications	Rate per 100,000	No of applications	Rate per 100,000
2019	1236	381.48	202	62.35
January	78	24.07	18	5.56
February	83	25.62	17	5.25
March	78	24.07	15	4.63
April	122	37.65	17	5.25
May	97	29.94	19	5.86
June	132	40.74	13	4.01
July	110	33.95	27	8.33
August	108	33.33	17	5.25
September	124	38.27	15	4.63
October	122	37.65	20	6.17
November	103	31.79	6	1.85
December	79	24.38	18	5.56
2020	1149	354.63	319	98.46
January	66	20.37	20	6.17
February	78	24.07	17	5.25
March	78	24.07	10	3.09
April	68	20.99	11	3.40
May	66	20.37	71	21.91
June	98	30.25	15	4.63
July	79	24.38	18	5.56
August	152	46.91	33	10.19
September	143	44.14	32	9.88
October	145	44.75	31	9.57
November	90	27.78	28	8.64
December	86	26.54	33	10.19
2021	206	63.58	106	32.72
January	66	20.37	30	9.26
February	61	18.83	41	12.65
March	79	24.38	35	10.80
Total	2591	799.69	627	193.52

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Adult Social Care and Public Health Committee

7th June 2021

REPORT TITLE:	TACKLING HEALTH INEQUALITIES THROUGH REGENERATION: HEALTH & EMPLOYMENT
REPORT OF:	JULIE WEBSTER, DIRECTOR OF PUBLIC HEALTH

REPORT SUMMARY

This report outlines collaborative Council investment to address health related worklessness and improve social, economic and health outcomes.

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

RECOMMENDATION/S

The Adult Social Care and Health Committee is requested to note the information included within this report.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The relationship between employment and health is well established. This report provides an overview of the key issues in relation to health and employment and highlights the existing work being carried out across Wirral.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 The schemes referenced within the report were developed using a range of evidence, based on data for Wirral and research about what works. Colleagues from across the Council will work together to review the existing schemes and develop longer term proposals for the sustainability of the schemes referenced within this report.

3.0 BACKGROUND INFORMATION

- 3.1 Being in good employment protects health, while unemployment, particularly long-term unemployment, contributes significantly to poor health. Evidence shows that good quality work is beneficial to an individual's health and wellbeing and protects against social exclusion through the provision of income, social interaction, a core role, identity and purpose. Good employment opportunities are therefore a fundamental tenant of our collective effort to improve health outcomes. As well as being vital to individual health; an economically active population also enables more economically prosperous communities that are sustainable for the future. Promoting and protecting health and creating a vibrant economy is not a binary choice, both must be viewed as complimentary aspirations and this report provides an overview of the work to achieve this.
- 3.2 Unemployment and health related worklessness have presented longstanding challenges within the Borough with poorer health outcomes in areas with increased deprivation, unemployment and within that health related worklessness. In response, Wirral has for many years sought to address health related worklessness and has had success in doing so by reducing it at a rate that is double the national average. However high levels remain, with rates that far exceed the regional/national averages. The pandemic and associated social and economic response, has further highlighted the need to augment work that supports people to enter the job market and maintain economic independence for themselves and their families. Currently:
- Claimant count data currently shows that there are 12,345 working age people claiming an out of work benefit in Wirral, this is 6.4% of the population (NOMIS, March 2021), the national average is 6.5%.
 - The claimant count has increased by 5,215 claimants (73%) since March 2020 and the start of the pandemic.
 - Currently, 2,695 of claimants are aged 18-24 which is a rate of 12.1% much higher than regional and national averages at 10.1 and 9.1% respectively.

- In our most deprived areas such as Birkenhead and Seacombe rates can reach up to 17%, particularly for young males aged 18-24.
- Universal Credit (UC)¹ data for February 21 shows that there are 31,352 people who are claiming UC. There are 20,211 people claiming the 'not in employment' element of UC and 11,131 people claiming the 'in employment' element. (DWP, Stat Xplore)
- 36% of UC claimants are searching for work (11,287) and 26% have no work requirements as part of their benefit (8,112).
- The Birkenhead and Wallasey Parliamentary Constituencies account for 41% and 32% of all UC claimants in Wirral.
- 9,045 people have been claiming for 2 years or more which highlights the area of Health related worklessness, with mental health being the most common primary condition within the Employment Support Allowance (ESA) element accounting for 51% of all claims.

3.3 One of the most immediate and inequitable impacts of the COVID-19 containment measures has been in relation to employment and income. According to analysis from the ONS, the mortality rate from COVID-19 in the most deprived areas was almost double that in the least deprived areas between March and July 2020, the latest period for which mortality data by deprivation are available. Both employment and income are closely related to health outcomes and the impacts of containment measures on employment and income will have profoundly negative impacts on health and levels of health inequality unless effective mitigating action is taken.

3.4 In addition to the individual, family and community health and wellbeing benefits there is a strong economic argument to address worklessness, across public expenditure, the wider economy and personal and household income. It is estimated that when a claimant moves into a job paying the National Living Wage, there are savings of £6,900 for government, a £13,100 boost to the local economy, and £6,500 gain to the individual.

3.5 **ACTIONS TO TACKLE UNEMPLOYMENT & HEALTH RELATED WORKLESSNESS**

In 2014 Wirral Council embarked on the Health Related Worklessness Programme, with a focus on the parliamentary constituency of Birkenhead, starting with detailed engagement and conversations with residents, stakeholders and employers to explore how best to integrate and sequence a bespoke package of support to reduce health related worklessness and reduce the cost to the public sector.

3.6 Realising the synergies between those who were not working due to their health and those populations that had low levels of life expectancy and poor health outcomes public health partners were engaged to develop the programme. An innovative approach using ethnographic research was used to shed new light on the problem,

¹ Please note current UC data for those not in employment is also included in the Claimant Count data set as this is currently a 'experimental dataset' to account for changes in benefit regimes since 2010.

understanding the real experiences behind the statistics and to aid the development of solutions. The insights revealed a fundamental disconnect between the worlds of health and employment which meant that low level mental health barriers which limit a person's ability to work were often deemed non-urgent in a healthcare setting.

- 3.7 This immersive approach enabled the Council to understand the individuals behind the statistics – seeing first-hand how individuals were stuck in a cycle of demotivation, isolation and low-level mental health – while services inadvertently exacerbated these problems. The stories of real people catalysed a Wirral wide innovation resulting in the commissioning of the Community Connector service aimed at directly addressing the problems identified in the research.
- 3.8 A jointly funded commission for a new programme aimed specifically at Employment Support Allowance (ESA) claimants with low-level mental health issues was implemented. This commission was jointly funded by the Public Health Grant and the Investment Team within the Council. The Investment Team had traditionally commissioned services with job outcomes as the focus of the programme, however this new programme focused on improving individual's wellbeing as the insight work demonstrated that people were so far from the job market that this was an unrealistic target.
- 3.9 The programme, Connect Us delivered by Involve North West, intends to tackle socioeconomic inequalities focused on the underlining issues affecting people's lives rather than the symptoms of it. The Connect Us team use door knocking as a means of engagement, using an asset-based community development approach, focusing on people's strengths and encourages individuals to do things for themselves with some support. The programme increases connectivity into the wider community for individuals, allows greater access to information, self-help, improves wellbeing and tackles social isolation. Using a community 'sparks fund' the service had also improved community resilience and developed community spirit through funding small groups to set up at a neighbourhood level. Connect Us is person-centred approach, offering help and support based on individual need with a community focus, striving to build community resilience at all times. The needs of individuals they help vary greatly from simply getting someone to take the bin out to getting others into employment and volunteering. The programme has been independently evaluated by John Moore's University and evidenced outcomes for the programme include improved social connectiveness, financial stability, family relationships including access to children, physical and mental wellbeing and an increased uptake to training, employment and volunteering opportunities.
- 3.10 The model for Connect Us was based on the success of the Reach Out model which Involve North West have been delivering for over 13 years, helping local residents find employment. The service originally engaged residents through door knocking to support them to overcome barriers that were preventing them from going to work. Reach Out provides residents with a personalised job coach who provides one to one support with writing or amending CVs, online job searching, help with job applications, interview techniques and builds individuals confidence to help with the transition of starting a new job. Reach Out offers this support through work clubs in the wards with the highest levels of unemployment.

- 3.11 Reach Out is currently funded through the European Social Funded (ESF) Wirral Ways to Work Programme, matched through investment from the Public Health Grant. The ESF and match funding has only allowed for short term funding to support the service, not providing any stability or long-term investment in the programme. Wirral Ways to Work has supported over 7,600 residents with employment support since it started in April 2016 and has a positive outcome rate of 54%.
- 3.12 The table below details the current Council investment into programmes designed to improve health through employment.

Commissioned Service	Investment	Funding Source	Contract Expiry
Connect Us	£717,121	Public Health	Feb 2023 (option of additional +1, +1)
(extra investment in programme- further 22 connectors to support COVID)	£598,881	Tier 3 COVID monies	March 2022
Reach Out	£1,450,500	European Social Fund- £934,766.67 Public Health- £515,733.33	October 2022

3.13 PLANNING FOR HEALTH & ECONOMIC RECOVERY

- 3.14 Covid-19 has had a profound effect on the UK labour market. Many workers have been furloughed and unemployment is likely to rise materially over the next year, and as of March 31st 2021 Wirral had 17,200 workers on furlough. The unemployment rate took seven years to return to pre-recession levels after the past two recessions and the expected rate could take even longer. The two key factors to determine this is firstly the uncertainty about future demand, this can cause firms to delay any hiring decisions. The impact of Covid-19 is different in nature to past impacts on unemployment levels, Covid-19 has led to greater uncertainty about the economic outlook and the likelihood of finding a job. The pandemic has led to fewer new business starts and less recruitment from businesses who have survived, making it difficult for those furthest from the labour market and excluded groups who are now competing against those recently unemployed who may be more 'job ready'.
- 3.15 The broader strategy for the economy and our regeneration plans is integral to our efforts to address existing social and health inequalities within the borough. This is particularly significant in the aftermath of COVID-19. Places such as Wirral, with existing economic and health inequalities, have been disproportionately affected by COVID-19. Additionally, the long-lasting effect of measures to tackle COVID-19 (e.g. business curfews and temporary closures) will impact on our community and economy increasing demand for local services and the financial resilience of the borough. This requires an enhanced focus on regeneration to mitigate these as well as identifying opportunities to respond to a new way of working and living due to the pandemic.

- 3.16 Services like the Community Connectors and Wirral Ways to Work will be an invaluable resource for local communities as they begin to recover from the lasting impacts of Covid-19. They are a trusted 'brand' with expertise skills in engaging those communities who do not typically engage with services. They can provide a holistic and seamless transition for people to encourage and guide them to build their confidence to progress into volunteering or employment opportunities. The regeneration programme for Birkenhead provides an advantageous opportunity for local people to gain employment, however there is need to be investing in the development of skills and knowledge in the present day to ensure that when those opportunities arise residents are equipped to be able to take full advantage of the opportunities available.

4.0 FINANCIAL IMPLICATIONS

- 4.1 This report describes the existing investment in the schemes outlined in this report. Whilst they are currently funded and commissioned, they are resourced from grant and or short-term funding. Long term commitment to these schemes needs to be considered as part of the MTFS.

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 This report and work referenced within it has been developed by public health and investment teams working collaboratively. There are long term risks in relation to recurrent funding and therefore the sustainability of the work referenced within this report.

7.0 RELEVANT RISKS

- 7.1 The schemes described within this report are currently commissioned for a specified period using grant and or other short term funding. They are not therefore secure longer term

8.0 ENGAGEMENT/CONSULTATION

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

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.

9.2 The Equality Impact Assessments for the ReachOut and Community Connector Programmes can be accessed here:

Wirral Growth Plan (2016) EIA: [Microsoft Word - Wirral Growth Plan - Equality Impact Assessment](#)

Wirral Council (2019) EIA: Community Connector Recommission.
<https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments>

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 No direct climate implications.

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APPENDICES

N/A

BACKGROUND PAPERS

- 1) Timpson et al (2019) An Evaluation of the Wirral Health-Related Worklessness Programme Executive Summary. Liverpool John Moores, Public Health Institute
<http://democracy.wirral.gov.uk/documents/s50077845/Timpsonetal2019.pdf>
- 2) Wirral Council (2021) ReachOut Project Evaluation.
<http://democracy.wirral.gov.uk/documents/s50077846/ReachOutProjectEvaluation.pdf>
- 3) Wirral Intelligence Service (2021) Wirral JSNA. Economy, Business and Skills
<https://www.wirralintelligenceservice.org/this-is-wirral/economy-business-and-skills/>
- 4) ONS (2020) Deaths involving COVID-19 by local area and socioeconomic deprivation: deaths occurring between 1 March and 31 July 2020
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvingcovid19bylocalareasanddeprivation/deathsoccurringbetween1marchand31july2020>
- 5) HM Government (2021) Build Back Better: our plan for growth
<https://www.gov.uk/government/publications/build-back-better-our-plan-for-growth>
- 6) Health Equity Institute (2020) Health Equity in England: The Marmot Review 10 Years On
<https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on>

- 7) HM Government (2019) Public Health England. Health Matters: Health and Work.
<https://www.gov.uk/government/publications/health-matters-health-and-work/health-matters-health-and-work#how-phe-can-support-you>

SUBJECT HISTORY (last 3 years)

Council Meeting	Date



ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

7th June 2021

REPORT TITLE:	COVID-19 RESPONSE UPDATE
REPORT OF:	DIRECTOR OF PUBLIC HEALTH

REPORT SUMMARY

This report provides the Committee with an update on surveillance data and key areas of development in relation to Wirral's COVID-19 response and delivery of the Local Outbreak Management Plan.

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

RECOMMENDATION/S

The Adult Social Care and Public Health Committee are recommended to note the contents of the report, the progress made to date and to support the ongoing COVID-19 response.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 This report gives an overview of how Wirral Council will work to Keep Wirral Well and protect residents from the impact of COVID-19.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 No other options have been considered.

3.0 BACKGROUND INFORMATION

- 3.1 On 22 May 2020, the government asked all Councils to develop local COVID-19 Outbreak plans. Wirral published its initial Outbreak Prevention and Control Plan in June 2020, setting out how Wirral Council will:
- prevent transmission of COVID-19 within the community
 - ensure we have an effective and coordinated local approach to managing COVID-19 outbreaks across different settings within the Borough
 - ensure vulnerable people are protected
 - link with national and regional systems to ensure we get maximum benefit for the population of Wirral.
- 3.2 In April 2021, Wirral Council published an update to this plan highlighting progress that has been made to date, along with a dynamic strategy for how the Council will continue to protect our communities from the impacts of COVID-19 as well as the wider effects on the health, wellbeing and livelihoods of Wirral residents. The updated plan can be found on the Wirral Council website: [Wirral Local Outbreak Management Plan - April 2021](#)
- 3.3 Daily and weekly surveillance is undertaken to understand the local COVID-19 picture – up to date information on COVID-19 in Wirral is available here: [COVID-19 statistics for Wirral | www.wirral.gov.uk](#)
- 3.4 Details of Current National Guidance in respect of COVID-19 is available here: [\(COVID-19\) Coronavirus restrictions: What You Can And Cannot Do](#)
- 3.5 **Wirral Response to COVID-19**

The update to the Council’s Local Outbreak Management Plan has focused on a revised set of priorities, acknowledging the significant developments across the COVID-19 response system. A summary of key progress against these priority actions outlined within the Local Outbreak Management Plan is provided in the table below;

Priority	Progress to Date and Future Plans
1) Effective Surveillance	We have an established local surveillance system to capture timely local outbreak data and provide support to a variety of settings through Wirral’s COVID-19 Hub. The

<p><i>Ensure access to timely local data and intelligence to inform local activity to prevent and manage outbreaks.</i></p>	<p>Microsoft Dynamics case management platform has led to improvements in the collection and reporting of data captured from local settings, as well as proactive identification of exposures and sources of potential outbreaks. The utilisation of this system has enabled closer collaborative working with the Cheshire and Merseyside Hub and the regional Public Health network.</p> <p>Daily and weekly multi-agency surveillance meetings are held at local and regional levels to understand the epidemiology of current situations and to appropriately direct prevention and control measures, community engagement activity and target communications.</p> <p>We have continued to support the development of the CIPHA (Combined Intelligence for Population Health Action) integrated data and analyst network resource for Cheshire & Merseyside, sustaining a regional understanding of the epidemic and likely demands on health and social care systems.</p>
<p>2) Engagement and Communication <i>Build trust and participation through effective community engagement and communication.</i></p>	<p>We have ensured a strong focus on engagement and communication as part of our COVID-19 response, with a clear strategic and insight-driven approach. The ‘Keep Wirral Well’ branding and core values have been embedded across all communication channels.</p> <p>We have developed a test, trace, isolate, vaccinate communications plan which reinforces key messages to reduce COVID-19 transmission. This is aligned to the national Spring 2021 Road Map.</p> <p>Wirral’s Community Champions network has now enlisted over 600 local people, with a case study detailing our local programme presented at the LGA Behavioural Science Conference in early 2021 and the successful roll out of the EngagementHQ platform to gather insights from our Champions more effectively. More information on the Community Champion Programme can be found here: Keep Wirral Well during COVID-19 www.wirral.gov.uk</p> <p>We have invested in our local Community Connector service, recruiting an extra 22 Community Connectors, to undertake proactive engagement with communities with lower testing and vaccination uptake.</p> <p>We have recruited nine Black and Minority Ethnic Link Workers, to enhance existing engagement with our ethnic minority communities, with emphasis on maximise participation with Testing and Vaccination take-up.</p>

<p>3) Higher-Risk Settings, Communities and Locations <i>Identify and support high risk workplaces, locations and communities to prevent and manage outbreaks.</i></p>	<p>The COVID-19 Hub continues to work closely with local partners to prevent and manage outbreaks in high-risk settings with a robust daily review process and use of local intelligence to proactively target settings at higher risk of outbreaks.</p> <p>There is a coordinated health and social care response; overseeing capacity, trends, resources and updated guidance, leading the partnership across the system including voluntary sector, to respond to emerging pressures and system needs. We will build on learning to date and work in partnership to ensure our Health and Care system is able to deliver high quality COVID-19 and non-COVID-19 care for Winter 2021, including surge capacity to respond to further surges in COVID-19, the emergence of new COVID-19 variants, and a potential surge in other respiratory viruses.</p> <p>The COVID-19 Hub School Support Team continue to successfully provide dedicated educational support and guidance on national policies and implementation of required measures.</p> <p>We are working with local third sector, voluntary and other organisations and groups to respond to the needs of local communities particularly at risk of COVID-19.</p> <p>Regular meetings are held with representatives from across the local business sector, including the Wirral Chamber of Commerce, to support COVID safe organisational settings as restrictions are relaxed in accordance with the Spring 2021 Roadmap. We have revised and updated the Council’s Business Toolkit to ensure employers and employees understand their responsibilities and are supported to maintain safe environments.</p>
<p>4) Supporting vulnerable and underserved communities <i>Proactively support individuals and communities, ensuring services across test, trace, isolate and support systems are accessible and</i></p>	<p>We have maintained excellent community links with over 100 local community groups and organisations, through the Humanitarian partnership and regular meetings, working together to support local communities.</p> <p>We have ensured targeted communications in areas of high incidence, to over 35,000 properties, highlighting current guidance and support available as well as maintaining regular contact with our clinically extremely vulnerable residents.</p> <p>We have worked with the local multicultural third sector to support access to regular symptom free testing and will continue to promote access to testing for groups at higher risk of infection owing to range of social, economic, ethnic or geographical factors.</p>

<p><i>meet the diverse needs of our local communities.</i></p>	<p>We are currently developing cultural awareness training for local NHS staff to ensure they are sensitive to the diverse needs and cultural differences across our local population.</p>
<p>5) Vaccination <i>Support the roll-out of the COVID-19 vaccine programme, identifying and tackling inequalities in vaccine coverage.</i></p>	<p>In partnership with NHS colleagues, we continue to support the roll out of the COVID-19 vaccination programme in Wirral. The prioritisation of roll-out has focussed on vaccinating our most vulnerable residents, as agreed by the Joint Committee on Vaccination and Immunisation. Our first COVID-19 vaccination was administered in Wirral on 8th December 2020, and since then significant progress has been made with the local roll-out. As of 19th May 2021, 72% of the eligible population of Wirral had received the 1st dose of the vaccine, with 45% having received both doses.</p> <p>We have locally prioritised homeless people and rough sleepers for the COVID-19 vaccine and will continue to use local data and intelligence, including a local programme of engagement based on insight, to identify any areas of low uptake within local communities.</p> <p>Citizen’s Advice Bureau’s social prescribing team has carried out targeted work with a small number of clinically extremely vulnerable (CEV) patients (housebound and/or severely frail) registered as declining their vaccine offer. Using a general wellbeing call the team contacted individuals to understand their COVID-19 vaccine experience and offer a person-centred intervention. To date, 6 CEV individuals have actively accepted the vaccine.</p> <p>We have facilitated a targeted COVID-19 vaccination Q&A session for social care staff giving the opportunity to speak directly to a panel of clinical experts from midwifery, pharmacy and General Practice. The session also sought to increase access opportunities (on site and local).</p>
<p>6) Testing <i>Identify cases of COVID-19 by ensuring access to testing for those with and without symptoms and for outbreak management.</i></p>	<p>We have worked with local, regional and national partners to develop an appropriate and flexible local testing offer across symptomatic, asymptomatic and outbreak testing. In December 2020, Wirral was one of the first areas to commence symptom-free Community Testing.</p> <p>Wirral’s Testing Strategy was revised in February 2021, aligning to the national plans for Community Testing, maintaining accessible testing for people with symptoms, complemented by mobile testing units and outreach testing and distribution. We have also continued to promote testing within local settings and workplaces, offered alongside training and quality assurance processes.</p>

	<p>We continue to review our local strategy as national policy changes and testing capacity and capabilities continue to emerge – ensuring that we retain our ability to respond and mobilise surge mass testing as required, for example due to a Variant of Concern, and align to enhanced contact tracing.</p> <p>We will review the outcomes and learn from national pilots related to ‘test to release’ (daily testing to reduce self-isolation period) and ‘test to enable’ (e.g. to attend events) approaches to ensure their successful usage locally.</p>
<p>7) Contact Tracing</p> <p><i>Effectively deploy local contact tracing to reduce the onward transmission of COVID-19.</i></p>	<p>Wirral’s local contact tracing service is now directly delivered by the COVID-19 Hub, with a skilled and fully trained dedicated team in place to ensure a sustainable service for the future. This local approach, as well as our participation in the ‘Local 0’ programme, has subsequently improved case completion rates with intelligence gained confirming that local people with COVID-19 are grateful for the local knowledge and support imparted as a result of this in-house service.</p> <p>We have worked collaboratively with the Cheshire and Merseyside Hub, Public Health England and the Department of Health and Social Care Local Tracing Partnership forums, to influence and strengthen the local contact tracing system, enabling us to reach people who the national system has been unable to contact and to prioritise and respond to high-risk complex cases and settings.</p> <p>We have continued to support health and social care, schools, local businesses and other settings through intelligence led contact tracing and where a focused outbreak response is appropriate. Wirral’s COVID-19 Hub has also commenced formal support of local NHS Trusts, providing assistance where contacts of positive inpatients or recent discharged residents are identified.</p> <p>Going forward, we will look to gain a better understanding of reasons for failure to engage and utilise this insight to shape communications and support, as well as developing adaptable systems and suitable delivery models for focused contact tracing for areas with high transmission, exploring contact tracing via home visits in specific circumstances.</p>
<p>8) Support for Self-Isolation</p> <p><i>Ensure access to support, including where</i></p>	<p>We have produced guides on self-isolation for a range of target audience cohorts, which included advice and guidance on accessing the self-isolation payment scheme, wider welfare support and non- financial support available, as well as working with Wirral Chamber and local businesses to support awareness of employer</p>

<p><i>appropriate financial support, to ensure people who need to self-isolate can do so.</i></p>	<p>responsibilities in supporting staff to self-isolate when required.</p> <p>We have supported our local contact tracing support to isolate through follow up text messaging and through Community Connectors supporting individuals, with both cases and contacts now proactively contacted by the contact tracing team for welfare checks and practical support throughout their isolation period.</p> <p>We will continue to engage with local communities, to further our understanding of the breadth and extent of the barriers for self-isolation across our population, using this insight to identify any gaps in our local response, both in terms of the financial support available, including the discretionary fund, as well as the non-financial practical and other areas of support.</p> <p>We will also embed the guidance set out in the advisory framework for self-isolation recently issued by the Ministry of Housing, Communities and Local Government, the Department of Health and Social Care and NHS Test and Trace, when considering local communications, practical support, our support offer and improving outcomes.</p>
<p>9) Responding to Variants of Concern (VOC) <i>Develop robust plans and working with local, regional and national partners to enable surge capacity, to respond to local outbreaks and VOC.</i></p>	<p>In February 2021, Wirral responded locally to the identification of a Variant of Interest across the North West, working with national and local partners to undertake enhanced contact tracing, access to additional symptomatic testing capacity and effective public communications.</p> <p>We have developed local plans outlining how we would enable surge responses related to enhanced contact tracing, and testing – within a specific geographical area, or targeted at specific common exposures for a select time period - including door-to-door testing and face-to-face contact tracing as required.</p> <p>A key part of our response to VOCs will be effective communication and community engagement to ensure local communities understand the purpose of the surge response, why it is targeted and time limited and what they need to do to contain the spread of the virus.</p> <p>We will also continue closely working with Public Health England, the Department of Health and Social Care and North West Local Authority colleagues to ensure we have agreed local processes in place for managing outbreaks linked to a VOC.</p>
<p>10) Compliance, Enforcement and Living with</p>	<p>We have an established system in place to ensure effective partnership working and communication between the COVID-19 Hub and local Environmental Health and</p>

<p>COVID-19 (COVID secure) Work <i>collaboratively to guide, inform and support local compliance with regulations and restrictions, support local enforcement where necessary, and plan for gradual re-opening of wider society.</i></p>	<p>Enforcement teams, to manage compliance and enforcement across Wirral.</p> <p>Alongside this internal system, we have actively participated in joint working across the Liverpool City Region, through multi-agency co-operation, the Compliance and Regulations Cell and sub-groups, to ensure a consistent approach to supporting local compliance and enforcement measures across Merseyside and to develop effective processes and systems.</p> <p>We have monitored the operations and compliance of local businesses including responding to reports of non-compliance, conducting 1,557 visits to local businesses, across hospitality, close contact services, supermarkets, retail and other premises. As restrictions are relaxed as part of the Spring 2021 Roadmap plans, we will continue to support organisations to operate safely.</p> <p>We will continue to contribute to the strategic design and planning for local recovery, a gradual re-opening of wider society and the local economy, the interface with testing and vaccination programmes, and local plans to manage summer events, providing clear and consistent advice and guidance, and a strong community engagement approach.</p>
<p>11) Governance, accountability, and resourcing <i>Establish robust governance structures for decision making with clear accountability and effective resource use.</i></p>	<p>We have adapted the robust emergency response governance system established in March 2020, revising the local COVID-19 governance structure recently to continue to holding organisations to account, taking decisions and agreeing necessary actions to manage and respond effectively to COVID-19.</p> <p>We will continue to manage and respond effectively to COVID-19 by strengthening existing partnerships at strategic and operational levels across local, regional and national stakeholders.</p> <p>The Wirral COVID-19 Hub will be retained until at least Summer 2022, extending temporary contracts and building resilience in our experienced and established local teams.</p>

4.0 FINANCIAL IMPLICATIONS

4.1 The delivery of the Outbreak Control Plan is funded via national grant funding, mainly Contain Outbreak Management Funding as follows:

- Test and Trace Support Service Grant of £2,733,018 awarded to Wirral Council in June 2020.
- Test and Trace grant funding of £2,701,000 and £866,126 was received by Wirral Council when the Liverpool City Region was placed under the Tier 3 ‘very high’ COVID-19 alert level restrictions in October 2020.

- Test and Trace grant funding of £1,018,320.29, was received in December 2020 in recognition of the extended time Wirral has been under COVID Alert Level: Very High prior to the implementation of National Restrictions on 5 November 2020.
- Test and Trace grant funding of £648,022, was received in January 2021 for the Period Wirral was placed in Tier 2 'high' `high COVID-19 alert level restrictions between 2 December 2020 and 29 December 2020 inclusive.
- Funding of £2,137,405 for Community Testing agreed as part of the approved Liverpool City Region Business case in December 2020.
- Funding of £375,000 was awarded in January 2021 from the Community Champions Fund allocated to support Wirral's BAME (Black and Minority Ethnic) organisations.
- Contain Outbreak Management Funding was reviewed by government in early 2021, and in March 2021, Wirral was awarded an allocation of £1,134,039 relating to January 2021, £1,434,906 relating to period to 23rd February 2021 and £1,666,343 for the period to 31st March 2021.
- Wirral received confirmation at the end of March 2021, that the Contain Outbreak Management Fund was extended for the financial year 21/22, and a further sum of £2,582,258 was allocated relating to the period up to 31st March 2022.
- Wirral has received confirmation of specific funding to continue the delivery of Community Testing, following the conclusion of the LCR SMART testing pilot in early April 2021. We anticipate Testing will be funded based on actual spend until 30th June 2021 and await details of the planned extension of this programme from July 2021 to March 2022.

5.0 LEGAL IMPLICATIONS

5.1 There are no legal implications directly arising from this report.

5.2 A duty for the management of communicable diseases that present a risk to the health of the public requiring urgent investigation and management by the Council, in conjunction with Public Health England, sit with:

1. The Director of Public Health under the National Health Service Act 2006; and
2. The Chief Environmental Health Officer under the Public Health (Control of Diseases) Act 1984

5.3 The Director of Public Health has primary responsibility for the health of the local community. This includes being assured that the arrangements to protect the health of the communities that they serve are robust and are implemented through developing and deploying local outbreak management plans. Each authority must make available the necessary resources to investigate and control any outbreak at the request of the Outbreak Control Team. The Council's Local Outbreak Management Plan has been developed in accordance with the Authority's statutory duties and Public Health England guidance.

5.4 The existing powers afforded to Environmental Health Officers and others have been bolstered by new additional powers to support enforcement of Covid specific restrictions and control which have been reviewed and appropriately utilised locally.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 This report is for information to Members and as a result there are no resource implications.

7.0 RELEVANT RISKS

7.1 It should be noted that data relating to case rates, hospitalisation and operational management of the COVID-19 response is frequently changing and as a result, some of the information contained within this report is likely to be outdated by the time of publication.

8.0 ENGAGEMENT/CONSULTATION

8.1 No direct public consultation or engagement has been undertaken in relation to this report. However, community engagement is a key priority in ensuring an effective response to the COVID-19 pandemic.

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. Equality considerations were a key component of the actions noted in 3.5 of this report, however there are no further direct equality implications arising.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

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

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APPENDICES

None

BACKGROUND PAPERS

Wirral Local Outbreak Management Plan 2021

[\(COVID-19\) Coronavirus restrictions: What You Can And Cannot Do](#)

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Public Health Committee	13 th October 2020
Adult Social Care and Public Health Committee	19 th November 2020
Adult Social Care and Public Health Committee	18 th January 2021
Adult Social Care and Public Health Committee	2 nd March 2021



ADULT SOCIAL CARE AND HEALTH COMMITTEE

Monday 7 June 2021

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 its 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.

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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 2021/2022
PROPOSED AGENDA FOR ADULT SOCIAL CARE AND HEALTH COMMITTEE
7 JUNE- Deadline for SLT – 13 MAY FEB (FOR SLT 19 MAY)

Item	Key Decision Yes/No	Lead Departmental Officer
Proposals for Integrated Care Partnerships	Yes	Graham Hodgkinson
Fee Setting for 2021/22	Yes	Jason Oxley
Adult Care and Health Commissioning Activity (Beach Accessible Wheelchairs/ Mobile Nights Contract/ Early Intervention and Prevention and Carers Commission/ Advocacy)	Yes	Jayne Marshall
Addiction, Diversion, Disruption, Enforcement and Recovery. lace-based Accelerator Funding	Yes	Elsbeth Anwar
Performance Monitoring Report	No	Nancy Clarkson
Budget Monitoring Report -	No	Graham Hodgkinson/ Mark Goulding
Wirral Evolutions Budget Progress Report	No	Jean Stephens – Wirral Evolutions
Covid Response Update	No	Julie Webster
Tackling Health Inequalities Through Regeneration	No	Rachael Musgrave

Deadline for SLT	Deadline for Cleared Reports	Agenda Published
13 May 2021	20 May 2021	28 May 2021

KEY DECISIONS

Item	Approximate timescale	Lead Departmental Officer
Fee Setting for 2021/22	June 2021	Jason Oxley/Jayne Marshall/Mark Goulding
Proposals for Integrated Care Partnerships	June 2021	Graham Hodgkinson

Intermediate Care Bed Based Commission	September 2021	Bridget Hollingsworth
Shared Lives Commission	September 2021	Clare Hazler / Jayne Marshall
Early Intervention and Prevention Commission	September 2021	Carol Jones/ Jayne Marshall
Advocacy	September 2021	Carol Jones/ Jayne Marshall
Out of Hospital Review	September 2021	Bridget Hollingsworth / Graham Hodkinson
Reablement	September 2021	Jayne Marshall

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
Spinal Surgeries	TBC	Simon Banks
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 Hodkinson

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
Performance Monitoring Workshops	Monthly (starting from next municipal year)	Graham Hodgkinson/ Mark Goulding

STANDING ITEMS AND MONITORING REPORTS

Item	Reporting Frequency	Lead Departmental Officer
Financial Monitoring Report	Each scheduled Committee	Shaer Halewood
Performance Monitoring Report	Each scheduled Committee	Carly Brown
Adult Social Care and Health Committee Work Programme Update	Each scheduled Committee	Committee Team
Social Care Complaints Report	Annual Report – January 2021	Simon Garner (circulated in an email to Committee)
Adults Safeguarding Board	Annual Report – July 2021	Lorna Quigley
Public questions	Each meeting	
Public health report	Annually	Julie Webster

WORK PROGRAMME ACTIVITIES OUTSIDE COMMITTEE

Item	Format	Timescale	Lead Officer	Progress
Working Groups/ Sub Committees				
Performance Monitoring Group	Workshops	Monthly from June 2021	Jason Oxley	
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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