



## Adult Social Care and Public Health Committee

<b>Date:</b>	<b>Tuesday, 16 November 2021</b>
<b>Time:</b>	<b>6.00 p.m.</b>
<b>Venue:</b>	Floral Pavillion, Marine Promenade, New Brighton, CH45 2JS

<b>Contact Officer:</b>	Daniel Sharples
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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, seating is limited therefore please contact us in advance of the meeting if you would like to reserve a seat. 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.

Wirral Council is fully committed to equalities and our obligations under The Equality Act 2010 and Public Sector Equality Duty. If you have any adjustments that would help you attend or participate at this meeting, please let us know as soon as possible and we would be happy to facilitate where possible. Please contact [committeeservices@wirral.gov.uk](mailto:committeeservices@wirral.gov.uk)

## 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 - 10)

To approve the accuracy of the minutes of the meeting held on 13 October 2021.

#### **4. PUBLIC QUESTIONS**

##### **Public Questions**

Notice of question to be given in writing or by email by noon, Thursday 11 November 2021 to the Council's Monitoring Officer ([committeeservices@wirral.gov.uk](mailto:committeeservices@wirral.gov.uk)) and to be dealt with in accordance with Standing Order 10.

##### **Statements and Petitions**

###### Statements

Notice of representations to be given in writing or by email by 12 noon, Thursday 11 November 2021 to the Council's Monitoring Officer ([committeeservices@wirral.gov.uk](mailto: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](mailto:committeeservices@wirral.gov.uk) in advance of the meeting.

##### **Member Questions**

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

- 5. ADULT CARE AND HEALTH COMMISSIONING ACTIVITY 2021/22 (QUARTER 4) (Pages 11 - 16)**
- 6. WIRRAL ADDER (ADDICTION, DIVERSION, DISRUPTION, ENFORCEMENT AND RECOVERY) ACCELERATOR PROGRAMME UPDATE (Pages 17 - 28)**
- 7. DOMESTIC ABUSE ANNUAL REPORT (Pages 29 - 76)**
- 8. QUARTER 2 REVENUE BUDGET MONITORING (Pages 77 - 90)**
- 9. BUDGET WORKSHOP OUTCOME (Pages 91 - 106)**
- 10. ADULT SOCIAL CARE AND HEALTH PERFORMANCE REPORT (Pages 107 - 176)**
- 11. COVID-19 RESPONSE UPDATE (Pages 177 - 192)**
- 12. WORK PROGRAMME (Pages 193 - 198)**



The Adult Social Care and Public 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 Public 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 and response services, including those concerning domestic violence.
- f) a shared responsibility with the Children, Young People and Education Committee for ensuring the well-being and support of vulnerable young people and those at risk of harm as they make the transition into adulthood



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## ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Wednesday, 13 October 2021

Present: Councillor Y Nolan (Chair)

Councillors B Berry (In place of M Jordan) P Gilchrist  
I Camphor M McLaughlin  
K Cannon S Mountney  
T Cottier C O'Hagan  
S Frost J Walsh

### 51 APOLOGIES

Apologies for absence were received from Councillor Mary Jordan.

### 52 MEMBER DECLARATIONS OF INTEREST

Members were asked to declare any disclosable pecuniary interests and any other relevant interest and to state the nature of the interest.

The following declarations were made:

Councillor Clare O'Hagan	Personal interest by virtue of her employment in the NHS.
Councillor Jason Walsh	Personal interest by virtue of his family member working in the NHS.
Councillor Tony Cottier	Personal interest as a director of a construction company contracted by the NHS.
Councillor Ivan Camphor	Personal interest as a General Practitioner at Heatherlands Medical Centre, a member of the British Medical Association, Chair of the Community Care Committee of the British Medical Association, Medical Secretary for Mid-Mersey Medical Committee, Executive Trustee of Age UK Mid-Mersey, and by virtue of his wife's employment as a nurse practitioner.
Councillor Moira McLaughlin	Personal interest by virtue of her family member working in the NHS and being in receipt of an NHS

53 **MINUTES**

A minute silence was held to honour the loss of Councillor Andy Corkhill and former Councillor Gerry Ellis. The Chair expressed her deepest sympathy and commended them on their excellent service.

**Resolved - That the minutes of the meeting held on 23 September 2021 be agreed as a correct record.**

54 **PUBLIC QUESTIONS**

No public questions, statements or petitions had been received.

55 **POOLED FUND ARRANGEMENTS**

The Director of Care & Health introduced the report which detailed the proposed arrangements, key principles, content and value of the 2021/22 Section 75 pooled fund arrangements with Wirral NHS Clinical Commissioning Group (CCG), and sought the Committee's approval of the arrangements for 2021/22 as well as delegated authority for the Director of Law and Governance in consultation with the Director of Care and Health to sign off the Section 75 Agreement for 2020/21. It was outlined that the key aim of the pooled fund was to ensure joint planning and delivery of services across care and health so that people experienced joined up services, the arrangements for which would be taken into the Integrated Care System.

Members welcomed the report and the additional funding into the fund from the CCG. Concerns were expressed at the prospect of increased costs associated with Covid-19 resulting in reduced spending in other services.

**Resolved – That**

- (1) the continuation of the pooled fund arrangement between the Council and Wirral Clinical Commissioning Group (CCG) for 2021/22 be approved.**
- (2) the commissioning pool value of £235m for 2021/22 be agreed and the additional funding the CCG will contribute as detailed in Appendix 1 to the report be noted.**
- (3) it be agreed that the key principles as set out in the pooled fund agreement 2020/2021 be incorporated into the pooled fund**

**agreement 2021/22, including the risk share agreement.**

**(4) it be noted that the shared risk arrangements are limited to the Better Care Fund (BCF) arrangements only, which is currently reporting a break-even position.**

**(5) delegated authority be given to the Director of Law & Governance in consultation with the Director of Care & Health to enter into a s75 Agreement with Wirral CCG for 2021/22.**

**(6) delegated authority be given to the Director of Law & Governance in consultation with the Director of Care & Health to sign off the s75 Agreement with Wirral CCG for 2020/21 in accordance with the terms agreed by the decision of the Cabinet Member - Adult Care, Health and Wellbeing made on 15 July 2020.**

## 56 PUBLIC HEALTH ANNUAL REPORT

The Director of Public Health introduced the report which provided the Committee with the independent annual report of the Director of Public Health. The 2020/2021 Report described enduring health inequalities in Wirral, the immediate impact of the COVID-19 pandemic on these differences in health outcomes and recommended actions that were needed to improve residents' health.

The report detailed how Wirral became one of the first places in the world to respond to Covid-19 when British residents repatriated from Wuhan, China were hosted in Wirral. Since then, it was reported that Covid-19 had affected everyone in the borough but that the pandemic had highlighted the existing health, economic and social inequalities within Wirral. The detail of the health inequalities people in Wirral faced was outlined, including the difference in life expectancy based on geographical location and gender. Comparisons to national statistics in a range of health factors were also outlined to the Board, with issues such as fuel poverty, alcohol misuse and prevalence of depression all worse in Wirral than the national average.

The report presented five key recommendations that had been made to improve the health and wellbeing of residents and reduce health inequalities in Wirral and these were outlined to the Board. They included:

- Prioritise economic regeneration and a strong local economy;
- Safeguard a healthy standard of living for all;
- Increase support for children, young people and families;
- Strengthen action to address differences in health outcomes and prevention; and
- Residents and partners continue to work together.

Members welcomed the report and the work undertaken by the Public Health team during the pandemic. The previous success on tackling smoking prevalence was acknowledged and members encouraged officers to take the learning from that and best practice from other authorities and apply it to tackling health inequalities. The need to embed the recommendations across Council services was recognised, and the Director of Public Health assured members that she would continue to work other services such as Regeneration to ensure that local people were benefiting and health outcomes would be improved, and that the Public Health Annual Report would be considered by the other Policy and Services Committee.

**Resolved – That the recommendations detailed with the Public Health Annual Report be endorsed.**

## 57 **OUT OF HOSPITAL REVIEW**

The Director of Care and Health introduced the report which set out the proposed vision and structure of the Out of Hospital Programme Board, and the proposed change of approach to delivering the desired outcomes and the scope of the work undertaken. It was outlined that the intention of the Out of Hospital Programme Board was to utilise the well-established integrated approach to best value commissioning and the strong relationships with the voluntary sector to improve the experience of those people experiencing inequalities and those who require health and social care. The four key priority areas of the programme were:

- Healthy Behaviours
- Community and Place
- Integrated Health and Care
- Commissioning

Members noted that residents aged over 66 represented 12% of the population but 40% of hospital admissions. Further assurances were sought on the programme and its ability to effectively discharge patients safely to their home. It was noted that the report focussed on the services commissioned by the Council and the overall health improvement programme reported to Health and Wellbeing Board, and that the Healthy Wirral Programme could be presented to the Committee if they wished to have a more holistic overview.

**Resolved – That**

- (1) the renaming of the Out of Hospital Programme Board to the Living Well in Our Community Board to better reflect the aspirations and ambitions of the programme be noted and supported.**

- (2) the membership of the Living Well in our Community Board and the structure for delivery be noted and supported.**
- (3) the vision defining the work of the Board which was ‘Supporting Residents to Live Independent, Healthy, Happy Lives by Listening to and Meeting the Needs of Population Health at a neighbourhood level’ be noted and supported.**
- (4) the initial scope of the Board be approved.**
- (5) the outcomes identified to deliver better health, better care, and better value, improve people’s experience of Health and Social Care, reduce inequalities, and avoid duplication across the Health and Social Care Partnership and optimise the use of resources be noted and supported.**

58 **BUDGET MONITORING MONTH 4**

The Director of Care and Health introduced the report which set out the financial monitoring information for the Adult Social Care and Public Health Committee and provided an overview of budget performance for the area of activity. It was outlined that there was a forecast favourable position of £619k, which it was felt showed that the stewardship of the committee and the focus of the budget performance had been strong. The Committee was advised that work was ongoing with Cheshire and Wirral Partnership to develop more effective ways of supporting people with complex disabilities, as well as the ongoing context of Covid-19 and the expected winter pressures, where the NHS was supporting with discharges which protected social care costs somewhat.

Further detail was provided to members on the change initiatives, where a selected number of social workers were working to develop new processes for when people request care support, the review of which was due to be undertaken and the data would be evaluated to review the effectiveness and enable consideration about its further rolling out, information of which would be shared with members.

**Resolved – That**

- (1) the projected year-end revenue forecast position of £0.619m favourable, as reported at month 4 (July) of 2021/22 be noted**
- (2) progress on the achievement of approved savings and the projected year end forecast position at month 4 (July) of 2021/22 be noted.**

**(3) the reserves allocated to the Committee for future one-off commitments be noted.**

**(4) the projected year-end capital forecast position of £2.6m favourable, as reported at month 4 (July) of 2021/22 be noted.**

**(5) the current activity profiles from 2018 to month 4 (July) of 2021/22 be noted.**

## 59 **ADULT SOCIAL CARE AND HEALTH PERFORMANCE REPORT**

The Assistant Director for Care and Health and Commissioning for People introduced the report of the Director of Care and Health, which provided a performance report in relation to Adult Social Care and Health, designed based on discussions with Members through working group activity in 2020 and 2021.

It was outlined that care home numbers remained stable despite demographic changes and pressures within the system due to hospital discharges, and that vacancies had slightly reduced to 18.8%. Further explanation was given to that figure, where it was anticipated that NHS England would amend the capacity tracker to only show available beds which would alter the way in which the vacancy rate was reported to members. The quality of care homes was also reported on, with 32% of homes being rated 'requires improvement' or 'inadequate', with the quality improvement team working hard to improve standards and addressing areas of action plans.

Members discussed the different performance indicators in detail including domiciliary care and discharge to assess. It was felt that performance indicators for health services would enable members to have a better understanding of the system and officers undertook to provide this at future meetings. Concerns were raised in relation to the care homes rated as 'requires improvement' or 'inadequate' and it was queried whether the names of care homes that the local authority suspends placements to due to performance should be publicised. The Chair outlined that the Head of Legal Services would need to consider the issue and report back to the Committee.

**Resolved – That the report be noted.**

## 60 **INTEGRATED CARE PARTNERSHIPS UPDATE**

The Head of Legal Services reminded members that at the meeting of the Constitution and Standards Committee on 30 September 2021, the Committee granted a general dispensation relating to interests to all members in respect of matters relating to Integrated Care Systems and reminded members they must still declare the interest.

The Director of Care and Health introduced the report which provided an update on the legislative changes that would lead to the establishment of the Cheshire and Merseyside Integrated Care Board. The report also set out the updated policy context for the development of Integrated Care Systems and Integrated Care Partnerships as well as the local governance arrangements, and developments for Wirral's Integrated Care Partnership at "place" level. It was reported that work was ongoing to develop the governance arrangements for the "place", with an all-member workshop to discuss the proposals having taken place on 14 September. Officers from the Local Authority and NHS had met with members of the ICS in the previous week to further discuss the arrangements including the preferred option of a joint committee of the Local Authority and the Integrated Care Board to enable decision the pooled fund, with further information to be shared to members on the proposals as the Health and Care bill progressed through parliament.

Members highlighted the importance of local place arrangements and it was confirmed that work across the Liverpool City Region was ongoing to develop governance arrangements using best practice. It was noted that the indications were that the existing pooled fund arrangements would continue into the next financial year and it was felt that this would enable greater local leadership of "place".

#### **Resolved – That**

- (1) the legislative developments detailed in the Health and Care Bill that would lead to the establishment of the Cheshire and Merseyside Integrated Care Board (ICB) be noted.**
- (2) support be given to the preferred model of place-based partnership governance arrangements to develop a Joint Committee between the Council and the Cheshire and Merseyside Integrated Care Board, in which decision making at place level would be jointly carried out in partnership with ICB, local NHS Partners and the Council.**
- (3) regular committee reports be received relating to the developments of the Integrated Care Board and Integrated Care Partnership at system level, and local place-based partnership arrangements for Wirral.**

#### 61 **WIRRAL PLAN DELIVERY PLANS**

The Director of Care and Health introduced the report of the Chief Executive which presented the Wirral Plan 2021-26 Draft Delivery Plans, which were approved at Council on 6th September 2021, together with the recommendation that engagement and discussion with relevant Committees would take place to further shape the underpinning delivery plans and work

programmes required to implement the Wirral Plan. Members discussed the element of delivery plans that encompassed the Committee's remit such as Domestic Abuse, where it was felt that a further report on the Domestic Abuse Strategy should be presented to the Committee. The issue of housing was also highlighted, where it was argued that specialised and extra care housing should be further embedded in housing policy.

**Resolved – That the draft Delivery Plans be noted.**

## 62 COVID 19 UPDATE

The Director of Public Health introduced the report which provided 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.

It was outlined that in the week to 7 October 2021 there were 1197 cases in Wirral, translating to a 7 day incidence rate of 367 per 100,000 residents, the largest proportion of which were in children and young adults with 40% of report cases being in the 10-19 age bracket. The overall vaccination uptake was also reported, with 83% of those eligible in Wirral having had at least their first dose and 78.7% having had both doses. Members were advised that the booster vaccine and 12-15 vaccine programmes were going well and as soon as data was available on the uptake it would be shared with the Committee.

Further information was sought on the uptake in vaccinations in care home staff and the planned future use of Council owned buildings for the vaccination programme. Members queried the national grant funding and the possibility of this continuing to deal with future outbreaks, with further information anticipated in the Government's spending review.

**Resolved – That the content of the report, the progress made to date and the ongoing Covid-19 response be noted and supported.**

## 63 WORK PROGRAMME

The Head of Legal Services introduced the report of the Director of Care and Health which provided the committee with an opportunity to plan and review its work across the municipal year.

It was proposed by Councillor Tony Cottier, seconded by Councillor Kate Cannon, that an update on the Domestic Abuse Strategy be scheduled for the next meeting. The motion was put and agreed by assent. It was therefore –

**Resolved – That**

**(1) the work programme be noted.**

**(2) A report on the Domestic Abuse Strategy be scheduled for the next meeting.**

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## ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

16 NOVEMBER 2021

<b>REPORT TITLE</b>	<b>ADULT SOCIAL CARE COMMISSIONING ACTIVITY QUARTER 4 2021</b>
<b>REPORT OF</b>	<b>DIRECTOR OF CARE AND HEALTH</b>

### REPORT SUMMARY

Adult Social Care and Public Health Committee is recommended to approve the commissioning activity for Quarter 4 of financial year 2021/2022.

- 1. AccessAble** – Renewal of the current agreement which expires on 31st October 2021 for a further 3-year period for the existing 162 Detailed Access Guides, 39 Summary Access Guides and 1 High Street Guide based in Birkenhead. To increase the detailed access guides by 10-15 each year and with the addition of high street guides to Liscard and New Brighton areas. Proposed Contract period for 1st November 2021 to 31st October 2024 at a total cost of £26,650.
- 2. Payroll and Managed Accounts** - to extend the current contract with Wired for the continuation of the Payroll and Managed Accounts Service until 30<sup>th</sup> November 2022. The current contract is due to expire on 30<sup>th</sup> November 2021. The service provides support to people receiving a Direct Payment and will ensure consistency for Direct Payment recipients pending the outcome of the Direct Payments review to be reported to Adult Social Care and Public Health Committee in March 2022. The contract value is £76,000 for the one-year extension.

These are key decisions.

### RECOMMENDATION/S

That Adult Social Care and Public Health Committee is recommended to: -

1. Authorise the Director of Care and Health to proceed with the renewal of contracts for:

  - AccessAble
  - Payroll and Managed Accounts Service
2. Receive a further report following the completion of the Direct Payments review in March 2022.

## SUPPORTING INFORMATION

### 1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 These are current services that require an extension, as a direct award and financial approval is required.
- 1.2 AccessAble – to continue to provide access guides to those that live in Wirral and for those that wish to visit Wirral from outside the borough.
- 1.3 An extension of the contract with WIRED for the Payroll and Managed Accounts Service will provide continuity of the service to people who are already registered with Wired to receive this essential support, until the outcome of the Direct Payments Review with a planned report to Adult Social Care and Public Health Committee in March 2022.

### 2.0 OTHER OPTIONS CONSIDERED

- 2.1 AccessAble - Officers will actively procure services to ensure these are the most economically advantageous, where possible. AccessAble offer a unique service and remain the only provider of independently surveyed access information. They are therefore a single source provider and have exclusive rights to the access guides, therefore there were no other options to explore, and a full tender was not required in line with procurement rules.
- 2.2 Payroll and Managed Accounts Service - commissioners have explored the possibility of joining a Payroll and Managed Accounts Framework through the LCR but there isn't one currently in place.
- 2.3 The review of the Direct Payments service will take account of the requirement for a Payroll and Managed Accounts service provision for the future. The review will also consider the provision of a Personal Assistant Register and Direct Payment support.

### 3.0 BACKGROUND INFORMATION

- 3.1 **AccessAble** - AccessAble began working with Wirral Borough Council in 2015. There are currently 162 Detailed Access Guides, 39 Summary Access Guides and 1 High Street Guide based in Birkenhead. These are all published on AccessAble's App and Website for the Wirral.
- 3.2 Key Deliverables of the contract with AccessAble are:
  - Promote the accessibility of places that enhance health and wellbeing so disabled people, and carers are confident they can visit.
  - Support an asset-based approach in social care, focusing on what individuals can do, using the Access Guides to increase independence.
  - Meet Equality Act obligation to advance equality of opportunity and take a proactive approach to the needs of disabled people, older people, and carers.
  - Monitor accessibility improvement across the Borough, using the project to raise awareness and encourage change.
  - Inclusively promote high streets, specific quarters, and Business Improvement Districts to maximise footfall and ensure people are aware of local assets.

- Ensure areas of regeneration are inclusively designed and promoted to maximise impact and return on investment.
- Promote the Borough inclusively to visitors, encouraging them to visit, return and stay longer due to the information available.

3.3 The future plan agreed with commissioners is to increase the detailed access guides by 10-15 each year, with the addition of high street guides to Liscard and New Brighton areas. The proposed Contract period will run from 1st November 2021 to 31st October 2024.

3.4 AccessAble Statistics report for current contract

Period	No. of users	Page views	Monthly users	Monthly page views	Traffic Source		
					Google	AccessAble	Wirral.gov
1.11.2018-31.10.19	3766	5072	314	423	63%	15%	22%
1.11.19-31.10.20	4103	8059	342	672	69%	9%	22%
1.11.20-date	3975	7196	331	600	68%	7%	25%

A decrease in page views for the access guides may be linked to Covid restrictions with restricted access to venues across Wirral for this period.

3.5 The contract allows for 10% of venues to be revisited each year. If this number is not required AccessAble would work with the Council to decide how the time can be reallocated to other AccessAble services. This could include updating photographs on existing Guides, adding new Detailed Access Guides, Summary Guides, Route Guides or Virtual Access Guides. It could equally include elements of AccessAble's consultancy services or online training offer.

3.6 As part of its work around supporting clients and businesses through COVID, AccessAble has produced a range of materials around making service changes accessible. AccessAble will share these with the Council and other Borough stakeholders. Several councils have added these to their resource pages for businesses.

3.7 Each Access Guide has been published on [www.AccessAble.co.uk](http://www.AccessAble.co.uk) since October 2018, and prior to that was published on [www.DisabledGo.com](http://www.DisabledGo.com). The Access Guides can also be found by undertaking a Google search, as AccessAble uses search engine optimisation to promote its website.

3.8 After producing and launching the Access Guides, AccessAble have annually reviewed the information, liaising with venues and returning surveyors to reassess any changes. AccessAble engages with local disability and carers organisations (most recently through the Wirral Healthwatch and previously 'Access and Evaluate') to gain feedback on the Access Guide and enable residents to shape its future. AccessAble is also able to run 'surveyor workshops', providing work experience opportunities to local disabled people.

### 3.9 WIRED – Payroll and Managed Accounts

3.10 There is a statutory requirement to offer a Direct Payment to people who have Care Act eligible needs, a Direct Payment is used to pay for care and support to meet the individuals needs. Some people receiving a Direct Payment will want, or need, the assistance of someone to manage the Direct Payment and may not have family or friends who are able to provide that support. The Direct Payment recipient continues to remain in control of their personal budget. Provision of a Payroll and Managed Account service makes Direct Payment opportunities more accessible to a greater number of people.

3.11 In 2018 a Direct Payment Support service contract with Penderell's Trust ended. A contract was issued to Wired to provide an interim Payroll and Managed Account service. This interim arrangement was put in place to ensure that people in receipt of a Direct Payment could continue to be supported with this function. At the time of the arrangement, the Council's in-house Direct Payments Team was transferred to the Resources Transaction Centre and the Council began to undertake a full-service review.

3.12 A Payroll and Managed Accounts service offers a range of tailored support for people who have a Direct Payment by managing the account on their behalf. The services that can be offered include:

- Support to set up a bank account for the Direct Payments
- Managing the accounts to pay for support to meet their care and support needs i.e., Personal Assistants or Care Agency fees and bills
- Provide payment to HMRC to cover tax payments
- Payments for insurance cover
- Provide statements of the accounts and payslip for staff

3.13 September 2021 - data for people in receipt of a Direct Payment accessing this service

Payroll Plus Service	152 clients
Managed Payroll Service	101 clients
Managed Care Agency	2 clients

### 4.0 FINANCIAL IMPLICATIONS

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

Service	Annual cost	Cost for length of Contract
AccessAble	£7,800	£26,650 (including one off cost of £3250 to develop high street guides for New Brighton & Liscard)

WIRED – Payroll and Managed Account Service	£76,000	One year extension to November 2022
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## **5.0 LEGAL IMPLICATIONS**

- 5.1 The commissioning 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.
- 5.2 The Local Authority has a statutory duty to meet the requirements of the Care Act 2014 and the Children and Families Act 2014.

## **6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS**

- 6.1 Budget has been allocated from the Adult Social Care Budget.
- 6.2 Wirral Health and Social Care Commissioning intend to promote the option for people to take on a Direct Payment; an increase in the number of people receiving a Direct Payment may lead to further demand for the support provided through a Payroll and Managed Accounts service.

## **7.0 RELEVANT RISKS**

- 7.1 People who live in Wirral or visit Wirral will not have information available to them on accessibility of local, services, venues, and neighbourhoods
- 7.2 Lack of support to assist people to manage their Direct Payments will result in a downturn in the number of people accessing Direct Payments.

## **8.0 ENGAGEMENT/CONSULTATION**

- 8.1 Wirral Older People Parliament have been and will be engaged to provide feedback from users of the service AccessAble.
- 8.2 The All Age Disability Partnership Board will be utilised to seek feedback and to promote the AccessAble service, and is agenda item for the 28<sup>th</sup> October 2021 Board Meeting.
- 8.3 Chair of All age Disability Partnership has been engaged as a stakeholder.
- 8.4 People in receipt of a Direct Payment will be engaged as part of the Direct Payments Review, with a report back to Adult Social Care and Public Health Committee planned for March 2022

## **9.0 EQUALITY IMPLICATIONS**

- 9.1 Individuals who require support with access to buildings, services and local areas come from all areas of Wirral, and also visit Wirral from other areas. They require information to enable them to access venues, council buildings and other settings in the Wirral to assist them to maintain their health and wellbeing and have equal access.

- 9.2 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.
- 9.3 Direct Payments help to promote an individual's independence, provide more choice and control on how they wish to have their care and support needs met and supports them to achieve their identified outcomes.

## 10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 Commissioners will aim to minimise environmental impact through its commissioning process.

## 11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 AccessAble is a scheme to encourage local businesses to be disability compliant, and to make this information public. This can have a positive effect on the local economy, by encouraging visitors with additional needs to visit Wirral.

**REPORT AUTHOR: Jayne Marshall**  
 Lead Commissioner, Community Care Market  
 Wirral Health and Care Commissioning  
 Tel: 0151 666 4828  
 email: [jaynemarshall@wirral.gov.uk](mailto:jaynemarshall@wirral.gov.uk)

## APPENDICES

N/A

## BACKGROUND PAPERS

Wirral Plan 2021 - 2026 Wirral - Well connected and accessible destination  
 Wirral Theme Delivery Plan 2021 - Community and Leisure Strategies  
 Care Act 2014

## SUBJECT HISTORY (last 3 years)

Council Meeting	Date
(insert)	



## ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

16<sup>TH</sup> NOVEMBER 2021

<b>REPORT TITLE:</b>	<b>WIRRAL ADDER (ADDICTION, DIVERSION, DISRUPTION, ENFORCEMENT AND RECOVERY) ACCELERATOR PROGRAMME UPDATE</b>
<b>REPORT OF:</b>	<b>DIRECTOR OF PUBLIC HEALTH</b>

### REPORT SUMMARY

This report provides the Adult Social Care and Public Health Committee with an update on progress in delivery of the Wirral ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery) Accelerator programme.

The proposed actions affect all wards within the borough.

The decisions requested are not key decisions.

### RECOMMENDATION/S

The Adult Social Care and Public Health Committee is recommended to note the contents of the report on the progress made in delivering the Wirral ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery) Accelerator programme.

## SUPPORTING INFORMATION

### 1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 Delivery of the ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery) Accelerator programme will strengthen local capacity to reduce drug related deaths, hospital admissions and drug related offending.

### 2.0 OTHER OPTIONS CONSIDERED

- 2.1 Other options were considered in relation to developing the Wirral ADDER Delivery Plan and interventions to be delivered. The Wirral ADDER Programme Delivery Plan was agreed upon by the multi-agency Wirral ADDER steering group following review of local intelligence and consultation with a wide range of partners. The delivery plan was reviewed and agreed by Government colleagues in the Home Office and Office for Health Improvement and Disparities (previously Public Health England).

### 3.0 BACKGROUND INFORMATION

- 3.1 In January 2021, the government announced an additional £148 million funding to reduce drug-related crime and health harm. This included an announcement of further funding for Project ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery), a joint Home Office, Department for Health and Social Care and Public Health England programme.
- 3.2 Wirral was selected as one of eight additional sites as part of an expansion of Project ADDER from the original 5 sites. These additional sites, which are called Project ADDER Accelerators, build on the ADDER model by providing investment to participating areas with focused support from across Government for those leaving prison, people experiencing homelessness and recovery support around employment. Wirral was selected to be a Project ADDER Accelerator site based-on consideration of key indicators including high-levels of drug-related deaths and drug related offending. Clear aims and objectives for the ADDER Accelerator programme have been set out by the Home Office and Office for Health Improvement and Disparities (previously Public Health England), along with key performance metrics, these are outlined in Appendix 1.
- 3.3 A report was brought to committee in September 2021 and approval was given to the planned proposals for spending the £2.8million ADDER/Accelerator Programme grant funding over the two-year period (2021-2023). This report provides the committee with an update on progress made to date on implementation of the agreed delivery plan.
- 3.4 Progress to date has been made related to the following interventions:

**Increased staff capacity, supporting case work, outreach work, and in-reach work**

**Funding allocated:** £255k per annum.

Recruitment of seven additional staff by Wirral Ways to Recovery to strengthen engagement with vulnerable problematic drug users through increasing the capacity in a dedicated team of clinical and non-clinical staff.

### **Improved Links and Engagement with Primary and Secondary Health Care**

**Funding allocated:** £260k per annum.

- Development of Specialist GP clinics within drug treatment hubs – weekly GP sessions and specialist prescribing nurse
- Successfully recruited two additional health connectors within Wirral Ways to Recovery to strengthen links and engagement with primary care and wider health services
- Recruitment of a specialist mental health nurse to work with the drug treatment service; One post to be recruited by Cheshire and Wirral partnership NHS Foundation Trust (CWP)
- Additional specialist respiratory nurse capacity provided by Wirral University Teaching Hospital to provide respiratory clinics within drug treatment hubs, clinics commenced week commencing 11<sup>th</sup> October 2021.

### **Enhanced partnership work with Community Pharmacies**

**Funding allocated:** £154k per annum.

Planning underway to establish an extended function with selected community pharmacists who have expressed an interest in working more closely with the specialist drug service. This will consist of three posts working across community pharmacies and Wirral Ways to Recovery.

Support provided through community pharmacy will include the following:

- Enhanced Needle Exchanges, including additional training for teams.
- Naloxone provision (an emergency medication that can reverse the effects of an overdose of opioids like heroin or methadone).
- Vaccination e.g., Flu, COVID
- Assessing Safeguarding Risks - Children, domestic violence, security & safe storage of meds Safe disposal of containers / medication waste.
- General Welfare Check: Hygiene, Oral Health, Demeanour, Presentation, Female health
- Checks on Health, which could include Lifestyle questions and advice, BP measurement, Diabetes screening and early detection, cholesterol monitoring, medication reviews, COPD Review
- Smoking cessation advice and/or supply

### **Enhanced Naloxone Provision**

**Funding:** £52k per annum.

Funding will enable the recruitment of a naloxone co-ordinator by Wirral Ways to Recovery and purchase of additional naloxone supply.

Naloxone is a medication used to block the effects of opioids. It is commonly used to counter the effects of opioid overdose, Naloxone is useful in treating both acute opioid overdose and respiratory or mental depression due to opioid use. It is now included as a part of emergency overdose response kits which are now being increasingly distributed to heroin and other opioid drug users, and to emergency responders. This has been shown to reduce rates of deaths due to overdose.

The funding will:

- Increase the provision of naloxone through the creation of post to deliver a peer naloxone distribution service, that also links in with increased provision in pharmacies.
- Support the implementation of a Police Naloxone programme (to be agreed).

### **Housing support workers**

**Funding:** £54k per annum.

Provision of two additional workers within Wirral Ways to Recovery who will work closely with registered social landlords and housing support services to support drug service clients to maintain a stable lifestyle in their accommodation, as a key element of a recovery journey towards independent living.

### **Criminal Justice linked work**

**Funding allocated:** £216k per annum.

- Two additional posts within Wirral Ways to Recovery to increase capacity for collaboration and joint working arrangements with Liaison and Diversion schemes, Courts, and the Probation Service, to increase the number or community sentence treatment requirements (CSTR) and support improved engagement in treatment and compliance by individuals on court mandated orders.
- An additional staff member within Wirral Ways to Recovery to support increased diversion into treatment through greater custody cell engagement and court support, including opportunities to influence / advise on sentencing decisions and enrol people into treatment at key points/times of high level of motivation on the criminal justice pathway.
- Strengthen Through The Gate (TTG) prison services, improving engagement with treatment and support services after release from custodial sentences. Two additional posts, one within Wirral Ways to Recovery and one based with Tomorrow's Women Wirral. These workers will provide specialist support to assessment for criminal justice service users, improving engagement with treatment and reducing the risk of disengagement and harm. Also, the recruitment of a drug treatment Groupworker to connect with Probation services, enhancing the criminal justice offer and supporting the reducing re-offending pathway.

### **Additional Residential Rehab capacity**

**Funding allocated:** £119k per annum.

Increased funding available to place vulnerable service users in residential rehabilitation placements, including as an option for drug users on the criminal justice pathway.

### **Additional capacity to prescribe the Buvidal maintenance option**

**Funding allocated:** £40k per annum.

Buvidal is a new preparation of Buprenorphine, which is a substitute medication used to treat and manage opioid dependency. Buvidal is manufactured as a prolonged-release medication, administered as a weekly or monthly subcutaneous injection, and must be given by a healthcare professional. It is approved for treating opioid dependence in adults and young people aged 16 years and over within a framework of medical, social and psychological treatment and is seen to be a useful alternative option to daily administered substitute drugs, offering an opportunity to get away from a habit of daily drug use, reduce the prominence that the substitute medication has in daily routines, and support greater independence as part of a person's recovery plan.

Funding will be utilised to make Buvidal available locally as a treatment option. This treatment option will be offered as an option to suitable candidates to initiate a treatment regime prior to release from custodial sentences and to support continuity of care when back in the community. It will also be offered to service users who are stable and well established on oral maintenance as a step towards stopping their dependence.

### **Enhance links to social care, particularly Children and Young People's services and family services**

**Funding allocated:** £114k per annum.

- Improve treatment options for young people, by recruitment to a "Z drugs" specialist post within Wirral Ways to Recovery. "Z drugs" refer to prescribed medications used for the treatment of sleep problems, they are known as Z-drugs as many of them begin with the letter "z" e.g., zopiclone. This specialist post will offer training opportunities for Wirral services to improve knowledge of Z drugs and treatment options:
- Recruitment of an additional post within Wirral ways to Recovery focused on drug using families with children who are engaged with the criminal justice system
- Recruitment of an additional post to work with the families of those associated with substance misuse. This will support a whole family approach, developing opportunities for families to come together to address the issues of a family member, and will connect with social prescribing. Family workshop events will be provided, website development will take place, and the 24-hour helpline provision will be strengthened.

### **Increased system commissioning, project management and data analysis capacity**

**Funding allocated:** £136k per annum.

- Recruitment of additional Project Management and data analysis capacity within Wirral Ways to Recovery to support the effective mobilisation, performance monitoring, data analysis, and delivery of outputs and outcomes for this substantial programme. This post will support programme evaluation to ensure that the learning offered by this programme is integrated into service delivery.
- Recruitment of additional programme management capacity within the Wirral Council Public Health team to act as a system co-ordinator, ensuring this time limited programme is delivered effectively and efficiently.

### 3.5 **Joint work with Merseyside Police**

As part of the ADDER programme Merseyside Police have received £1.6million. This is to support their operations across the three ADDER areas in Merseyside: Wirral, Liverpool, and Knowsley. The ADDER programme is strengthening joint working between Merseyside Police, Wirral Ways to Recovery and local programme partners, this has included developing of joint training, strengthening of referral pathways between agencies and outreach work.

Merseyside Police are using ADDER funding across the following activity:

#### **Investigations**

- Specialist training to tackle Organised Crime Groups
- Increased diversion and support for sex workers
- Enhancing capacity to deliver targeted operations

#### **Financial Activity**

- Seize proceeds of crime and invest into the community
- Targeted investigation- intelligence based

#### **Intelligence**

- Dark Web- fighting the unknown
- Invest in specialist IT and training
- Advanced analysis to drive activity

#### **Local policing activity**

- Targeted action - re-assurance and visibility focussed on:
  - County Lines
  - Transport hubs
  - Criminal use of the roads
  - Targeting hotspots
  - Intelligence led intervention

#### **Custody Opportunities**

- Out of Court Disposals/ Drug testing on arrest
- Diversion to Deferred Prosecution Scheme & support

### **Drug testing capability**

- Enhance forensic support

## **4.0 FINANCIAL IMPLICATIONS**

- 4.1 The delivery of the ADDER/Accelerator programme is funded via a ring-fenced two-year grant of £2.8m (£1.4m p.a.) from the Home Office/ Office for Health Improvement and Disparities (previously Public Health England). This funding can only be used to deliver those activities 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 the Home Office/Office for Health Improvement and Disparities.
- 4.2 There is a strong case for investment in this field and the whole-system approach that Project ADDER promotes. The Government estimates a £4 social return on every £1 invested in drug treatment with a total of £21 over 10 years.<sup>1</sup>

## **5.0 LEGAL IMPLICATIONS**

- 5.1 For the Project ADDER funding, Regulation 72 of the Public Contracts Regulations has been used, which allows contracts to be varied by up to 10% of the current contract value. The reasoning for utilising this was based on the immediate timeframe for establishing delivery, the prescriptive set of interventions that are required to be delivered and the specific nature of the funding's objectives- reducing drug related deaths, hospital admissions and offending.
- 5.2 Legal and procurement advice has been sought and continued legal support will be provided in relation to these matters. Monthly returns and quarterly financial reconciliations are in compliance with the terms and conditions of the Memorandum of Understanding between Wirral Council and Public Health England (now OHID) and will enable us to gain assurances that the funding is being effectively used.

## **6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS**

- 6.1 Details of interventions (including roles) to be funded utilising these Wirral grants is outlined above. Due to the funding being available for fixed periods all 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 2 year funding scheme.

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<sup>1</sup> <https://www.gov.uk/government/publications/alcohol-and-drug-prevention-treatment-and-recovery-why-invest/alcohol-and-drug-prevention-treatment-and-recovery-why-invest>

- Continuation of service developments and enhancements, including additional posts, beyond 2 years 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 the Home Office. Conversations are already planned with partners to identify how we can ensure sustainability and continue developments beyond the 2023/2024 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 national Government.

## **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 detailed in Appendix 2.

## **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 original 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”. Work is underway to ensure equality implications are reviewed as part of the project delivery. Equality impact assessments are being undertaken to ensure all interventions are delivered in a way that does not discriminate.

## **10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS**

10.1 Illicit substance misuse is a global trade that can damage the environment in a number of ways:

- The cultivation of cocaine is a significant contributor to deforestation in Latin America.
- Opium production contributes to water shortages in Afghanistan
- Environmental harm from dumping of chemical waste from MDMA and ecstasy production

It is hoped by reducing demand for illicit substances, the interventions outlined in this report will minimise environmental harm.

10.2 Climate implications are being considered as part of the delivery of the interventions outlined above. For example, in order to reduce carbon emissions associated with

the delivery of the programme naloxone distribution will be undertaken utilising bicycles (reclaimed bicycles donated by Merseyside Police colleagues).

## 11.0 COMMUNITY WEALTH IMPLICATIONS

Delivery of the Wirral ADDER Accelerator programme will support community wealth building and provide significant local social value by working to improve the lives of some of our most vulnerable residents. Interventions delivered as part of the programme will:

- Support community development through building resilient local communities and community support organisations, this activity will be focused in areas and communities with the greatest need.
- Support the creation of local employment and training opportunities

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## APPENDICES

Appendix 1: ADDER programme metrics

Appendix 2: Membership of Wirral ADDER steering group

## BACKGROUND PAPERS

[Action to tackle misery of drug misuse - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

## SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Public Health Committee	7 <sup>TH</sup> June 2021
Adult Social Care and Public Health Committee	8 <sup>th</sup> September 2021

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## **APPENDIX 1: ADDER PROGRAMME AIMS, OBJECTIVES AND METRICS**

Clear aims and objectives for the programme have been set out by the Home Office and Office for Health Improvement and Disparities (Previously Public Health England). These include:

### Aims

- Reduction in drug-related deaths
- Reduction in drug-related offending
- Reduction in the prevalence of drug-misuse

### Objectives

- Reduced likelihood of drug-related deaths
- A reduction in drug-related reoffending amongst prolific offenders
- Increase in the numbers of drug users engaging in treatment as well as increases in those achieving and sustaining recovery
- Increase in the number of people moving into paid employment from drug services
- A reduction in drug supply
- Reduced costs for local health services and police forces due to lower health and crime harms, and lower costs to the criminal justice system (as fewer people are dealt with by the courts)
- Increase in number of young and vulnerable people safeguarded.

### Programme Metrics

To monitor progress against delivering the outcomes above a range of metrics will be monitored using the National drug Treatment monitoring system.

These include:

1. Number in treatment at the beginning of each quarter, also broken down by:
  - number starting treatment
  - number previously in treatment
  - those who treatment naïve
  - those entering via the Criminal Justice system
2. Number entering treatment self-reporting a mental health need
3. Treatment interventions received
4. Housing, Employment and Education support received
5. Treatment exits (successful completion, dropped out, died in treatment, still in treatment)
6. Number receiving Naloxone

In addition, some further metrics will be reported by the service to the National ADDER team. These are,

- Number of individuals contacted by Outreach

- Naloxone kits distributed (excluding those distributed through the treatment service)
- Number of drug users who engage with prison in-reach services

And working with the Police, Probation Service and the courts,

- Numbers entering treatment through an Out of Court Disposal/diversion scheme.

# Wirral Council Adult Social Care and Public Health Committee

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## PROJECT ADDER Wirral Partnership Delivery





# Wirral Project ADDER

## Merseyside Police

### Detective Superintendent Lisa Mahon



# PROJECT ADDER 2021-2023

**‘ A whole system approach to enhancing local enforcement, diversionary, treatment and recovery ‘**



## INITIAL\* FUNDING- Delivery Plans

- Knowsley £500,00
- Liverpool £2.4m
- Wirral £1.4m
- Merseyside Police activity £1.6 m

Links to other projects- County Lines, OCP, serious violence, Venetic, crime reduction and prevent initiatives as well as local authority and health based initiatives.



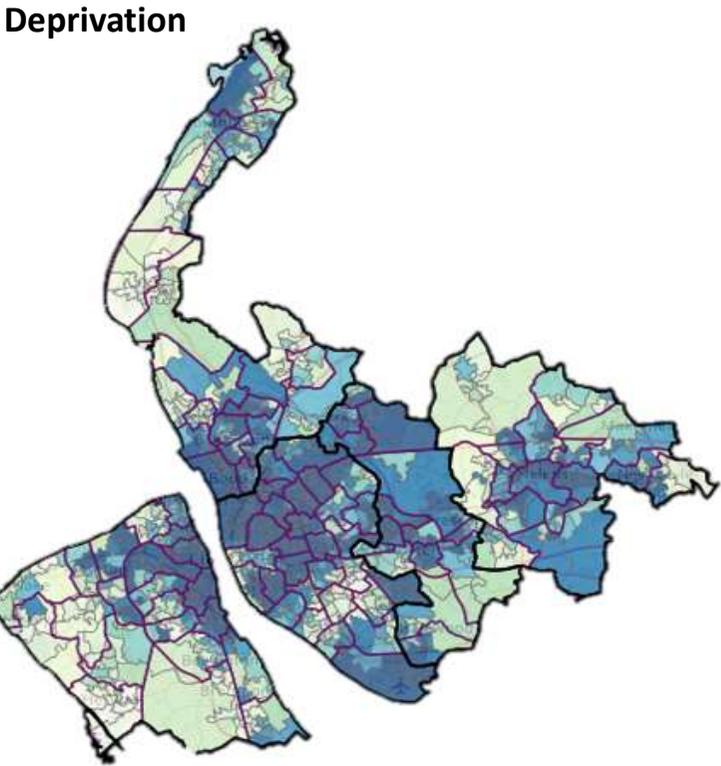
# Merseyside in Context

## Map of Index of Deprivation and Drug related crime

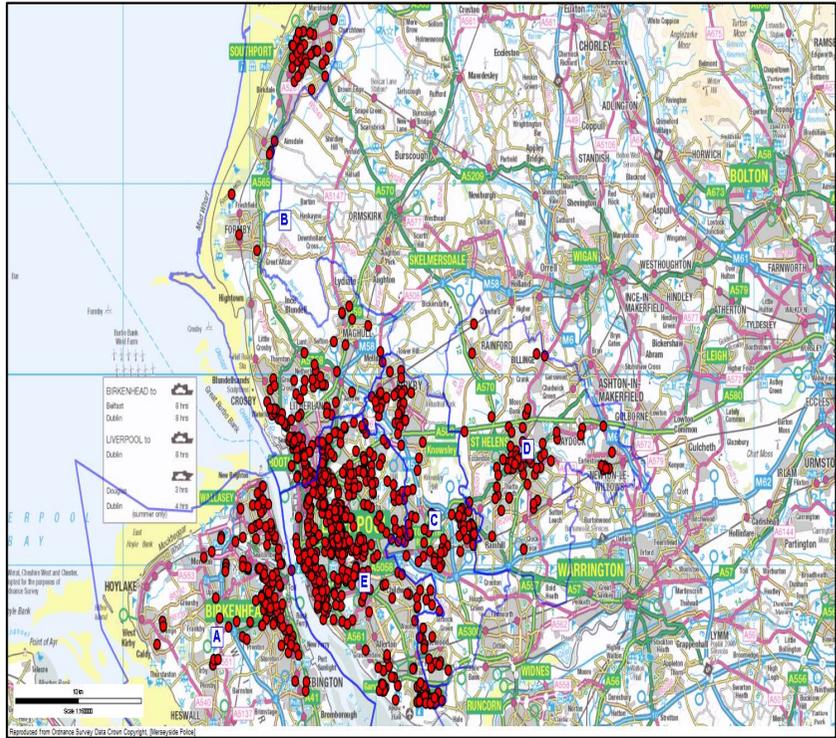
**Map legend**

Deciles of deprivation

- 10% most deprived
- 9%
- 8%
- 7%
- 6%
- 5%
- 4%
- 3%
- 2%
- 1%
- 10% least deprived



Merseyside Drug Trafficking Arrest Data – 01/01/21 – 21/06/21



# Media Attention

## Liverpool gangs 'dominate' gun and drugs trade outside London

National Crime Agency uses encrypted chat to uncover gun factories in north-west



▲ Tight security at the trial of a Liverpool gangster. Photograph: Chris Radburn/PA

Organised criminal gangs from **Liverpool** have risen to the summit of the UK underworld and “dominate” the firearms and drugs-trade outside London, the latest intelligence from senior officers at the National Crime Agency

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### Humiliation of the big spenders - drugs baron in the dock in custody slippers after being stripped of wealth

New legislation has reversed the roles and given detectives the chance to show that crime does not pay

By **Joe Thomas** 09:56, 21 OCT 2019

Enter your postcode for local news and info

## 'Drugs' disguised to look like sweets and soft drinks 'to appeal to children'

The suspected cannabis was found in packets and bottles disguised as Chewits, Tango and Reese's sweets

SHARE ? ? ? ? ? COMMENTS By **Lee Grimsditch** 17:22, 12 MAR 2021



▲ A police raid on a home in Longmoor Lane in Fazakerley uncovered boxes of suspected cannabis disguised as packets of sweets and soft drinks. A 16-year-old boy was arrested. (Image: Merseyside Police)

**NEWS**

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## Drug gangs 'extending out of cities', report warns

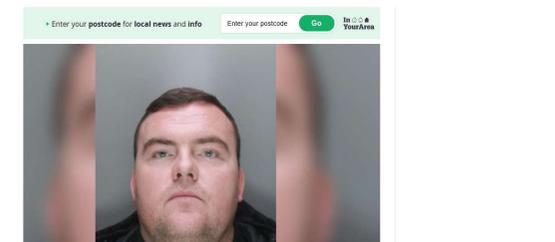
12 August 2015 | UK



## Underworld life of drug and gun gang boss who became a killer at 15

A judge was told of Terence Nash's past, which included a sentence for manslaughter, before she sentenced the 35-year-old earlier this week.

SHARE ? ? ? ? ? COMMENTS By **Joe Thomas** 09:06, 6 MAR 2021



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## Gallery of Shame: South Park drug dealers jailed after police bust network of safehouses

Seven men and two women were jailed over links to drugs gang that blighted Boothe community

SHARE ? ? ? ? ? COMMENTS By **Joe Thomas** 10:45, 16 MAR 2021



## Bomb squad called after two arrested and eight kilos of cocaine found during police raid

Along with the cocaine, officers also found firearms, ammunition and a number of suspected explosives

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SHARE ? ? ? ? ? COMMENTS By **Jenny Kirkham** Senior Digital Night Reporter 21:13, 28 SEP 2019



# Merseyside Police- Enforcement Activity



## INVESTIGATIONS

- Red Umbrella- diversion & support- sex work and addiction
- Operation Hammer- enhancing capability
- Specialist training to tackle OCGs



## FINANCIAL ACTIVITY

- Seize proceeds of crime & invest into the community
- Targeted investigation- intelligence based



## INTELLIGENCE

- Dark Web- fighting the unknown
- Invest in specialist IT and training
- Advanced analysis to drive activity



# Merseyside Police- Enforcement Activity

## LOCAL POLICING

- Targeted action- Re-assurance and visibility

County Lines

Transport hubs

Criminal use of the roads

Targeting hotspots

Intel led interventions

- **Street Lifestyles & multi-agency joint activity**

## CUSTODY OPPORTUNITIES

- Out of Court Disposals/ Drug testing on arrest
- Diversion to Deferred Prosecution Scheme & support

## DRUG TESTING CAPABILITY

- Enhance forensic support

## COMMUNICATIONS

- Preventative campaigns
- Target offenders-Operation Toxic/ Medusa
- Pro-active intelligence gathering-community based



# Merseyside Police- Wirral Local Policing



One individual who was a victim of cuckooing has now been re-housed and has accepted drug intervention and entered rehabilitation owing to this ongoing work and between Local Policing and CGL as part of Op Adder.

## Op Adder = Increase in partnership working

Better able to address the root causes of drugs misuse

## Work with partners and the community to develop intelligence

Who are those most vulnerable?

- Who are the drug dealers?

## Target drugs supply hotspots

- Maximising intelligence opportunities to obtain and execute drug warrants

- Utilise the County Lines Task Force to support the Local Policing Team to target drugs supply and controllers of Internal County Lines



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# LCR Treatment & Recovery

	Local Authority	Police	Total
Knowsley	£1m	£0.52m	£1.52m
Liverpool	£4.6m	£1.6m	£6.2m
Wirral	£2.8m	£1.08	£3.88m
<b>Wage 37</b> Total	<b>£8.4</b>	<b>£3.2m</b>	<b>£11.6m</b>



Integrated Recovery Service

Knowsley

withyou



Provided by



# LCR Treatment & Recovery Interventions

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Criminal Justice	Outreach	Health / Treatment
<ul style="list-style-type: none"><li>• Prison in-reach</li><li>• Prison liaison</li><li>• Lived-experience workers</li><li>• Probation / Courts / Custody Suites</li></ul>	<ul style="list-style-type: none"><li>• Hard to reach</li><li>• Young people</li><li>• Attrition workers</li><li>• Targeted street and settings based outreach</li></ul>	<ul style="list-style-type: none"><li>• Clinical / non-clinical staff</li><li>• Co-located primary health care</li><li>• Dual Diagnosis</li><li>• Naloxone</li></ul>

## Integration and Navigation

- Co-location
- Sharing intelligence
- Enhanced and new referral systems / pathways

# LCR Treatment & Recovery Structures

Tri-meeting

Local Strategic groups

Local Ops groups

85

**Additional  
LCR Posts**

## Criminal Justice

- CJ Workers
- CJ Case Managers
- IOM leads
- Probation leads
- Prison throughcare

## Outreach

- YOS workers
- Outreach workers
- Harm reduction workers

## Health/Treatment

- Dual diagnosis
- NMPs
- Navigators
- Naloxone trainers
- Health care partners

# Wirral Experience



Provided by



**Change  
Grow  
Live**

# Criminal Justice - Introduction

- Community Integration Team; Enhanced visibility across multiple locations, including courts, custody suites and probation settings
- Implementation of diversionary sentencing to widen the service user scope, including even more 'recreational' drug users
- Holistic, Recovery centric approach; connecting housing, ETE and personal development, creating learning experiences and opportunities to change
- Implementing a proven Through The Gates offer

Andrew Cass  
Services Manager  
Change Grow Live

# Tomorrows Women Wirral

- **Project Adder**

- TW has a strong partnership with Wirral Ways to Recovery that has, to date, enabled a rounded approach to supporting women with all of their needs between the two services.
- Project ADDER funding will provide a full time member of staff to be based at Tomorrow's Women focussing on Criminal Justice. This placement at TW will enable her to fully engage clients with the full wrap around services and interventions offered at TW – which will in turn prevent reoffending by addressing issues, both health and non-health related, from previous or current drug use.

## **Conditional Cautions**

- TW are proudly receiving funding from Project Adder through Merseyside Police to deliver a Conditional Cautioning Scheme to women whose offence involved drug use.
- **Together, we work better!**



# National Probation Service

- North West Reducing Reoffending Plan
- Specialist Local Court
- Integration of Services

# Clinical Interventions- Introduction

- Reducing Drug Related Deaths
  - Hostel outreach
  - Peer Naloxone provision
- Enhanced Harm Reduction Approach
  - Harm Reduction Health Care Assistants
  - Agile Prescribing NMP
- Improved connectivity with Primary & Secondary Care
  - GP Special Interest Clinics
  - Practice nurse assessments
  - Healthcare Connectors

Andrew Cass,  
Service Manager  
Change Grow Live

# Collaboration Between CWP & Wirral Ways To Recovery

- Joint Working Protocol & Reciprocal Training
- Substance Misuse Link Workers in each Mental Health Team
- Multi agency Complex Care Panel & Frequent Attenders meetings
- Introduction of a Dual Diagnosis Link Nurse Post

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Helping people to be  
**the best they can be**

**Angela Davies**

Head of Clinical Services,  
Cheshire and Wirral Partnership  
NHS Foundation Trust

# Respiratory Project - ADDER

Page 46  
Joanne Seaborne – Wirral Integrated  
Respiratory Service Manager

23th August 21

# Respiratory Disease

- Page 47
- 3<sup>rd</sup> biggest cause of death in England
  - National priority – Long Term Plan
  - Early Intervention
  - Case finding, accurate and early diagnosis

# Unstable Respiratory Disease

- Page 48
- Increase risk admission to hospital
  - Premature morbidity and mortality
  - Service users - poor engagement with traditional models of care – decline
  - New ways of working

# The Wirral

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Increased number heroin smokers  
1980's/90's

- High NHS costs
- Deprivation
- Addiction – lung damage
- Increasing drug related deaths

# Collaborative Project

Page 50

Bring specialist service to WWTR

Innovative integrated working

- ‘One Stop Shop’
- Improve collaborative working/joint clinics
- Sustainable respiratory skills



# Respiratory Clinics

Page 51 COPD, Asthma, Bronchiectasis, ILD,  
Lung Cancer

- COPD smoking related lung disease
- Smoking illicit drugs – increases risk
- COPD debilitating lung condition

# Specialist Reviews

Page 52

- In-depth history
- Medicines optimisation
- Pulmonary Rehabilitation
- Self Management
- Referrals to wider system
- Respiratory Consultant support

# Rationale

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- Safe/comfortable/familiar space
- Improve engagement/compliance
  - Build rapport/trust
  - Increase accurate diagnostics
  - Health connectors
  - Evaluate



Community Pharmacy  
Cheshire and Wirral



# Community Pharmacy elements

Adam Irvine BPharm (hons) MRPharmS  
CEO Community Pharmacy Cheshire & Wirral



# Community Pharmacy Context

- To support patients undergoing opiate substitution therapy (OST), community pharmacies provide supervised consumption of methadone and buprenorphine
- Supervision provides a structured approach to receiving OST along with reducing the risk of diversion or harm caused by others consuming the medication, especially children
- Supervision at least in the first three months of OST, seeks to reduce this risk. Following the introduction of supervised consumption in England and Scotland, methadone related deaths reduced fourfold.
- Community Pharmacists are the healthcare professional that most service users encounter most frequently.
- We are seeking to use these contact points to a greater level



# ADDER proposals

- Pharmacy co-ordinators based within CGL's service to increase two-way communication between services and community pharmacies
- Naloxone provision through pharmacies to provide access to harder to reach individuals
- Wellness screening checks to pickup how people are coping, bring in intelligence to the services – service user's response to treatment, signs of "on top" use of illicit substances and early identification of deterioration
- Pharmacy health improvement project for this hard to reach population – working with the assist-lite tool and taking relevant elements of the NHS Health Check (potential scope: Blood Pressure, BMI, Diabetes Screen, Cholesterol)

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Outreach

# Overview of Progress in implementing the Wirral ADDER Programme

- 18 WWtR posts now recruited to, 5 further posts at point of interview, 5 still being developed with partners.
- Service based Respiratory Clinics already established in treatment hubs.
- Community Pharmacy posts in development with Community Pharmacy leads
- Stronger links with Police colleagues now in place, including fast track referral routes into treatment.
- Work with NPS underway to increase community sentencing provision.
- Increased contact and liaison with homeless hostels
- Supported Housing project being developed with support from Minister
- Working with colleagues from Children and Families to integrate ADDER programme with Wirral's "**Breaking the Cycle**" programme.



## ADULT SOCIAL CARE & PUBLIC HEALTH COMMITTEE

Tuesday, 23 November 2021

<b>REPORT TITLE:</b>	<b>DOMESTIC ABUSE ANNUAL REPORT</b>
<b>REPORT OF:</b>	<b>DIRECTOR OF CHILDREN, FAMILIES AND EDUCATION</b>

### REPORT SUMMARY

This report provides the Adult Social Care and Public Health Committee with an account of progress made by Wirral’s Domestic Abuse Alliance in delivering the *Domestic Abuse- No Excuse* strategy and presents the Annual Report, a narrative from the frontline, on the positive impact the strategy is having.

Domestic abuse is a priority issue for all public services, with far-reaching implications and high cost to both the public purse and life chances. This report seeks to demonstrate how effective collaboration between residents, public services and community services in Wirral is leading to positive improvements in service delivery and outcomes.

The report details the organisational, structural and partnership activity undertaken over the previous 12 months. It explains how the Domestic Abuse Alliance’s strategic approach is improving and increasing the partnership offer, is reaching more people and has maintained co-production. The Annual Report provides an alternative view of progress made, an impact statement from those who deliver and engage in domestic abuse support.

As with the *Domestic Abuse- No Excuse* strategy, the Annual Report is written directly to people affected by domestic abuse, in simple language and capturing experiences they may recognise and draw strength from.

The report and strategy are aligned to priorities of Wirral Council’s Plan 2025:

- Working for brighter futures for our children, young people and their families by breaking the cycle of poor outcomes and raising the aspirations of every child in Wirral
- Working for safe and pleasant communities where our residents feel safe, and where they want to live and raise their families

This matter affects residents across the borough.

This report does not relate to a key decision.

## **RECOMMENDATIONS**

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

1. Note and endorse the progress made by Wirral's Domestic Abuse Alliance in the first of its 5-year strategy.
2. Note and endorse the Domestic Abuse Annual Report.

## **SUPPORTING INFORMATION**

### **1.0 REASON/S FOR RECOMMENDATIONS**

- 1.1 In 2021, the Domestic Abuse Bill received Royal Assent. The Domestic Abuse Act explicitly recognises children as victims if they see, hear, or experience the effects of domestic abuse and includes a legal definition of domestic abuse which incorporates a range of abuses beyond physical violence including emotional, coercive or controlling behaviour, and economic abuse. The Act seeks to provide protection to millions of people who experience domestic abuse and strengthens measures to tackle perpetrators. This report seeks to provide the Adult Social Care and Public Health Committee that residents affected by domestic abuse are appropriately supported.

### **2.0 OTHER OPTIONS CONSIDERED**

- 2.1 No other options have been considered.

### **3.0 BACKGROUND INFORMATION**

- 3.1 In November 2020, Wirral's Domestic Abuse Alliance, a multi-agency partnership, launched its 5-year strategy, *Domestic Abuse-No Excuse*. The strategy set 5 priorities:

1. Be there when we are needed
2. Increase safety for those at risk, without adding to their trauma
3. Reduce opportunities for perpetrators to abuse
4. Support people to live the lives they want after harm occurs
5. A better, kinder future of the next generation

- 3.2 Accompanying the strategy, a partnership delivery plan outlined 3 phases of activity:

- Phase 1 (Years 1 and 2)- Transformation phase
- Phase 2 (Year 3)- Adjustment phase
- Phase 3 (Years 4 and 5)- Embedding phase

As part of the transformation phase, year 1 has focused on making it easier for people to access support, ensuring there is help for anyone who needs it and improving their experience of services.

- 3.3 Following publication of the strategy and partnership delivery plan, the format, structure and purpose of the multi-agency Domestic Abuse Alliance was reviewed. The large steering group, with over-representation by Council Officers, was replaced by a streamlined Change Board, chaired by a third sector leader, and including membership of people affected by domestic abuse. Four subgroups, each with lay person membership, were established to report to the Change Board on the following areas:

1. *What We Do*- overseeing and co-ordinating the partnership support offer

2. *How Well We Do It (for people)*- providing direct feedback and advice from those using, or having previously used, services
3. *How Well We Do It (for professionals)*- co-ordinating workforce development and workforce support
4. *What Difference It Makes*- overseeing performance and quality assurance

- 3.3.1 The Change Board and its subgroups benefit from the support of a Practice Development Officer who co-ordinates activity across all groups, and a budget of £60k per year (for the period 2021-2025) allocated from the Supporting Families Service Transformation Grant. This provides the Domestic Abuse Alliance with the structure, resource, and capacity needed to operate effectively.
- 3.3.2 The #ItsNeverOk website, owned and managed by Wirral Council, has been updated and refreshed as part of the Domestic Abuse Alliance review. The website will be integral to the strategy, enabling communication between the subgroups, supporters, and people affected by domestic abuse.
- 3.4 A Voice Group has met regularly, providing peer support, and actively contributing to development and improvement, including: input to practitioner training programmes, advising on use of language, contributing to learning events, and submitting a response to the national consultation on Domestic Abuse Guidance. The Voice Group are scheduled to meet with Police Crime Commissioner, Emily Spurrell, to share their experience of being part of Wirral's Domestic Abuse Alliance.
- 3.5 Needs analysis conducted in 2019-2020 to inform the strategy identified a significant lack of domestic abuse perpetrator programmes. Whilst Wirral's offer to both male and female victims and survivors was strong, there was a gap in our local approach in taking action to prevent harm occurring in the first place. This has been addressed through successful applications to deliver evidenced-based interventions.
  - 3.5.1 In collaboration with the Drive Partnership, Wirral's Safer Communities Partnership and the National Lottery, a Drive programme for high-harm, high-risk perpetrators launched in the spring of 2021. This programme is part of the Phase 3 national roll-out and is the first to operate in Merseyside. Up to 125 domestic abuse perpetrators will participate over a 2.5-year period in Wirral.
  - 3.5.2 The aim of the Drive programme is to increase safety for victims and children by reducing abuse, specifically repeat and serial perpetration. Drive co-ordinates a multi-agency approach, with significant input from Police and Probation Services, to provide one-to-one support from a case manager intended to challenge, disrupt, and change behaviour.
  - 3.5.3 Wirral's Drive programme is part of a national evaluation, with support and access to a central team which provides oversight and performance monitoring.
  - 3.5.4 With Drive providing interventions for high-harm, high-risk perpetrators, the Domestic Abuse Alliance have collaborated to develop a pathway for early intervention. In summer 2021, the Domestic Abuse Alliance were successful in bidding for £200k from the Home Office, via the Office of the Police Crime Commissioner, from the Domestic Abuse Perpetrator Fund.

- 3.5.5 The local collaboration includes: The Paul Lavelle Foundation, Involve Northwest, Tomorrow's Women Wirral, The Open Door Charity, Journey Men Wirral CIC, WEB Merseyside, Next Chapter, the Youth Justice Service, and Family Safety Unit. Together, the collaboration will:
- Train 12 workers in the *Caring Dads* programme and deliver 11 courses
  - Train 12 workers in the *Who's in Charge* programme and deliver 6 courses
  - Deliver *Fair Play* to young people across a wide range of further education and youth settings
  - Pilot the *Bridgeway* programme for 1 group in North Birkenhead
  - Provide wrap around support to 120 victims and their children
  - Provide access to peer support through *Leaf* operating at the Bloom Building
  - Produce guidance materials for professionals on working with male perpetrators who have parenting responsibilities
- 3.5.6 Learning from these courses will be used to inform future early intervention for domestic abuse perpetrators and is building capacity within the multi-agency partnership. Feedback from funders noted that the collaboration between organisations was very positive. Activity has commenced and will continue to 31<sup>st</sup> August 2022.
- 3.6 Co-production activity undertaken in 2019-20 highlighted the difficulties faced, in the main, by female parents who were involved in statutory child protection processes. The *Domestic Abuse-No Excuse* strategy captured their voice and experience of feeling 'blamed', 'judged', 'abandoned' and 'revictimised' by professionals, who were working to protect their children from risk and harm.
- 3.6.1 In direct response to this, a successful bid was made to *What Works for Children's Social Care* for £350k to pilot a new approach to delivering statutory interventions. In spring of 2021 the *We Can Talk About Domestic Abuse* project was initiated, introducing 3.0 FTE Domestic Abuse Practice Professionals, 3.0 FTE Domestic Abuse Family Advocates, 1.0 FTE Team Manager and 1.0 FTE Project Officer. The project is working in collaboration with Social Workers to support the families of 216 children.
- 3.6.2 It is the intention of *We Can Talk About Domestic Abuse* project to improve the experience of statutory social care processes for those parents and children affected by domestic abuse so that they feel believed, supported and empowered, whilst being appropriately safeguarded.
- 3.6.3 The project is being evaluated by Manchester Metropolitan University, with an evaluation report expected in March 2022. Performance against the contract is on track, with quarterly case audits completed, learning reports published, and multi-agency learning events held. To date, almost 400 practitioners have accessed events and reports to enhance their understanding of domestic abuse and improve practice. Guest speakers have included Rebecca Pierre, from the British Association of Social Workers, Zoe Dronfield, from Paladin and Rachel Williams, from Stand Up to Domestic Abuse.

- 3.7 *We Can Talk About Domestic Abuse* has received interest from several local authorities and was featured in an article in the *Leadership in Social Care* journal. This signals the growing network Wirral's Domestic Abuse Alliance is forming. Links across Merseyside have been strengthened by consistent representation at the Strategic Domestic Violence Action Group, Combined Local Authority Domestic Abuse Group, Strategic Sexual Violence Group, Sexual Violence in the Night-Time Economy Group, and Strategic MARAC (Multi Agency Risk Assessment Conference) Group. On 15<sup>th</sup> September 2021, Wirral's Lighthouse Centre, the new hub for domestic abuse, hosted a visit from Domestic Abuse Commissioner, Nicole Jacobs. Representatives of the Domestic Abuse Alliance provided the Commissioner with a very positive account of the local partnership, its strategy, and achievements.
- 3.8 Partnerships within Wirral have strengthened over the first year of strategic delivery, particularly in securing improved engagement with under-represented groups. The Change Board and its subgroups are benefiting from membership of a wider range of organisations and charities, such as Age UK Wirral. The Change Board recently received a report and case study focused on the experiences of older victims of abuse and is working to consider and address the particular barriers faced by such groups in speaking out and/or accessing help.
- 3.8.1 The 25<sup>th</sup> of November is *White Ribbon Day* (challenging Violence Against Women and Girls) and launches the national *16 Days of Action* campaign. Throughout the campaign the Domestic Abuse Alliance will be hosting events, putting a *Spotlight* on under-represented groups including LGBTQ+, those with Learning Difficulties and Disabilities (LDD), male victims and survivors, and professional women.
- 3.8.2 Professional women, and their frequent hesitance to speak out for fear of negative impact of their career, is an area which Wirral Council, as a large employer, is taking positive action to improve. The Council's own policy, procedures and guidance were updated in accordance with the *Domestic Abuse- No Excuse* strategy, a Human Resources Officer is named as Domestic Abuse Ambassador and has benefitted from specialist training. Where an employee is the victim of domestic abuse, normal processes are followed to protect and prevent harm, however these can be delivered in a 'closed' format or support sought from neighbouring authorities if required. Supporting professionals affected by domestic abuse remains a priority for the Council and its partners.
- 3.9 In 2021, the Domestic Abuse Bill received Royal Assent. The Domestic Abuse Act explicitly recognises children as victims if they see, hear, or experience the effects of domestic abuse and includes a legal definition of domestic abuse which incorporates a range of abuses beyond physical violence including emotional, coercive or controlling behaviour, and economic abuse. The Act intends to provide protection to millions of people affected by domestic abuse and strengthens measures to tackle perpetrators.
- 3.9.1 The Domestic Abuse Act places new duties on the Local Authority, Police and Criminal Justice Services. The Local Authority duties for safe accommodation have changed and thus, Wirral Council must accordingly update its strategy and offer, and undertake a needs assessment to be finalised by January 2022. These tasks will be overseen by the Domestic Abuse Alliance.

- 3.10 As the Annual Report states, the impact of the Covid-19 pandemic on Wirral residents is yet to be fully understood. Whilst several key performance indicators suggest improvement, it is recommended that these statistics are considered with some caution. The *Domestic Abuse- No Excuse* strategy was intentionally planned for a five-year period, as long-term effort and focus is required to make significant impact on the prevalence of domestic abuse as recorded in 2019-20. As residents in the borough return to 'normal' life and the country moves into a post-pandemic phase, it is not unlikely that there will be reports of historic harm, harm which has been hidden because of lockdown, or a sudden spike in abuse as circumstances and relationships change.
- 3.10.1 Throughout the pandemic, domestic abuse data was reviewed on a fortnightly basis to monitor need and manage capacity. As the Annual Report demonstrates, the efforts, commitment, and creativity of the Domestic Abuse Alliance member organisations to support local people were commendable. Wherever possible face-to-face contact continued, services remained open, new methods of outreach and online contact were initiated, and delivering food parcels and sanitary products was a means by which to maintain contact and reassure communities that services and support remained available for them.
- 3.10.2 For the first time, the Domestic Abuse Alliance has an overview of activity to support people affected by domestic abuse by third sector partners. A snapshot of activity from Quarter 1 of 2021 (April to June) shows that community organisations were delivering recovery programmes to 702 adults, 317 children and young people, had 112 trained volunteers/mentors and 516 people were benefitting from peer support. The contribution made by these organisations to tackle domestic abuse is tremendous and is both recognised and valued by the Domestic Abuse Alliance. Wirral Council has worked with local agencies to support their access to external funding streams, co-ordinating bids which have resulted in almost £400k of additional grants, sourced from funds such as the Critical Support Fund and Covid Fund.
- 3.11 The *Domestic Abuse- No Excuse* Annual Report seeks to demonstrate how the activity detailed in this report is having a positive impact on a wide-range of people across Wirral. Whilst a cautionary approach is being taken towards performance data, the case studies, voice, and feedback from people accessing support captured in the annual report show great improvement in both people's experiences and getting help to move on positively with their lives.

#### **4.0 FINANCIAL IMPLICATIONS**

- 4.1 The funding for domestic abuse is provided by the Domestic Abuse Alliance of which the Council is a partner and has allocated core funding. In addition, funding is provided from the Council's Supporting Families Service Transformation Grant of £60,000 for the Domestic Abuse Alliance Change Board.
- 4.2 In addition to core funding, additional successful bids have been made by the Alliance for the following:
- £200,000 from the Home Officer Domestic Abuse Perpetrator Fund

- £350,000 from What Works for Childrens Social Care for a new approach to delivering statutory interventions

4.3 8 FTEs are employed as part of the We Can Talk About Domestic Abuse project which is being funded from What Works for Childrens Social Care grant and as this is temporary funding, these staff have been employed on fixed term contracts that will come to an end on the expiry of the funding. There will not be any further revenue implications of this project once completed, unless an evidence based invest to save case can be made. This will be the subject of a further decision.

## **5.0 LEGAL IMPLICATIONS**

5.1 There are no legal implications arising from this report.

## **6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS**

6.1 Sustainability of programmes is a resource implication for the Domestic Abuse Alliance and its partner organisations. Whilst some programmes, such as those provided through the Domestic Abuse Perpetrator Fund, will train staff and build capacity within the partnership for future delivery, others such as *We Can Talk About Domestic Abuse* and *Drive* will require further investment to continue. Evaluations of these programmes will provide an evidence base and invest to save case, if successful, which will need to be considered in future budget setting and joint commissioning approaches.

## **7.0 RELEVANT RISKS**

7.1 There are no relevant risks arising from this report. Each of the contracts, projects and programmes detailed in this report are subject to robust contract monitoring and oversight from the relevant Assistant Director and Governance Groups.

## **8.0 ENGAGEMENT/CONSULTATION**

8.1 As detailed in Section 3 of this report, the Change Board and its subgroups have lay member representation, and a Voice Group provides ongoing communication with people affected by domestic abuse.

8.2 The Domestic Abuse- No Excuse Annual Report is a collaboration between partners and people using services to capture their experiences over the past 12 months, and demonstrates ongoing engagement.

## **9.0 EQUALITY IMPLICATIONS**

9.1 It is recognised that a disproportionate number of victims of domestic abuse have protected characteristics of the nine groups protected under the Equality Act 2010. A full Equality Impact Assessment has been completed for the strategy and delivery plan.

9.2 The Domestic Abuse- No Excuse Partnership Delivery Plan recognises the need to further exploration of the prevalence of domestic abuse in underrepresented groups such as those with special educational needs and disabilities, elderly residents, those in LGBTQ groups, and those living in more affluent areas. The Domestic Abuse Alliance and its Change Board have worked with intention to secure representation of specialist agencies, professionals and people with experience on its groups.

## **10.0 ENVIRONMENTAL AND CLIMATE IMPLICATIONS**

10.1 There are no environmental and climate implications arising from this report. It is anticipated that the domestic abuse strategy will have no impact on the emission of greenhouse gases.

## **11.0 COMMUNITY WEALTH IMPLICATIONS**

11.1 As detailed in Section 3, the Domestic Abuse Alliance works with many community partners, supporting them to develop their capacity, secure external funding, and provide opportunity for work experience, volunteering and employment for local people.

11.2 In May 2021, Involve Northwest opened its *Lighthouse Centre* at the *Community Village* (formerly known as Royal Standard House). In September 2021, Wirral Council relocated its domestic abuse services for victims and survivors to the *Community Village*, working together to provide a comprehensive support offer. The *Community Village* is situated in a community where need for services and support is high.

11.3 The *We Can Talk About Domestic Abuse* project purposefully sought to recruit *Domestic Abuse Family Advocates* who had personal experience of either domestic abuse or involvement with statutory Social Care interventions. These posts provided an opportunity for people with volunteering/mentoring experience to obtain a professional role with appropriate training and support.

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## **APPENDICES**

Appendix 1 – *Domestic abuse– No Excuse* Annual Report

## **BACKGROUND PAPERS**

*Domestic Abuse- No Excuse* Strategy [Wirral Domestic Abuse Strategy 2020](#)

**SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>
Adult Health and Care Overview & Scrutiny Committee	November 2019
Adult Health and Care Overview & Scrutiny Committee	February 2020
Adult Social Care and Health Committee	October 2020

# **Domestic Abuse- No Excuse**

## **Annual Report**

**November 2021**

## Welcome

In November 2020, the Domestic Abuse Alliance published the Domestic Abuse- No Excuse Strategy, which was a joint venture between victims, survivors and workers to tackle domestic abuse over a 5-year period. Now, a year on, we want to share our progress.

This Annual Report has been written with the assistance of many people who have been affected by domestic abuse and the workers and organisation that have support them. We are grateful to everyone who has shared their stories and experiences. Each of you are helping- helping to improve services and helping by letting others know that they are not alone in living with, through or beyond their experiences.

We hope that this report gives you confidence that we are living up to the commitment made in the Domestic Abuse-No Excuse Strategy, confidence that we are improving our domestic abuse services, and confidence to reach out for help if you need it.

Our ambition is for Wirral to be a place where as few people as possible are affected by domestic abuse, but those who are can get help to end the abuse and go on to live the lives they want. We hope to turn our ambition into a reality by focusing on five priorities:

1. Be there when we are needed
2. Increase safety for those at risk, without adding to their trauma
3. Reduce opportunities for perpetrators to abuse
4. Support people to live the lives they want after harm occurs
5. A better, kinder future for the next generation

We have used these priorities to structure this annual report and show our progress for each.

When we started this journey, we said we would spend the first two years improving your experiences of support services, making it easier to access support and making sure there is help for everyone who needs it. We said we

would do more to engage with men, older people, people with learning difficulties and disabilities, LGBTQ+, and women who are pregnant. We also said we would invest in new initiatives for survivors and perpetrators, and education for children and young people. We hope from the case studies, information, stories, reflections, and the poem included in this annual report that you will agree we are on the right track.

As you will see, the report is focused on the difference that people and workers are experiencing- the impact. Towards the end of the report there is a section on performance information, which shows what the data tells us about our progress.

You can share your views or give feedback by emailing [wecantalkaboutit@wirral.gov.uk](mailto:wecantalkaboutit@wirral.gov.uk)

## **Priority 1- Be there when we are needed**

**We said:** We will work together to give you places to go and people to speak to who know what you are going through.

**What we have done:** We have opened The Lighthouse Centre, a support hub for victims, survivors, and children affected by domestic abuse. The centre, led by Involve Northwest, brings together a range of partners and services including the Paul Lavelle Foundation (supporting male victims), the Family Safety Unit, Independent Domestic Violence Advisers and the We Can Talk About Domestic Abuse Team. Working alongside Ferries Families and Reach Out, the hub provides wrap around support, advice on debt, employment, housing and legal issues, as well as proving a community shop and café area.

If you are worried about or affected by domestic abuse, or have been in the past, we want this to be a place you can come to talk, be heard, and get the support you need from workers and from other people who have had similar experiences.

### **The difference this is making:**

“My children when I mentioned this to them panicked, thinking they were going to be questioned etc, by the end of my visit I couldn't get them out of the place. They are excited to visit again and were so relaxed whilst there, it was lovely to see and brought me confidence if they ever struggle there is other places if they feel they can't talk to me. I felt right at home, and safe. The staff were all amazing, friendly and honest. This is such a good service and feel encouraged I too have somewhere to go when I am struggling or simply to go visit.”

“I knew if I came here, I would feel much better. I enjoy the laughs and the cries.....the happiness we share and the sadness we support each other with. It is a safe place to come.”

“I am not your normal client you will find in a domestic abuse centre.....why is that you may ask? Well, I work in a similar field and because I work, many services are not available to me. I am also aware many people might not think

someone like me would need support and help with domestic abuse, but let me tell you this.....no one is exempted from domestic abuse, it knows no bounds. I came to the Lighthouse as it was truly independent, I felt safe, not judged and accepted and listened to. They recognise my trigger trauma and helped me through it not questioning me or making me feel weak. The membership to the My Time in the evening is considered and has allowed me and others who would not normally be able to access this type of support to do so safely and without it affecting our day jobs. It has done so much for my wellbeing and reduced my isolation and I look forward every week to the group as it is the one thing for me! Please note we are in an era of where women work and so should have more opportunities like this to access services outside of the normal 9-5."

"I come to the Lighthouse as I enjoy the mix of women with like minds and similar experiences. I do not feel judged, and I am able to relax here. It is an opportunity to relax in a friendly environment and to share stories and interests."

"I was referred to the Lighthouse Centre by my GP after I told them about the domestic abuse I was experiencing. I was called and [support worker] arranged a time [they] would be available to meet and greet me. I was very impressed; it was such a welcoming environment. I attend the evening *My Time* where we laugh, and occasional cry, lots of support and fun. I also attended the 4-week Lotus programme which was very good and gave me the opportunity to safely reflect and gain new understandings about my experience."

"I had not heard of the Lighthouse Centre before but [child] had been referred to their Leapfrog course. I rang up to check the progress of the referral and spoke to [support worker] who sensed my distress and informed me of their daily drop-in service and asked me if I would like to come into the centre in person. It felt like a huge task. Going somewhere I had never been before. Being in a centre for survivors of domestic abuse was not for me. It was not

something I thought would help but [support worker] seemed lovely, and my family offered to bring me, so what did I have to lose? So, on July 19th I first set foot in The Lighthouse Centre. All my original thoughts and feelings evaporated. I felt tiny, like a little dormouse not knowing what to do and where to go. My family support worker took me there on the Monday and to my own surprise I went there every day that week. And every day the next week...I started meeting all the staff who worked at The Lighthouse. Feeling for the first time in my life I had a safe space to share things I had been through without judgement or fear. The ease with which I found myself talking to [support workers]. I started talking about past trauma that I had never allowed myself to think of, let alone speak of. For so long I had tried to pretend nothing happened to be able to live but [they] gave me the permission I needed to be able to reveal my past without it coming back to hurt me. Coming to the centre regularly and having this safe space has saved my life. Seeing other women who use the service and drawing off each others experience is so valuable to me. There is a lady who does reiki and crystal healing sessions, a hairdresser and free legal advice. They can provide families with clothes and food and run courses like Leapfrog and Lotus programme which are invaluable sources for me because I am at a stage in my life where I have to relearn to be me."

## **Priority 1- Be there when we are needed**

**We said:** We will look harder and listen closer to those people who may be at an increased risk of abuse but are unable to speak out, including older people who may be abused by adult children or their caregivers.

**What we have done:** Across the Domestic Abuse Alliance partnership we have increased and extended our Independent Domestic Violence Adviser (IDVA) capacity, introducing IDVAs with specialisms for young people, older people, and male victims and survivors.

No matter who you are, your age, where you live, how much money you have, how large or small you think your problems are, we want you to know that there will be someone to listen and someone to help. You may need help understanding what is happening, you may need a translator, or not understand what processes like Clare's Law mean but those are hurdles our Domestic Abuse Alliance can help you overcome.

### **The difference this is making:**

Henry is a 74-year-old male who has worked hard all his life having a successful career which he talks very proudly of and has many fond memories. Henry was married for a long time having three children with his wife, one of which is David, his son, and the perpetrator of the abusive behaviour towards Henry.

When David was released from prison he went, once again, to live with Henry. David struggles with alcoholism. Henry advised that he has helped David out time and time again, setting up new flats for him, furnishing them, giving him money for tools and cars as he really wants to see him doing well. Henry had arranged to meet David at the park after work, however when he got there, he noticed that David had been drinking and had alcohol in a carrier bag. Henry asked him why he had been drinking when he was supposed to be staying clean for his new job. This incensed David, he started arguing with Henry and then assaulted him, which was witnessed by a member of the public, who

contacted the police. This was not the first time Henry was assaulted by David, and a pattern of abuse and control emerged.

Henry was referred to the Multi Agency Risk Assessment Conference (MARAC) where local agencies come together to co-ordinate support for victims of domestic abuse, and he was allocated an Independent Domestic Abuse Adviser (IDVA). When the IDVA talked with Henry they were able to identify coercive and controlling behaviours. David had a long history of domestic abuse against intimate partners as well as towards his father. Henry initially felt it may have been something he did wrong to cause David to behave this way. The IDVA and Henry talked a lot about his relationships with his children, helping Henry to see he was a loving father who had always shown his children affection and care. Although Henry was able to see this, being a proud man, he struggled to accept he was a victim of domestic abuse. The IDVA continued to talk with Henry on a regular basis, undertaking safety planning, based on what Henry could realistically manage and with respect to his wishes. Henry believes a father he should not turn his back on his child, and the IDVA worked with him to find ways to do this whilst keeping Henry safe from harm.

As trust in the relationship between Henry and his IDVA grew, Henry shared his experiences and became more aware of the coercive and controlling methods used by his son. Eventually, he made the decision to stop David going to his home. The IDVA arranged for better security measures to be fitted, including installing a CCTV camera, which made Henry feel safer and acted as a deterrent for David. As well as giving him increased safety, Henry has enjoyed watching the foxes that have been caught on camera.

Henry continues to meet up with David, but this is always in a public place, as he decided in his safety plan. He no longer gives David money but will buy him a bus pass, tobacco or some food when he sees him. This helps Henry to feel that he is still being a good parent, something that has always been important to him. Henry has been honest with David, making sure he knows

that people are supporting him and that he will report any incidents, threats or aggressive behaviour.

It has been important to Henry to know that David is being supported too. The IDVA works closely with his probation officer, and David has been given a place on a perpetrator programme which will challenge his behaviour and support him to make positive changes.

The emotional impact on Henry and the rest of the family has been significant, but with safety measures in place, people to talk to, and a network of support, Henry is able to be a father to all of his children, have choices, be respected and be safe.

IDVA Reflections:

“Working with Henry and other similar cases in which the victim is an older person, and the perpetrator is their grown-up child, I have found that it takes much more time and can be very complex. Firstly, it is their child, and they have unconditional love for them, and the grown-up child can often be their carer or main support. In my experience, it is not unusual for the grown-up child to have their own complex needs, such as drugs, alcohol or mental health issues and will often end up living at the victims address as they are unable to maintain their own tenancy. Secondly, the elder victims can be very proud and find it much more difficult to discuss personal issues, talk about their relationships and are often very private people who will try to manage their own situation rather than feel like they are “bothering anyone” or “causing a fuss” . We always try to work at a pace which they are comfortable with and give them choices, respect and support.”

## **Priority 1- Be there when we are needed**

**We said:** We will work together to provide help no matter who you are or what your circumstances might be, whether this is the first time it has happened or the twentieth, whether it happened today or months ago, whether you want to speak with someone face-to-face or anonymously.

**What we have done:** We are very privileged in Wirral to have a range of excellent third sector organisations in our Domestic Abuse Alliance. These organisations are at the heart of communities, with welcoming centres, experienced and caring staff, and they are committed to working as a partnership for all people across the borough. During the Covid-19 pandemic they have played an important role, continuing to be there when needed to provide support, advice, services, and a listening ear. It was noted during the pandemic that there was an increase in people wanting support for what we call *historic* domestic abuse- that is abuse which happened sometime in the past but was still impacting on wellbeing and mental health. Our local organisations went above and beyond to continue to deliver great services. A snapshot of activity, taken in spring 2021, showed that our community organisations were providing the following:

- 702 adults engaged in recovery services
- 317 children engaged in recovery services
- 112 trained volunteers/mentors for domestic abuse
- 516 people benefitting from peer support

As individuals we all have preferences about how we would like to be supported. Some people like groups, or structured programmes, other prefer something more informal like coffee and conversation, some like to meet with people who have been through similar experiences. It is okay to have a preference and our community partners will be able to find the right support for you.

## **The difference this is making:**

Throughout the pandemic, support for domestic abuse has not stopped. Often new methods of delivery have needed to be found but our Domestic Abuse Alliance has found ways of being there when they were needed.

As part of their Emergency Delivery Model, Tomorrow's Women Wirral continued to provide a service for women despite having to close their community centre to the public. They adapted support to be mainly virtual, offering telephone *Welfare Calls* to continue contact with women, reaching up to 500 calls per week for emotional and practical advice. In addition, they continued vital interventions, delivering 1:1 courses via telephone including their domestic abuse programme *Finding Me* which helps women understand what abuse is, how to recognise warning signs and importantly how to move forward with their lives.

Tomorrow's Women knew that whilst their virtual support was enough for some women, others, due to level of risk and crisis, needed more. They provided a Covid-secure, physically and emotionally safe space for women to attend prearranged 1:1s or crisis visits should they need risk assessment, safety planning or safe exit plans. Tomorrow's Women remained fully staffed throughout the pandemic with relevant social distancing and other safety measures in place to continue to provide a crisis centre for women.

Thinking creatively about how they could continue to have contact with women during lockdown, Tomorrow's Women started their *Femme 2 You* project, funded by Comic Relief. By delivering sanitary products to women, they were able to combat period-poverty and have contact with people who may need their support. This helped women in a number of ways, but most importantly, showed them that they had not been forgotten about because of the pandemic.

Tomorrow's Women also work with women who have been both victim and perpetrator of domestic abuse and may have been involved with Criminal Justice Services, using their courses, *Changing Me* and *Red to Pink*. A short case study demonstrates the impact of their work:

Due to violence at home, Fiona had had her children removed from her care. Following a further incident, she received a community sentence and began working with Tomorrow's Women and probation services. Fiona engaged with courses and counselling, which helped to improve her mental health, increase her confidence, and gave her the skills to work on improving her family relationships. For Fiona Tomorrow's Women provided a safe place, support and the services she needed. She went on to engage in their well-being course and make use of the wider support network they offer. Fiona has had her children returned to her care, has a new baby in the family, and continues to be supported by this valued community organisation.

## **Priority 2- Increase safety for those at risk, without adding to their trauma**

**We said:** We will involve those of you who wish to share your experience in the training of workers and wherever possible, the delivery of services.

**What we have done:** We secured funding from What Works for Children's Social Care to pilot a new approach to delivering child protection processes. This includes employing Domestic Abuse Practice Professionals to guide and advise social workers and employing Domestic Abuse Family Advocates to work with parents and children to help them better understand and engage with statutory child protection processes. The pilot, We Can Talk About Domestic Abuse, will work with up to 216 children/families to help them engage fully in the process, to be understood and appropriately supported.

### **The difference this is making:**

Thomas was a baby when he first became known to social workers, throughout his young life he had been a victim of domestic abuse due to the controlling and violent behaviour of his father, Peter. Thomas had only experienced his mother, Linda, in the capacity that she too was a victim of domestic abuse. The abuse Linda suffered meant that she could not relax, be herself, or enjoy life as a new mum.

A Social Worker became involved with the family following an incident that required police involvement. Linda felt devastated about being involved with social care and worried what it would lead to. When the social care assessment started, Linda told her Social Worker that the relationship with Peter had ended, that he was no longer a risk to her or Thomas but there was evidence that they were still in regular contact. The Social Worker, concerned about the level of risk to Thomas, convened an Initial Child Protection Case Conference.

Before the conference the Social Worker took part in a reflective session with a Domestic Abuse Practice Professional who helped them to understand that it is a normal trauma response for a victim of domestic abuse to be scared that social care will remove their children and therefore not unusual that they may find it hard to engage or will want to try to manage the behaviour of the

perpetrator on their own. The Domestic Abuse Practice Professional also helped the Social Worker to consider the behaviour of the perpetrator, as Peter appeared to be engaging well with professionals, communicating with confidence, presenting himself as an engaging parent and describing Linda as someone who needed help.

The Initial Child Protection Case Conference went ahead, and Thomas became subject to a Child Protection Plan. At the conference Linda agreed to have support from a Domestic Abuse Family Advocate, someone employed to help families understand and engage with social care processes. Linda was quickly able to form a relationship with the advocate who helped to explain what was happening, listen to her and helping her to engage.

Possibly feeling that Linda was moving away from him, Peter lured her, using emotional manipulation, to a location where he assaulted her. Immediately after the incident Linda called her Domestic Abuse Family Advocate, told her everything and asked for help. The Domestic Abuse Family Advocate supported Linda to report the incident to the police. The case was then referred to the Multi Agency Risk Assessment Conference where an Independent Domestic Violence Adviser was allocated for safety planning, target hardening and a non-molestation order to be put in place.

With the Social Worker accessing advice on domestic abuse from the Practice Professional, and Linda being supported by the Family Advocate, they were able to help Linda understand and engage with the Child Protection Plan without feeling re-victimised by the statutory process. Linda better understood the risks and actively worked with professionals, completing direct work with her Social Worker on post-separation risk, and regularly updating her safety plan. Supported by her Domestic Abuse Family Advocate, Linda joined the Gateway programme. As Linda accepted support her confidence grew and she started rebuilding her network of friends who had been alienated by Peter, she was even able to go back to work. On top of that, Linda was able to enjoy being a mum to Thomas. At the first Child Protection Review, it was agreed by the multi-agency panel to step the case down from Child Protection to Child in Need status, thereby offering Linda and Thomas

continued support whilst they recover. Linda continues to benefit from supportive relationships and Thomas is thriving in her care.

**Reflection from the We Can Talk About Domestic Abuse Team:**

“This case highlights the value of having a domestic abuse hub where workers can come together to work with the family to keep them safe. It also showed how importance the role the Domestic Abuse Family Advocate has in building a relationship with the parents, so that when they are ready, they are able to reach out for support and be there when needed, without judgement or fear.”

## **Priority 2- Increase safety for those at risk, without adding to their trauma**

**We said:** We will work together to ensure that victims have the choice to stay at home or move, and where they wish to stay at home they are supported to do so safely.

**What we have done:** Improved our multi-agency approach by giving people affected by domestic abuse choice and ensuring they benefit from partnership working that is consistent and co-ordinated well. We are recognising that whilst moving a family to a new area may feel safer for professionals, it can further traumatise victims who then lose their support network. Rather than move victims and their families, we have been working with them and partner agencies to find safe ways to support them.

Having a home where you feel safe is a basic need for all of us. Being the victim of domestic abuse should not mean that you always have to give up your home and start again somewhere else. We will work with you to find the solution that suits you best and keeps you safe.

### **The difference this is making:**

Michelle and Paul had been together for a number of years and had baby Isaac. Domestic abuse had been a feature throughout the relationship however Michelle had never pursued prosecution as she was fearful of the consequences from Paul. The case was referred to Children's Social Care following an incident when Michelle suffered significant injuries.

During the social care process Michelle made links with family who live outside of the borough, and she made the decision for her and her child to move closer to them. They went to stay for a short period but once there felt that this was not the right decision. Michelle saw Wirral as her home, where she had much more support from friends. She worried that Isaac would lose his connection to the area he was born. Michelle made the decision to stay in Wirral with Isaac. Children's Social Care and other professionals were apprehensive of the decision, they felt that it may place both Michelle and Isaac at risk from Paul. Professionals questioned her reasoning and if she was failing to protect her son by putting her own needs first.

The We Can Talk About Domestic Abuse team completed reflective practice session with the Social Worker. Working together they were able to identify the positives of Michelle and Isaac being able to stay in Wirral, their being supported by existing networks and to mitigate against any potential risk posed by Paul. The Social Worker was helped to reflect on the impact of domestic abuse on Isaac and how the multi-agency partnership could best support Michelle, whilst holding Paul accountable and disrupting his abusive behaviour.

The We Can Talk About Domestic Abuse team supported the Social Worker to update the safety plan for Michelle and Isaac as part of the Child in Need process. Together they used worked with Michelle, her support networks of the neighbours and introduced code words to ensure that should Michelle and Isaac be at imminent risk they could contact emergency services. An application was successfully made to Merseyside Police to ensure a TAU (treat as urgent) marker was placed on the address. Safety planning together highlighted that the front door to the home was not secure, Michelle had been wedging a pram against it for safety. An application for target hardening was made to the Early Intervention Team. Within 24 hours additional locks were placed on the front door and windows of the property and within 48 hours CCTV and security lights were also fitted. This provided Michelle and Isaac with reassurance and immediate safety.

Risk is a dynamic factor in any domestic abuse case. The reflective sessions between the We Can Talk About Domestic Abuse team and Children's Social Care provided space to consider the short and long-term impact of moving out of area for Michelle and Isaac, and to weigh this against the possibility of safely managing risk through a robust partnership plan.

Michelle and Isaac continue to be supported by our multi-agency partnership in Wirral, surrounded by their friends and services who know them well and can help them to move forward with confidence.

## **Priority 2- Increase safety for those at risk, without adding to their trauma**

**We said:** We will provide specialist advice/advocacy and target hardening measures, such as new locks, to victims who believe it will help to make them safer.

**What we have done:** We removed the high-risk threshold for target hardening and in the past year have provided target hardening to 143 homes, which is 111 more than in the previous year.

We know from listening to survivors of domestic abuse that when the perpetrator is an ex-partner they often know your home environment very well- knowing who may have a spare key, or a window in your home that does not close properly, or they know your routine and when you will be in or out. There are simple things we can do to help you improve your home security and we will take your fears seriously.

### **The difference this is making:**

**Family A** were referred to the Gateway programme, for people who have survived domestic abuse, and the 5-year-old child had been referred to the Child and Adolescent Mental Health Service (CAMHS) because of the impact the domestic abuse had had upon him. He would not sleep in his own room or play in the garden due to fear of the perpetrator. It was not just the child who had worries, the wider family were concerned that even though the relationship was over, and the perpetrator had moved out, that at any time they may return to the property. Target hardening was provided to the family as part of the support plan. Following the installation, the parent commented:

“We had two cameras and two spotlights put in yesterday and me and the kids had the best sleep ever last night and also [5-year-old child] is playing nice by himself in the front garden at the moment. Thank you so much.”

**Family B** were referred to the Early Intervention Team for support following a domestic abuse incident which took place after the relationship between the victim and the perpetrator had ended. The victim was a female parent who was subject to ongoing threats and harassment, she feared for her own safety

and that of her young child, who the perpetrator had threatened to abduct. A risk assessment indicated that a referral for an emergency house move was required. In the meantime, target hardening was completed to the property where the family lived, including fitting of CCTV. Filming from the CCTV provided evidence that supported a Non-Molestation Order and evidence of harassment to the Family Court after the perpetrator applied for contact with the child. When the family were rehoused so too was their target hardening equipment, the Early Intervention Team arranged for it to be moved on the same day as the family. Now that they have settled in their new home and feel safe, the family have been able to engage in therapeutic support to assist their long-term recovery and are being supported through the legal processes, which are ongoing. The parent states that this support "saved my life. I had hit rock bottom."

**Family C** had recently moved to Wirral from another local authority to escape domestic abuse. Their case transferred from the Multi Agency Risk Assessment Conference (MARAC) in their previous local authority to the Wirral Family Safety Unit. A support plan was put in place with the Early Intervention Team and Early Childhood Services, as the family included a 2-year-old child. Both parent and child were looking to make a fresh start, but mum was unnerved when she discovered from a support worker that the perpetrator had been in contact with the Early Childhood Services, trying to establish if they were working with them. The safety plan for the family was reviewed immediately. Mum was in fear and felt the only way the perpetrator could have found out where she was living was through tracking her mobile phone. The phone was replaced and a safe way of communicating with support services established. Security measures were applied to their home. Both mum and child had formed a new support network and desperately did not want to move again, with target hardening in place they did not have to. Mum said, being able to check outside her property before she leaves has made a huge difference to her stress levels. She is also able to check if anyone has been there while she is in work and moving on positively with her life.

### **Priority 3- Reduce opportunities for perpetrators to abuse**

**We said:** We will improve the lives of victims, and their children if they have them, by introducing an evidence-based programme for perpetrators of domestic abuse, available to anyone who wants help to stop abusing their partner (current or ex).

**What we have done:** We have introduced a new, evidence-based programme called Drive, which works with high-harm, high-risk and serial perpetrators of domestic abuse to prevent their abusive behaviour and protect victims. By October 2021, Drive was working with 51 perpetrators, who had negatively impacted the lives of 56 victims and 108 children and young people.

If you are someone who is harming a family member or partner (current or ex) through violence, abuse or control, you need to stop. There are people who can help you to change, and now we have local programmes that can support you to do that.

#### **The difference this is making:**

The Drive programme is in its early phase and has not yet been in operation long enough to fully understand the impact it may have but early signs are promising. When the Domestic Abuse- No Excuse strategy was co-produced, many survivors did not think that perpetrators would engage meaningfully in a behaviour-change programme. Most survivors had experiences of perpetrators doing 'enough to get services off their back.' However, the Drive team are already experiencing a different, more productive working relationship with service users beginning to happen.

Case study example, in which the service user will be referred to as SU:

Since beginning the Drive programme, SU has engaged in every appointment and has built a good professional relationship with their case manager. SU has engaged in reflective discussions about their childhood experiences, the impact of the death of their mother, the negative effects that alcohol and substance misuse are having on their behaviour and mental state. Facing up to their jealousy, fear of rejection, and need to control others.

Using a timeline, SU and their case manager have plotted out incidents and what was happening that led to SU behaving violently. This has helped SU to better understand triggers, the choices they had, how they acted, the implications of their behaviour and to consider the alternatives they had.

SU has committed to accessing support from their GP, working with Wirral Ways to Recovery treatment services, and wants to return to employment. SU will continue to work with the Drive team over the next year. It is hoped that the meaningful engagement shown so far will lead to long-lasting change.

### **Priority 3- Reduce opportunities for perpetrators to abuse**

**We said:** We will help you to know your rights and access support as described in The Victim's Code, helping you get Peer Support to help you through legal processes, and use schemes like Clare's Law.

**What we have done:** We have delivered training to professionals on both The Victim's Code and Clare's Law, promoting awareness and how to encourage victims of domestic abuse to use these processes to help them understand their situation and relationships.

We understand that sometimes it feels easier not to know, but it is so important that you do, sometimes your safety really depends on it. We will be there to help you understand what it means and support you to take any next steps.

#### **The difference this is making:**

Abigail was referred to the Pre-Birth and Infant Team with partner Azi by their Social Worker when Abigail was pregnant. Abigail and Azi wanted to be assessed together, they presented as a united couple at first and both willing to engage in any support that was being offered.

Abigail did not recognise the warning signs in her relationship at first, she felt she knew Azi and believed that he had been honest with her about his previous convictions. Abigail refused a Clare's Law enquiry and defended Azi on numerous occasions, minimising incidents that happened, and excusing his behaviour towards her. He minimised them too and was very credible in his presentation. Abigail was extremely reliant on support from Azi and his family. Relationships with her family and friends had broken down, she had low self-esteem and was dependant on Azi financially. When baby Sonny arrived he and Abigail moved into a mother and baby placement while assessment continued. During this time, Abigail was developing a trusted relationship with her Infant & Family Worker, and she was learning about domestic abuse through the Gateway programme.

With an improving understanding of domestic abuse and a supportive worker, Abigail agreed to a Clare's Law disclosure. This was a turning point for Abigail,

getting the factual evidence helped her to see how she had been manipulated by Azi. She decided to end the relationship with Azi. After this she began sharing a lot more information about the abuse she had experienced. His attempts to control, intimidate and undermine Abigail escalated after she ended the relationship. He actively sought to make allegations against her and discredit her as a parent. Safety planning and supportive measure were swiftly put in place to keep both mum and baby safe and in control of their situation.

Azi is having supervised contact with Sonny whilst court proceedings continue. Abigail continues to be supported and to gain strength and confidence in herself as a woman and as a mother.

“Living independently has given me the confidence I need going forward with Sonny.”

#### **Priority 4- Support people to live the lives they want after harm occurs**

**We said:** We will invest more in peer support and peer mentoring for all of you- victims, survivors, perpetrators, children and young people, friends and family.

**What we have done:** Across the Domestic Abuse Alliance we have increased capacity for peer support and peer mentoring. All community organisations offer peer support in a variety of formats and public services have been learning from them, not only linking people up with community groups but initiating opportunities for greater peer support within their own services. A data snapshot showed that in community organisations 112 people were trained as peer mentors and 516 people were benefiting from peer support.

People affected by domestic abuse have told us that they often feel ashamed or embarrassed about their experiences but when they meet other people, who have similar experiences, it makes a big difference to their recovery. If we can talk about it, we can start to make a change.

#### **The difference this is making:**

"This isn't just an organisation to me now. It's become a band of people that really have my back. They help me see that I will come through this. Throughout your life, people touch your heart, and maybe when you are at your lowest you feel that touch more, but I will never forget what the Paul Lavelle Foundation has done / is doing for me. If you're reading this and considering contacting them, do not hesitate. Heartfelt thanks to all those involved."

To date, Journey Men have 382 men have registered with them and taken part in their Walk & Talks, Walking Football at Tranmere Rovers FC, drop-ins at Prenton Rugby Club, sea-fishing trips, crewed narrowboat trips, photography and gardening clubs and joined in peer-to-peer befriending chats both online and in person. Supporting both men and their families, Journey Men are aware that almost 50% of the men who come to them do so when they are having suicidal thoughts or actively self-harming. Using peer support alongside their

therapeutic programmes, Journey Men aim to remove the stigma of men asking for help, talking about their feelings, mental health, and wellbeing.

*Got the Tee Shirt*, a peer-mentoring programme co-ordinated by Involve Northwest supported 136 people throughout the pandemic, and where face-to-face support was not possible they used calls and text messages to keep in touch.

“I have needed support like this for years, thank you so much for coming into my life” .

#### **Priority 4- Support people to live the lives they want after harm occurs**

**We said:** We will work with our partners to provide you with tailored opportunities for lifelong learning and employment.

**What we have done:** We created jobs within our We Can Talk About Domestic Abuse service, to give people with lived experience of domestic abuse and/or child protection processes a key role in helping us to improve our support offer.

#### **The difference this is making:**

My name is Donna and I am a Domestic Abuse Family Advocate, it is difficult to put it into words what this job means to me, for you to understand it is important to know where I came from....

My whole life was chaos from childhood right until the age of 49, without too much detail I had a number of "labels" pinned to me, physical abuse survivor, addict, domestic abuse victim. My life was a world in which chaos thrived and despite being a mother to my beautiful children the pain and the trauma always won. I did not have a good relationship with my children, they were in foster care and I believed that this was all the fault of social workers, I hated them, I blamed them, they spent their whole childhood in the hands of a corporate parent whilst I continued within the world of chaos which I could not and would not take responsibility for any part I had to play. I had given up. I was waiting to die.

When I was 49, a friend, someone who had been in my world of chaos asked me to listen one day, just listen and to give him a chance. He took me to an NA meeting, narcotics anonymous, and from that day my life started to change. I spent a long time learning I was more than my labels, and for the first time I could see things more clearly. Now I am not pretending that this was an easy road for me to walk down. Its ten years later as I write this, and I am still learning about myself all of the time.

When I joined the We Can Talk about Domestic Abuse team I could not believe it, I could not imagine for one second when living in the chaos, that person becoming someone who would eventually help people through the social care processes. Being part of a team implementing change with others, being accepted for my past and being asked to use my experience to help others, it blows my mind still now. I lived my life being unacceptable and here I am being accepted and promoting change in others.

I thought I understood social care processes having lived through them with my own children, but when you go through it yourself you can only see it from your own side. This experience of being an advocate has awakened me to how the children are at risk and the impact on them, to understand it is not the social worker mainly making the decisions as they have their own processes to follow. I can also see the amount of help that is offered before it gets to the point children are removed.

This is the first time ever women who have suffered from domestic abuse have had advocacy in children social care, and for me to be that person who can sit with another woman and tell her it is okay I have been there, I understand, but this is what we need to do to keep you and your children safe, well I do not think people will grasp how much of a big thing that is to me, it is an honour.

But I have not just worked with women individually, we created a service user group for our women, The Voice Group. I was that woman who was not being heard, so to be part of a group who by sharing experiences will shape the provision for future women is amazing, for women to come and share their voice and for statutory services to be listening to their voice is amazing. To be asked to take part in the domestic abuse alliance, sitting with people in positions of power, listening to me. It has taught me that I am enough, my experiences are important, my work is important.

I want women to know, you are not alone, you can do this, there is a life waiting for you.

#### **Priority 4- Support people to live the lives they want after harm occurs**

**We said:** We will work together as a partnership to increase access to recovery programmes and counselling in a variety of ways and locations.

**What we have done:** Through the Domestic Abuse Alliance we have strengthened our local partnerships, working together to create a local offer which meets a range of situations, experiences and needs. We have a dedicated group of multi-agency workers, the *What We Do* group, that oversees the partnership offer and helps get more funding to provide services. In the past year we have secured over £400,000 in additional funding for domestic abuse services.

If you are the victim of domestic abuse, our workers will be there to help make you, and your loved ones, safe. Initially a lot of the focus may be on dealing with the immediate issues, working together with Police, housing, or health services, but when the time is right there are a range of programmes, counselling services and support groups to help you recover and move on with your life.

#### **The difference this is making:**

“My name is Rob, back in November I did a self-referral to Journey Men due to a few difficult issues I was having based on domestic abuse due to the relationship I was in and a past relationship that was a bit rocky still. Without going into too much info, I was subject to a lot of control, actions and words. It put me in a bad mental state, and I was depressed and struggling to parent well to my little boy. He has time with his mum and time with me, but there was a lot of strain on the relationship with his mum and my ability as a parent as well as, my head was not in the right place because of all the actions that were happening to me.

So, when I referred to Journey Men I was invited to come along to *Walk & Talk* they were doing first, which helped a lot because it meant I was getting out and away from the situations, as well as being able to talk to other men, and I got offered support. I started getting some counselling as well and then it came to light more and more that the relationship I was still in when I started

my journey came to the forefront. It ended up with Police because the domestic abuse got really bad with threats and some of the stuff she was doing. I was having silly thoughts of doing stuff but also it was majorly impacting on my parenting which then brought more family court issues over my little boy because of the impact of the relationship. It was impacting on my parenting and my relationship with my little boy and his mum.

So then Journey Men helped me with all that and we did the counselling and then I got offered a place doing the Gateway programme which was an absolute eye-opener and made me realise a lot of things as well. It shows you how to recognise signs of controlling relationships, abusive relationships, strategies, and ways to be able to cope with it as well. It was a hard course to do but it helped a lot to get me where I am now.

The court case hopefully will be ending soon as well, with a successful outcome, but now I have come round since November- almost 12 months and I am in such a better place parenting-wise, as a person myself, relationship with my little lads mum, happy co-parenting and now I am a volunteer with Journey Men, so I have come full circle.

So, I came to the door to self-refer and now I am part of the team here wanting to help everyone else as well and show that there is support. Journey Men are a vital organisation to help support people especially with the gateway programme that was done with me and the counselling, and the actual support from the team, especially [my worker] who was like a rock. He let me call him, text him if I was struggling, he was there and now it is my turn to be able to help others."

## **Priority 5- Create a brighter, kinder future for the next generation**

**We said:** We will use your experience and voices of local people to raise awareness, encourage people to talk about domestic abuse and to get help.

**What we have done:** Established a Voice Group for domestic abuse survivors.

**The difference this is making:**

### **The meaning of a life (A Poem by a member of the Voice Group)**

To go through the years of turmoil and trauma in ways some beautiful souls do to survive through these days, the meaning of a life is so valued they say today has me bursting with pride to know we have a collection of people who have in their own way been in a situation that connects us with passion and life to help the broken adjust to the light.

It means so much to come out at the end of things with a spirit, motivation and feel so alive to stop the cycle of trauma in someones dear life.

To matter to people who you have never even met is the most valuable thing in life that is so humbling and to meet women of courage in life like myself, to be a voice in an alliance and a voice for the recognition of the voiceless in the hidden fight to survive.

To go through hell through life and be told by the devil to watch the storm and for me to whisper right back to him I am the storm with will in my heart. Life has given me a need and desire to help them in need and I do this with a fire of empathy and compassion and respect. I do indeed.

To be given a focus with helping give a voice to the voiceless I strive to come alongside some angels and kindred spirits within a "voice" to be heard. Who have been through hell with the devil and weathered their storm who have the life now to help others with integrity and the love of us women for ourselves like a flame.

Again, I say to be humbled and part of an alliance this validates for me part of the nightmare of life. There is a light shining bright. The survivor has been

through hell, who always relate and have experiences to tell on all that was wrong and their version of hell.

The survivor will work hard for a cause as they have lived through experience and fought to the end knowing the self-love is all they need to empower themselves to get up of their knee is my story of life and I hope you can see.

To know how a victim will always defend, but the strength will prevail and bring those barriers down so we can all come together for the bits that are broken together ref we will mend we start as strangers and end up as friends.

My personal tribute to a survivor that is me.

## **Priority 5- Create a brighter, kinder future for the next generation**

**We said:** We will co-ordinate education programmes and learning for children, from pre-school to adulthood, on healthy relationships, kindness and respect.

**What we have done:** Delivered healthy relationship programmes to young people across the borough through our Health Services in Schools Team, Youth Matters Services, Creative Youth Development and community organisations, such as the Paul Lavelle Foundation who have delivered the Fair Play game to hundreds of young participants.

People who have been affected by domestic abuse tell us they want a different future for their children and that education on relationships is so important. We want to work with you as parents, grandparents and carers to provide that education.

### **The difference this is making:**

The Fair Play board game, delivered by the Paul Lavelle Foundation, is an educational tool used to instigate group discussion around various topics surrounding domestic abuse, characteristics of healthy/unhealthy relationships and mental health and wellbeing. The sessions involve voluntary participation, participants can just sit and listen if preferred. The game also advises where advice and support can be accessed by both males and females, in relation to domestic abuse and any concerns with unhealthy relationships.

Participant feedback:

"I liked it because the game teaches you in a fun way and lets you express your feelings and helps your classmates get to know you better."

"I thought that the game was good because it taught us that if you feel sad it is always okay to tell an adult that you know."

"I have learnt what a healthy relationship is."

"It is fun and you get to talk about how to be safe."

"I think the game was fun because we talked about good things and bad things."

Teacher feedback:

"The case studies were really good- they are linked to real life scenarios which are common- children have experience of these. Some of the responses from the children were really eye-opening and I have identified who I can do follow up work with."

"The workshop was fantastic. All children were engaged and the staff leading the workshop were really approachable... Since the workshop, the children have been asking, constantly, if they can play the game again. The message of not using violence in any situation came across really well and the children are still talking about their afternoon."

## **Priority 5- Create a brighter, kinder future for the next generation**

**We said:** We will provide learning opportunities for workers, services, organisations and partners to help them to better help you and future generations.

**What we have done:** Every 3 months we have been auditing domestic abuse cases to learn about practice and what we need to do to improve the support we provide to people affected by domestic abuse. Once the audits are completed, we write and share a Learning Report with Social Workers and other workers. The Learning Reports make recommendations on what needs to change, and action is then taken. A recurring theme in the report was language, how the language used by workers can sometimes alienate or discourage people affected by domestic abuse.

Acting on our learning, we have worked with people who have experienced domestic abuse, to gain their expertise and advice on language, producing training and guidance for workers. This aims to stop them using jargon or acronyms, to discourage them from applying labels to people or to use 'stock phrases' but instead to 'see' the person they are working with.

We want you to have a good experience with your workers, to feel respected, understood and treated as an individual. Your feedback helps us to improve, so keep talking to us about what we can do better.

### **The difference this is making:**

We have hosted Learning Events and training on domestic abuse, reaching approximately 400 workers across Wirral. We asked workers attending training, "Do you think attendance at the event will improve the way you work with victims and survivors of domestic abuse and their families?" 97% said Yes.

We asked workers attending training, "What were your key learning points from the session and how will they help in your practice?" Here are some of their responses:

“Even as an experienced practitioner, I have learnt a lot about the impact coercive control has on children and their relationship with the protective parent from these learning events. These events are invaluable in terms of developing understanding and practice across different agencies in Wirral.”

“Abuse can happen to anyone and to some people it is the only life they have known. I would like to attend more sessions around domestic abuse as I still have a lot to learn.” “

“Hearing first-hand from survivors of domestic abuse at these events is so important. We must continue to develop a better understanding around domestic abuse and how it can have such a long-lasting impact on the families we work with, even when the relationship has ended.”

### **So, what difference is it all making?**

- During the period 2020-21, the number of domestic abuse crimes in Wirral **reduced** by 2.8% from the previous year.
- During the period 2020-21, contacts with social care due to domestic abuse **reduced** by 19%, a reduction of 527 cases from the previous year.
- High-risk referrals to the Family Safety Unit **reduced** from 1,187 in 2019-20 to 999 in 2020-21, a reduction of 16%.
- The number of children subject to a Child Protection Plan in 2020-21 **reduced** by 16% from the previous year, with 70 less children requiring child protection because of domestic abuse than in 2019-20.
- Referrals to the Multi Agency Risk Assessment Conference (MARAC) in 2020-21 **reduced** by 10% from the previous year, with 63 less people being referred due to high-risk harm.

Whilst this data suggests improvement from the previous year, it is to be considered with caution as we appreciate that 2020-21 was a very unusual year due to the Covid-19 pandemic. Throughout the year we monitored data on a fortnightly basis, anxious to know if rates would increase to an extent we would struggle to cope with or worse, that victims may not be able to reach out for help. We are acutely aware that the drop in domestic abuse reported this year may be followed by an increase next year as Covid-19 restrictions

ease, relationships change, and we may become aware of harm which has been hidden over recent months.

Whilst we are taking a cautious approach to interpreting the data above, we can be more confident that the data below shows improvements in our approach to working with people affected by domestic abuse and that the culture of our partnership is improving.

- The outcome of domestic abuse contacts to Children's Services has changed significantly with a 37% **decrease** in the number of contacts receiving *Information and Advice* only and a 68% **increase** in referrals to early help services. This demonstrates that more people are being linked up to support services at the earliest point.
- 89% of people working with the Family Safety Unit reported feeling safer at the point of case closure. This is **higher** than the national average of 84%.
- In quarter 1 of 2021 the number of singles/families at risk of homelessness due to domestic abuse had **reduced** by 24% against the same quarter a year earlier. It is expected that the significant **increase** in annual target hardening, from 32 to 143 homes receiving enhanced security provision, has contributed to this.
- From January to March 2021, 96 domestic abuse risk assessments were completed. Over the next 3-month period, April to June, this **increased** dramatically to 252. The increase, can in part, be attributed to the launch of the We Can Talk About Domestic Abuse project, which supports social workers to undertake the DASH risk assessments.

### Next Steps

We will continue with our transformation phase. This will include:

- Investment in trauma-informed practice across the workforce to ensure that whomever you speak to they respond in a helpful, non-judgemental way and have the information and tools at their fingertips to help

- Doing more work to engage with under-represented groups to understand how they are affected by domestic abuse and the help they need, making sure we have the necessary skills and expertise in our workforce
- Promoting media campaigns and engagement with the Criminal Justice System and Family Courts
- Ensuring we are fulfilling our duties relation to the Domestic Abuse Act 2021, particularly in terms to safe accommodation and recognising children and young people as victims of domestic abuse
- Successfully delivering new programmes and learning about what works

Above all we want to continue working with you, people who are affected by domestic abuse, to improve our services and support offer.

## Join Us

If you would like to be involved, you can:

Join our Voice Group (contact [wecantalkaboutit@wirral.gov.uk](mailto:wecantalkaboutit@wirral.gov.uk))

Become a Supporter of the Domestic Abuse Alliance (visit [www.itsneverokwirral.org](http://www.itsneverokwirral.org))

Or contact our domestic abuse team to share ideas by emailing [wecantalkaboutit@wirral.gov.uk](mailto:wecantalkaboutit@wirral.gov.uk)

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## ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

16 November 2021

<b>REPORT TITLE:</b>	<b>REVENUE BUDGET MONITORING QUARTER 2</b>
<b>REPORT OF:</b>	<b>DIRECTOR OF CARE AND HEALTH</b>

### 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 projected year-end revenue position, as reported at quarter 2 (Apr-Sep) 2021/22.

### RECOMMENDATION/S

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

1. Note the projected year-end revenue forecast position of £0.481m favourable, as reported at quarter 2 (Apr – Sep) of 2021/22
2. Note progress on the achievement of approved savings and the projected year end forecast position at quarter 2 (Apr – Sep) of 2021/22
3. Note the reserves allocated to the Committee for future one-off commitments.
4. Note the projected year-end capital forecast position of £0.125m adverse, as reported at quarter 2 (Apr – Sep) of 2021/22
5. Note the current activity profiles from 2018 to quarter 2 (April – Sep) of 2021/22

## **SUPPORTING INFORMATION**

### **1.0 REASON/S FOR RECOMMENDATION/S**

- 1.1 Regular monitoring and reporting of the Revenue Budgets, achievement of savings 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 Update reports could be provided at a different frequency however quarterly monitoring is considered good practice.

### **3.0 BACKGROUND INFORMATION**

#### **Revenue Forecast Position**

- 3.1 This section provides a summary of the projected year-end revenue position as at the end of quarter 2, month 6 (September 2021) of the 2021/22 financial year.
- 3.2 As at the end of September 2021 (quarter 2), the financial forecast year end position for Adult Social Care and Public Health is a small favourable variance of £0.481m against a budget of £113.582m.
- 3.3 This forecast anticipates continued uptake by providers of the Real Living Wage fee rates agreed at Committee on 7<sup>th</sup> June 2021 and full achievement of the £4.5m saving target against community care. Provision is also identified for anticipated winter pressures.
- 3.4 Government funding for hospital discharge has now been extended to March 2022. For the period April to August 2021 funds of £0.7m have been received and are reflected in the forecast figures.

**TABLE 1 2021/22 Adult Social Care and Public Health – Service Budget & Forecast**

	<b>Budget</b>	<b>Forecast</b>	<b>Variance</b> (+ Fav, - Adv)		<b>Adv/ Fav</b>
	£000	£000	£000	%	
Adult Social Care Central Functions	5,601	5,218	383	7%	Favourable
Older People Services - WCFT	51,693	51,484	209	0%	Favourable
Mental Health & Disability Services - CWP	52,626	52,717	-91	0%	Adverse
Other Care Commissions	-104	-55	-49	-47%	Adverse
Public Health	-262	-262	0	0%	
Wirral Intelligence Service	480	450	30	6%	Favourable
<b>Directorate Surplus / (Deficit)</b>	<b>110,034</b>	<b>109,552</b>	<b>481</b>	<b>0%</b>	<b>Favourable</b>
Support/ Admin Building Overhead	3,548	3,548	0	0%	
<b>Total Surplus / (Deficit)</b>	<b>113,582</b>	<b>113,101</b>	<b>481</b>	<b>0%</b>	<b>Favourable</b>

3.5 **Central Functions:** A favourable variance of £0.383m is reported at quarter 2. This variance is a result of a small number of vacancies and delays in recruitment. This position will continue to be monitored throughout the year.

3.6 **Older People Services:** A favourable variance of £0.209m is reported at quarter 2. The forecast assumes full achievement of the £2m savings target attributed to Older People services. The variance will reflect some slippage against providers who have yet to sign up to the Real Living Wage approved rates and will therefore be paid at the standard rate. The table below represents the current percentage of providers and care provided that is currently paid at Real Living Wage rates:

	Figures based on current open provisions as at 21/9/21			
	Total Providers	RLW rate agreed	% by Provider	% by Client
Dom Care	29	22	75.86%	98.81%
Supported Living	58	30	51.72%	66.00%
Res/Nurs	149	44	29.53%	49.31%

3.7 **Mental Health & Disability Services:** An adverse variance of £0.091m is reported at quarter 2. This is an improved position from quarter 1 due to minor favourable movements across community care. The forecast assumes full achievement of the £2.5m savings target attributed to complex care services.

3.8 **Other Care Commissions:** An adverse variance of £0.049m is reported at quarter 2 due to a number of minor variances from budget.

- 3.9 **Public Health:** A balanced position is reported at quarter 2. Public Health is a ringfenced grant with an annual value £30.1m and projected to be fully utilised. £6.7m of this funding supports public health activities delivered by the Council, representing a significant funding stream.
- 3.10 **Wirral Intelligence Team:** A favourable variance of £0.030m is reported at quarter 2. The minor forecast surplus within this Service Area is relates to employee budgets.
- 3.11 As the Council has a capitalisation offer from HM Treasury of £10.7m this year to offset Covid-19 pressures, any favourable variance that reduces these pressures will result in the equivalent reduction of the capitalisation directive. Pressures arising from Covid-19 associated with this committee are the costs of the Real Living Wage.

**TABLE 2 2021/22 Adult Social Care and Public Health – Subjective Budget & Forecast**

	<b>Budget</b>	<b>Forecast</b>	<b>Variance</b>		<b>Adv/ Fav</b>
	£000	£000	(+ Fav, - Adv) £000	%	
Income	-88,055	-88,378	324	0%	Favourable
<b>Expenditure:</b>					
Employee	6,579	6,221	358	5%	Favourable
Non Pay	57,623	57,823	-200	0%	Adverse
Cost of Care	133,887	133,887	0	0%	
<b>Total Expenditure</b>	<b>198,088</b>	<b>197,931</b>	<b>158</b>	<b>0%</b>	<b>Favourable</b>
<b>Directorate Surplus / (Deficit)</b>	<b>110,034</b>	<b>109,552</b>	<b>481</b>	<b>1%</b>	<b>Favourable</b>
Support/Admin Building Overhead	3,548	3,548	0	0%	
<b>Total Surplus / (Deficit)</b>	<b>113,582</b>	<b>113,101</b>	<b>481</b>	<b>0%</b>	<b>Favourable</b>

- 3.12 **Income:** A favourable variance of £0.324m is reported at quarter 2. £0.274m of which is due to a favourable variance against client income. This is an improved position from quarter 1 and will be offset against a variance within changing demands in cost of care.
- 3.13 **Employee:** A favourable variance of £0.358m is reported at quarter 2. The forecast surplus within Employee budgets is due to vacancies, part year and full year.
- 3.14 **Non Pay:** An adverse variance of £0.200m is reported at quarter 2. This is due to minor variances to budget.
- 3.15 **Cost of Care:** A balanced position is reported at quarter 2. The forecast assumes the full savings target of £4.5m is achieved during this financial year and providers continue to sign up to the Real Living Wage rates approved at Committee on 7<sup>th</sup> June 2021. Provision is also identified for anticipated winter pressures across the care system.

## Budget Saving Achievement Progress

- 3.16 Within each Committee’s revenue budget there are a number of savings proposals 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.

**TABLE 3: 2021/22 Adult Social Care and Public Health – Budget Savings**

Saving Title	Agreed Value	Achieved to Date	Forecast Value	RAG Rating	Comments
Demand Mitigations	£3.8m	£1.9m	£3.8m	<b>Green</b>	On target to be achieved
Change Initiatives	£0.2m	£0.0m	£0.2m	<b>Green</b>	Work commenced with Partners for Change who are supporting this initiative
Wirral Evolutions review of day services for people with Learning Disability	£0.5m	£0.3m	£0.5m	<b>Amber (Green after mitigations applied)</b>	Wirral Evolutions have been requested to report to the Adults Social Care and Public Health Committee in the autumn with their business plan. This will result in a delay in restructure, however the savings will still be achieved through the Social Care Grant
<b>TOTAL</b>	<b>£4.5M</b>	<b>£2.2M</b>	<b>£4.5M</b>		

- 3.17 **Demand Mitigations:** As part of the Community Health and Care Efficiency Improvement Programme the Wirral Community Health and Care NHS Foundation Trust (WCHC) and Cheshire & Wirral Partnership Trust (CWP) have been tasked with delivering savings from their delegated responsibilities budget. The Trusts undertake a programme of targeted work each year to deliver savings against the care budget allocation. Activity includes focussed review work to ensure that people receive the right level of support, supporting people to access services that are proportionate to their needs, and working with commissioners on a range of activity to ensure best value and to achieve the best outcomes for people who need care and support.
- 3.18 **Change Initiatives:** Adult Social Care and Health are working with Partners for Change to explore a new way of working with people who ask for care and support or who already use care and support services. This is a cultural change programme, working with staff and with people who use services in “innovation sites”, responding to their needs with a different conversation. Rather than resorting to a traditional range of services to meet needs, staff will have a different conversation with people

to identify what really matters to them and how they can find solutions to their needs, with support and with a different approach.

- 3.19 **Wirral Evolutions:** Wirral Evolutions are progressing with a service review, including their staffing arrangements, in order to manage their operating service costs within the agreed service payment and to reduce their costs by £0.5M.

### Earmarked Reserves

- 3.20 Earmarked reserves are amounts set aside for a specific purpose or projects.

**TABLE 4: 2021/22 Adult Social Care and Public Health – Earmarked Reserves**

<b>Reserve</b>	<b>Opening Balance £000</b>	<b>Use of Reserve £000</b>	<b>Contribution to Reserve £000</b>	<b>Closing Balance £000</b>
Adult Social Care - Safeguarding	181	0	0	181
Public Health Ringfenced Grant	3,682	0	2,114	5,796
Champs Innovation Fund	2,419	0	0	2,419
Champs Covid-19 Contact Tracing Hub	1,962	0	0	1,962
<b>Total</b>	<b>8,244</b>	<b>0</b>	<b>2,114</b>	<b>10,358</b>

- 3.21 The Safeguarding reserve within Adult Social Care has a balance of £0.2m. The funding for the combined board has now ceased. If required, the residual funds will be used to support the Merseyside Safeguarding Adults Board business unit transition period and any residual SARs (Safeguarding Adults Reviews).
- 3.22 The Public Health Ringfenced grant reserve has a balance of £3.7m. Current spending plans against this years' grant allocation of £30.1m will result in a transfer to reserve of £2.1m to meet future year contractual commitments.

### Capital Forecast Position

- 3.23 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.

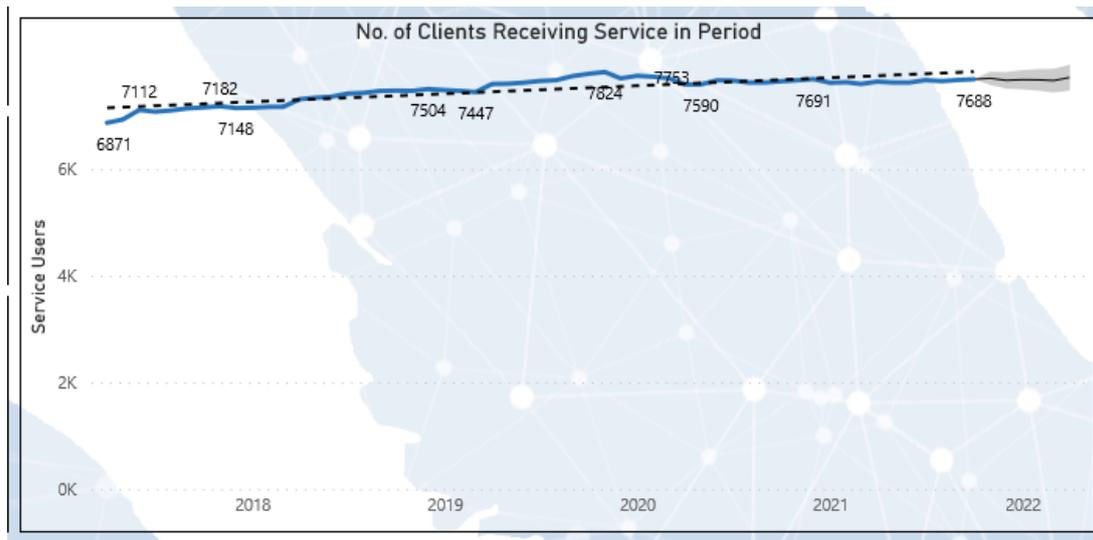
**TABLE 5: 2021/22 Adult Social Care and Public Health – Capital Budget and Forecast**

Capital Programme	2021/22			2022/23
	Budget £000	Outturn £000	Variance £000	Budget £000
Citizen and Provider Portal/Integrated I.T.	112	112	0	0
Extra Care Housing	2,874	2,874	0	2,467
Liquid Logic – Early Intervention & Prevention		125	(125)	125
Telecare & Telehealth Ecosystem	454	454	0	841
<b>Total</b>	<b>3,440</b>	<b>3,565</b>	<b>(125)</b>	<b>3,433</b>

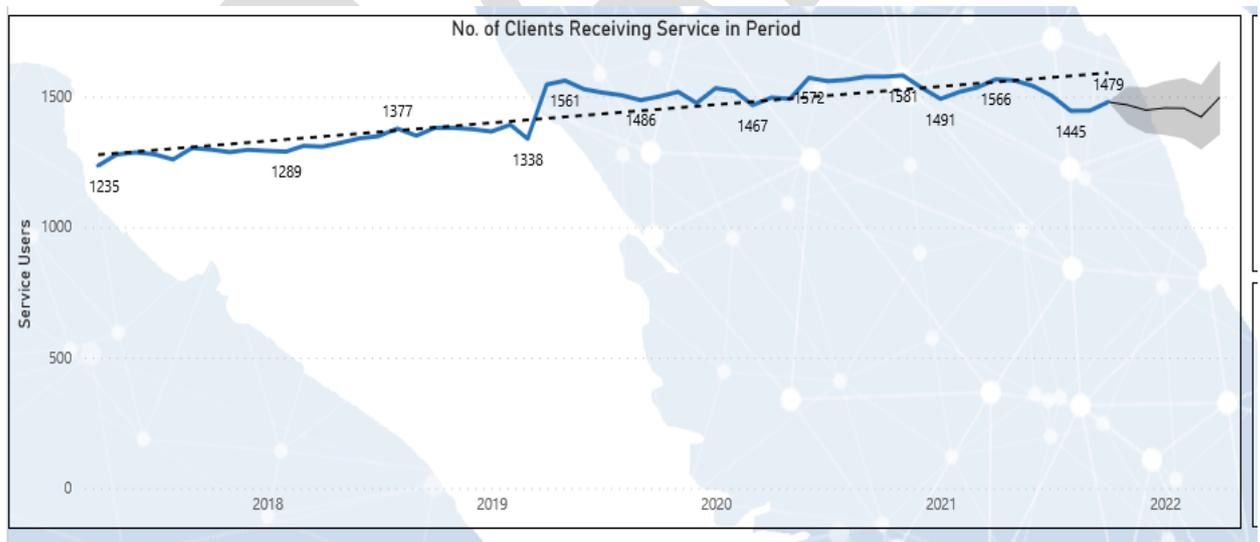
- 3.24 **Telecare & Telehealth Ecosystem:** A full review of spending and a revised capital requirement has been completed this month. Predicted costs of £3m have been reduced as additional funding streams become available – in total over £415k of planned Council expenditure has been avoided and met by the NHS. Discussions are ongoing to confirm the level of borrowing required to deliver this programme of work as greater alignment and stronger interdepartmental working with Strategic Housing is considered. Further variance is expected as negotiations with suppliers result in better value purchasing, along with continued investment from NHS.
- 3.25 **Extra Care:** Poppyfields is now open and almost fully occupied. The Housing 21 Scheme in Upton is expected to start January 2022 when £2,764,050 (75% of the expected grant) will be paid. Completion is estimated as July 2023. The Rock Ferry High site is expected to complete 2023 and the Belong Scheme in late 2022.
- 3.26 **Citizen and Provider Portal/Integrated I.T.:** The enhanced functionality for portal developments and integrated system elements are currently being tested with the aim of a planned roll out by the end of this financial year. This will be dependent on the necessary testing being successfully completed for implementation for the committed spend. This covers a broader range of online adult social care services ability for providers and residents with integration across the core case management system for brokering services. An enhanced care finder element will focus on the ability to source personal assistants as part of the Direct payment service options and the go live of an embedded real time view of Health records within the adult social care system record.

### Activity Data

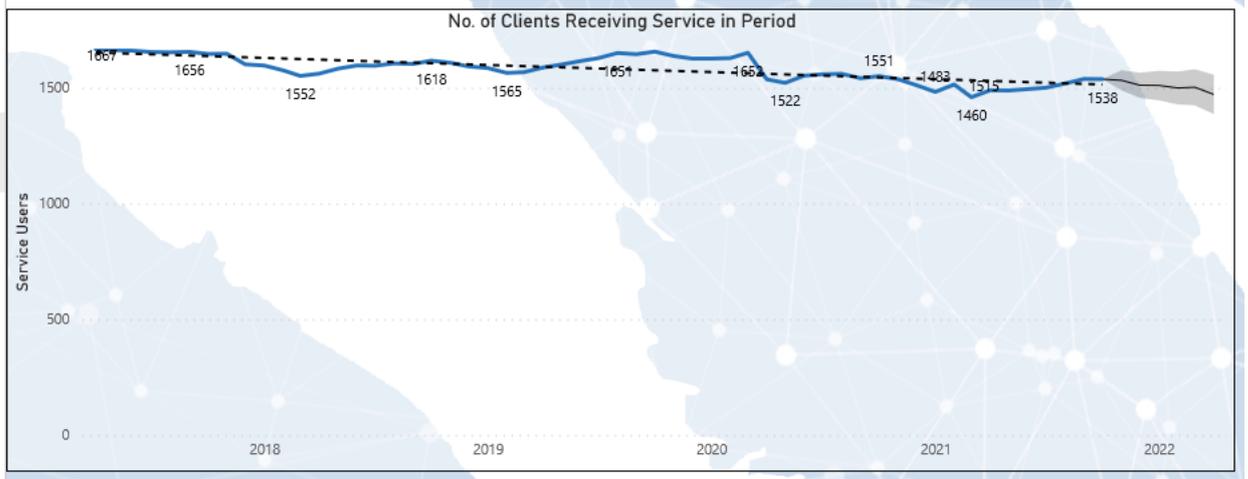
- 3.27 **All Current Services:** The table below represents the number of current services provided by Adult Social Care as at September 2020. There are currently 7,688 active services across Adult Social Care. Looking at all services of any type currently delivered we see a slight drop between March 2020 and April 2020 (120 services, or 2%). Numbers remained fairly constant during 2020-21, with an overall 0.35% (28 clients) reduction during the year.



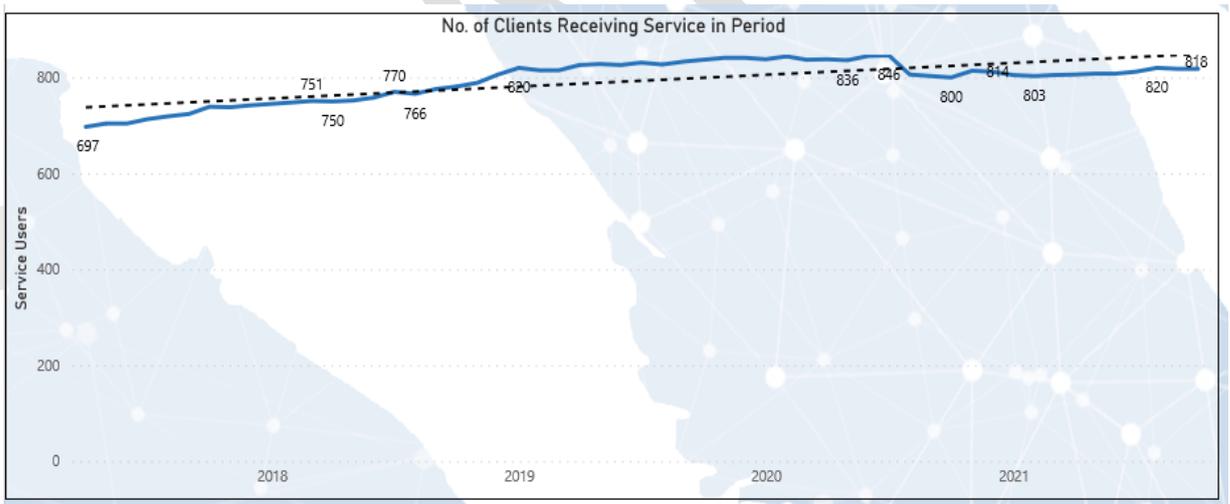
**3.28 Domiciliary Care Services:** The table below represents the number of current domiciliary care services provided by Adult Social Care as at September 2021. There are currently 1,479 open domiciliary care services. Domiciliary Care services saw a slight increase of service users between March 2020 and April 2020 (an increase of 29, or 1.9%), and an overall increase in 2020-21 of 2.85%. 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.



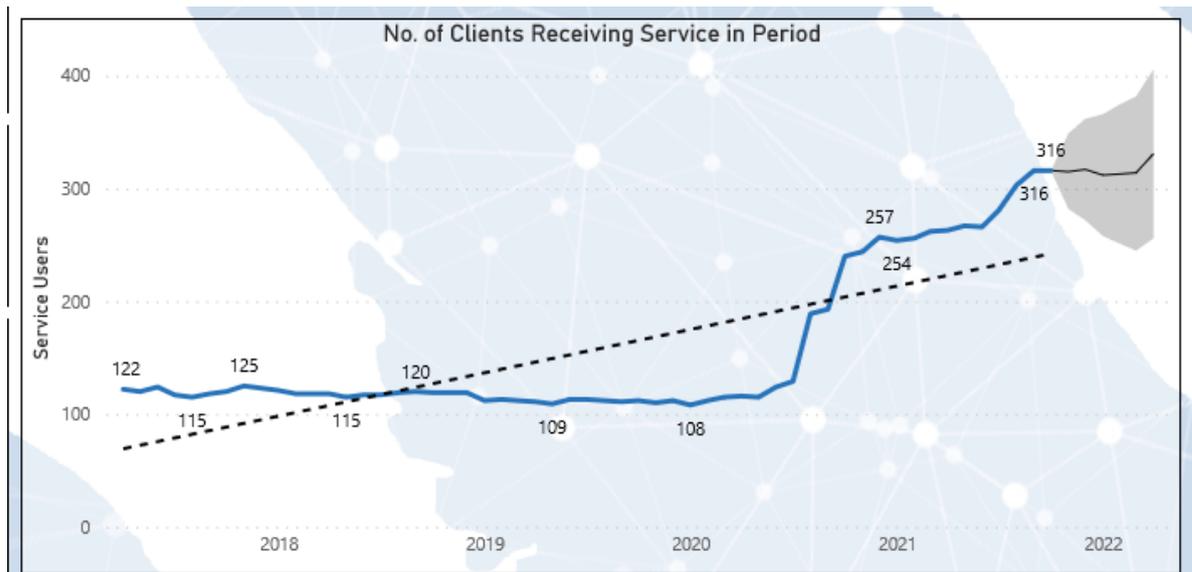
**3.29 Residential and Nursing Care Services:** The table below represents the number of residential and nursing care services currently provided by Adult Social Care as at September 2021. There are currently 1,538 open residential and nursing care packages. There was a small reduction in the number of overall residential /nursing service users between March 2020 and April 2020 (117 services, or 7.07%), 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 5.07% reduction in overall numbers in 2020/21.



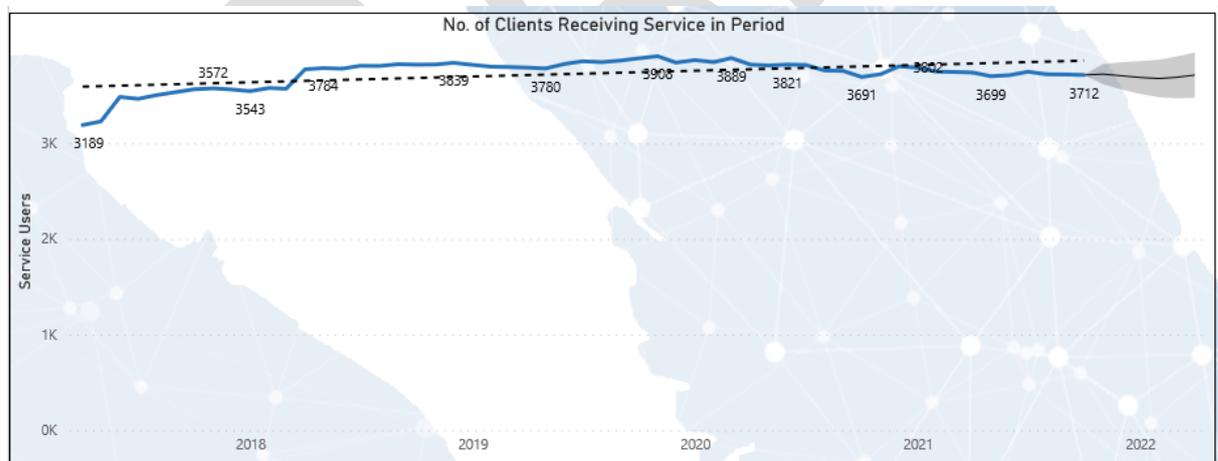
3.30 **Supported Living Care Services:** The table below represents the current number of supported living care services provided by Adult Social Care as at September 2021. There are currently 818 open supported living care packages. Supported Living services saw a 2.1% decrease over 2020-21, with a steep drop (37 services, or 4.36%) 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.



3.31 **Extra Care Services:** The table below represents the number of extra care services currently provided by Adult Social Care as at September 2021. There are currently 316 open extra care provisions within Adult Social Care. 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.



**3.32 Assistive Technology:** The table below represents the number of assistive technology services currently provided by Adult Social Care as at September 2021. There are currently 3,712 clients in receipt of Assistive Technology support. There was a drop in numbers in the first half of last financial year which lifted by December 2020. Numbers are currently down by 2.9% on June 2020. The number of clients receiving Assistive Technology support represents 48.5% of the total clients currently receiving support which hasn't varied greatly to June 2020 at 49.8%.



## 4.0 FINANCIAL IMPLICATIONS

**4.1** This is the revenue budget monitoring report that provides information on the forecast outturn for the Adult Care and Public Health Directorate for 2021/22. 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 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.
- 5.2 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.
- 5.3 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.

## **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 themes in the Wirral Plan were initially informed by stakeholder engagement carried out in 2019, as part of the development of the Wirral Plan 2025. These themes have remained the same, however further engagement has been sought over the past year aligned to the refreshed Wirral Plan 2021 - 2026 to ensure social and economic changes as a result of the pandemic and other factors are reflected.

## **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 includes five themed areas. One of which is focused on creating a 'Sustainable Environment', which outlines our ambitions and priorities for tackling the climate emergency. These are based on developing and delivering action plans that will 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.

## **11.0 COMMUNITY WEALTH IMPLICATIONS**

- 11.1 Adult Social Care and Public Health services in general impact positively on community wealth including through commissioning local providers, employing people and paying care workers in the borough the Real Living Wage.

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## **APPENDICES**

None

## **BACKGROUND PAPERS**

- 2021/22 Revenue Budget Monitor for Quarter 1 (Apr - Jun)
- Revenue Budget 2021/22 and Medium-Term Financial Plan (2021/22 to 2025/26)

**SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>
Adult Social Care and Public Health Committee Adult Social Care and Public Health Committee Adult Social Care and Public Health Committee Adult Social Care and Public Health Committee	13 <sup>th</sup> October 2021 23 <sup>rd</sup> September 2021 29 <sup>th</sup> July 2021 7 <sup>th</sup> June 2021

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## ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Monday, 25 October 2021

<b>REPORT TITLE:</b>	<b>OUTCOMES OF BUDGET WORKSHOPS</b>
<b>REPORT OF:</b>	<b>DIRECTOR OF CARE AND HEALTH</b>

### REPORT SUMMARY

The purpose of this report is for the Committee to consider feedback and outcomes from the Budget Workshops which have been held in recent months. The workshops enabled officer and member liaison on proposed budget options, to facilitate discussion and allow direction to be obtained on further analysis required. The Budget Workshops also provided an opportunity for alternative proposals to be considered.

The Policy and Service Committees are responsible for those services being delivered under their operational headings within their annual budget envelope. 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.

The Budget Workshops considered 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 will recommend.

### RECOMMENDATIONS

The Adult Social Care and Public Committee is recommended to agree that the Budget Workshop feedback and outcomes, as detailed in appendix 1, be reported to Policy and Resources Committee for consideration.

## **SUPPORTING INFORMATION**

### **1.0 REASONS FOR RECOMMENDATIONS**

- 1.1 The Council has a legal responsibility to set an annual balanced budget, which establishes how financial resources are to be allocated and utilised. To successfully do so, engagement with members, staff and residents is undertaken; the recommendations in this report are an initial step in this approach and act as a precursor to budget proposals, scheduled to be made to Full Council on 28 February 2022, following the schedule of activity shown in Appendix 2.
- 1.2 Failure to set a lawful budget in time may lead to a loss of revenue, significant additional administrative costs, as well as reputational damage. Failure to set a budget may lead to intervention from the Secretary of State under section 15 the Local Government Act 1999.
- 1.3 The scale of the financial challenge that the Council faces cannot be overstated. The short-term support afforded by government in the form of a capitalisation directive does not extend beyond 2021/22, reinforcing the requirement for an in-depth review of Council operations to enable considered and robust proposals to be made to Council in February 2022 for the 2022/23 budget allocation. This will require difficult decisions to ensure that a balanced budget can be presented. Regular Member engagement on the process, which this report forms part of, is considered essential for effective budget formulation.

### **2.0 OTHER OPTIONS CONSIDERED**

- 2.1 A report does not have to be provided to the Committee to outline activity at this stage, however it is considered appropriate to do so in order to ensure that the Committee has up-to-date information in respect of the financial context that the Council is operating within and set out the budget setting stages that are expected to follow; in order that the Committee can comment accordingly and reduce the risk that it will not have the relevant information required to make an informed decision in respect of budget proposals to Full Council.

### **3.0 BACKGROUND INFORMATION**

- 3.1 The Policy & Resources Committee is responsible for co-ordinating processes for the development of the Budget and Policy Framework, together with decision making on cross-cutting policies not part of the Policy Framework. The Policy and Service Committees are responsible for those services being delivered under their operational headings within their annual budget envelope. 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.
- 3.2 Budget setting activity has been undertaken in line with the recommendations accepted by the Committee in June 2021, which built upon the approach outlined in March 2021.

- 3.3 The Senior Leadership Team (SLT) has met regularly to discuss the budget setting process, budget proposals, the budget gap that the Council faces and the associated uncertainty on funding. The Chartered Institute of Public Finance (CIPFA) were engaged by the Director of Resources to support progress on developing robust business cases for budget proposals, to provide an additional level of scrutiny and external insight to matters. Member engagement in the process has taken place through Budget Workshops.
- 3.4 These Budget workshops were convened to enable officer and member liaison on proposed budget options, in order to facilitate discussion and allow direction to be obtained on further analysis required. The Budget Workshops also provided an opportunity for alternative proposals to be considered.
- 3.5 The five-year medium term financial plan (MTFP) produced to satisfy the requirement of The Ministry of Housing, Communities and Local Government (MHCLG) (now known as The Department for Levelling Up, Housing and Communities (DLUHC)) for exceptional financial support, formed the basis of Budget Workshop discussions. Consideration has been given as to 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 will recommend.
- 3.6 The outcomes of these workshops are to be reported to meetings of those committees (in November) and will in turn be communicated to the Policy & Resources Committee (in December).
- 3.7 Details of the government's comprehensive spending review, which will outline funding implications for local government, is expected at the end of 2021. The outcome of the review will provide clarity on the funding assumptions currently in place, which in turn will demonstrate the specific funding gap that the Council will need to bridge as part of the budget proposals to be considered.
- 3.8 The impact of the government's comprehensive spending review on the Council's financial assumptions will be taken into account, along with feedback from the consultation process and the budget proposals developed through the Service Committee and Policy & Resources Committee (P&R) Budget Workshop approach to present a robust position on financial matters to be considered in formulating a budget proposal to Full Council. Further details of the key milestones associated with the 2022/23 budget setting process is shown at Appendix 2, which illustrates the proposed timetable for budget setting.
- 3.9 Policy & Resources Committee budget recommendations will be proposed in February 2022 in respect of the agreement of the annual Budget, setting of the council tax requirement and related matters to the Council, which will be debated by Full Council and voted upon by a simple majority.
- 3.10 With a potential revised budget gap in excess of £30m (as reported in the Pre-Budget Report presented to Policy & Resources Committee on 25 October 2021), the current level/breadth of services provided by the Council is not considered feasible and viable for continuance, hence the requirement to continue to develop a

number of potential budget proposals via the policy and service committees to ensure this gap can be closed.

#### **4.0 FINANCIAL IMPLICATIONS**

- 4.1 This report provides the Committee with an update on recent budget setting activity and describes the context in which the budget for 2022/23 is being set, where a prudent approach is being undertaken to develop budget proposals amidst an uncertain financial landscape.
- 4.2 Delivering financial sustainability is vitally important for the Council, with the capitalisation directive aspects of recent years reinforcing the need to develop a revised approach to operations, in order that any future crisis situation can be managed within available resources. This is reflective of comments made by Grant Thornton, the Council's external auditor, who noted as part of their value for money review during the audit of the 219/20 accounts, "We note that the capitalisation directive will only provide support to the Council for 2020/21 and 2021/22. As such, the Council needs to ensure that it delivers against its revised MTFs. It will need to put in place clear plans to reduce its future recurring service expenditure and move to a balanced revenue position that does not rely on reserves".

#### **5.0 LEGAL IMPLICATIONS**

- 5.1 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 11<sup>th</sup> 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 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.

- 5.6 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.
- 5.7 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.
- 5.8 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.
- 5.9 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.
- 5.10 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.
- 5.11 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.
- 5.12 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 agreed 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.

## **6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS**

- 6.1 At this time, there are no additional resource implications. However, where the budget is unbalanced and further proposals are required, then there may 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 is dependent on a proactive approach due to estimated figures being provided in the calculation for the budget, albeit the best estimates available at the time, plus any amount of internal and

external factors that could impact on the budget position. 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 budget is in place. 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 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.
- 7.5 A balanced MTFP is fundamental in demonstrating robust and secure financial management. Delivering a balanced position requires continual review and revision of plans to allow alternative financial proposals to be developed and embedded in plans as situations change. A delay in agreeing these may put the timetable for setting the 2022/23 budget at risk and may result in a balanced budget not being identified in time for the deadline of 11 March 2022.
- 7.7 Assumptions have been made in the current budget outlook 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.
- 7.8 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.

## **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 2022/23 budget setting process. SLT have overseen the production of the budget scenarios laid out in this report.
- 8.2 Engagement with local residents and businesses will be part of the budget setting process.

## **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.

## **11.0 COMMUNITY WEALTH IMPLICATIONS**

- 11.1 This report has no direct community wealth implications however the budget proposals under consideration should take account of related matters across headings such as the following:
- **Progressive Procurement and Social Value**  
How we commission and procure goods and services. Encouraging contractors to deliver more benefits for the local area, such as good jobs, apprenticeship, training & skills opportunities, real living wage, minimising their environmental impact, and greater wellbeing.
  - **More local & community ownership of the economy**  
Supporting more cooperatives and community businesses.  
Enabling greater opportunities for local businesses.  
Building on the experience of partnership working with voluntary, community and faith groups during the pandemic to further develop this sector.
  - **Decent and Fair Employment**  
Paying all employees a fair and reasonable wage.
  - **Making wealth work for local places**

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## **APPENDICES**

APPENDIX 1 – BUDGET WORKSHOP FEEDBACK AND OUTCOMES

APPENDIX 2 – BUDGET SETTING MILESTONES

## **BACKGROUND PAPERS**

CIPFA's Financial Management Code

## **SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>
<b>Policy and Resources Committee</b>	<b>17 March 2021</b>
<b>Full Council</b>	<b>1 March 2021</b>
<b>Policy and Resources Committee</b>	<b>9 June 2021</b>
<b>Policy and Resources Committee</b>	<b>25 October 2021</b>



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**Budget Workshops****Subject:** Adult Social Care and Public Health Committee**Date:** 21<sup>st</sup> October 2021**From:** Victoria Simpson, Senior Democratic Services Officer  
[victoriasimpson@wirral.gov.uk](mailto:victoriasimpson@wirral.gov.uk)**To:** P&R Committee

## 1. Background

All local authorities are required to set a balanced budget by 10<sup>th</sup> March each year. The Adult Care and Health Directorate has developed efficiency options for consideration by the Adult Social Care and Public Health Committee before their recommendations are put forward to the Policy and Resources Committee (P & R) for review. Workshops to gather the below feedback were held on the 6<sup>th</sup> September and 14<sup>th</sup> October. Budget option recommendations were agreed during the workshop on the 14<sup>th</sup> October. This will inform the P & R's Committee's proposals and final budget recommendation to Council.

Members were made aware that the Indicative Budget gap for 2022/23 currently stands at £31.6m and that Officer proposals (savings/income) to bridge that gap total £24.8m. Members were advised that one of the requirements of submitting the capitalisation request to the Ministry of Housing, Communities and Local Government was a 5 year balanced Medium Term Financial Plan.

Members were then informed that as at 17 March P&R Committee the gap was balanced but since then some additional pressures had emerged and some estimated savings had reduced. With all the officer proposals the current gap is now £6.8m. Some assumptions have been made which may change this gap which will not be known until later in the year.

## 2. Key Considerations

**Table 1: Future Year Savings – Adult Social Care and Public Health**

**Demand mitigation and change initiatives**

- **Extra Care Housing**
- **Review of care packages – working with Cheshire & Wirral Partnership NHS Foundation Trust (CWP) and Wirral Community Foundation Trust (WCFT) reviewing existing clients**

- **Partners 4 change/ 3 conversations – new ways of working implemented during 2021/22**
- **Technology enables care – supporting people to live independently for longer**
- **Supported Independent Living – review of service models aligned to Liverpool City Region workstream on independent and fulfilling lives**
- **Direct Payments – as a good alternative to directly commissioned care**
- **Shared Lives – develop a new service offer to increase numbers of people supported in a family based care setting**
- **Liquid Logic software system– benefits of the new system funded by the capital**

**2022/23 Total Savings 4M**

#### **Future Year Pressures – Adult Social Care and Public Health Directorate**

**Fee rate increases**

**Contract increase Wirral Community Foundation Trust & Cheshire and Wirral Partnership NHS Foundation Trust**

**Demographic Growth: Adults with disabilities**

**Demographic Growth: Older People**

#### **Savings rejected by the Committee**

No savings outlined in the table above were rejected by the Committee.

#### **List of Savings and Pressures to be considered further**

As no savings were rejected by the Committee, all savings outlined in the table above will be put forward for consideration.

#### **3. Members questions**

**Q: How will the needs of younger people and early onset dementia be supported?**

**A:** We do have a Wirral wide dementia group and have a dedicated assessment team for early onset dementia. There is a multi disciplinary team and the Council has also commissioned a drop in service for support.

**Q: The impact of ‘splitting up services’ impacts on our budget, how does the Department manage this?**

A: CIPFA have been undertaking some work on the adult social care committee and have been reviewing how our budgets are structured. Feedback from CIPFA is that we are aware and closely monitoring our budget spend, we are awaiting a report from CIPFA and considering it corporately – we were this first department to go forward – the feedback was quite positive and we do await the outcome.

**Q: What is the progress on Extra Care Housing?**

A: There is progress and we will ensure that regular reports are taken to Committee. The Department wish to see growth in the sector as rapidly as possible.

**Q: Are you confident as a Department that you can achieve the savings on contracts?**

A: Yes, with some concerns regarding the impact of covid. It has been an unusual 18 months and the covid funding has supported us and we have seen additional resources coming through the NHS, however, the progress for this financial year seems to be very good and the last budget monitoring meeting reported savings in excess of £1.5m. I am optimistic and fairly confident that we can continue delivering.

**Q: I have noticed that direct payments had gone down slightly. I’m assuming that won’t affect this year and its something to consider for next?**

A: They have gone down slightly but have been fluctuating around that level for some time. it is a good option for people and would like our front line social workers to be promoting direct payments We are looking at making the carers grant payment through pre paid cards. We need to make the support offer for people is a good offer and not a burden as sometimes it can give them the responsibility that they don’t want.

**Q: In some situations, is it better for people to be supported in their own homes?**

A: There has been an increase of people who require support in their own homes. It has brought its own challenges in terms of recruitment etc. Thank you to members for supporting the real living wage as it has helped to retain staff.

#### **4. Member Comments**

**C: There is a 1m pressure in the movement of people with learning disabilities into adult care. The Children, Young People and Education Committee is indicating savings, does this mean our committee pick up a £1m pressure?**

A: In effect the demographic growth is a one year view of the people coming in new. When we're dealing with the cohort of people coming in from children's, its over a number of years. There is a saving in children's at current time.

**C: It is important that the impact of long covid is recognised.**

A: The Department are aware and will work alongside the NHS.

### **Other Key topics of discussion**

- The need to re visit the all age disability service.
- Discussion over telecare provision and the need for this to be increased.
- Concern over increasingly elderly population and dementia care.
- Concerns over the impact of long covid both physically and mentally upon sufferers and whether any provision had been made for this.
- Impact of the Pandemic upon carers and mental wellbeing of adults who require care.
- Discussion over early onset dementia and work that is being undertaken in this area.
- The need for a proper and robust appraisal process for carers.
- Concern over Housing Committee not having met recently to review the likes of aids and adaptations and possibly the impact of refugees.
- Zero based budgeting – update required.
- Extra Care Housing – discussion over various sites that would suit needs and discussion over the need for an update – need for acceleration of some projects and to look into modular housing.
- Unknown re: the impact of public sector pay negotiations.

### **5. Budget options agreed to be put forward for consideration**

Members agreed proposals as below to move to business case for next year in relation to savings, income, pressures, growth:

1. Demand Mitigation and Change Initiatives
2. Fee Rate Increases
3. Contract increase WCF & CWP
4. Demographic Growth: Adults with Disabilities
5. Demographic Growth: Older People

## APPENDIX 2 – BUDGET SETTING MILESTONES

MONTH	ACTIVITY
June to September	<ul style="list-style-type: none"> <li>• Policy &amp; Resources Committee (P&amp;R) agreed approach to budget setting (9<sup>th</sup> June 2021)</li> <li>• Budget workshops commenced to identify savings/income/reductions in pressures for 2022/23 (26<sup>th</sup> July 2021 onwards)</li> </ul>
October	<ul style="list-style-type: none"> <li>• P&amp;R 2022/23 Pre-Budget Report (25<sup>th</sup> October)</li> <li>• Ongoing budget service committee workshops (leading to budget setting outcomes reports)</li> <li>• Chancellor’s Autumn Statement – indication of how resources to be aligned (27<sup>th</sup> October 2021)</li> </ul>
November	<ul style="list-style-type: none"> <li>• Undertake generic budget consultation</li> <li>• P&amp;R budget Sub-committee initiated (subject to approval)</li> <li>• Budget setting workshop activity - outcomes report - for consideration of Service Committees &amp; P&amp;R</li> <li>• Collation of budget proposals for potential incorporation within 2022/23 budget options</li> </ul>
December	<ul style="list-style-type: none"> <li>• Annual government finance settlement</li> <li>• Service Committees &amp; P&amp;R - Business Case Development/ Validation</li> <li>• P&amp;R Committee meeting (15<sup>th</sup> December 2021)</li> </ul>
January	<ul style="list-style-type: none"> <li>• Report to P&amp;R to provide an update on budget assumptions and the budget gap (13<sup>th</sup> January 2022)</li> </ul>
February	<ul style="list-style-type: none"> <li>• P&amp;R recommend 22/23 Budget to Council (15<sup>th</sup> February 2022)</li> <li>• Budget Council - 2022/23 - budget approval (28<sup>th</sup> February 2022)</li> </ul>
March	<ul style="list-style-type: none"> <li>• Budget amendments - if 22/23 not approved by February full Council</li> <li>• Reserve Council Meeting - budget approval (7<sup>th</sup> March 2022)</li> </ul>

NB:

Following Policy & Resources Committee on 25 October it was also agreed to include a specific proposal consultation period in January

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## **ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE**

**Tuesday, 16 November 2021**

<b>REPORT TITLE:</b>	<b>ADULT SOCIAL CARE AND HEALTH PERFORMANCE REPORT</b>
<b>REPORT OF:</b>	<b>DIRECTOR OF CARE AND HEALTH</b>

### **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 Health Committee are 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. Alongside the written report a verbal update on key NHS performance data will be provided at the committee meeting.

### **3.0 BACKGROUND INFORMATION**

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

### **4.0 FINANCIAL IMPLICATIONS**

- 4.1 The financial implications associated with the performance of the Directorate are included within the Financial Monitoring Report reported to this committee.

### **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. This report has no direct implications for equalities.

## 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.

## 11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 The content and/or recommendations contained within this report have no direct implications for community wealth. Adult Health and Care services in general impact positively on community wealth including through commissioning local providers employing local people and paying care workers in the borough the Real Living Wage.

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## APPENDICES

Appendix 1:  
Adult Social Care and Public Health Committee Performance Report 13/10/2021

## BACKGROUND PAPERS

Data sources including Liquid Logic system, ContrOCC system, NHS Capacity Tracker, Wirral Community Foundation Trust.

## SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Public Health Committee	13 October 2021
Adult Social Care and Public Health Committee	23 September 2021
Adult Social Care and Public Health Committee	29 July 2021
Adult Social Care and Public Health Committee	7 June 2021
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**  
**Adult Social Care and Public Health Committee**

**19 November 2020**  
**13 October 2020**



Wirral Health & Care  
Commissioning



 **WIRRAL**



## **Adult Social Care and Public Health Committee Performance Report 13/10/2021**

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## 1.0 Introduction

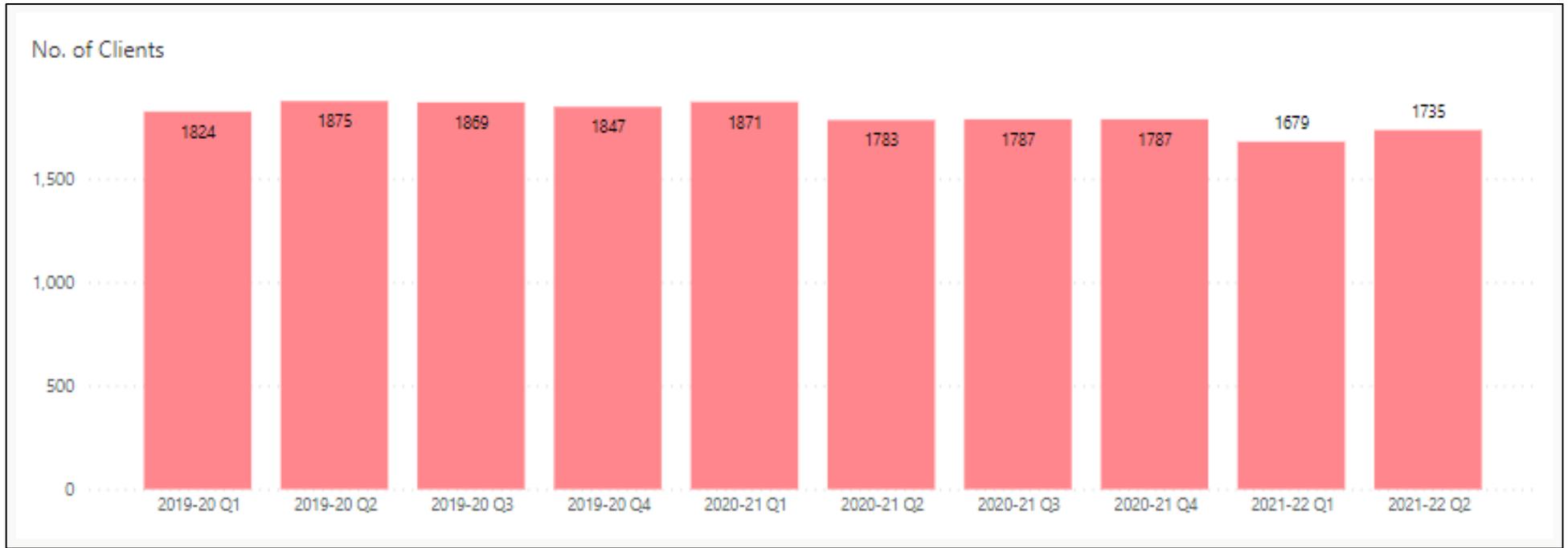
The Adult Care and Health Committee have requested a set of key intelligence related to key areas within Health and Care. This report supplies that information for review and discussion by members. If additional intelligence is required further development on reporting will be carried out.

## 2.0 Care Market – Homes

### 2.1 Residential and Nursing Care - Cost and Numbers of People (since 01/04/2019)

No. of Clients	Actual Cost
3918	£133.35M

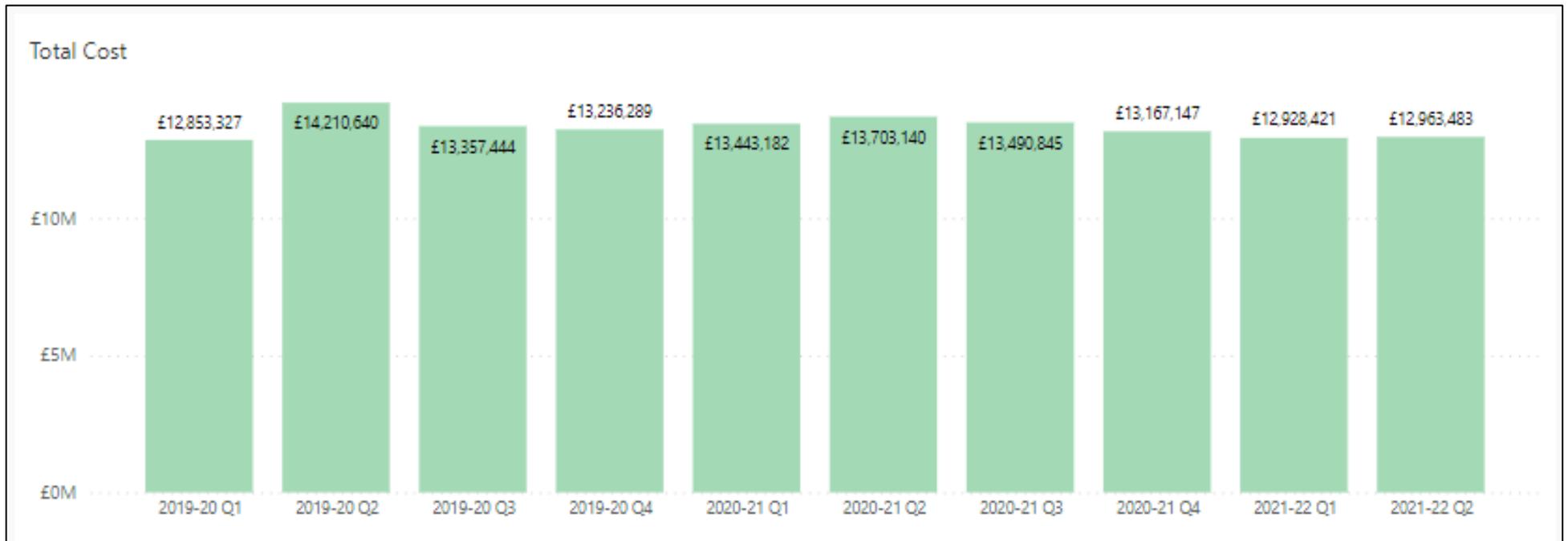
Data Source: ContrOCC.



Data Source: ContrOCC.

No. of Clients				
Month Name	2019-20	2020-21	2021-22	Total
April	1627	1671	1524	2677
May	1617	1566	1545	2645
June	1633	1605	1522	2668
July	1672	1605	1540	2710
August	1658	1630	1596	2771
September	1697	1601	1555	2743
October	1687	1616		2252
November	1673	1626		2253
December	1658	1574		2192
January	1631	1571		2159
February	1601	1575		2146
March	1683	1578		2221
<b>Total</b>	<b>2502</b>	<b>2649</b>	<b>1933</b>	<b>3918</b>

Data Source: ContrOCC.

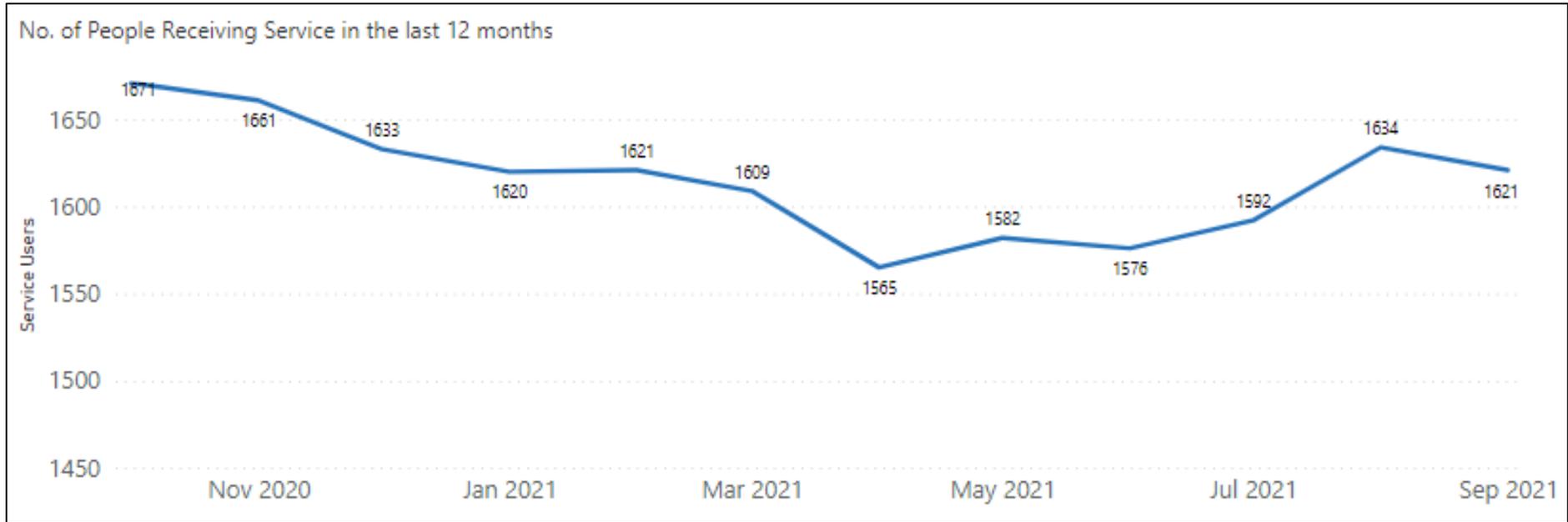


Data Source: ContrOCC.

Total Cost				
Month Name	2019-20	2020-21	2021-22	Total
April	£4,925,332.68	£4,211,695.09	£3,970,203.45	£13,107,231.22
May	£3,941,649.91	£4,103,119.38	£4,960,092.38	£13,004,861.67
June	£3,986,344.00	£5,128,367.69	£3,998,125.61	£13,112,837.30
July	£5,023,121.07	£4,208,157.58	£3,985,023.22	£13,216,301.87
August	£4,073,577.09	£5,287,944.11	£4,970,434.51	£14,331,955.72
September	£5,113,942.14	£4,207,038.42	£4,008,025.31	£13,329,005.87
October	£4,132,723.01	£4,169,986.22		£8,302,709.23
November	£4,126,551.20	£5,219,500.58		£9,346,051.78
December	£5,098,169.37	£4,101,358.56		£9,199,527.93
January	£4,065,013.03	£4,066,130.78		£8,131,143.81
February	£4,041,394.03	£4,061,556.88		£8,102,950.90
March	£5,129,881.91	£5,039,459.25		£10,169,341.16
<b>Total</b>	<b>£53,657,699.44</b>	<b>£53,804,314.55</b>	<b>£25,891,904.48</b>	<b>£133,353,918.47</b>

Data Source: ContrOCC.

## 2.2 Residential and Nursing Care Over Time



Data Source: Liquid Logic.

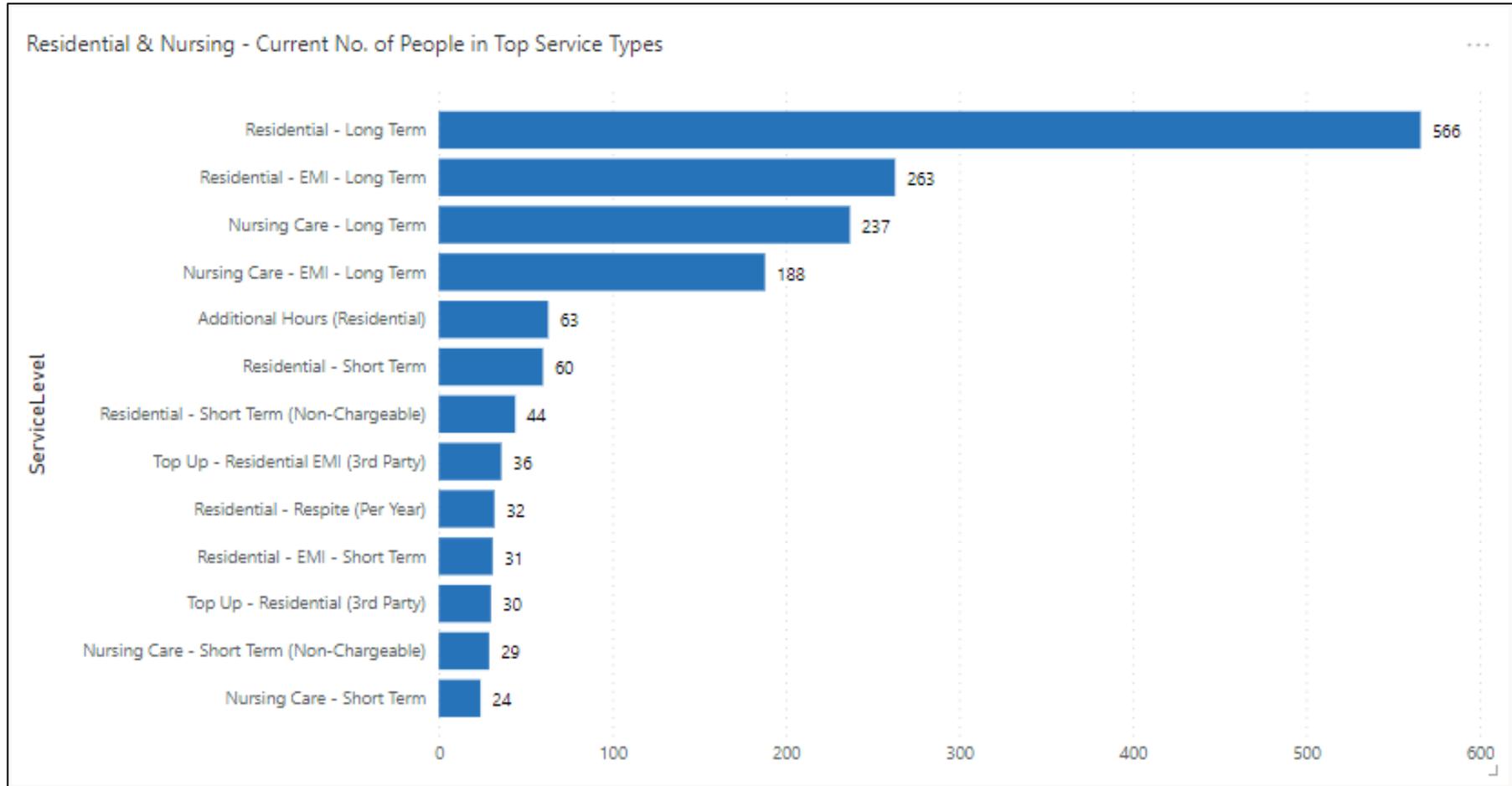
No. of People Receiving Service in the last 12 months

Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
2021	1620	1621	1609	1565	1582	1576	1592	1634	1621				2323
2020										1671	1661	1633	1837
<b>Total</b>	<b>1620</b>	<b>1621</b>	<b>1609</b>	<b>1565</b>	<b>1582</b>	<b>1576</b>	<b>1592</b>	<b>1634</b>	<b>1621</b>	<b>1671</b>	<b>1661</b>	<b>1633</b>	<b>2603</b>

Data Source: Liquid Logic.

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



Data Source: Liquid Logic.

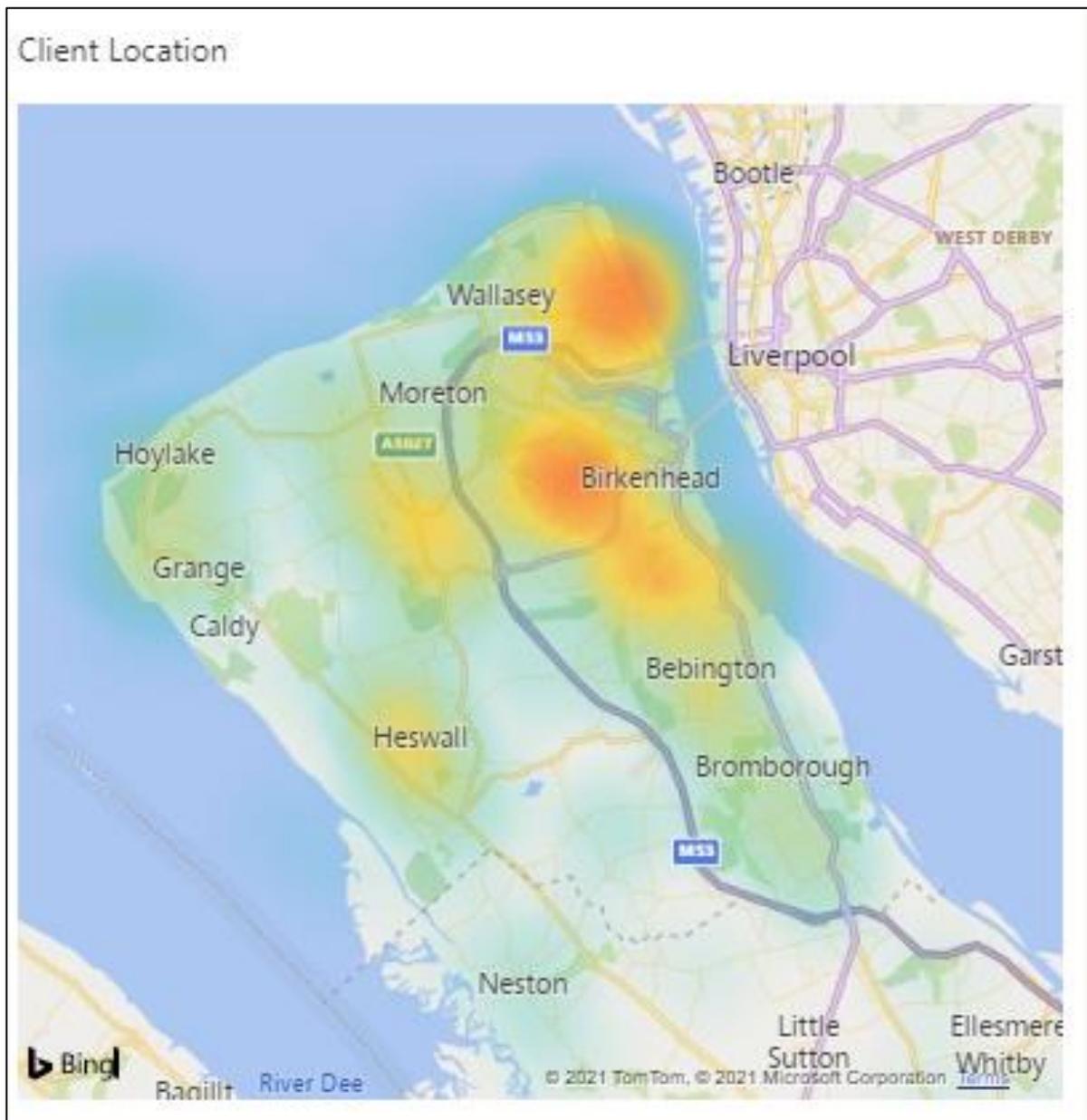
Residential & Nursing - Current No. of People by Top Service Types

ServiceLevel	No. of People
Residential - Long Term	566
Residential - EMI - Long Term	263
Nursing Care - Long Term	237
Nursing Care - EMI - Long Term	188
Additional Hours (Residential)	63
Residential - Short Term	60
Residential - Short Term (Non-Chargeable)	44
Top Up - Residential EMI (3rd Party)	36
Residential - Respite (Per Year)	32
Residential - EMI - Short Term	31
Top Up - Residential (3rd Party)	30
Nursing Care - Short Term (Non-Chargeable)	29
Nursing Care - Short Term	24
<b>Total</b>	<b>1472</b>

Data Source: Liquid Logic.

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

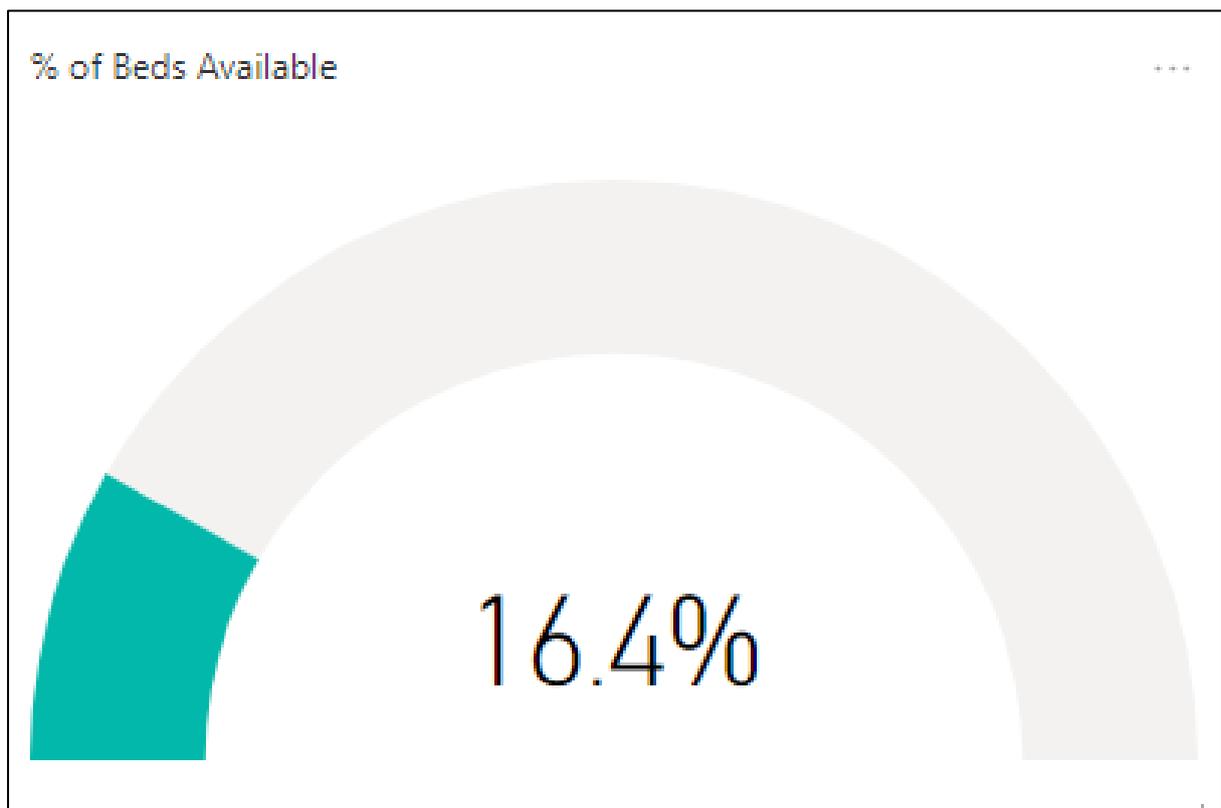
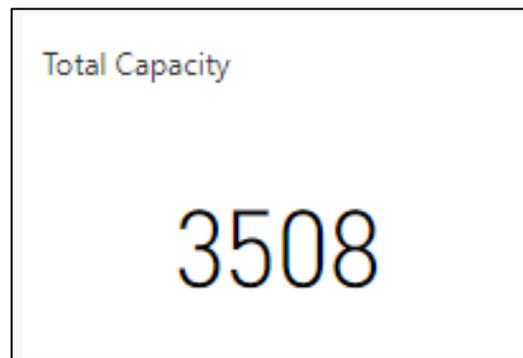
## 2.3 Residential and Nursing – People Location



The heat map shows the care home locations.

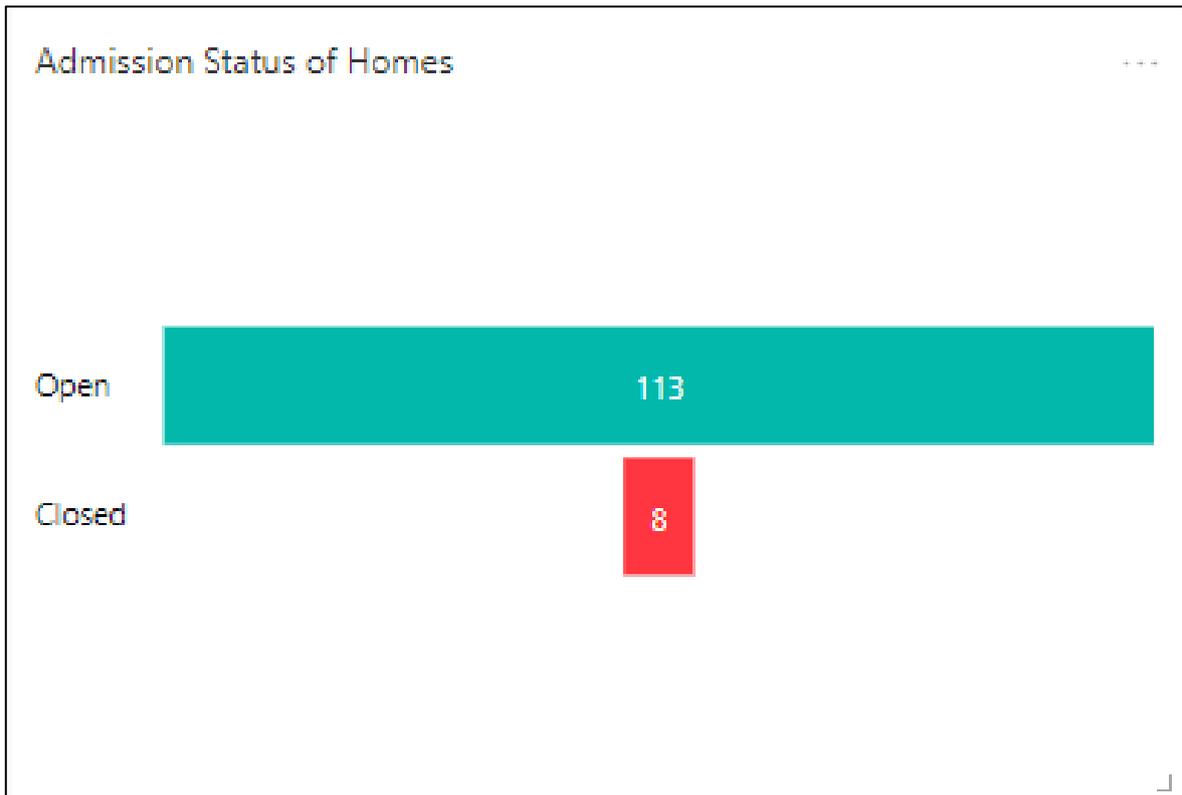
Data Source: Liquid Logic.

## 2.4 Care Homes – Current Vacancy Rate



Data Source: NHS Capacity Tracker.

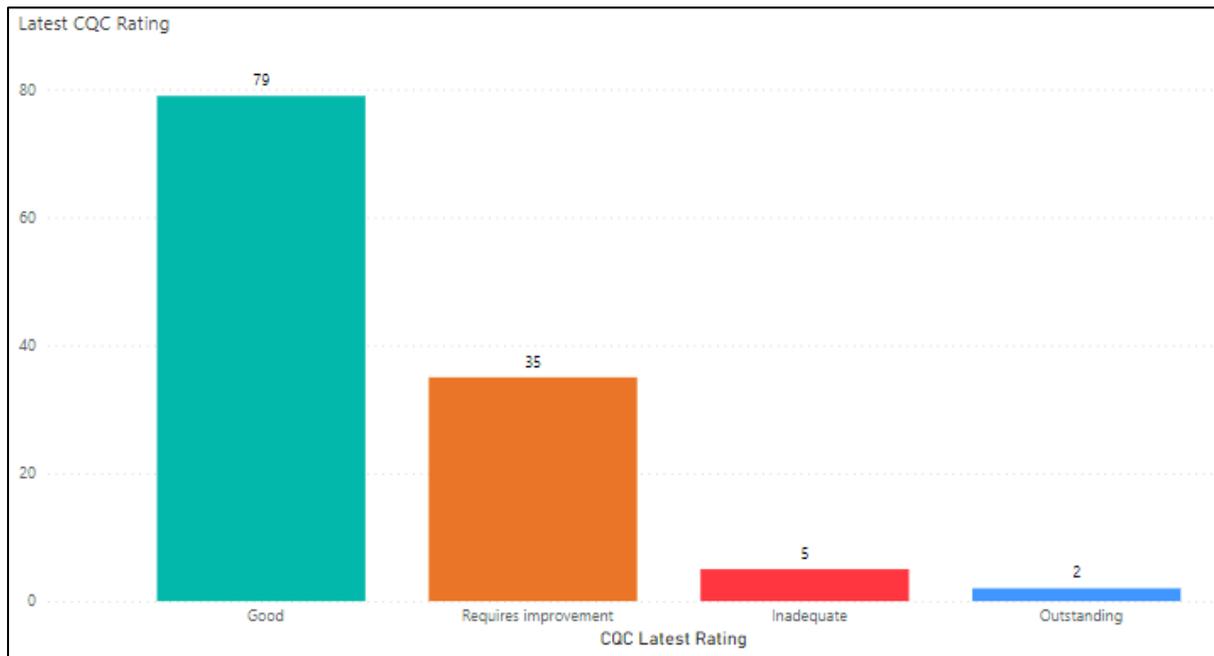
There is a capacity of 3508 places in care homes with a current vacancy rate as at 13/10/21 of 16.4%.



Data Source: NHS Capacity Tracker.

As at 13/10/21 there are currently 8 homes closed to admissions.

## 2.5 Care Homes – Care Quality Commission Inspection Ratings



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

The number of long-term residential care home placements continues to be at a reduced level, however the numbers for long term residential EMI, nursing and nursing EMI have all decreased slightly. Vacancy rates have reduced slightly, though they continue to be higher than usual and have not reduced following the peak of 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 to admissions in line with infection control measures is increasing slightly

## 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: -

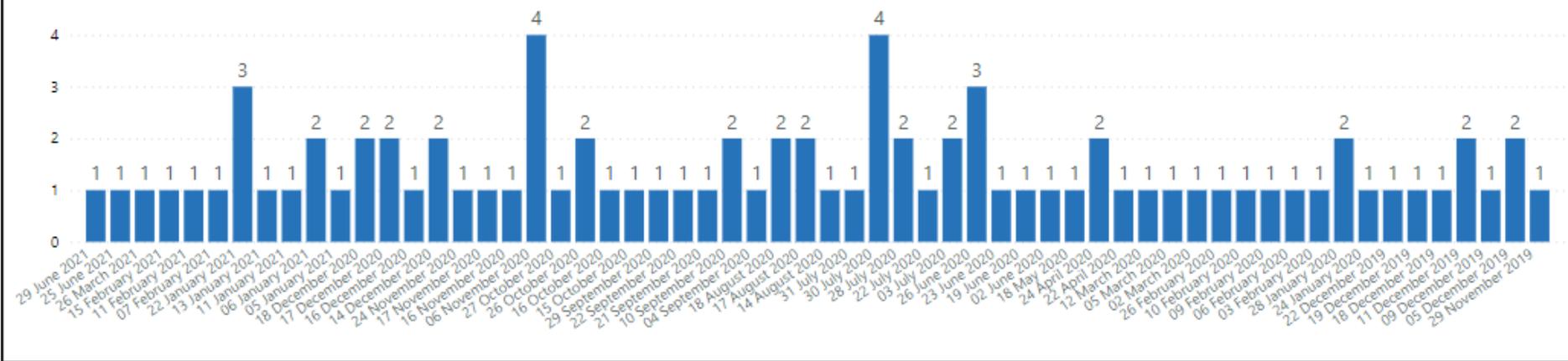
- Serious Injury
- Abuse or Alleged abuse
- Changes affecting a provider or manager e.g. a new manager; change of contact details; new nominated individual; new SOP
- Death (unexpected and expected)
- DOLs
- Police incidents and / or investigations
- Absences of registered persons (and returns from absence) 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

No. of Alerts	No. of Clients Identified
483	143

Data Source: ContrOCC.

No. of Alerts by Dates

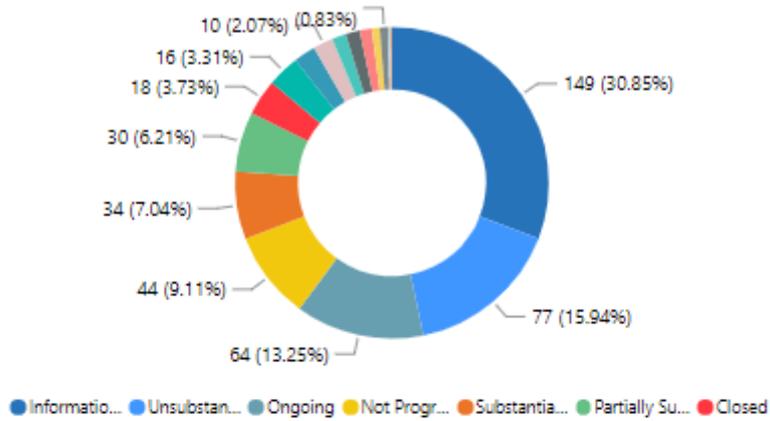


Data Source: ContrOCC.

### No. of Alerts by Dates

Date	No. of Alerts
29 June 2021	1
25 June 2021	1
26 March 2021	1
15 February 2021	1
11 February 2021	1
07 February 2021	1
22 January 2021	3
13 January 2021	1
11 January 2021	1
06 January 2021	2
05 January 2021	1
18 December 2020	2
17 December 2020	2
16 December 2020	1
14 December 2020	2
24 November 2020	1
17 November 2020	1
16 November 2020	1
06 November 2020	4
27 October 2020	1
26 October 2020	2
16 October 2020	1
15 October 2020	1
29 September 2020	1
22 September 2020	1
21 September 2020	1
10 September 2020	2
04 September 2020	1
18 August 2020	2
17 August 2020	2
14 August 2020	1
31 July 2020	1
30 July 2020	4
28 July 2020	2
22 July 2020	1
03 July 2020	2
26 June 2020	3
23 June 2020	1
19 June 2020	1
02 June 2020	1
18 May 2020	1
24 April 2020	2
22 April 2020	1
12 March 2020	1
<b>Total</b>	<b>483</b>

No. of Alerts  
BY OUTCOME

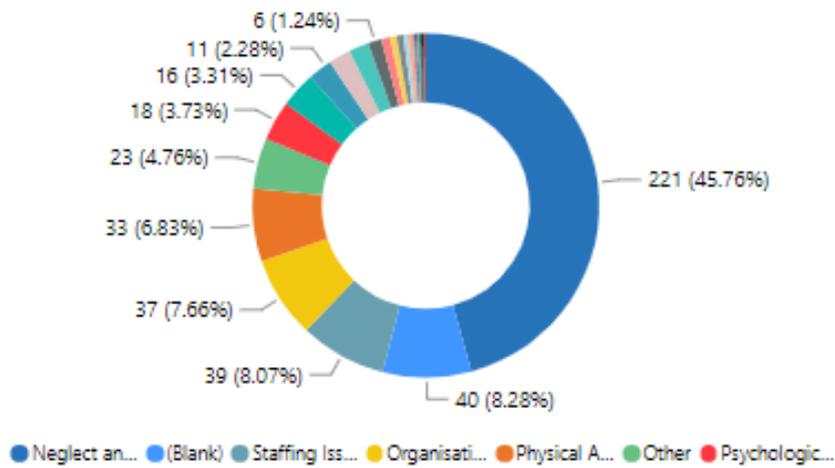


No. of Alerts  
BY OUTCOME

Outcome	No. of Alerts
Information Only	149
Unsubstantiated	77
Ongoing	64
Not Progressed	44
Substantiated	34
Partially Substantiated	30
Closed	18
Partially Substantiated with Action Plan	16
Investigated - No further action	11
Warning Notice	10
Closed with Recommendations	7
Inconclusive	7
Substantiated with Action Plan	6
	4
Notice of Proposal	4
Notice of Decision	1
Unsubstantiated with Action Plan	1
<b>Total</b>	<b>483</b>

Data Source: ContrOCC.

No. of Alerts  
BY SUB THEME



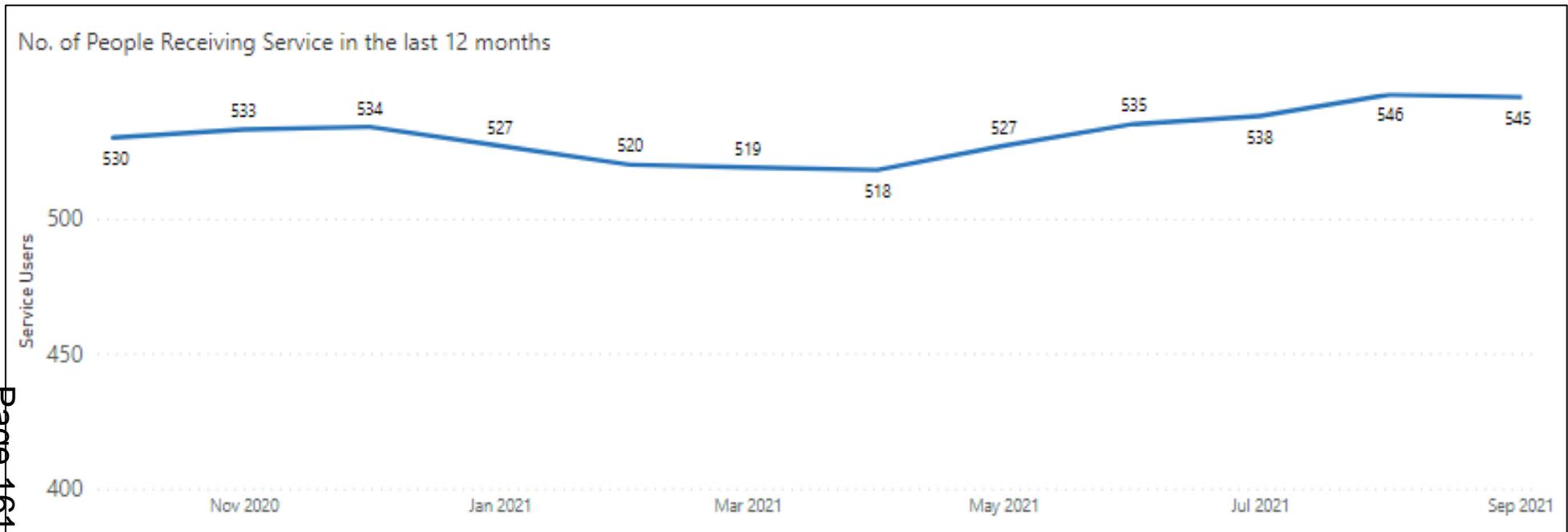
No. of Alerts  
BY SUB THEME

Sub Theme	No. of Alerts
Neglect and Acts of Omission	221
(Blank)	40
Staffing Issues	39
Organisational Abuse	37
Physical Abuse	33
Other	23
Psychological Abuse	18
Medication	16
Safe	11
Management	10
Environment	9
Financial or Material Abuse	6
Infection Control	4
Care Planning	3
Health and Safety	3
Falls	2
Well-led	2
Caring	1
Late/Early Call	1
Neglects and Acts of Omission	1
Self-neglect	1
Tissue Viability	1
Training	1
<b>Total</b>	<b>483</b>

Data Source: ContrOCC.

### 3.0 Direct payments

#### 3.1 Direct Payments – Number of People Receiving a Service



Data Source: ContrOCC.

### No of People Receiving Service in the last 12 months

Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
2020										530	533	534	547
2021	527	520	519	518	527	535	538	546	545				601
<b>Total</b>	<b>527</b>	<b>520</b>	<b>519</b>	<b>518</b>	<b>527</b>	<b>535</b>	<b>538</b>	<b>546</b>	<b>545</b>	<b>530</b>	<b>533</b>	<b>534</b>	<b>622</b>

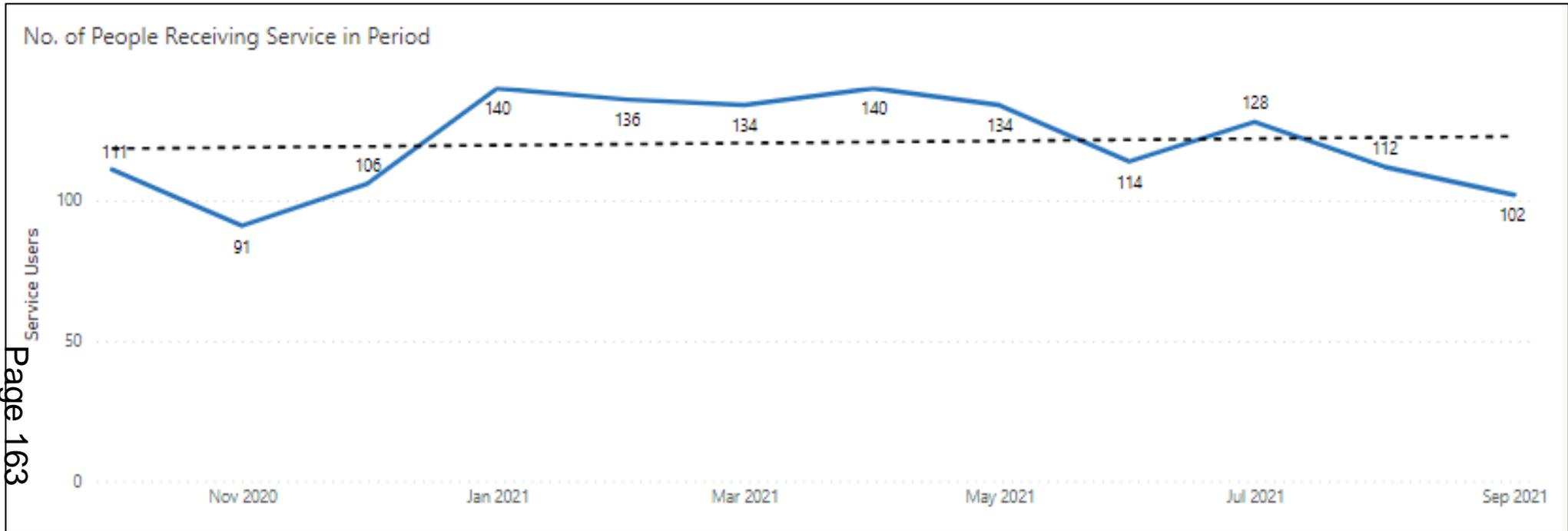
Data Source: ContrOCC.

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 13/10/21 is 544.

There has been an increase in the number of people who arrange their support with a Direct Payment since April 2021. The increase returns the figures to a similar level as the end of 2020. 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 (in the last 12 months)



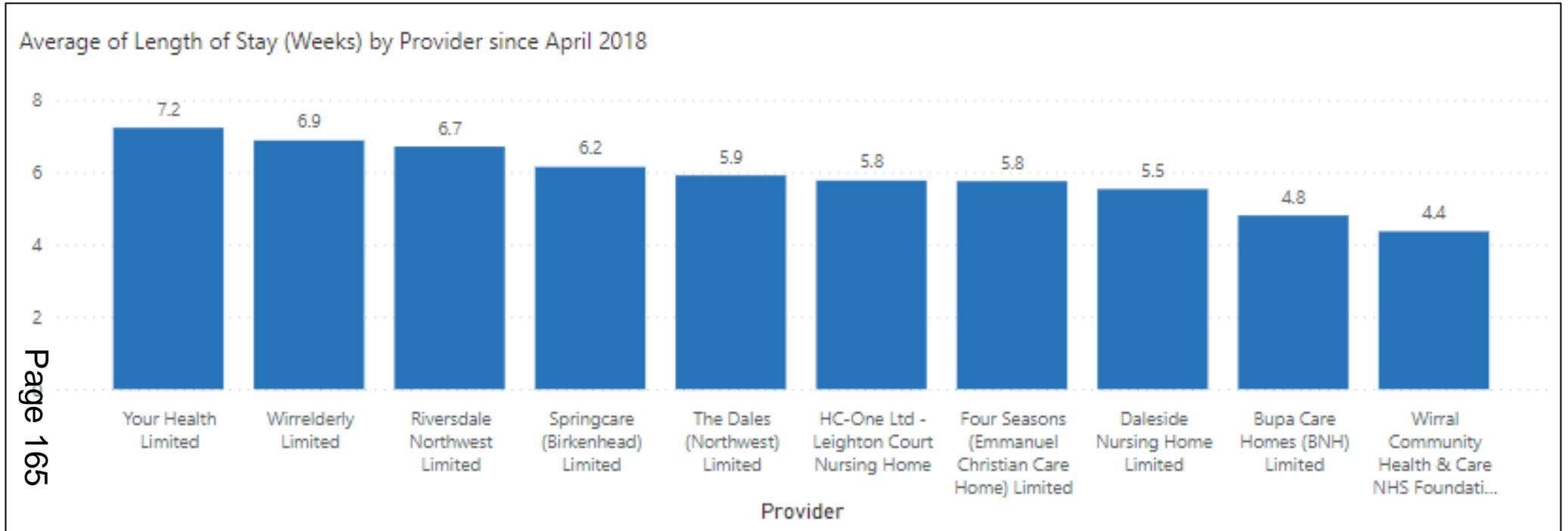
### No. of People Receiving Service in Period

Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
2021	140	136	134	140	134	114	128	112	102				484
2020										111	91	106	202
<b>Total</b>	<b>140</b>	<b>136</b>	<b>134</b>	<b>140</b>	<b>134</b>	<b>114</b>	<b>128</b>	<b>112</b>	<b>102</b>	<b>111</b>	<b>91</b>	<b>106</b>	<b>609</b>

Data Source: ContrOCC.

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 since April 2018



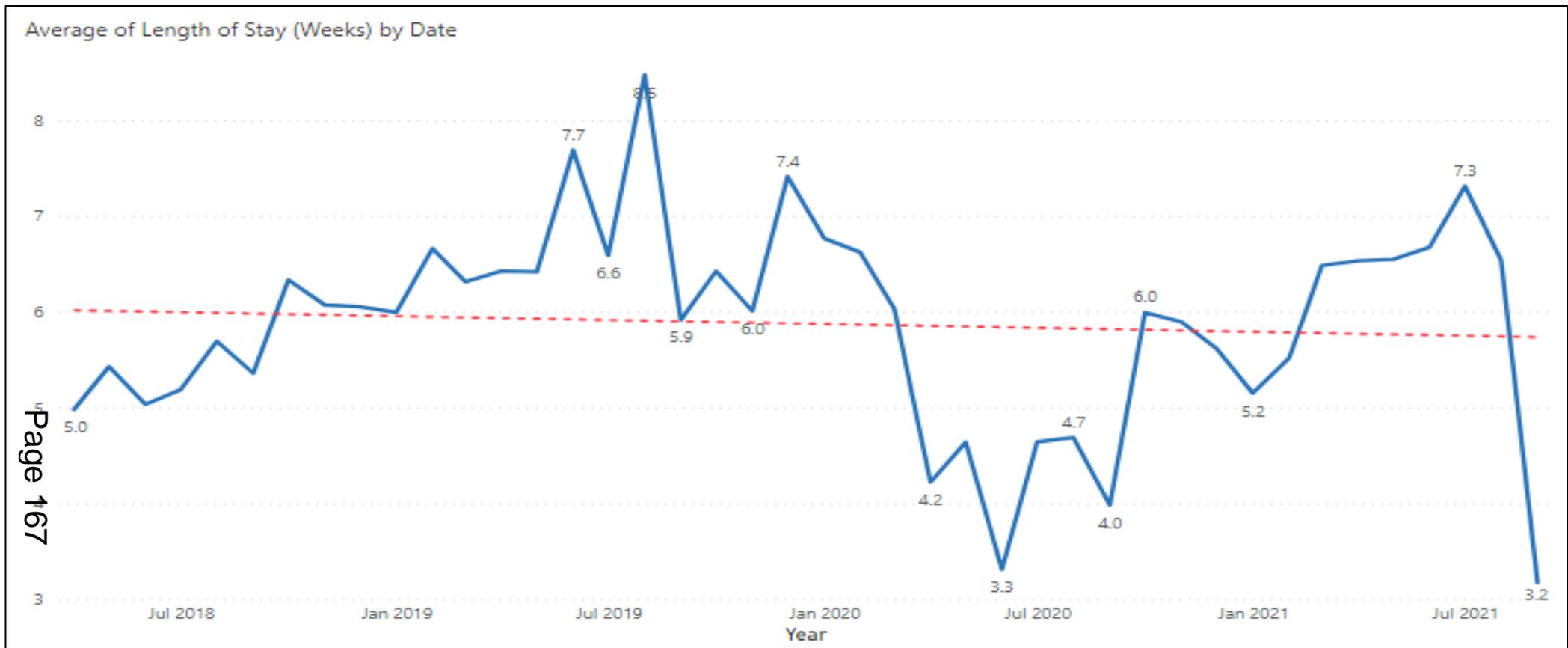
Page 165

Data Source: ContrOCC.

## Average Length of Stay (Weeks) by Provider since April 2018

Provider	Average of Length of Stay (Week)
Bupa Care Homes (BNH) Limited	4.81
Daleside Nursing Home Limited	5.54
Four Seasons (Emmanuel Christian Care Home) Limited	5.76
HC-One Ltd - Leighton Court Nursing Home	5.77
Riversdale Northwest Limited	6.71
Springcare (Birkenhead) Limited	6.15
The Dales (Northwest) Limited	5.92
Wirral Community Health & Care NHS Foundation Trust	4.37
Wirrelderly Limited	6.89
Your Health Limited	7.24
<b>Total</b>	<b>5.91</b>

Data Source: ContrOCC.



Data Source: Liquid Logic.

### Average of Length of Stay (Weeks) by Date

Month	2018	2019	2020	2021	Total
January		5.99	6.77	5.15	5.93
February		6.66	6.62	5.52	6.29
March		6.31	6.03	6.48	6.31
April	4.98	6.43	4.22	6.53	5.60
May	5.43	6.42	4.64	6.55	5.67
June	5.03	7.69	3.31	6.67	5.43
July	5.19	6.59	4.64	7.31	5.91
August	5.69	8.47	4.69	6.54	6.22
September	5.36	5.92	3.98	3.17	4.79
October	6.33	6.42	5.99		6.25
November	6.07	6.01	5.89		6.01
December	6.05	7.41	5.62		6.30
<b>Total</b>	<b>5.59</b>	<b>6.66</b>	<b>5.14</b>	<b>6.07</b>	<b>5.87</b>

Data Source: Liquid Logic.

The average length of stay is shown since April 2018.

#### 4.3 Transfer to Assessment – Vacancy Rate

<b>Table 1 - Actual Bed Days</b>						
	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>
Nursing (Covid-19 Block Bed)	41	7	0	0	0	0
Residential (Covid-19 Block Bed)	60	9	0	0	0	0
Transfer to Assess	2069	2210	2021	2260	2190	2029
<b>Total</b>	<b>2170</b>	<b>2226</b>	<b>2021</b>	<b>2260</b>	<b>2190</b>	<b>2029</b>
<b>Table 2 - Commissioned Bed Days</b>						
	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>
Nursing (Covid-19 Block Bed)	38	7	0	0	0	0
Residential (Covid-19 Block Bed)	60	7	0	0	0	0
Transfer to Assess	2820	2914	2771	1395	1395	2726
<b>Total</b>	<b>2918</b>	<b>2928</b>	<b>2771</b>	<b>1395</b>	<b>1395</b>	<b>2726</b>
<b>Table 3 - % Occupancy</b>						
	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>
Daleside	45%	63%	65%	73%	61%	56%
Elderholme	92%	75%	88%	92%	82%	82%
Grove House	75%	83%	74%	67%	66%	64%
Leighton Court	83%	81%	73%	81%	87%	95%
Summerfields	79%	75%	63%	79%	90%	77%
Windy Knowe Nursing Home	100%	100%				
<b>Total</b>	<b>74%</b>	<b>76%</b>	<b>73%</b>	<b>70%</b>	<b>64%</b>	<b>60%</b>

**No commissioned beds**

The occupancy rates decreased slightly in September at all of the locations except Elderhome, which remained the same and Leighton Court which increased.

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
<input type="checkbox"/> <b>2020</b>	<b>127</b>	<b>617.00</b>
October	54	276.00
November	32	144.00
December	41	197.00
<input type="checkbox"/> <b>2021</b>	<b>506</b>	<b>2,494.00</b>
January	30	157.00
February	30	146.00
March	41	174.00
April	41	194.00
May	79	363.00
June	62	292.00
July	56	295.00
August	100	491.00
September	67	382.00
<b>Total</b>	<b>633</b>	<b>3,111.00</b>

Data Source: ContrOCC and Liquid Logic.

### Occupancy Level by Date and Provider

Date - Week Commencing	Vacancies Rate	Service
27 September 2021	50%	Tree Vale Limited Acorn House
20 September 2021	79%	Tree Vale Limited Acorn House
13 September 2021	71%	Tree Vale Limited Acorn House
06 September 2021	50%	Tree Vale Limited Acorn House
30 August 2021	14%	Tree Vale Limited Acorn House
02 August 2021	29%	Tree Vale Limited Acorn House
26 July 2021	50%	Tree Vale Limited Acorn House
19 July 2021	21%	Tree Vale Limited Acorn House
05 July 2021	36%	Tree Vale Limited Acorn House
28 June 2021	14%	Tree Vale Limited Acorn House
21 June 2021	50%	Tree Vale Limited Acorn House
14 June 2021	93%	Tree Vale Limited Acorn House
07 June 2021	71%	Tree Vale Limited Acorn House
31 May 2021	36%	Tree Vale Limited Acorn House
24 May 2021	50%	Tree Vale Limited Acorn House
17 May 2021	50%	Tree Vale Limited Acorn House
10 May 2021	79%	Tree Vale Limited Acorn House
03 May 2021	100%	Tree Vale Limited Acorn House
26 April 2021	71%	Tree Vale Limited Acorn House
19 April 2021	50%	Tree Vale Limited Acorn House
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

Data Source: ContrOCC and Liquid Logic.

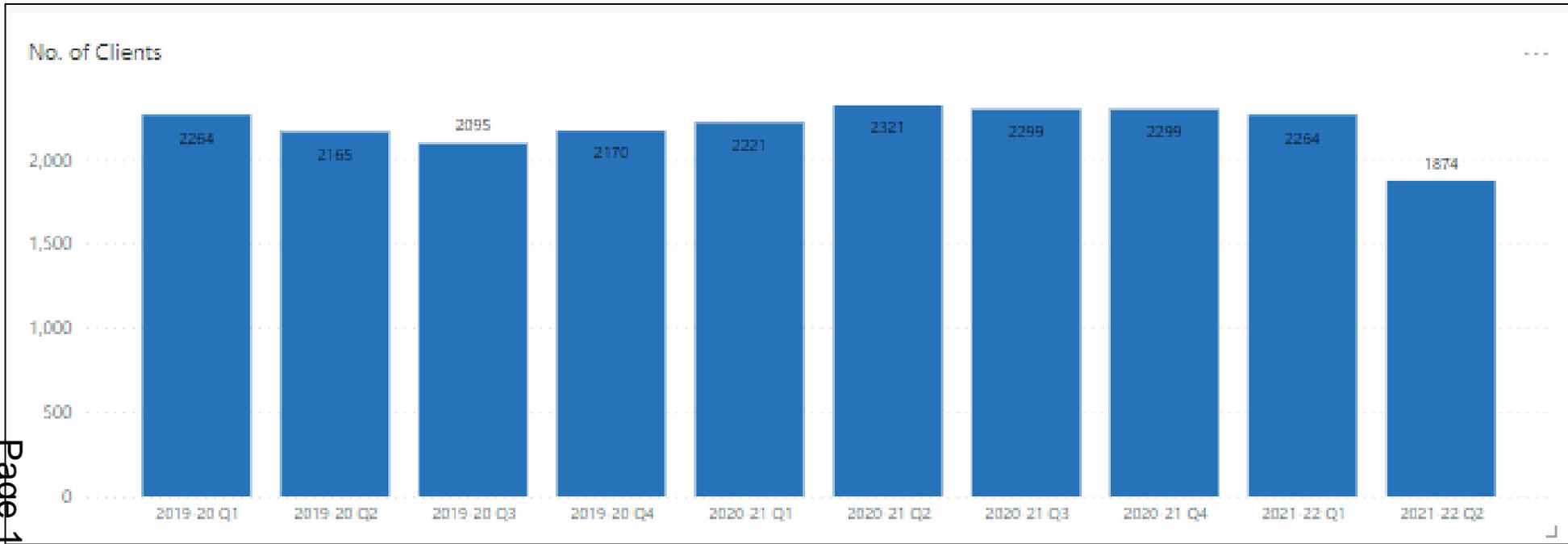
Short Breaks services provide valuable support to people and their carers. It is usual to have fluctuating occupancy levels between short stay bookings.

## 5.0 Care Market – Domiciliary Care and Reablement

### 5.1 Domiciliary Care - Cost and Hours (since 01/04/2019)

No. of Clients	Actual Cost
7068	£40.19M

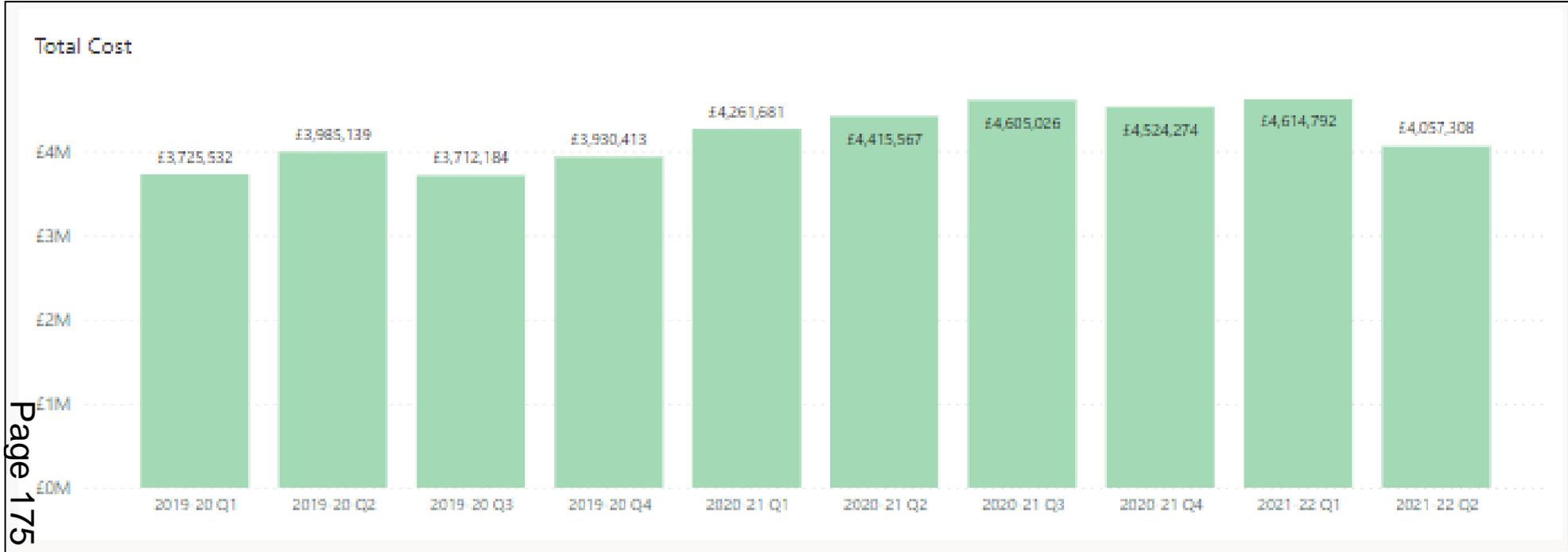
Data Source: ContrOCC.



Data Source: ContrOCC.

No. of Clients				
Month Name	2019-20	2020-21	2021-22	Total
April	1862	1717	1802	3548
May	1842	1741	1870	3598
June	1842	1841	1729	3564
July	1800	1819	1657	3472
August	1728	1857	1610	3403
September	1767	1823	1480	3306
October	1734	1819		2665
November	1752	1914		2775
December	1766	1751		2637
January	1765	1780		2664
February	1783	1734		2637
March	1824	1836		2785
<b>Total</b>	<b>3829</b>	<b>4189</b>	<b>2580</b>	<b>7068</b>

Data Source: ContrOCC.



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Data Source: ContrOCC.

Total Cost				
Month Name	2019-20	2020-21	2021-22	Total
April	£1,426,218.41	£1,303,130.01	£1,401,890.86	£4,131,239.28
May	£1,149,718.04	£1,332,444.19	£1,783,461.50	£4,265,623.73
June	£1,149,595.06	£1,626,107.16	£1,429,439.57	£4,205,141.80
July	£1,427,662.20	£1,332,382.85	£1,410,123.48	£4,170,168.53
August	£1,140,208.11	£1,705,246.59	£1,682,574.48	£4,528,029.18
September	£1,417,268.66	£1,377,937.15	£964,610.09	£3,759,815.91
October	£1,137,362.03	£1,417,560.75		£2,554,922.78
November	£1,157,963.15	£1,796,677.88		£2,954,641.03
December	£1,416,858.53	£1,390,787.56		£2,807,646.09
January	£1,153,575.28	£1,395,418.58		£2,548,993.86
February	£1,162,539.13	£1,395,347.51		£2,557,886.64
March	£1,614,298.85	£1,733,507.92		£3,347,806.77
<b>Total</b>	<b>£15,353,267.44</b>	<b>£17,806,548.17</b>	<b>£8,672,099.99</b>	<b>£41,831,915.60</b>

Data Source: ContrOCC.

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. We will be investigating further why the numbers of clients have dropped for July, August and September but suspect it may be due to the staffing issues that are impacting nationally

## 5.2 Domiciliary Care – Locations of People Receiving Domiciliary Care



Data Source: ContrOCC.

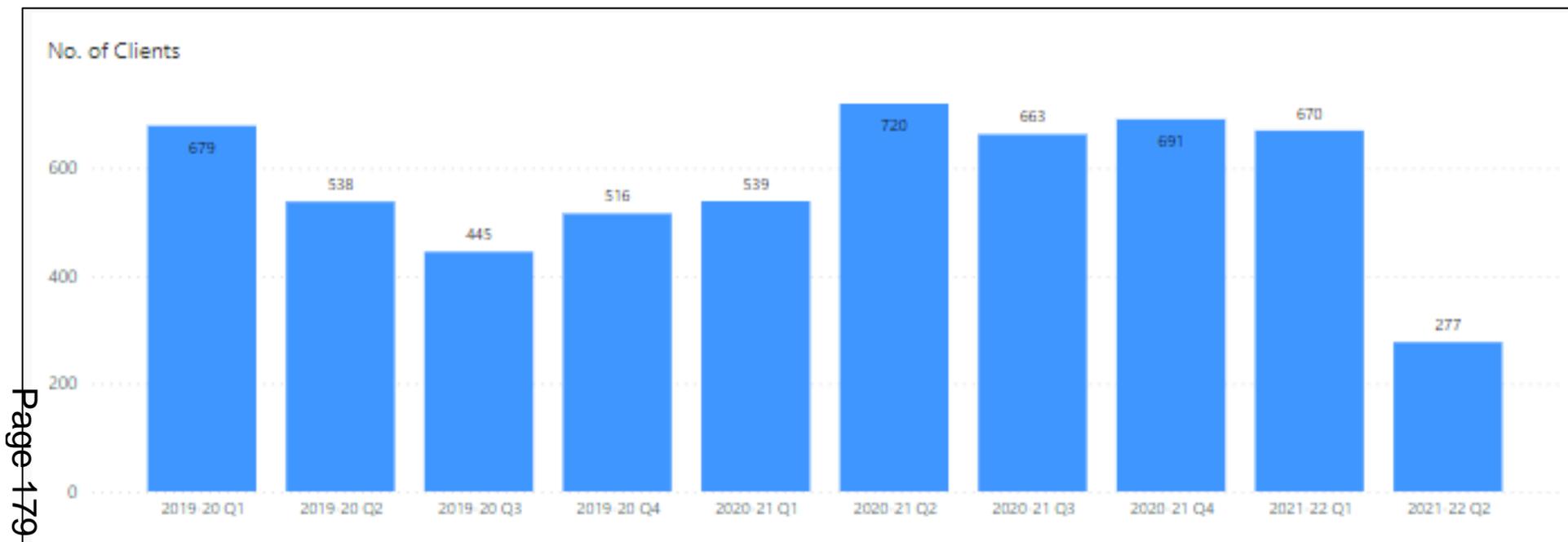
### 5.3 Reablement – People, Cost and Days (since 01/04/2019):

No. of Clients	Actual Cost	Average of Length of Stay (...)
4167	£2.15M	23.20

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 2019.

Data Source: ContrOCC.

## 5.4 Reablement – Number of People



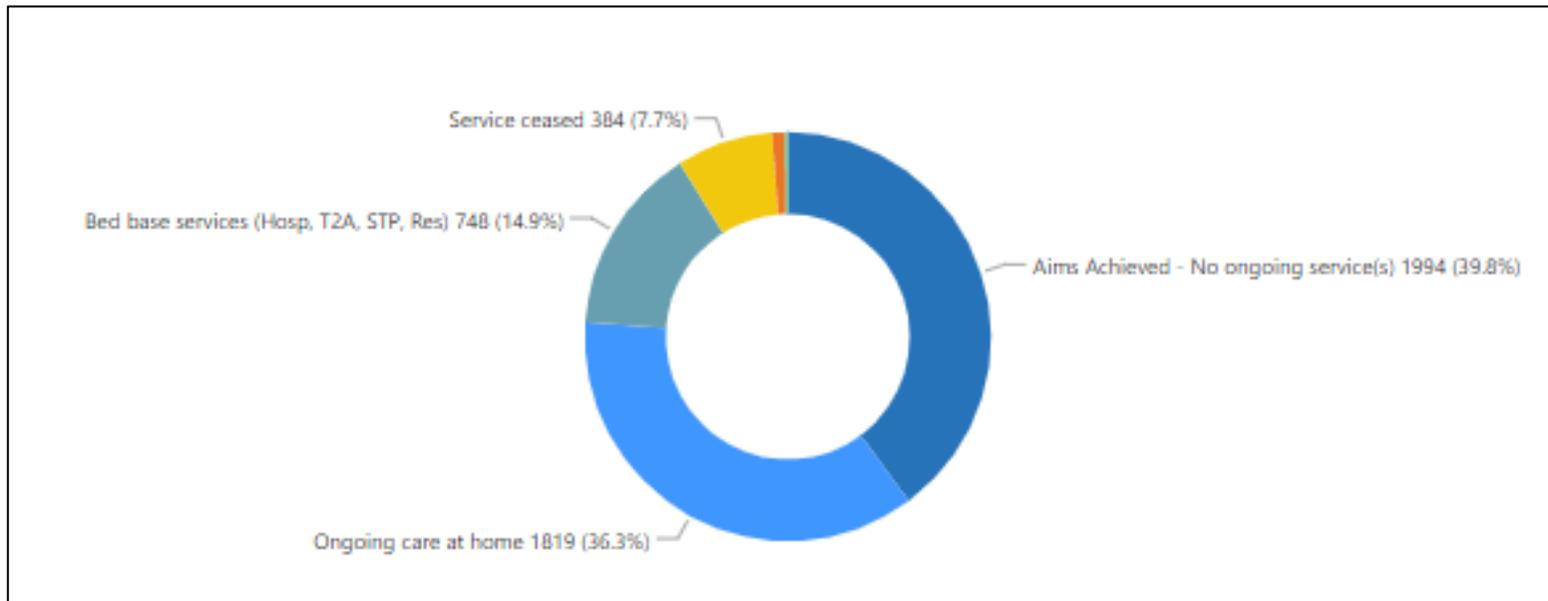
Data Source: ContrOCC.

<b>No. of Clients</b>				
<b>Month Name</b>	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>	<b>Total</b>
April	378	172	358	897
May	333	218	381	915
June	314	353	260	910
July	299	355	184	828
August	219	366	140	719
September	234	321	67	619
October	207	323		528
November	221	378		595
December	226	285		508
January	271	311		574
February	258	319		569
March	258	379		635
<b>Total</b>	<b>1753</b>	<b>2049</b>	<b>837</b>	<b>4167</b>

Data Source: ContrOCC.

This table shows the number of people receiving Reablement services by month, since April 2019.

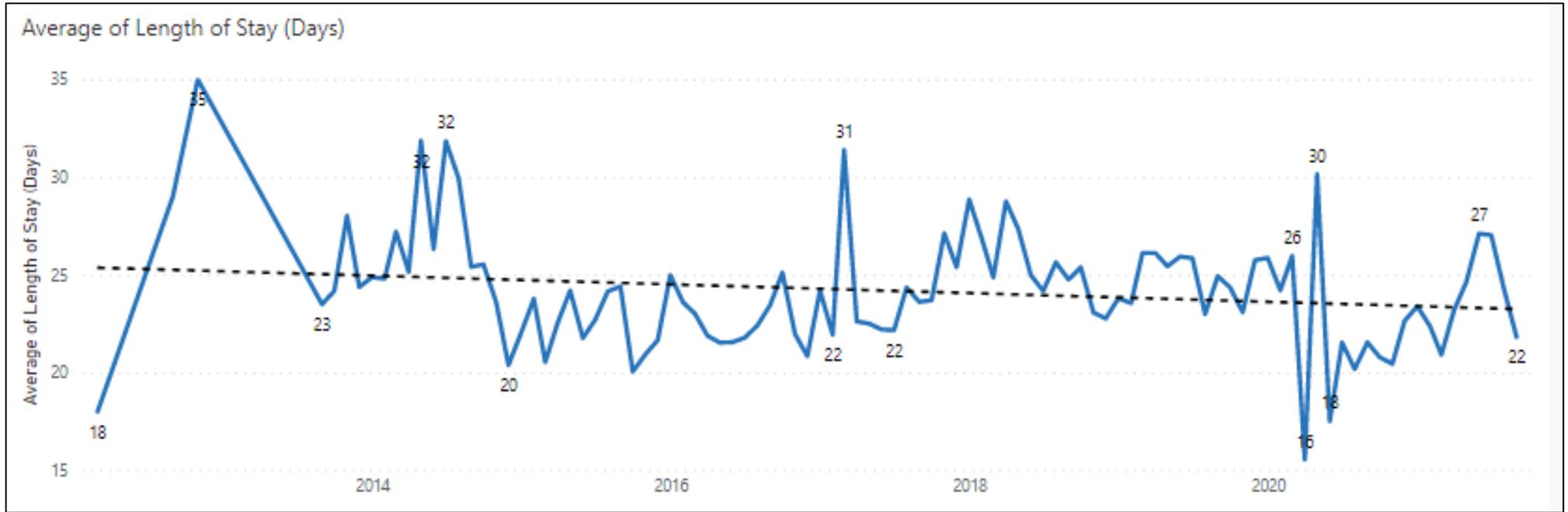
## 5.5 Reablement – End Reasons of Care Packages



Reason for End of Service	
Reason for End of Service	No. of People
Aims Achieved - No ongoing service(s)	1994
Ongoing care at home	1819
Bed base services (Hosp, T2A, STP, Res)	748
Service ceased	384
Change to timetabled units	51
	11
<b>Total</b>	<b>4157</b>

Data Source: Liquid Logic.

## 5.6 Reablement – Length of Stay



Data Source: ContrOCC.

### Average of Length of Stay (Days)

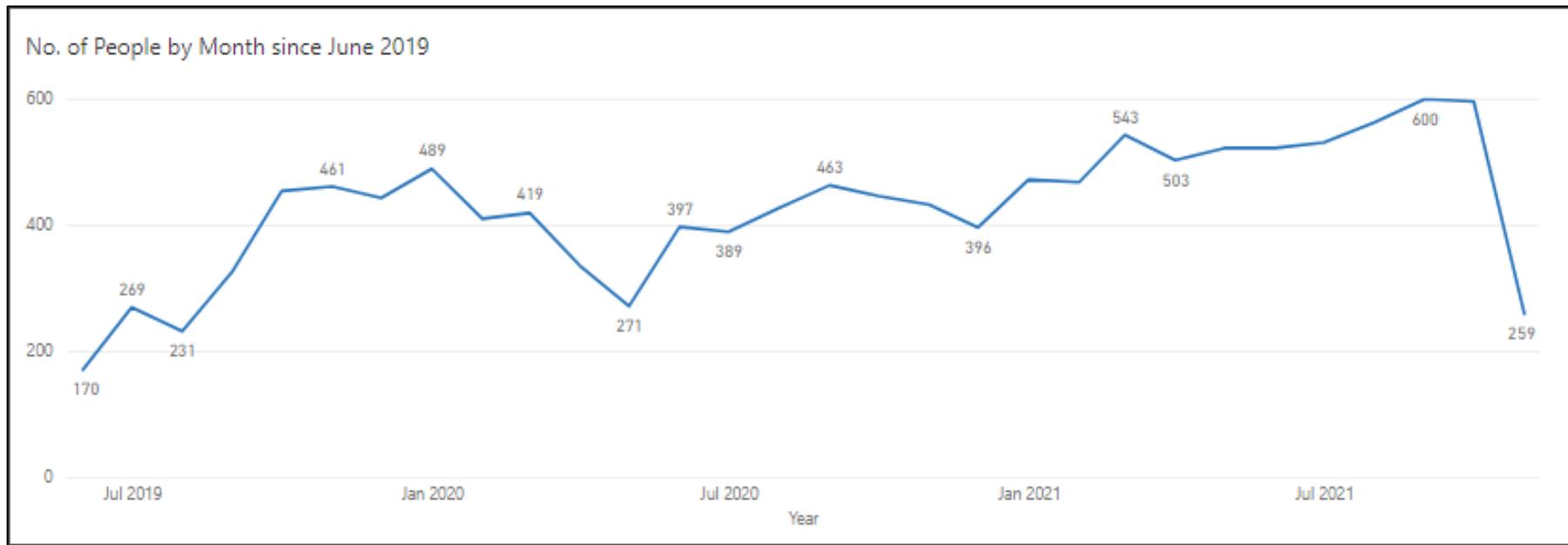
Month	2019	2020	2021	Total
January		26	23	24
February		24	22	23
March		26	21	23
April	20	16	23	21
May	25	30	25	26
June	26	18	27	24
July	26	22	27	24
August	23	20	24	22
September	25	22	22	23
October	24	21		22
November	23	20		21
December	26	23		24
<b>Total</b>	<b>25</b>	<b>22</b>	<b>24</b>	<b>23</b>

Data Source: ContrOCC.

The above table shows the number of people receiving Reablement services since 01/04/2019, month on month.

Reablement services are short term to support people to regain independence and to reduce reliance on longer term care services. The number of clients receiving a service has reduced from May and we are investigating this further. The average length of stay has decreased slightly.

## 5.7 Brokerage – Packages by Number of People and Providers



Page 184

Data Source: Liquid Logic.

No. of People by Month since June 2019													
Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
2019						170	269	231	327	454	461	443	1633
2020	489	410	419	335	271	397	389	427	463	446	432	396	3415
2021	472	468	543	503	522	522	531	563	600	596	259		3212
<b>Total</b>	<b>943</b>	<b>867</b>	<b>950</b>	<b>834</b>	<b>784</b>	<b>1061</b>	<b>1166</b>	<b>1189</b>	<b>1354</b>	<b>1455</b>	<b>1125</b>	<b>824</b>	<b>7020</b>

Data Source: Liquid Logic.

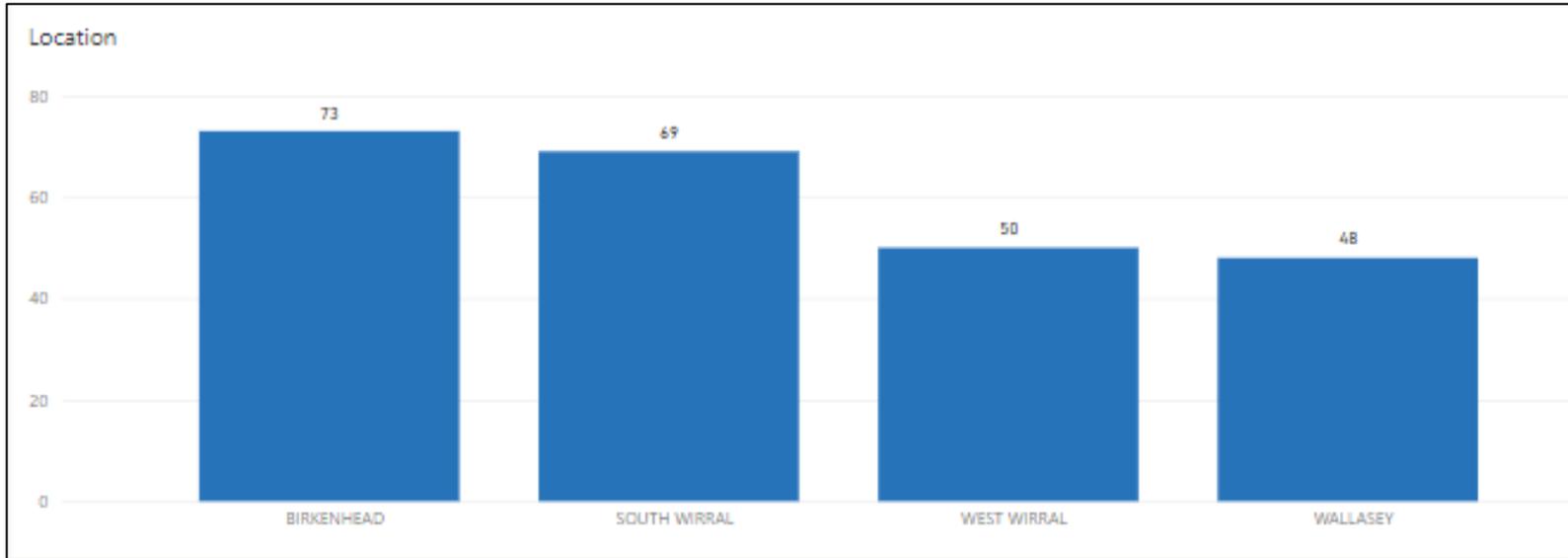
The previous line chart and table show the number of people matched to home care packages month on month

### Number of People Waiting for Package

Days Live Group	No. of People
1 to 2 Weeks	47
2 to 3 Weeks	34
48hrs to 1 Week	29
Less than 48hrs	18
Over 3 Weeks	112
<b>Total</b>	<b>240</b>

Average No. of Packages Accepted per Week

76.8



Page 186  
Data Source: Liquid Logic.

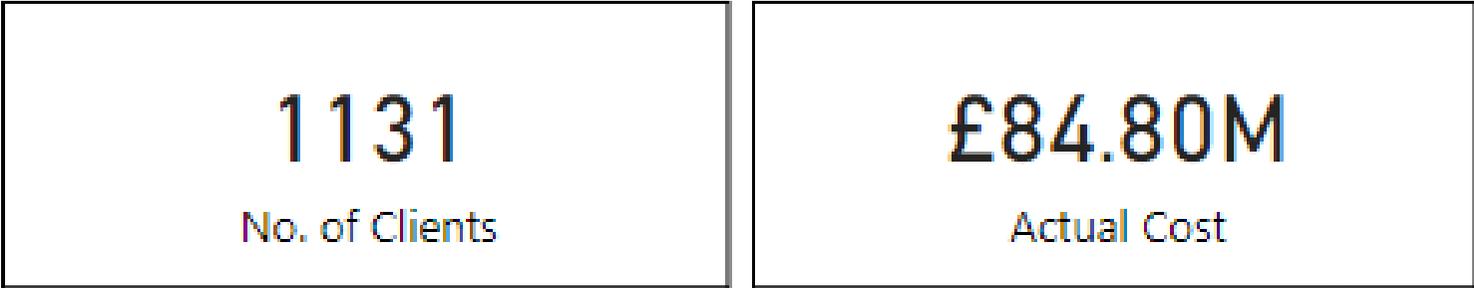
Location	
Location	No. of Clients
BIRKENHEAD	73
SOUTH WIRRAL	69
WEST WIRRAL	50
WALLASEY	48
<b>Total</b>	<b>240</b>

Data Source: Liquid Logic.

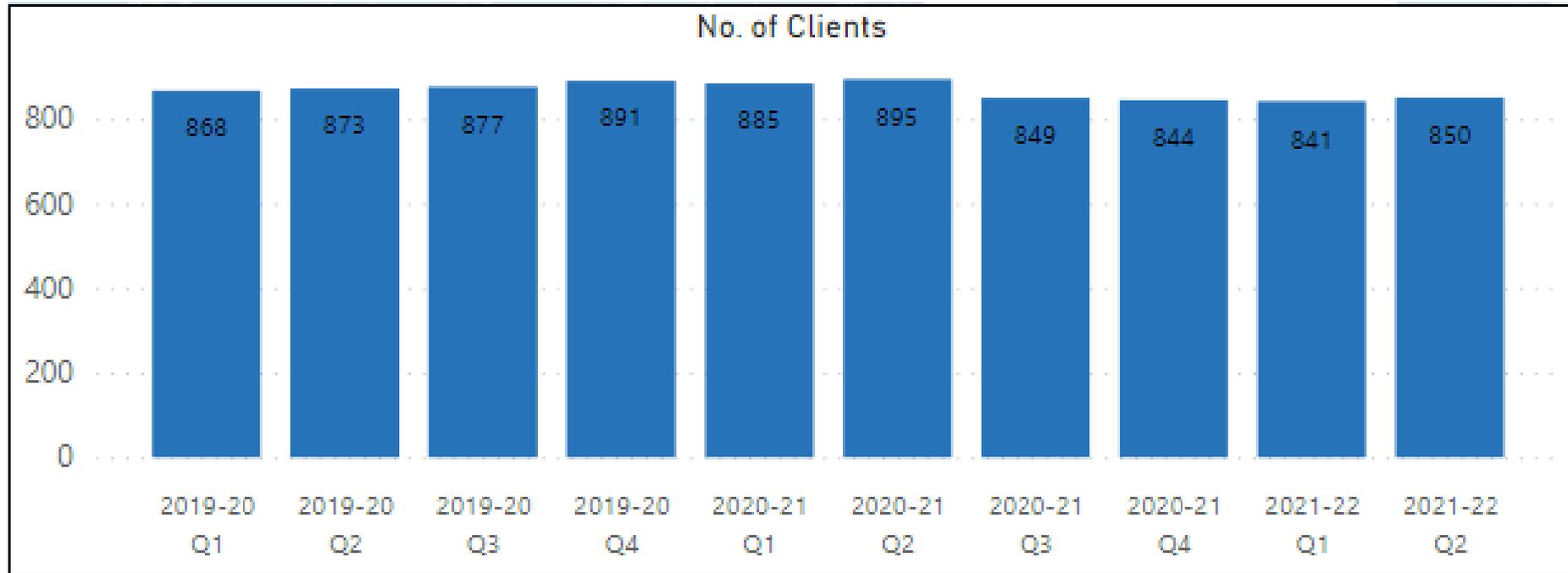
The data shows the high level of activity in the domiciliary care sector and low numbers of delays in arranging care and support. The data includes people who may be wanting to change their care provider.

6.0 Care Market – Specialist (Supported Living)

6.1 Cost (since 01/04/2019)



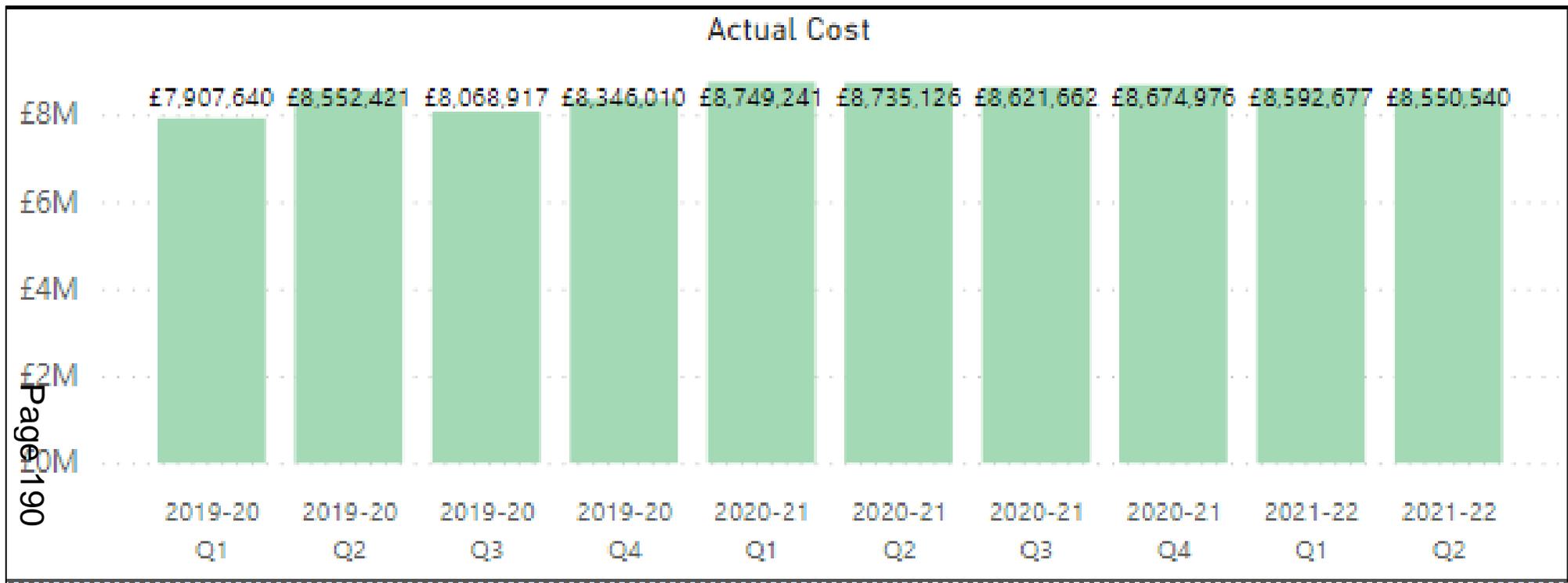
Data Source: ContrOCC.



Data Source: ContrOCC.

No. of Clients				
Month Name	2019-20	2020-21	2021-22	<b>Total</b>
April	846	862	822	<b>1059</b>
May	847	861	828	<b>1056</b>
June	848	864	824	<b>1054</b>
July	850	868	828	<b>1051</b>
August	847	869	830	<b>1049</b>
September	857	820	822	<b>1038</b>
October	857	820		<b>955</b>
November	856	830		<b>967</b>
December	857	831		<b>970</b>
January	861	827		<b>968</b>
February	860	824		<b>962</b>
March	874	823		<b>973</b>
<b>Total</b>	<b>974</b>	<b>976</b>	<b>873</b>	<b>1131</b>

Data Source: ContrOCC.



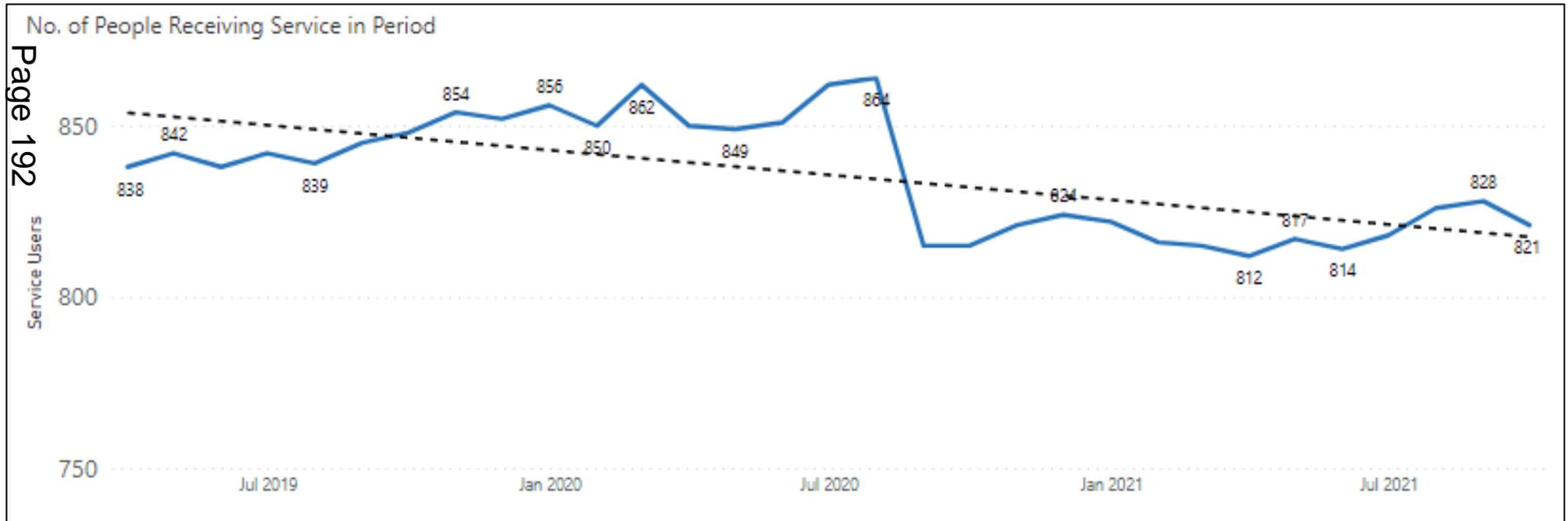
Data Source: ContrOCC.

Month Name	Actual Cost			Total
	2019-20	2020-21	2021-22	
April	£3,050,813.28	£2,680,083.26	£2,656,112.03	<b>£8,387,008.56</b>
May	£2,424,221.72	£2,692,875.01	£3,304,206.81	<b>£8,421,303.54</b>
June	£2,432,605.32	£3,376,282.51	£2,632,358.07	<b>£8,441,245.90</b>
July	£3,060,185.31	£2,747,100.19	£2,623,593.94	<b>£8,430,879.44</b>
August	£2,440,980.95	£3,340,409.84	£3,289,782.36	<b>£9,071,173.16</b>
September	£3,051,255.12	£2,647,615.71	£2,637,164.13	<b>£8,336,034.96</b>
October	£2,477,155.02	£2,623,630.84		<b>£5,100,785.86</b>
November	£2,487,651.76	£3,324,280.73		<b>£5,811,932.49</b>
December	£3,104,110.25	£2,673,750.35		<b>£5,777,860.60</b>
January	£2,550,649.41	£2,668,866.48		<b>£5,219,515.90</b>
February	£2,576,802.56	£2,666,550.72		<b>£5,243,353.28</b>
March	£3,218,558.41	£3,339,558.48		<b>£6,558,116.89</b>
<b>Total</b>	<b>£32,874,989.12</b>	<b>£34,781,004.12</b>	<b>£17,143,217.33</b>	<b>£84,799,210.56</b>

Data Source: ContrOCC.

6.2 Supported Living - Number of People (since 01/04/2019)

**1131**  
No. of Clients



Data Source: ContrOCC.

Month Name	No. of Clients			Total
	2019-20	2020-21	2021-22	
April	846	862	822	<b>1059</b>
May	847	861	828	<b>1056</b>
June	848	864	824	<b>1054</b>
July	850	868	828	<b>1051</b>
August	847	869	830	<b>1049</b>
September	857	820	822	<b>1038</b>
October	857	820		<b>955</b>
November	856	830		<b>967</b>
December	857	831		<b>970</b>
January	861	827		<b>968</b>
February	860	824		<b>962</b>
March	874	823		<b>973</b>
<b>Total</b>	<b>974</b>	<b>976</b>	<b>873</b>	<b>1131</b>

Data Source: ContrOCC.

The above table shows the number of people in supported living accommodation month on month since April 2019

### 6.3 Supported Living – People Locations

Client Location	
Ward	No of People
Birkenhead and Tranmere	124
Cloughton	113
Rock Ferry	108
New Brighton	107
Oxton	96
Bidston and St James	63
Liscard	63
Bromborough	62
Moreton West and Saughall Massie	57
	51
Seacombe	45
Leasowe and Moreton East	39
Prenton	38
Hoylake and Meols	29
Heswall	28
Bebington	25
Clatterbridge	19
Pensby and Thingwall	17
Eastham	16
Upton	15
Wallasey	13
Greasby Frankby and Irby	8
West Kirby and Thurstaston	8
<b>Total</b>	<b>1144</b>

Data Source: ContrOCC.

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

## 6.4 Supported Living – Demographics

<b>Count of Client</b>			
<b>BY AGE GROUP, GENDER</b>			
<b>Age Group</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
<b>Adults</b>	<b>350</b>	<b>668</b>	<b>1018</b>
Age 65-74	46	79	125
Age 75-84	14	20	34
Age 85-94	2	2	4
<b>Total</b>	<b>412</b>	<b>769</b>	<b>1181</b>

Adults are between 18 and 64.

Data Source: ContrOCC.

The data shows an increase in the number of people living in Supported Independent Living compared to that of the latter half of 2020.

## 7.0 Cheshire Wirral Partnership

### 7.1 Key Measures - monitored monthly

No	Description	Green	Amber	Red	Target	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	YTD From Oct	Comments
KPI1	% of initial contacts through to completion of assessment within 28 days	>=80%	>=70% <=80%	<70%		82%	86%	94%	76%	86%	100%	76%	93%	94%	80%	83%	100%	87.2%	There are 2 people awaiting assessment, which the same as last month. Of the 2 there are 2 with IDS, 0 with Childrens with Disabilities and 0 open with MH.
Total Assessments Completed within 28 Days						18	18	17	19	12	25	13	13	16	16	15	16	198	
Total Completed Assessments						22	21	18	25	14	25	17	14	17	20	18	16	227	
KPI2	% of safeguarding concerns (Contacts) initiated by CWP within 5 days (exc. EDT)	>=99%	<99% >=95%	<95%		95%	94%	94%	100%	100%	95%	96%	89%	91%	100%	100%	95%	95%	
Total Safeguarding Concerns Completed within 5 Days						56	65	49	48	45	59	77	47	83	79	26	59	693	
Total Safeguarding Concerns Completed						59	69	52	48	45	62	80	53	91	79	26	62	726	
KPI3	% of safeguarding enquiries concluded within 28 days	>=80%	<80% >=60%	<60%		94%	61%	58%	62%	100%	88%	75%	93%	67%	93%	82%	83%	81%	Currently 28 active enquiries of which 5 have breached the 28 target.
Total Safeguarding Enquiries Completed within 28 Days						16	11	14	8	11	30	6	27	12	27	14	10	186	
Total Safeguarding Enquiries Completed						17	18	24	13	11	34	8	29	18	29	17	12	230	
KPI4	% of individuals who have had an annual review completed	>=70%	<70% >=60%	<60%		71%	74%	74%	71%	75%	76%	63%	69%	69%	69%	65%	67%	67%	There are 5 people who have not been reviewed for 2+ years which is an increase of 2 from last month.
Forecast Total Reviews						843	881	879	839	886	894	737	817	814	813	765	789	789	
Total Reviews Required						1181	1185	1186	1185	1184	1184	1177	1178	1173	1174	1173	1175	1,175	
KPI5	% of care packages activated (in Liquidlogic) in advance of service start date (exc. Block services)	>=65%	<65% >=50%	<50%		42%	41%	33%	33%	38%	40%	25%	32%	33%	51%	34%	28%	36%	
Total number of care packages activated in advance of start date						49	54	50	27	43	40	30	38	29	51	37	21	469	
Total number of care packages activated						117	131	150	82	112	99	119	118	89	100	110	76	1,303	
KPI6	% of adults with a learning disability who live in their own home or with their family	>88%	<88% >=80%	<80%		80%	80%	80%	80%	80%	80%	80%	79%	80%	80%	80%	80%	80%	
						446	444	447	447	445	445	445	410	431	428	435	429	5,252	
						560	556	559	559	556	556	556	518	539	537	542	535	6,573	

Data Source: CWP.

## 8.0 WCFT

### 8.1 Key Measures - monitored monthly

No	Description	Green	Amber	Red	Target	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	YTD
KPI 1	% of initial contacts through to completion of assessment within 28 days	>=80%	<80% >=70%	<70%	80%	94.0%	91.3%	89.7%	93.3%	92.9%	91.1%	88.7%	91.2%	87.7%	89.8%	84.6%	82.3%	87.8%
Total Assessments Completed within 28 Days						347	304	260	347	326	346	338	354	315	290	236	204	1,737
Total Assessments Completed						369	333	290	372	351	380	381	388	359	323	279	248	1,978
KPI 2	% of safeguarding concerns (Contacts) completed within 5 Days	>=99%	<99% >=95%	<95%	99%	99.7%	100%	99.5%	99.6%	98.7%	99.7%	99.7%	99%	99%	99.7%	98.7%	100%	99.3%
Total number of safeguarding concerns completed within 5 days						329	335	369	281	304	350	351	276	320	313	293	278	1,831
Total number of safeguarding concerns completed						330	335	371	282	308	351	352	279	324	314	297	278	1,844
KPI 3	% of safeguarding enquiries concluded within 28 days	>=80%	<80% >=60%	<60%	80%	60%	45%	49%	43%	52%	67%	63%	63%	76%	54%	66%	73%	65%
Total number of safeguarding enquiries closed within 28 days						18	25	24	16	23	42	33	46	42	37	42	41	241
<b>Total Enquiries Closed</b>						30	56	49	37	44	63	52	73	55	68	64	56	368
<b>Total New Enquiries</b>						51	38	50	48	49	59	68	58	70	74	45	60	375

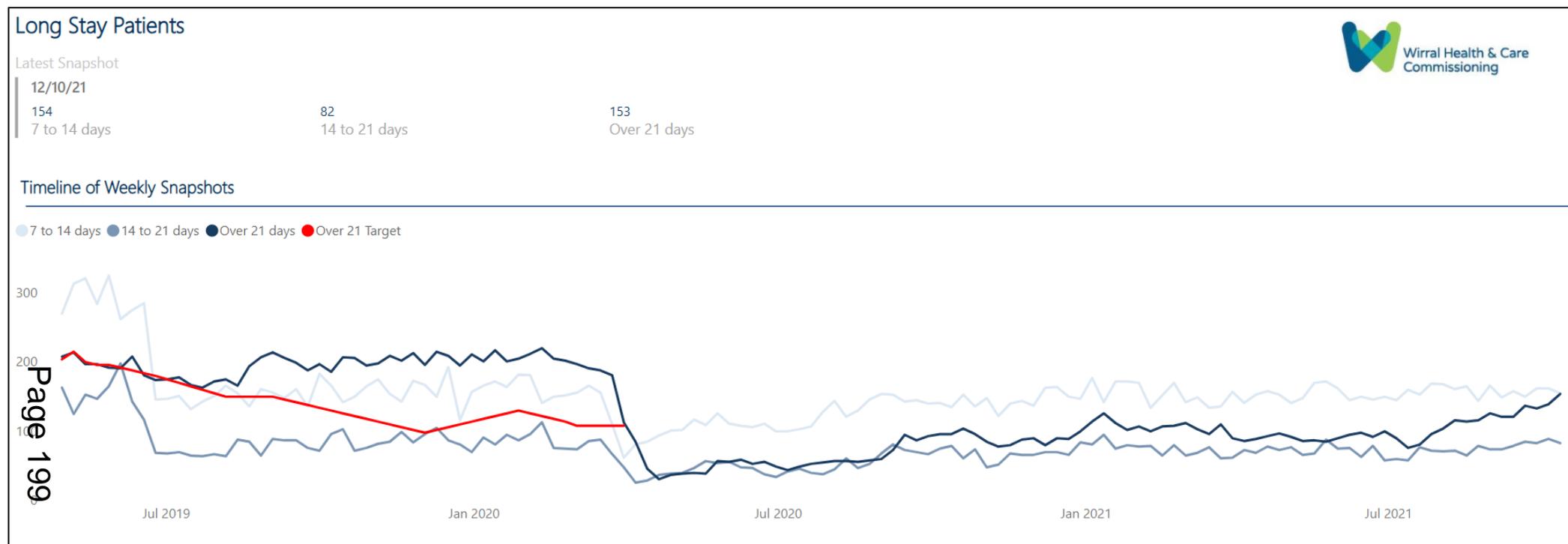
No	Description	Green	Amber	Red	Target	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	YTD
KPI 4	% of individuals who have had an annual review completed	>=70%	<70% >=60%	<60%	70%	71%	68%	64%	62%	61%	60%	60%	60%	60%	55%	55%	55%	55%
Total number of reviews forecast to be completed						4459	4231	3990	3841	3810	3753	3677	3657	3630	3325	3306	3291	3,291
Total number of people in receipt of a long term service on 1st April						6243	6258	6243	6224	6214	6214	6127	6095	6050	6046	6010	6005	6,005
KPI 5	% of care packages activated (in Liquidlogic) in advance of service start date (exc. Block Services)	>=65%	<65% >=50%	<50%	65%	69%	65%	66%	70%	69%	70%	68%	64%	60%	60%	48%	49%	59%
Total number of packages activated in advance of start date						703	649	568	588	616	720	578	585	474	385	370	322	2,714
Total number of packages activated						1,025	991	858	840	889	1,035	844	915	790	642	777	653	4,621
KPI 6	% of adults with a learning disability who live in their own home or with their family	>=88%	<88% >=70%	<70%	88%	93%	93%	93%	93%	93%	93%	94%	94%	93%	94%	94%	94%	94%
Total number of people aged 18-64 with a learning disability living in their own home or with their family						399	398	398	398	399	399	376	376	437	443	447	443	2,522
Total number of people aged 18-64 with a learning disability in receipt of a long term service during the year						427	427	426	427	428	427	399	400	468	472	475	473	2,687
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%	76.9%	78.9%	84.1%	83.7%	86.7%	85.5%	80.9%	85.7%	86.9%	80.0%	84.5%	84.4%	83.6%
Total number of people at home 91 days post discharged from hospital into a reablement service						50	45	58	41	65	59	38	42	53	56	49	38	276
Total number of people discharged from hospital into a reablement service						65	57	69	49	75	69	47	49	61	70	58	45	330

Data Source: WCFT.

The performance data indicates that people are receiving responsive and timely services. However, there is a small increase in the % of safeguarding enquiries completed within 28 days and the number of people receiving an annual review of their care and support needs remains an unmet target. A review of KPIs associated with the WCFT is currently being undertaken.

## 9.0 Length of Stay Report

### 9.1 Long Stay Patients:



**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 12 October 2021, with 14 to 21 days falling the most (49%) and Over 21 days falling the least (26%) over that time frame.
- Over 21 days trended upward the most in the final period. On the other hand, 7 to 14 days trended downward the most.
- 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 74.45 across all 129 periods.
- Values ranged from 25 (07 April 2020) to 197 (04 June 2019).
- 14 to 21 days fell by 49% over the course of the series and ended on a good note, decreasing 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 cyclical, repeating each cycle about every 43 periods. There was also a pattern of smaller cycles that repeated about every 32.25 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 79 on average. 14 to 21 days was less than Over 21 days 92% of the time (lower by 52.42 on average).

### **For Over 21 days:**

- Average Over 21 days was 126.87 across all 129 periods.
- The minimum value was 30 (21 April 2020) and the maximum was 219 (11 February 2020).
- Over 21 days fell by 26% 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 decreased by 189 (86%). This net decline was almost four times larger than the overall movement of the entire series.
- Over 21 days experienced cyclical, repeating each cycle about every 43 periods. There was also a pattern of bigger cycles that repeated about every 64.5 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 33% of the series. Over 21 days was greater than 14 to 21 days 92% of the time (higher by 52.42 on average).

### **For 7 to 14 days:**

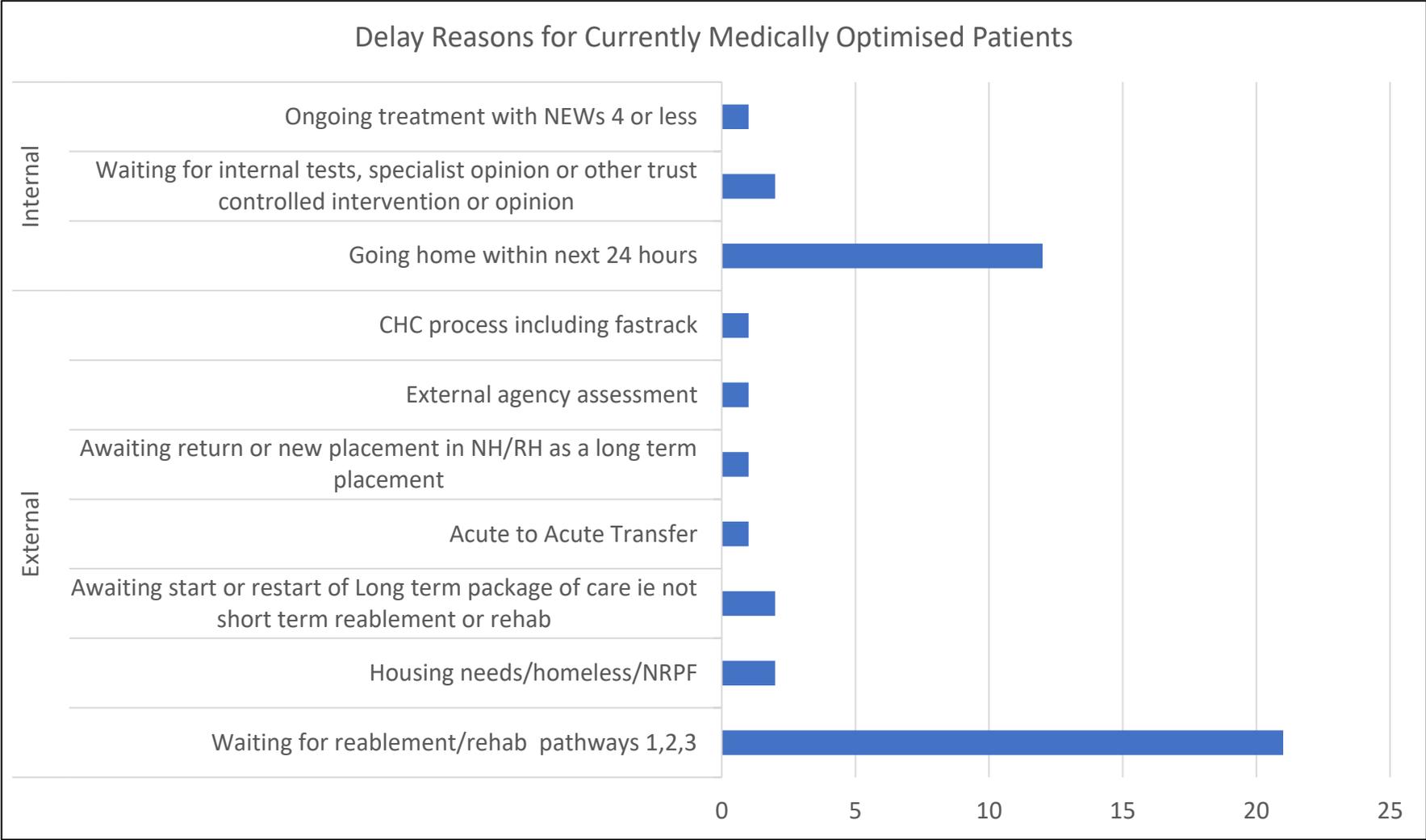
- Average 7 to 14 days was 153.45 across all 129 periods.
- The minimum value was 61 (31 March 2020) and the maximum was 324 (28 May 2019).
- 7 to 14 days fell by 43% over the course of the series and ended on a positive note, decreasing in the final period.
- The largest single decline occurred in 25 June 2019 (-49%).
- The largest net decline was from 28 May 2019 to 31 March 2020, when 7 to 14 days improved by 263 (81%). This net decline was more than two times larger than the overall movement of the entire series.
- 7 to 14 days experienced cyclicality, repeating each cycle about every 43 periods. There was also a pattern of smaller cycles that repeated about every 32.25 periods.
- 7 to 14 days was higher than 14 to 21 days over the entire series, higher by 79 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 33% of the series.

Powered by Narrative Science

Data Source: NHS.

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

Due to timescales, updated partner data is not yet available.



<b>External</b>	
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
<b>Internal</b>	
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
<b>Grand Total</b>	<b>44</b>

Data Source: NHS.

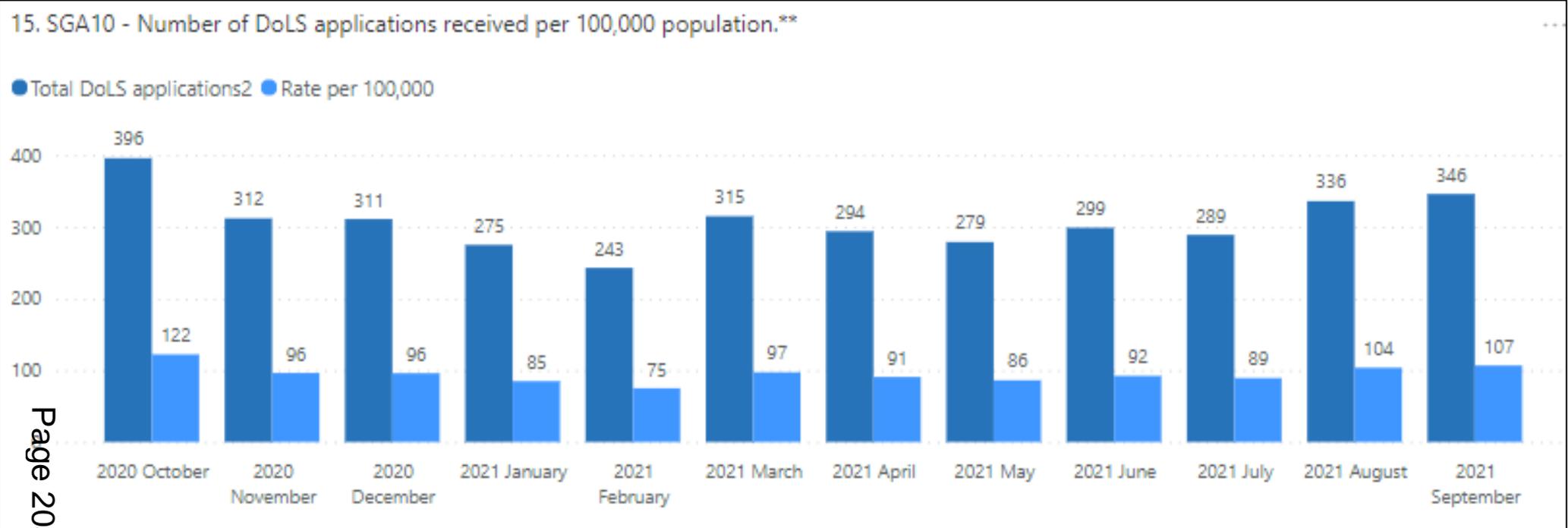
### 9.3 Current External Delays

Due to timescales, updated partner data is not yet available.

<b>Current External Delays</b>	
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

Data Source: NHS.

## 10.0 Deprivation of Liberty Safeguards (DOLS)



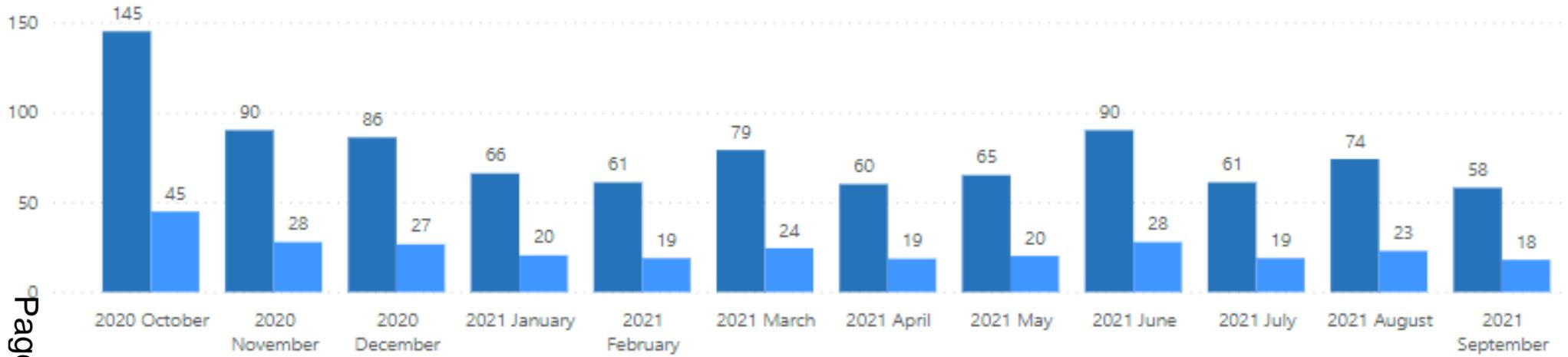
15. SGA10 - Number of DoLS applications received per 100,000 population.\*\*

Quarter Year	Q1		Q2		Q3		Q4		Total	
	Count of applications	Rate per 100,000								
2018					892	275.31			892	275.31
2019	944	291.36	1034	319.14	893	275.62	866	267.28	3737	1,153.40
2020	824	254.32	1067	329.32	1019	314.51	834	257.41	3744	1,155.56
2021	872	269.14	971	299.69			833	257.10	2676	825.93
<b>Total</b>	<b>8320</b>	<b>2,567.90</b>	<b>8347</b>	<b>2,576.23</b>	<b>8373</b>	<b>2,584.26</b>	<b>8314</b>	<b>2,566.05</b>	<b>11049</b>	<b>3,410.19</b>

Data Source: Liquid Logic.

16. SGA11 - Number of DoLS applications authorised per 100,000 population\*\*

● Total DoLS applications with outcome ● Rate per 100,000 - Authorised



SGA11 - Number of DoLS applications authorised per 100,000 population

Status	Granted							
Quarter	Q1		Q2		Q3		Q4	
Year	Count of applications	Rate per 100,000						
2018					346	106.79		
2019	351	108.33	342	105.56	304	93.83	239	73.77
2020	232	71.60	374	115.43	321	99.07	222	68.52
2021	215	66.36	205	63.27			206	63.58
<b>Total</b>	<b>2567</b>	<b>792.28</b>	<b>2421</b>	<b>747.22</b>	<b>2731</b>	<b>842.90</b>	<b>2591</b>	<b>799.69</b>

Data Source: Liquid Logic.



## ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

16<sup>th</sup> November 2021

<b>REPORT TITLE:</b>	<b>COVID-19 RESPONSE UPDATE</b>
<b>REPORT OF:</b>	<b>DIRECTOR OF PUBLIC HEALTH</b>

### 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 is 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 The Local Outbreak Management Plan and associated strategic priorities highlighted within this report have been developed to prevent and control COVID-19 in Wirral. Although no other viable options have been considered at this time, it is regularly reviewed to ensure the most appropriate response is in place.

#### 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 Local Outbreak Management Plan in June 2020, setting out how Wirral 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 Wirral has regularly reviewed and updated this plan, most recently in August 2021, in order to highlight progress that has been made to date along with a revised strategy for how the Council and local partners 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](#)

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, how to stay safe and help prevent the spread is available here: [\(COVID-19\) Coronavirus restrictions: What You Can And Cannot Do](#)

### 3.5 **Wirral Response to COVID-19**

The update to Wirral’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
<p><b>1) Effective Surveillance</b></p> <p><i>Ensure access to timely local data and intelligence to inform local activity to prevent and manage outbreaks.</i></p>	<p>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 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. In September 2021, further work around the strategic development of the Microsoft Dynamics case management system was initiated to support the direction towards a “One Team” model for Outbreak Identification and Rapid Response (OIRR) across the region. Wirral was one of the first local authorities in the region to roll out and establish use of the system and as a result has been approached by a number of other teams in the area for support.</p> <p>Daily and weekly multi-agency surveillance meetings continue to be held at local and regional levels to</p>

	<p>understand the epidemiology of current situations and to appropriately direct prevention and control measures, community engagement activity and target communications. Locally, daily surveillance is reviewed at regular OIRR (Outbreak Identification and Rapid Response) meetings to closely monitor current case rates, common exposures, and postcode coincidence data. These meetings are an opportunity to undertake screening and prioritisation, to interrogate data and to carry out a combined risk assessment resulting in direct actions for teams across the Hub. Utilising local intel has also allowed us to identify inequalities in vaccination uptake which has allowed further targeted engagement to take place. This process has proved particularly valuable in supporting social care settings to encourage staff vaccination.</p> <p>We continue to seek further opportunities to develop our approach to using data and intelligence to deliver specific messages for target audiences, to gain further insight on attitudes and behaviours, which in-turn will support our COVID-19 response and lessons learnt. In addition, we will explore the usage of UK Health Security Agency (previously Public Health England) ‘wastewater’ surveillance system as an indicator of ongoing community transmission requiring further local investigation.</p>
<p><b>2) Engagement and Communication</b>  <b><i>Build trust and participation through effective community engagement and communication.</i></b></p>	<p>Wirral has continued to work closely across the City Region to develop a consistent approach following the easing of restrictions and the reopening of society. The Merseyside Resilience Forum has set out six priorities for Communications:</p> <ul style="list-style-type: none"> <li>• Encourage uptake of vaccinations (double dose) – reinforcing the vaccine as a wall of defence</li> <li>• Enable our residents to make informed decisions – deliver the facts, nudge behaviour</li> <li>• Encourage continuation of twice weekly testing – to control the spread and stop individual cases from becoming outbreaks</li> <li>• Continue to clarify when, how etc to self-isolate – Push on the support available (Incl. tracing)</li> <li>• Retain, revisit and refresh contingency plans</li> <li>• Continue to monitor and review data – making informed decisions to flex, adapt and retarget comms messaging</li> </ul> <p>Colleagues across the Council’s intelligence, engagement and communications continue to meet fortnightly to plan and review activity, examining data, setting parameters for engagement and feeding back insight to inform local and targeted communications messaging. These meetings are also attended by NHS Wirral CCG and third sector</p>

representatives to ensure a whole system approach to community engagement.

A comprehensive vaccine communications plan has been developed, focusing on four target groups – younger cohorts, those less engaged or living in deprived communities, younger males aged 24 – 45 and second dose uptake. Engagement activity has also focused on vaccine hesitancy and behaviours around those aged 16-29 as well as staff in the health and social care sector – and links with the Humanitarian Cell group have been maximised in order to gain insight from key stakeholders and partners. Vaccine walk-through videos and updated mobile testing schedules continue to be promoted as part of the COVID-19 communications plan, with nine Black and Minority Ethnic Link Workers recruited to enhance existing engagement with our ethnic minority communities and to maximise participation with testing and vaccination take-up.

Wirral's Community Champions network has now enlisted 701 local people and earlier in the summer a survey was undertaken, facilitated by Hitch Marketing, as part of the LGA behavioural science project evaluating the effectiveness of the Council's Community Champions role in affecting behaviour change. Results from the survey showed a good level of understanding from residents regarding key messages relating to key preventative measures however adherence to twice weekly testing and mask wearing were now less likely to be followed, with a third of respondents (n=198) stating they had not undertaken home testing in the last seven days. The information from the survey has now been utilised to tailor communications messages to local residents. Champions will now also be offered training around Making Every Contact Count (MECC), holding difficult conversations and using social media. Further analysis will then be held following this training to support the development of the programme and further interventions. The evaluation will be completed in January 2021.

In addition to this evaluation of the programme, a virtual engagement session with our Community Champions was held on 20<sup>th</sup> October 2021 to ensure the views and opinions of the Champions are at the centre of plans for the programme going forward. This session resulted in overwhelming feedback that the messages shared through the Champions network have been extremely valuable and are further distributed to hundreds of additional people across the community. In addition, a wealth of valuable insight was gathered which will inform the future of the programme, with an action plan developed covering a

	<p>number of key themes including BAME community support, Digital Exclusion and Supporting Businesses, Workplaces and Schools. More information on the Community Champions Programme can be found here: <a href="https://www.wirral.gov.uk">Keep Wirral Well during COVID-19   www.wirral.gov.uk</a></p>
<p><b>3) Higher-Risk Settings, Communities and Locations</b> <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, with the COVID-19 Hub team in place until September 2022 to continue to prevent and manage outbreaks across the Borough.</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 service continues to work with Children’s Services to provide dedicated support for educational settings in managing COVID-19. The telephone school support line is now well established, with further guidance available through a monitored mailbox, to complement national support available through the Department for Education helpline. Since the start of the new school term in September 2021, 150 requests (as at 24/10/21) have been responded to through the Hub School telephone line and inbox; assisting school settings with a range of support measures from additional controls, to helping reduce transmission, to testing advice. Schools have received bespoke support from a multi-agency team led by the local Hub, when experiencing outbreaks.</p> <p>The Hub’s engagement team continue to meet regularly with stakeholders from across the borough, attending Council meetings as well as partner forums such as the Youth Collective Forum and Digital Enablement and Choice Group to gain insight and promote key messages. Regular meetings are held with representatives from across the local business sector, including the Wirral Chamber of Commerce, to support COVID safe organisational settings.</p> <p>We continue to revise and update the Council’s Business Toolkit in line with changes to national policy, with a winter</p>

	<p>refresh being issued to ensure employers and employees understand their responsibilities and are supported to maintain safe environments and manage COVID cases and outbreaks effectively.</p>
<p><b>4) Supporting vulnerable and underserved communities</b>  <i>Proactively support individuals and communities, ensuring services across test, trace, isolate and support systems are accessible and meet the diverse needs of our local communities.</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 and 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 continue to work with under-represented and disproportionately impacted groups to promote and ensure ease of access to regular symptom-free testing. The team of Black and Ethnic Minority Link workers are proactively supporting our local ethnic minority communities and working with local leaders to tackle vaccine hesitancy and promote COVID-19 key messages.</p> <p>We plan to maintain communication with our clinically extremely vulnerable residents and continue to ensure that they are able to access a wide range of support where required. In addition to this, we will be conducting a comprehensive asset mapping exercise of all local areas to ensure that Wirral Infobank contains most relevant and up to date information for residents to access for support.</p>
<p><b>5) Vaccination</b>  <b>Support the roll-out of the COVID-19 vaccine programme, identifying and tackling inequalities in vaccine coverage.</b></p>	<p>Wirral Council, in partnership with Wirral CCG and Primary Care Networks, continue to ensure an effective delivery model to support the rollout of the COVID-19 vaccination programme in Wirral. Our first COVID-19 vaccination was administered in Wirral on 8th December 2020, and since then considerable progress has been made with the local rollout. 12-15 year olds were offered their first dose of the vaccine in September 2021 and are now included in Wirral's vaccination statistics.</p> <p>As of 4th November 2021, 81.2% of the eligible population of Wirral had received the 1st dose of the vaccine, with 75.7% having received both doses. 21.1% have received their booster vaccine.</p> <p>To ensure the vaccine is targeted and uptake is maximised in areas of deprivation and groups at increased risk of illness and mortality actions are coproduced based on local and national data, insight and evidence. The plans continue to reflect the needs of the local community, the socially excluded and socio-economically disadvantaged and those with protected characteristics.</p>

	<p>An outreach offer was deployed in communities where vaccine uptake has been lower. This includes use of the regional 'vaccination bus' and pop-up clinics in community settings providing residents with an alternative and convenient way to access the vaccine, without the need to make an appointment.</p> <p>Collaboration will continue with key partners to continue to offer first dose vaccination to all eligible residents over 12 years old. Broader efforts to increase overall uptake across all cohorts will include walk in appointments and targeted communications as part of the NHS 'Evergreen' offer. The vaccination booster programme has commenced in Wirral, including visits to care homes.</p> <p>Health and Social Care Workers</p> <p>Collaborative work between the Council, health colleagues and partners has taken place to promote uptake of the COVID-19 vaccine amongst our health and social care workforce. Concerns around pregnancy and fertility treatment are a common theme, and resources to support concerned staff have been made available. Engagement and communications activities include:</p> <ul style="list-style-type: none"> <li>• The COVID-19 Hub Engagement Officers attending Supported Living &amp; Domiciliary Care Forums and have facilitated some vaccine hesitancy discussions. They have also been proactive in sharing and signposting to resources.</li> <li>• A survey was sent out in April 2021 to all health and social care staff (102 returned) that explored reasons for vaccine hesitancy, as well as holding a 'Q&amp;A' vaccine session in March 2021 supported by a panel of clinicians. The main issues reported for vaccine hesitancy included fertility, side effects, false information/fake news, and social media influence. Continued support from the Engagement Officers in the wake of mandatory care home vaccinations has been of paramount importance and has resulted in improved uptake across the sector.</li> <li>• We have shared locally produced and national resources via the Council and the CCG communications platforms, and through targeted campaigns via the care sector platforms.</li> <li>• A blog from Julie Webster, Director of Public Health, focused on pregnant women and the benefits of the COVID-19 vaccination.</li> </ul>
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	<p>During WUTH patient safety week in September 2021, there was a focus on maternal and new-born health and the team were promoting the benefits of the COVID-19 vaccination. A Facebook Live session on 13th September 2021 started a week of activities, which included holding further pop-up vaccination clinics at Arrowe Park Hospital and Seacombe Children’s Centre.</p> <p>The Council and health partners are working with residential and nursing providers, monitoring the local uptake, and reasons for vaccine hesitancy amongst the workforce.</p> <p>The following table summarises the COVID-19 vaccination uptake across staff working in Wirral’s CQC registered care homes, as of 24<sup>th</sup> October 2021. Work is ongoing to continue to increase uptake for this cohort.</p> <table border="1" data-bbox="580 891 1433 1077"> <thead> <tr> <th colspan="2">Total Staff <b>3,954</b></th> <th colspan="2">Total Agency/Bank Staff <b>124</b></th> </tr> </thead> <tbody> <tr> <td>1<sup>st</sup> Dose <b>3,687</b> <b>(93.2%)</b></td> <td>2<sup>nd</sup> Dose <b>2,497</b> <b>(86.1%)</b></td> <td>1<sup>st</sup> Dose <b>96</b> <b>(77.4%)</b></td> <td>2<sup>nd</sup> Dose <b>87</b> <b>(70.2%)</b></td> </tr> </tbody> </table>	Total Staff <b>3,954</b>		Total Agency/Bank Staff <b>124</b>		1 <sup>st</sup> Dose <b>3,687</b> <b>(93.2%)</b>	2 <sup>nd</sup> Dose <b>2,497</b> <b>(86.1%)</b>	1 <sup>st</sup> Dose <b>96</b> <b>(77.4%)</b>	2 <sup>nd</sup> Dose <b>87</b> <b>(70.2%)</b>
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1 <sup>st</sup> Dose <b>3,687</b> <b>(93.2%)</b>	2 <sup>nd</sup> Dose <b>2,497</b> <b>(86.1%)</b>	1 <sup>st</sup> Dose <b>96</b> <b>(77.4%)</b>	2 <sup>nd</sup> Dose <b>87</b> <b>(70.2%)</b>						
<p><b>6) Testing Identify cases of COVID-19 by ensuring access to testing for those with and without symptoms and for outbreak management.</b></p>	<p>We received confirmation in September 2021 of the plan to extend the Targeted Community Testing programme for a further 3 months, until 31 December 2021.</p> <p>Wirral’s Testing Strategy and Operational delivery plans have been reviewed for the Autumn/Winter period, aligned to the national plans, maintaining accessible testing for people with or without symptoms, and testing in outbreak situations.</p> <p>From July 2021, local authorities were asked to focus symptom-free testing offer for local under-represented groups and disproportionately impacted groups, and therefore Wirral’s Testing Team have been focussing efforts working closely with local organisations to develop clear pathways and ensure symptom free testing is easily accessible, encouraging uptake amongst those target cohorts.</p> <p>As we approach the Autumn/Winter period, delivery of our symptom-free testing offer will change, aligned to the weather conditions and to ensure that we are optimising access to testing for our local communities. The mobile testing offers which has been in place across high footfall and coastal areas over the summer months will be replaced by outreach testing at ‘pop-up’ locations, maintaining symptom and symptom-free testing at fixed site locations.</p>								

	<p>The Council's Testing Service has continued to work closely with Children's Services and Education Teams, to support those secondary schools with identified need for on-site support with testing throughout September.</p> <p>We will continue to promote and, where possible, support testing within settings and workplaces for high risks occupations, highlighting testing can help prevent outbreaks and maintain business continuity. Discussion around testing provision, as well as vaccination uptake, is an established part of our prevention and control work and outbreak management process.</p>
<p><b>7) Contact Tracing Effectively deploy local contact tracing to reduce the onward transmission of COVID-19.</b></p>	<p>Wirral employs a local contact tracing service within the COVID-19 Hub, with a skilled and fully trained dedicated team in place. Earlier in the Summer, local cases were redirected to the national team in response to the rapid upturn in case numbers, as a result of the Delta variant, in order to enable Wirral's local contact tracing team to prioritise our focus on managing outbreaks, clusters, and cases in high-risk locations and to continue to offer targeted local support to the most vulnerable. On 1<sup>st</sup> September 2021, the 'Local-4' programme commenced – this is a national programme for local teams to identify specific postcode areas to focus local contact tracing resources, particularly in areas where the case numbers are high and there is a low take up of vaccines. Wirral's local contact tracing team are now managing all cases within Birkenhead and Tranmere, Bidston and St James, Seacombe, Rock Ferry, Leasowe and Moreton East wards – with Wirral one of only two authorities in the Cheshire and Merseyside region to be operating this programme. The local team also resumed the process of contact tracing through COVID-safe 'door knocking' on 14<sup>th</sup> October 2021, with initial reviews of this service indicating successful outcomes.</p> <p>We have worked collaboratively with the Cheshire and Merseyside Hub, UK Health Security Agency (previously 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. We have also supported national and regional workshops in developing improved processes for contact tracing. In addition, we continue to hold weekly meetings locally with Hub, intel and public health colleagues to discuss opportunities for growth and efficiency within the local contact tracing service.</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 also continues to provide formal support to local NHS Trusts, helping where contacts of positive inpatients or recently discharged residents are identified and making them known to the national system so that they are eligible to access all support available.</p> <p>A promotional video was developed in September in partnership with the Council Hub and Community Connectors to promote local contact tracing, and the support available to those who need to self-isolate. The video can be found <a href="#">here</a>.</p>
<p><b>8) Support for Self-Isolation</b>  <b><i>Ensure access to support, including where appropriate financial support, to ensure people who need to self-isolate can do so.</i></b></p>	<p>We have information available on the Council website, Wirral InfoBank and in leaflets distributed by Community Connectors, on self-isolation for a range of target audience cohorts. This includes 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 responsibilities in supporting staff to self-isolate when required.</p> <p>Self-isolation support is aligned to local contact tracing, with support needs identified during the customer journey and referrals for practical support managed by a commissioned team of Community Connectors. Wirral continues to process applications for both discretionary and eligibility Test &amp; Trace payments, with guidance and help with applications completed via the dedicated COVID-19 helpline. Meetings are held regularly between Council and Involve Northwest colleagues in order to identify potential opportunities to improve self-isolation support and to keep our processes under review given the changing situation. Further work is being undertaken across the Cheshire and Merseyside Region, with a workshop held in late September 2021 to share best practice across local authorities.</p> <p>The national test and trace grant scheme was extended in September to March 2022. As of 24<sup>th</sup> October 2021, Wirral Council has supported 2,686 residents and families to self-isolate, through provision of financial and/or practical support.</p> <p>We have increased capacity in our local information and advice service to allow better access and support for individuals financially impacted by COVID-19, as well as expanding the Community Connector service to ensure</p>

	<p>there is improved capacity within our local communities to address the non-direct impacts of COVID-19.</p> <p>Changes from 16<sup>th</sup> August 2021 have meant a reduction in numbers of close contacts obliged to self-isolate, however we have continued to engage with local communities to further our understanding of the breadth and extent of the barriers for self-isolation across our population. Early evaluation of support referrals pre and post 16<sup>th</sup> August changes have indicated that the number of people successfully contacted who have declared a support need has remained consistent at around 10%. The COVID-19 Hub, Involve Northwest, Welfare and Food Team, Helpline and Intelligence Service will continue to work together to identify any barriers to self-isolation and opportunities to improve the support offer locally.</p>
<p><b>9) Responding to Variants of Concern (VOC)</b> <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>Wirral has developed local plans outlining how we would enable surge responses related to testing and enhanced contact tracing within a specific geographical area or targeted at specific common exposures for a select time.</p> <p>Local outbreak and consequence management processes continue to reflect the increased transmissibility of the current dominant variant by triggering immediate outbreak control meetings with input from UK Health Security Agency (previously Public Health England), Testing and Communications to put actions into place as quickly as possible to control and manage the virus.</p> <p>A key part of our response to a variant of concern (VOC) is effective communication and community engagement to ensure local communities understand the purpose of the VOC response, and what people need to do to contain the spread of the virus. We will continue to work closely with the National Institute for Health Protection (formerly 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><b>10) Compliance, Enforcement and Living with COVID-19 (COVID secure) Work</b> <i>collaboratively to guide, inform and support local compliance</i></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 Enforcement teams, to promote and support COVID-safe practice across Wirral.</p> <p>We have monitored the operations and compliance of local businesses including responding to reports of non-compliance across hospitality, close contact services, supermarkets, retail, and other premises.</p>

<p><b><i>with regulations and restrictions, support local enforcement where necessary, and plan for gradual re-opening of wider society.</i></b></p>	<p>As legislation changes move to increased emphasis on personal responsibility and health and safety requirements, we will promote the use of the NHS COVID-19 App, to support individuals making informed choices, as well as emphasising to businesses the continued importance of a risk-based approach to learning to live and operate safely during COVID-19 and being prepared to adjust plans if necessary. We will also continue to support local businesses in investigating cases of COVID-19 to identify transmission and support workplaces to develop the appropriate control measures to prevent and manage outbreaks, empowering them with best practice guidance.</p> <p>Wirral's Event Safety Advisory Group continues working closely alongside the Public Health team to take a pragmatic approach to safely managing events in Wirral. Guidance from the Public Health team is being used alongside the national guidance, as part of the approach to considering applications for events, with resident safety the utmost priority. Support and guidance has been provided by the Hub in regards to Christmas events to ensure Wirral residents can safely enjoy the festive season.</p> <p>Council enforcement, licensing and communications teams will be working with the Hub to promote awareness for businesses, community groups and residents, around the importance of maintaining up to date risk assessments that are regularly reviewed, particularly in preparation for any changes the Autumn/Winter period may bring with ensuring COVID-safe environments.</p>
<p><b>11) Governance, accountability, and resourcing</b>  <b><i>Establish robust governance structures for decision making with clear accountability and effective resource use.</i></b></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 hold organisations to account, taking decisions and agreeing necessary actions to manage and respond effectively to COVID-19.</p> <p>We will continue to actively participate across the Liverpool City Region and Cheshire &amp; Merseyside forums to work collaboratively, and share learning and best practice, as requirements of the COVID-19 response have evolved.</p> <p>The Wirral COVID-19 Hub will be retained until September 2022 to build resilience in our experienced and established local teams. We have developed a resilient team for the Autumn/Winter period through further recruitment during summer months across the Hub and Health Protection teams.</p>

	We plan to keep our local capacity and capabilities under constant review, as well as continuing daily intelligence monitoring and taking a flexible and agile approach, to ensure we have a sustainable local system throughout the Autumn/Winter period.
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#### 4.0 FINANCIAL IMPLICATIONS

- 4.1 The delivery of the Local Outbreak Management Plan is funded via national grant funding with the prime funding source being the Contain Outbreak Management Fund. For the period of June 2020 to March 2022, Wirral has been allocated a total of £14,784,032 - £6,817,546 of which was received after March 2021. Scrutiny of the funding takes place at the COVID-19 Outbreak Strategic Control Cell.

<b>Outbreak Management Support Area</b>	<b>Planned spend to 31 Oct 2022</b>
Hub operations	£3,873,119
Community engagement	£2,640,354
Outbreak Support	£1,133,280
Vaccination-Testing Support	£410,000
Infection Prevention Control service	£656,783
Communications	£508,391
Supporting Educational Settings	£500,000
Cheshire and Merseyside regional testing hub	£389,833
Housing and Homelessness services	£279,887
Intelligence	£299,019
Additional COMF budget for COVID-19 public health activities during 2021/22:	
Strategic renewal programmes	£4,093,366
Mental health	
Winter preparedness	
<b>Total</b>	<b>£14,784,032</b>

- 4.2 In addition to COMF, Wirral receives funding for Community Testing. Testing was initially agreed as part of the approved Liverpool City Region Business case in December 2020, covering costs up to 11th April 2021. The national Community Testing programme was then funded from 12th April until 30th June 2021, with a focus on outreach testing. In June 2021, the national programme was extended until 30th September 2021, with the Council being reimbursed by DHSC for incurred costs, capped depending on the agreed delivery model. In September 2021, DHSC confirmed the extension of the Targeted Community Testing programme, and

funding until 31 December 2021. Wirral has extended Testing Staff contracts to end of January 2022, as we await national update on plans beyond December.

## **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.

## **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.

## 11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 The success of the health and care system in meeting the health and care needs of the community depends on many factors, but the response to the Covid-19 pandemic clearly demonstrates the importance of joined up approaches to strategy development and decision-making across the system and communities. During the pandemic, we saw the brilliance and dedication of the health and care workforce enhanced by the strengthening of existing, and development of new, partnerships.

11.2 The case for Community Wealth Building is stronger than ever, with the pandemic having a clear and significant impact on our residents, communities, and businesses. It is vital that everything we do at the Council contributes to the recovery and the development of a resilient and inclusive economy for Wirral.

11.3 Community Wealth Building in Wirral focuses on partnerships and collaboration, both within the Council and with external partners and stakeholders, including residents. The Council will work together with partners and residents to develop the place-based partnership arrangements in Wirral that meet the needs of the population, with a focus on reducing health inequalities.

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## APPENDICES

None

## BACKGROUND PAPERS

Wirral Local Outbreak Management Plan (Revised August 2021)

## SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Public Health Committee	13 <sup>th</sup> October 2020
Adult Social Care and Public Health Committee	19 <sup>th</sup> November 2020
Adult Social Care and Public Health Committee	18 <sup>th</sup> January 2021
Adult Social Care and Public Health Committee	2 <sup>nd</sup> March 2021
Adult Social Care and Public Health Committee	7 <sup>th</sup> June 2021
Adult Social Care and Public Health Committee	29 <sup>th</sup> July 2021
Adult Social Care and Public Health Committee	23 <sup>rd</sup> September 2021
Adult Social Care and Public Health Committee	13 <sup>th</sup> October 2021





## **ADULT SOCIAL CARE AND HEALTH COMMITTEE**

**TUESDAY 16 NOVEMBER 2021**

<b>REPORT TITLE:</b>	<b>ADULT SOCIAL CARE AND HEALTH WORK PROGRAMME</b>
<b>REPORT OF:</b>	<b>DIRECTOR OF CARE AND HEALTH</b>

### **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 2021/22 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**
**KEY DECISIONS**

Item	Approximate timescale	Lead Departmental Officer
Rates and Fees Engagement Exercise Outcome	March 2022	Jayne Marshall
Commissioning Activity Q1	March 2022	Jayne Marshall

**ADDITIONAL AGENDA ITEMS – WAITING TO BE SCHEDULED**

Item	Approximate timescale	Lead Departmental Officer
Carers Strategy	2021/22	Jayne Marshall
Wirral Safeguarding Adults Board	January 2022	Simon Garner
Thorn Heyes	TBC	Simon Garner
Supported Living – Revised Model	TBC	Simon Garner
Health and Wellbeing Strategy	HWB and Adults	Julie Webster
Domestic Abuse Strategy Update	November 21	Mark Camborne/Elizabeth Hartley
WUTH CQC Improvement Plan	2020/21	Janelle Holmes/Paul Moore (WUTH)
Clatterbridge Cancer Centre – Site Update	2020/21	Liz Bishop (CCC)
Commissioning Priorities and Framework	March 2021	Graham Hodkinson
Domestic Abuse Strategy – Future Joint Working with Childrens	TBC	Elizabeth Hartley
Community Care Services Review	TBC	Graham Hodkinson
All Age Disability	TBC	Jason Oxley/Simon Garner
Position statement – Refugees	TBC	Lisa Newman
Healthy Wirral Programme	TBC	Graham Hodkinson
Business Continuity Plans	January 2022	Jayne Marshall
Extra Care Housing	January 2022	Simon Garner

## STANDING ITEMS AND MONITORING REPORTS

Item	Reporting Frequency	Lead Departmental Officer
Financial Monitoring Report	Each scheduled Committee	Sara Morris
Performance Monitoring Report	Each scheduled Committee	Nancy Clarkson
Adult Social Care and Health Committee Work Programme Update	Each scheduled Committee	Daniel Sharples
Social Care Complaints Report	Annual Report – January	Simon Garner (circulated in an email to Committee)
Adults Safeguarding Board	Annual Report – July	Lorna Quigley
Public Health Annual Report	Annually	Julie Webster

## WORK PROGRAMME ACTIVITIES OUTSIDE COMMITTEE

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