Public Document Pack

Adult Social Care and Public Health Committee

Date:	**Thursday, 29 July 2021**
Time:	**6.00 p.m.**
Venue:	Palace Suite - Floral Pavilion

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AGENDA

1. WELCOME AND INTRODUCTION

2. APOLOGIES

3. MINUTES (Pages 1 - 14)

To approve the accuracy of the minutes of the meeting held on 7 June 2021.

4. 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.

5. PUBLIC QUESTIONS

6A. PUBLIC QUESTIONS

Notice of question to be given in writing or by email by 26 July 2021 to the Council's Monitoring Officer (committeeservices@wirral.gov.uk) and to be dealt with in accordance with Standing Order 10.

6B. Statements and Petitions

Statements
Notice of representations to be given in writing or by email by 12 noon, 26 July 2021 to the Council's Monitoring Officer (committeeservices@wirral.gov.uk) and to be dealt with in accordance with Standing Order 11.

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

6C. MEMBER QUESTIONS

SECTION B - BUDGET REPORTS

6. REVENUE BUDGET MONITORING MONTH 2 (APRIL-MAY) 2021-22 (Pages 15 - 30)

SECTION C - PERFORMANCE REPORTS

7. ADULT SOCIAL CARE AND HEALTH PERFORMANCE REPORT (Pages 31 - 96)

SECTION D - REVIEWS / REPORTS FOR INFORMATION

8. INTEGRATED CARE SYSTEM AND INTEGRATED CARE PARTNERSHIP DEVELOPMENTS - UPDATE (Pages 97 - 112)

9. WIRRAL HEALTH AND CARE COMMISSIONING SINGLE BUSINESS PLAN 2021/22 (Pages 113 - 142)

10. CARERS SERVICES AND CARERS STRATEGY REVIEW (Pages 143 - 150)

11. THE DEVELOPMENT OF A SPORT AND PHYSICAL ACTIVITY STRATEGY FOR WIRRAL - UPDATE REPORT (Pages 151 - 160)

12. COVID-19 RESPONSE UPDATE (Pages 161 - 174)

13. COMMITTEE WORK PROGRAMME (Pages 175 - 182)

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ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Monday, 7 June 2021

Present:	Councillor	Y Nolan (Chair)	
	Councillors	I Camphor	M Jordan
		K Cannon	M McLaughlin
		T Cottier	S Mountney
		S Frost	C O'Hagan
		P Gilchrist	J Walsh

1 APOLOGIES

No apologies for absence were received.

2 MEMBER DECLARATIONS OF INTEREST

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

The following declarations were made:

Councillor Clare O'Hagan	Personal interest by virtue of her employment in the NHS.
Councillor Tony Cottier	Personal interest as a director of a construction company contracted by the NHS.
Councillor Mary Jordan	Personal interest by virtue of her employment for the NHS, her son's employment for the NHS and her involvement as a trustee for 'incubabies'.
Councillor Ivan Camphor	Personal interest by virtue of the being a General Practitioner at Heatherlands Medical Centre, Medical Secretary for Mid-Mersey Local Medical Committee, General Practitioner Committee Representative for Cheshire and Mid Mersey, British Medical Association Chair of the Committee on

	Community Care and his wife's employment in the NHS.
Councillor Moira McLaughlin	Personal interest by virtue of her family's employment in the NHS and Wirral Council's Children's Services.
Councillor Yvonne Nolan	Personal interest by virtue of her son's employment at a local testing centre.

3 **MINUTES**

Resolved – That the accuracy of the minutes of the meeting held on 2 March 2021 be agreed.

4 **PUBLIC QUESTIONS**

The Chair outlined that Mr David Jones had indicated he wished to make a statement in relation to Wirral Evolutions Ltd, but that he would be invited to make his statement following the conclusion of that item.

The Chair further reported that notice had been given of a petition to be presented. The petition was presented by Mr George Lamb, who at the invitation of the Chair introduced the petition which had 1,030 signatories and sought to keep the Wirral Evolutions ran Highcroft Day Centre open.

The Chair thanked Mr Lamb for presenting the petition to the Committee and reaffirmed that the Committee was receiving a progress report from Wirral Evolutions and not making a decision on the closure of day centres.

5 **WIRRAL EVOLUTIONS LTD: PROGRESS UPDATE AGAINST APPROVED SAVING PROPOSAL**

Jean Stephens, Managing Director of Wirral Evolutions presented the report which provided the Committee with the first quarterly report detailing the progress against Wirral Evolution's saving proposals and plans to modernise the Company's operating model to ensure the delivery of service was within the contract value of £5.015m for 2021/22.

The report detailed how the Company had based its decision to modernise on its mission, vision and values outlined in its 5-year business strategy. This contained two key elements, firstly organisational restructure to enable improved personalised outcomes for the people with a learning disability to reach their full potential, and secondly consolidation of locations to work towards providing an improved community integrated offer for people with a learning disability, supporting more independent life skills. It was intended that the outcomes of the plan would enable greater personalised outcomes,

smaller ratios based on levels of support needs, greater social value and benefit to service users and a leaner and modern outward focused workforce structure.

The Committee was advised that the formal organisational restructure workforce consultation was launched on 22 March 2021 and concluded on 19 May 2021 and weekly engagement meetings had taken place with Trade Unions and Wirral Council Human Resources. The consultation with service users, parents and carers commenced on 24 May 2021, and Zoom sessions had taken place with 105 parents and carers and 92 online surveys had been submitted, with personalised conversations to have taken place with all service users by 13 June 2021. The emerging themes from the consultation process were reported to the Committee, with issues such as transport to new locations, level of staffing, level of service and the opportunity for transition all being raised. It was reported that the feedback would be collated and discussed with service users and that Wirral Evolutions was committed to enabling the best outcomes for those service users.

Members queried the rationale around the withdrawal of the Highcroft centre and sought clarification on what the community integrated services were.

Councillor Phil Gilchrist proposed the following:

“Having received the presentation and concerns raised by petitioners, committee welcomes the assurances that Wirral Evolutions has given to date, but requests that they produce more detail on the outcome of the consultation for the meeting in July, and in so doing Committee would like to hear how the consolidation, economies of scale and community hubs will be of genuine benefit to the users of the services, and how staff skills will be retained, and how service users view the future prospects.”

Councillor Yvonne Nolan raised concern at the timeline and proposed an amendment Councillor Phil Gilchrist’s suggested motion, replacing “July” with “September”.

Councillor Sam Frost proposed a further addition of the following wording to the suggested motion:

“Wirral Evolutions is also requested to extend the consultation to wider members of the community and provide further detail on the community groups it was seeking to make links with, and their response.”

The revised motion was moved as an alternative to the recommendations in the report by Councillor Phil Gilchrist, seconded by the Chair and agreed by assent, and it was therefore:

Resolved – That having received the presentation and concerns raised by petitioners, the Adult Social Care and Public Health Committee welcomes the assurances that Wirral Evolutions have given to date, but requests that more detail be produced on the outcome of the consultation for its meeting on 8 September 2021. The Committee would also like to hear how the consolidation, economies of scale and community hubs will be of genuine benefit to the users of the services, as well as how staff skills will be retained, and how service users view the future prospects. Wirral Evolutions is also requested to extend the consultation to wider members of the community and provide further detail on the community groups it was seeking to make links with, and their response."

6 **STATEMENT**

Following the conclusion of the Wirral Evolutions Ltd item the Chair invited David Jones to address the committee. Mr Jones spoke regarding the organisational restructure of Wirral Evolutions Ltd, outlining concerns regarding the consultation process, salary and contracted hours reductions for staff and urging that the service be brought back under Council control.

The Chair thanked Mr Jones for his statement.

7 **ADULT CARE AND HEALTH COMMISSIONING ACTIVITY 2021**

Jayne Marshall, Community Care Lead Commissioner, introduced the report of the Director of Care and Health which was to notify the Committee of the commissioning activity for Quarter 2 of 2021, and seek approval of the re-tendering of a number of existing services and new service provision.

The detail of the existing services to be re-commissioned was outlined to the committee, including the Mobile Nights Service, Early Intervention and Prevention and Carers Services, Wirral Advocacy Hub and Cardigan House. It was reported that the Beach Accessible Wheelchairs service was a new service request, following Council expressing an ambition to introduce the service.

Concerns were raised by some members around the level of detail in the report given the significant cost of the contracts. Members were advised that all but one of the contracts were existing services funded from existing budgets.

It was proposed by Councillor Simon Mountney, seconded by Councillor Ivan Camphor, that the item be deferred until the July meeting and that more detail on the services be provided.

The motion was put and lost (3:8).

It was moved by Councillor Kate Cannon, seconded by Councillor Tony Cottier that the recommendations in the report be agreed.

The motion was put and carried (8:1) (2 abstentions).

Resolved (8:1) (2 abstentions) – That:

1. **authorisation be given to the Director of Care and Health to proceed with the procurement for:**
    - **Mobile Night Service (5-year contract)**
    - **Beach Accessible wheelchairs (2-year contract)**
    - **Early Intervention and Prevention services (3-year contract)**
    - **Wirral Advocacy Hub (3-year contract)**
    - **Cardigan House (2-year contract)**

2. **Delegated authority be given to the Director of Care and Health to award the tender to the successful bidders following the tender process.**

8 **INFECTION PREVENTION AND CONTROL SERVICE COMMISSION**

Julie Webster, Director of Public Health introduced the report which sought the Committee's agreement to progress the proposed commissioning intentions for Community Infection Prevention and Control Services.

Members were reminded how the Covid-19 pandemic and response had highlighted the vital importance of infection prevention and control and the specialist support required to ensure that high standards of infection prevention and control could be implemented and maintained. The current contract was delivered by Wirral Community Health and Care NHS Foundation Trust and was due to end on 31 March 2022, therefore authority was sought to commence the re-commissioning of the service. The details of the service were outlined to the Committee, which included providing a proactive service to ensure there were the tools and information available to maintain high standards in all community settings.

The significant work that had to be undertaken in nursing homes to ensure high levels of infection prevention and control was acknowledged and it was proposed that an overview of that work would be useful for members in the future.

Resolved – That

1) **the Director of Public Health be authorised to re-commission the Wirral Community Infection Prevention and Control Service totalling up to £2,450,000 (£350,000 per annum) for an initial five-**

year contract (1 April 2022 – 31 March 2027) with the option of two one-year extensions.

2) **delegated authority be given to the Director of Public Health to award the tender to the successful bidder following the tender process.**

9 **DISCHARGE TO ASSESS (D2A) AND REABLEMENT SERVICES'**

Jason Oxley, Assistant Director for Care, Health and Commissioning for People introduced the report of the Director of Care and Health, which outlined a proposal to transfer the Discharge to Assess bed-based service provision from the current range of services in the independent care home sector, to a single site service operated by the NHS.

The Committee was advised that Discharge to Assess was a pathway model for people who were clinically ready for discharge from hospital and who no longer required an acute hospital bed, but who may still require care services including short-term, funded support. The ethos was to discharge people to remain in their own home wherever possible. However, some people required a period of extended short-term support, assessment and therapy within a bed-based Discharge to Assess service before they could return to their home or to their onward care arrangements. The report outlined that a review had been undertaken of the average length of stay and future capacity and demand requirements, and it was felt that a single site offer operated by the NHS would be more effective and give greater opportunity for patients to return home sooner.

Members had concerns over the reduction in available beds as part of the proposals. The Assistant Director for Care, Health and Commissioning for People advised the Committee that 30 additional independent care home beds would be available for 6 months over the winter period to provide additional support during the transitional period, and that the commissioners had good monitoring of pressure triggers and would be responsive to any issues.

It was moved by Councillor Phil Gilchrist and seconded by Councillor Mary Jordan, that an addition to the recommendation contained in the report, be made as follows:

‘In the event of capacity stresses arising in the proposed arrangements, officers be requested to report back to the Adult Social Care and Public Health Committee to advise on the steps being taken to address this.’

The addition was agreed by assent, and it was therefore –

Resolved – That

1) **the current D2A independent care home contracts held by the Council due to expire on 30 September 2021 be supported.**

2) **the progression of proposals for D2A bed-based services to be commissioned by the NHS as a single site NHS offer from 1 September 2021 be supported.**

3) **the proposal for up to an additional 30 community independent care home beds to be commissioned for a period of 6 months (ending on 31 March 2022) to support the transition from the current model and to support with the additional demand on the care and health system expected due to winter pressures be supported.**

4) **a further report be presented to a future Committee with detail of the D2A service arrangements.**

5) **In the event of capacity stresses arising in the proposed arrangements, officers be requested to report back to the Adult Social Care and Public Health Committee to advise on the steps being taken to address this.**

10 **FEE SETTING FOR 2021/22 (OUTCOME OF PROVIDER FEE SETTING ENGAGEMENT)**

Jayne Marshall, Community Care Lead Commissioner introduced the report of the Director of Care and Health which outlined the outcome of the annual engagement exercise with the Local Community Care Market for fee rates to be paid to care providers for 2021/2022, which included Residential and Nursing, Supported Living, Extra Care, Care and Support at Home and Direct Payments.

The report set out the duty on the Local Authority to promote diversity and quality in the care and support provider market to produce a sustainable and diverse range of care and support providers to deliver good quality and cost-effective services. As part of this, the Council must set what fees it pays to care home providers in an open, fair and transparent way, which takes into account the providers' costs, efficiencies and planned outcomes for people using services. The Committee was advised that the fee setting had taken into account the legitimate current and future costs, as well as incentivising providers to pay the Real Living Wage.

Resolved – That

1) **approval be given to the rates that apply to services commissioned by Wirral Council and jointly commissioned**

services between Wirral Council and NHS Wirral Clinical Commissioning Group (CCG), in relation to Residential and Nursing, Supported Living, Extra Care, Care and Support at home and Direct Payments, as detailed in the report.

2) **approval be given to the backdating of the rates to apply from 1 April 2021.**

11 NATIONAL DRUG TREATMENT AND RECOVERY GRANT FUNDING

Julie Webster, Director of Public Health, introduced the report which provided an overview of the Government's national grant funding programme for drug treatment and recovery, and outlined the proposals on how best to utilise the funding to reduce drug related deaths, offending and reduce the prevalence of drug use.

It was reported that there were significant issues with illegal drug misuse and associated health problems in Wirral and that in January the government had announced £148m funding package to help tackle this issue nationally. Committee was informed that Wirral Council had been awarded £1.4m as part of the programme, which needed to be spent within the 2021/22 financial year. The report further outlined the partnership approach that would be undertaken as part of the proposals alongside colleagues from a range of sectors such as police, justice service and housing.

Members welcomed the approach and urged the Director of Public Health to ensure that schools were involved in the partnership approach as one of the key partners for prevention.

Resolved – That

1) **the acceptance of the £1.4m national Drug Treatment and Recovery Grant funding be agreed.**

2) **the proposals for spending the £1.4m Drug Treatment and Recovery Grant funding as set out in Appendix 2 be agreed.**

12 PROPOSALS FOR INTEGRATED CARE PARTNERSHIPS

Graham Hodkinson, Director of Care and Health introduced the report which provided an update on the proposed strategic changes in the NHS and outlined the implications for the Council of such emerging arrangements.

It was reported that the Committee had received an update on the proposals for Integrated Care Partnerships at its last meeting following the publication of the government's White Paper 'Integration and innovation: working together to improve health and social care for all', and since then the proposals had been

included within the Queen's Speech. The report set out the implications of the changes for the Local Authority, which would take the leadership role in the local 'place' making arrangements. The Integrated Care Partnership would be made up of Wirral Integrated Commissioning, Wirral Provider Collaborative and Place leadership, where the Health and Wellbeing Board would play a critical role in driving local arrangements.

A discussion ensued on where commissioning of services would sit within the system, where it was reported that early indications were that the majority of commissioning would be done at 'Place' level.

Resolved – That

1) **the Queen's Speech announcing the forthcoming Health and Care Bill, intended to make it easier for different parts of the health and care system to work together and to support place-based joint working between the NHS, local government, community health services, and other partners be noted.**

2) **the Local Government Association's efforts to secure with Government their commitment that existing local partnerships and democratic structures should be based on local government place be supported, and the importance of the Council's role as that place-level leader be recognised.**

3) **the Health and Wellbeing Board's role in leading the development of place based partnership necessary to deliver improved outcomes in population health and tackling health inequality and notes the progress currently being made be endorsed.**

13 **APPOINTMENT TO STATUTORY COMMITTEE AND MEMBER CHAMPION FOR DOMESTIC ABUSE**

Vicki Shaw, Head of Legal Services introduced the report which sought the appointment of members to serve on the Discharge from Guardianship by Wirral Council under the Mental Health Act 1983 Panel, and to appoint a Member Champion for Domestic Abuse.

Resolved – That

1) **the Monitoring Officer as proper officer be authorised to carry out the wishes of the Group Leaders in allocating Members to membership of the Statutory and Advisory Committees detailed within the report and to appoint those Members with effect from the date at which the proper officer is advised of the names of such Members.**

2) **Councillor Yvonne Nolan be appointed the Member Champion for Domestic Abuse.**

14 **2021/22 BUDGET MONITORING AND 2022/23 BUDGET PROCESS**

Graham Hodkinson, Director of Care and Health, introduced the report of the Director of Resources which outlined the processes for monitoring the 2021/22 budget and for commencing the budget setting process for 2022/23.

It was reported that following the capitalisation directive of up to £10.7m the Council had received from Ministry for Housing, Local Government and Communities, one of the conditions of that offer was that the Council needed to provide evidence from the assurance review of the authority's financial position and its ability to meet any or all of the identified budget gap without any additional borrowing. Therefore, it was important that the Council had robust processes in place to manage and monitor the in-year financial position, to ensure it is reporting a forecast balanced position to the end of the year and that the process for 2022/23 budget setting was underway early so that an agreed budget could be agreed by Council in March 2022.

A query was raised around the effectiveness of zero-based budgeting, where it was outlined that Adult Social Care and Public Health had undertaken a zero-based budgeting exercise the previous financial year, which meant that the budget for the current financial year was based on that zero-based budgeting exercise and therefore accurately reflected actual spend.

Resolved – That

1) **the content of the report and the current forecast position of savings for 2021/22 and the ongoing work being undertaken to mitigate any under achievement be noted.**

2) **agreement be given to the inclusion of the current proposals within the report from the Medium Term Financial Plan from 2022/23 – 2025/26 and that the Director of Adult Care and Health develops them into full business cases, where appropriate, be included in the 2022/23 budget proposals to Policy and Resources Committee at its October meeting for approval.**

3) **a series of budget workshops be convened to identify any alternative savings/income/reductions in pressures to ensure that a full suite of costed and deliverable proposals can be recommended to the Policy and Resources Committee at its October meeting for approval.**

4) **the Zero-Based Budgeting project be commenced within the budget workshops to contribute to the overall savings target of £170k in 2021/22.**

15 **CAPITAL AND REVENUE BUDGET MONITORING QUARTER 4**

Mark Goulding, Senior Finance Business Partner introduced the report of the Director of Care and Health, which set out the financial monitoring information for the Adult Social Care and Public Health Committee.

The report provided members with an overview of budget performance for the area, and detailed the year-end revenue position of £1.1m favourable, and year-end capital position of £0.8m favourable. It was reported that the favourable position included £0.6m joint funded income correction relating to two historic invoices, alongside extra funding received for the Covid-19 response from government and Clinical Commissioning Group funding for hospital discharges and deflections. It was reported that Adult Care and Health budget had experienced substantial pressures in 2021/21 which would have led to a significant overspend had it not been for the CCG and Covid-19 grant support.

Further information was sought on the progress of Assistive Technology installations which had been delayed due to the pandemic.

Resolved – That the year-end revenue outturn position of £1.1m favourable and the £0.8m favourable position of the capital programme, as reported at quarter 4 (Apr-Mar) of 2020-21 be noted.

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

Jason Oxley, Assistant Director for Care, Health and Commissioning for People introduced the report of the Director of Care and Health, providing an update on performance in relation to Adult Social Care and Health.

Key elements of the performance report were highlighted, including the situation with residential and nursing care homes where there were increasing vacancy rates which now stood at 18.9%. It was reported that there were a small number of care homes closed to admissions as a result of Covid-19. The Committee's attention was also brought to the Care Quality Commission's (CQC) notifiable incidents as outlined in the report, the reporting process for which was still under development following a request from members for that information. It was further highlighted that the statistics for reablement showed that the main reason for ending of care packages was that people had achieved their aims.

The Committee welcomed the figures on reasons for end of care packages and sought further information in future reports on the CQC's notifiable

incidents pre-covid, as well as further detail on national or Liverpool City Region averages on performance data for comparison.

Resolved – That the report be noted.

17 **TACKLING HEALTH INEQUALITIES THROUGH REGENERATION: HEALTH & EMPLOYMENT**

Julie Webster, Director of Public Health introduced the report which outlined the Council's collaborative investment to address health related worklessness and improve social, economic and health outcomes.

It was reported that good employment protects health and that there were lots of challenges with health issues associated with unemployment. The pandemic had highlighted the need to focus on work to support people to enter the job market with good quality jobs, therefore the report outlined the work that had taken place to address these issues.

The report included data around unemployment and Universal Credit claimants, which showed that there were 31,352 people in Wirral claiming Universal Credit, of which 11,131 were in employment. Members raised concerns over the significant number of people in work claiming Universal Credit and highlighted that employment wasn't lifting people out of poverty. Further points were made in relation to housing standards and lower attainment for children living in deprived communities and it was suggested that an anti-poverty strategy could be developed.

Resolved – That the report be noted.

18 **COVID-19 RESPONSE UPDATE**

Julie Webster, 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 reported that the 7 day incidence rate had significantly increased from 15 cases on 20 May to 153 cases on 4 June, which translated to an increase from 4.6 cases per 100,000 to 47.2 cases per 100,000. There had been a significant increase in cases in the young age groups, particularly 10-19 and 30-39, but it was reported that there hadn't yet been a big increase in hospital admissions, with two patients in Arrowe Park with Covid-19 illnesses as at 4 June.

Further outbreaks were being reported in school and hospitability settings, who were working hard to put measures in place. There had also been some outbreaks in care homes, but often these were as a result of the increased

testing programme as opposed to due to people having symptoms or becoming ill which was testament to the vaccination programme. The Director of Public Health further outlined that any further relaxation of the roadmap would increase case rates therefore residents were encouraged to continue to practice the core principles of hands, face and space.

Members highlighted the links between deprivation and concerns around reporting as unwell due to concerns of support and pay, alongside the links between Houses of Multiple Occupancies and the spread of the virus.

Resolved – That the contents of the report, the progress made to date and to support the ongoing COVID-19 response be noted.

19 **WORK PROGRAMME**

Vicki Shaw, 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.

Resolved – That

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

2) **the budget workshops be added to the work programme.**

20 **EXEMPT INFORMATION - EXCLUSION OF THE PRESS AND PUBLIC**

Resolved – That

1) **under section 100 (A) (4) of the Local Government Act 1972, the public be excluded from the meeting during consideration of the following item of business on the grounds that it involves the likely disclosure of exempt information as defined by paragraph 3 of Part I of Schedule 12A (as amended) to that Act. The Public Interest test has been applied and favours exclusion.**

2) **further to Minute No.11, the content of the exempt appendix circulated with the agenda, be noted.**

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WIRRAL

ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

29 JULY 2021

REPORT TITLE:	Revenue Budget Monitoring Month 2 (April-May) 2021-22
REPORT OF:	Director of Care and Health

REPORT SUMMARY

This report sets out the financial monitoring information for the Adult Social Care and Health Committee. The report provides Members with an overview of budget performance for this area of activity. The financial information details the revenue outturn position, as reported at month 2 (April-May) 2021/22.

RECOMMENDATION/S

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

1. Note the revenue outturn position of £0.35m favourable as reported at month 2 (April-May) of 2021/22.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

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

2.0 OTHER OPTIONS CONSIDERED

2.1 No other options have been considered.

3.0 BACKGROUND INFORMATION

3.1 Work on quarter 1 reporting for financial year 2021-22 commences on 1st July 2021 and so it has not been possible to provide a full quarter 1 update at this point. As at month 2 (May) the financial outturn for 2021-22 is a small favourable position of £0.35m against a total net budget of £113.1m. This represents minor movement on some budget lines but no significant variances. The forecast anticipates continued uptake by providers of the Real Living Wage fee rates agreed at Committee on 7th June 2021, and full achievement of the £4.5m saving target against community care. A full quarter 1 report will be presented to Committee in September.

3.2 Appendix 1 – 5 provide breakdown of the revenue budget for the Adult Care and Health Directorate for 2021/22.

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

expenditure it proposes to incur) in a financial year is likely to exceed the resources (including sums borrowed) available to it to meet that expenditure.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 There are no implications arising directly from this report.

7.0 RELEVANT RISKS

7.1 The possible failure to deliver the Revenue Budget is being mitigated by:
a) Senior Leadership / Directorate Teams regularly reviewing the financial position.
b) Availability of General Fund Balances.
c) Review of existing services and service provision.

8.0 ENGAGEMENT/CONSULTATION

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

9.0 EQUALITY IMPLICATIONS

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

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

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

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

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

REPORT AUTHOR: Sara Morris
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APPENDICES

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

BACKGROUND PAPERS

Revenue Budget 2021/22

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

Appendix 1

Adult Social Care and Public Health Committee 2021-22 Budgets

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

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

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

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

REVENUE BUDGETS

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

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

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

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

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

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

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

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

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

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

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

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

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

Better Care Fund and the Section 75 pooled fund agreement

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

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

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

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

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

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

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

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

CAPITAL BUDGET

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

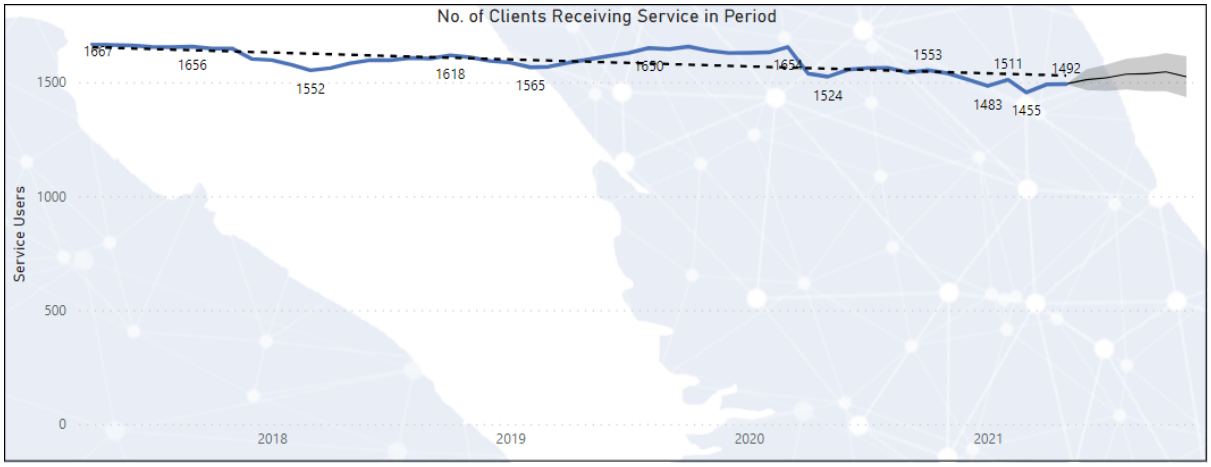
TABLE 4: 2020/21 Adult Social Care and Public Health – Capital Budget

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

Appendix 2

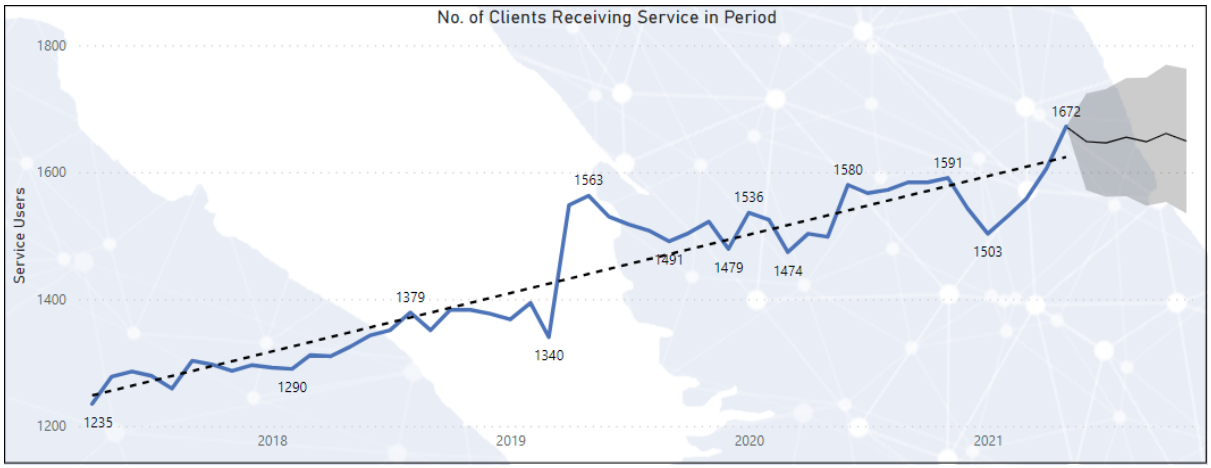
2020-21 Activity Profile

Residential/ Nursing Services
(All service types)



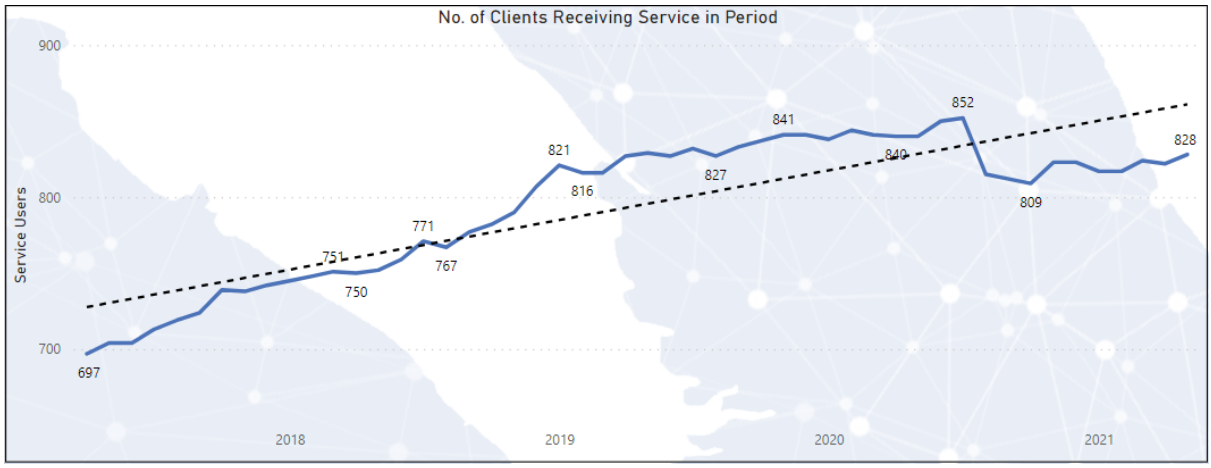
There was a small reduction in the number of overall residential /nursing service users between March 2020 and April 2020 (122 services, or 7.3%), which can at least in part be explained by a reduction in services such as Respite care as a result of COVID. Since then, services numbers have trended slightly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

Domiciliary Care Services



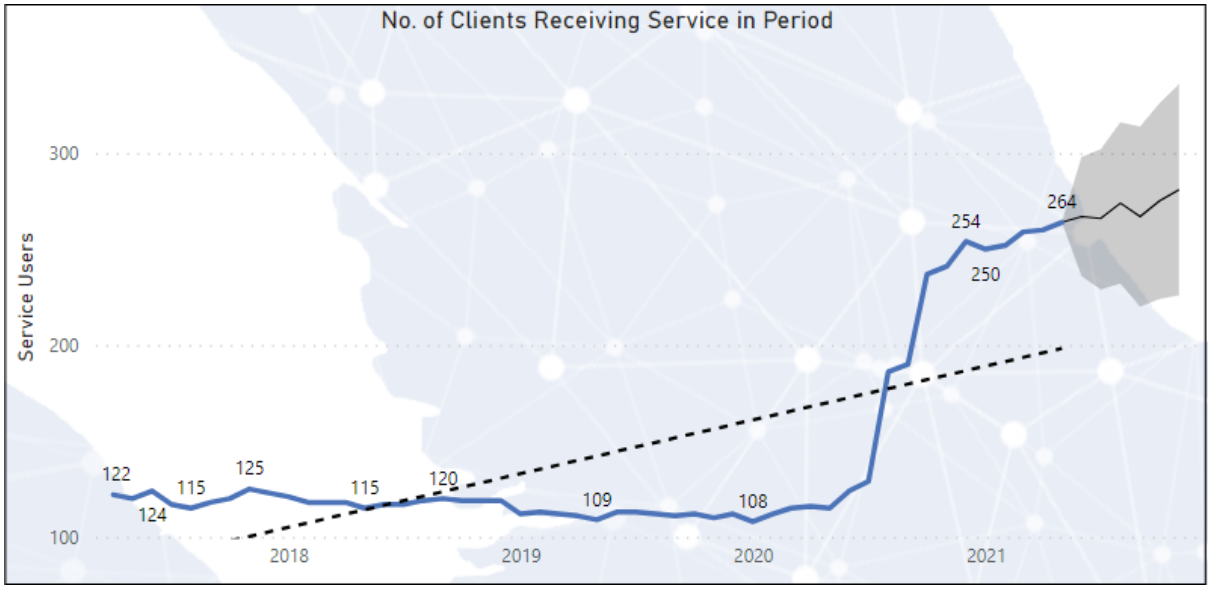
Domiciliary Care services saw a slight increase of service users between March 2020 and April 2020 (an increase of 29, or 1.9%), and an overall increase in 2020-21 of 3.7%. There was, however, a notable dip in service numbers in January 2021, at the peak of the second COVID-19 wave. Service numbers are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

Supported Living Services



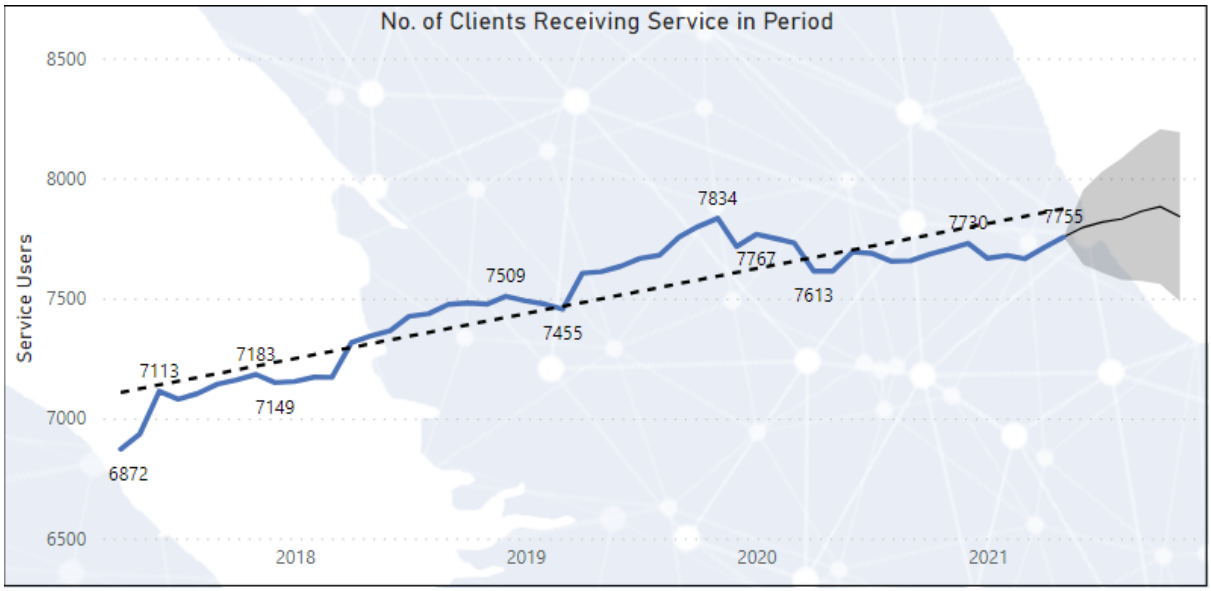
Supported Living services saw a 1.9% decrease over 2020-21, with a steep drop (37 services, or 4.3%) between July and August 2020 which relates to new extra care schemes opened on the Wirral. Numbers have remained constant apart from that one month though.

Extra Care Services



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

All Current Services
(All service types)



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

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

Market Position Statement

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

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

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

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

Appendix 3

Progress on the achievement of approved 2021/22 Budget Savings

Saving Title	Agreed Value	Achieved to Date	Forecast Value	RAG Rating	Comments
Demand Mitigations	£3.8m	£0.1m	£3.8m	**Green**	On target to be achieved
Change Initiatives	£0.2m	£0.0m	£0.2m	**Green**	Work commenced with Partners for Change who are supporting this initiative
Wirral Evolutions review of day services for people with Learning Disability	£0.5m	£0.08m	£0.5m	**Green**	Reliant on staff exits via voluntary redundancy, process did not commence until April resulting in a delay to achievement. Target still assumed to be achieved and the contract value has been amended accordingly
TOTAL	**£4.5M**	**£0.2M**	**£4.5M**		

Appendix 4

List of Reserves as at 1 April 2021

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

Appendix 5

Future years budget proposals and Pressures/Growth Items

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

WIRRAL

ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Thursday, 29 July 2021

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

REPORT SUMMARY

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

RECOMMENDATION

The Adult Social Care and Public Health Committee 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 and now available for all committee members to access and appropriate support has been offered.

3.0 BACKGROUND INFORMATION

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

4.0 FINANCIAL IMPLICATIONS

4.1 There are no financial implications arising from this report.

5.0 LEGAL IMPLICATIONS

5.1 There are no legal implications arising from this report.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 There are none arising from this report.

7.0 RELEVANT RISKS

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

8.0 ENGAGEMENT/CONSULTATION

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

9.0 EQUALITY IMPLICATIONS

9.1 Wirral Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. An Equality Impact

Assessment is a tool to help council services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision, or activity. There is no impact for equality implications arising directly from this report.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

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

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

REPORT AUTHOR: **Nancy Clarkson**
(Wirral Intelligence Service - Head of Intelligence)
telephone: Tel: 666 4329
email: nancyclarkson@wirral.gov.uk

APPENDICES

Appendix 1:
Adult Social Care and Public Health Committee Performance Report 01/07/2021

BACKGROUND PAPERS

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

SUBJECT HISTORY (last 3 years)

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

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Adult Social Care and Public Health Committee

Performance Report

01/07/2021

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WIRRAL INTELLIGENCE SERVICE

Table of Contents

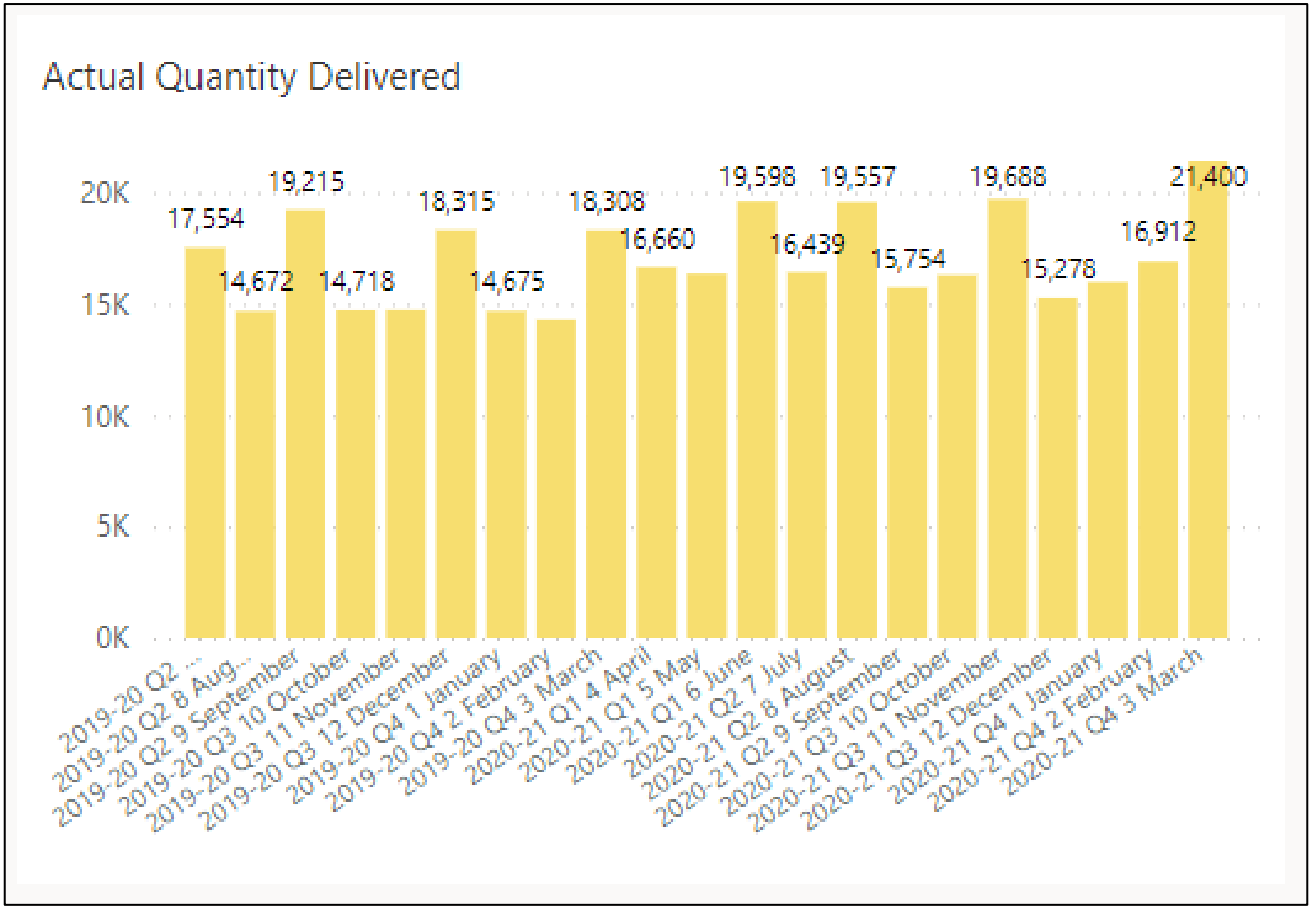
1.0 Introduction

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

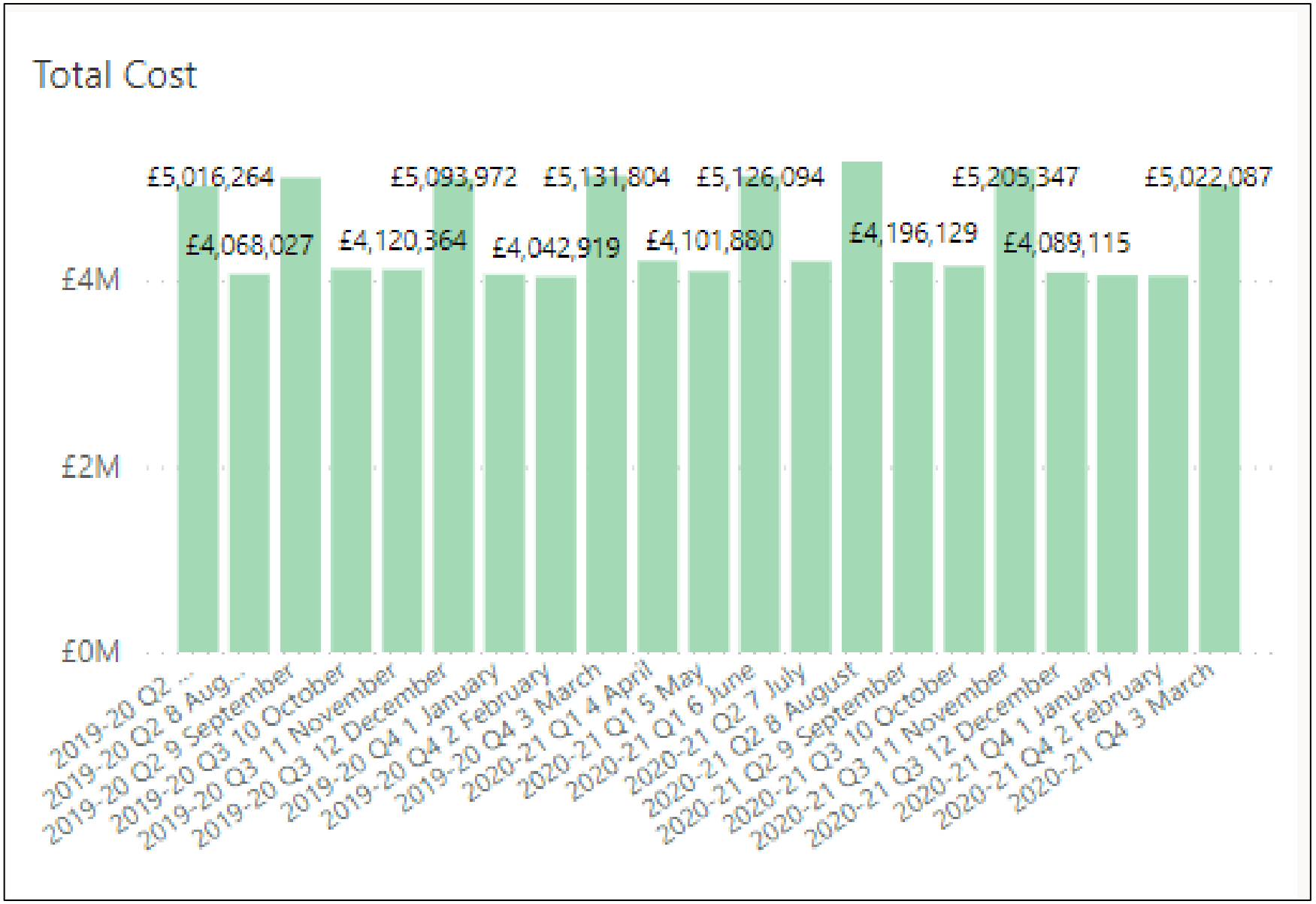
2.1 Residential and Nursing Care - Cost and Numbers of People

No. of Clients	Total Cost (inc. aborted cost)	Actual Quantity Delivered	Commissioned Cost	Actual Cost
3510	£106.37M	407.44K	£106.05M	£106.37M


Actual Quantity Delivered
20K
15K
10K
5K
0K
17,554
14,672
19,215
14,718
14,718
18,315
14,675
14,439
18,308
16,660
16,439
19,598
16,439
19,557
15,754
16,439
19,688
15,278
16,912
21,400
2019-20 Q2 ...
2019-20 Q2 8 Aug...
2019-20 Q2 9 September
2019-20 Q3 10 October
2019-20 Q3 11 November
2019-20 Q3 12 December
2019-20 Q4 1 January
2019-20 Q4 2 February
2019-20 Q4 3 March
2020-21 Q1 4 April
2020-21 Q1 5 May
2020-21 Q1 6 June
2020-21 Q2 7 July
2020-21 Q2 8 August
2020-21 Q2 9 September
2020-21 Q3 10 October
2020-21 Q3 11 November
2020-21 Q3 12 December
2020-21 Q4 1 January
2020-21 Q4 2 February
2020-21 Q4 3 March

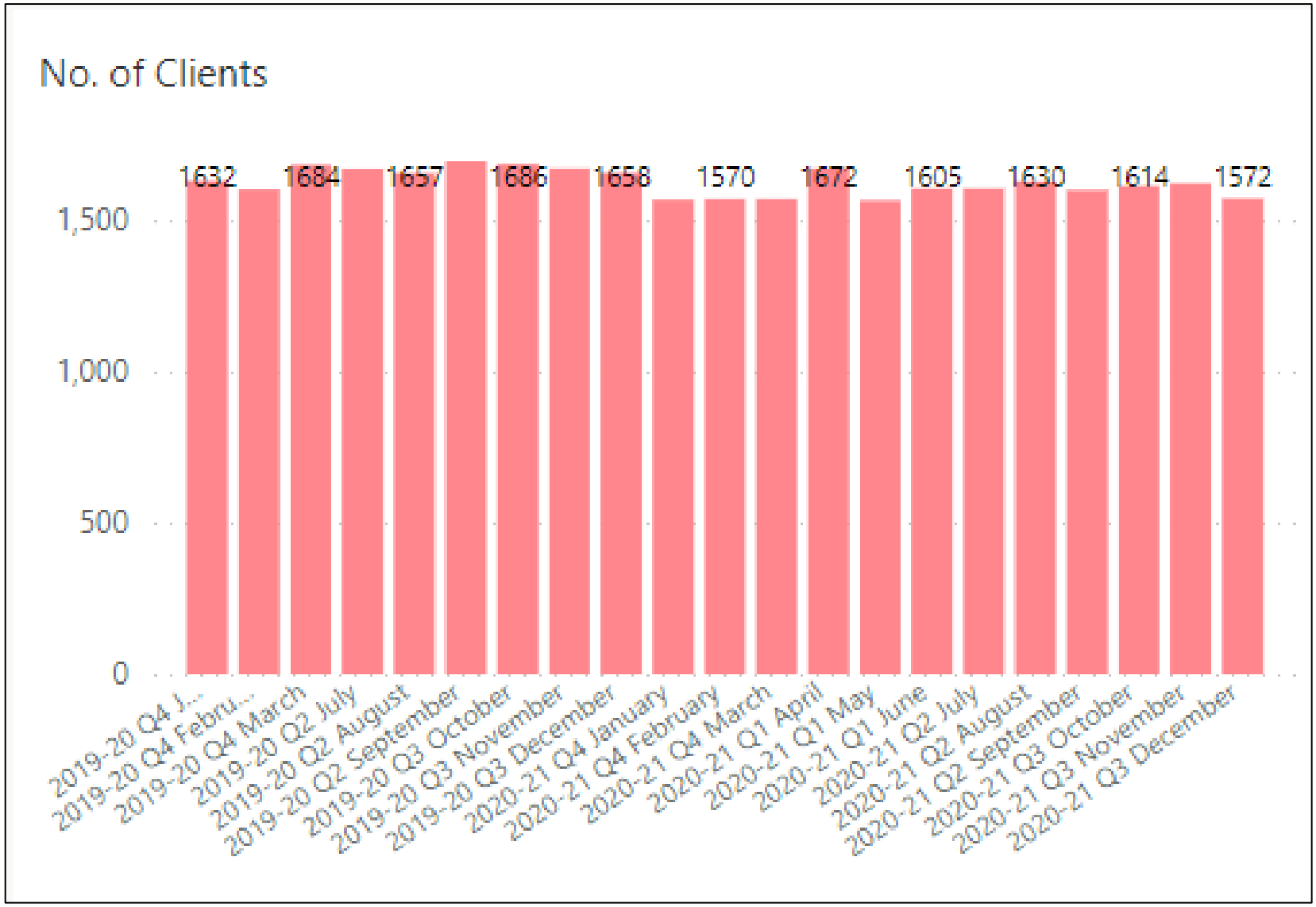
Actual Quantity Delivered

Month Name	2019-20	2020-21	2021-22	**Total**
January	14,674.94	15,995.31		**30,670.25**
February	14,289.58	16,912.45		**31,202.03**
March	18,307.81	21,399.99		**39,707.81**
April		16,660.35	17,350.74	**34,011.09**
May		16,367.77	20,787.21	**37,154.97**
June		19,597.74	12,860.17	**32,457.92**
July	17,553.53	16,438.87		**33,992.39**
August	14,671.51	19,557.39		**34,228.89**
September	19,214.53	15,754.01		**34,968.54**
October	14,718.37	16,312.79		**31,031.16**
November	14,729.65	19,688.17		**34,417.82**
December	18,314.81	15,278.05		**33,592.87**
Total	**146,474.73**	**209,962.89**	**50,998.12**	**407,435.74**


Total Cost
£5,016,264
£4,068,027
£5,093,972
£4,120,364
£5,131,804
£4,042,919
£5,126,094
£4,101,880
£5,205,347
£4,196,129
£5,022,087
£4,089,115
£4M
£2M
£0M
2019-20 Q2 ...
2019-20 Q2 8 Aug...
2019-20 Q2 9 September
2019-20 Q3 10 October
2019-20 Q3 11 November
2019-20 Q3 12 December
2019-20 Q4 1 January
2019-20 Q4 2 February
2019-20 Q4 3 March
2020-21 Q1 4 April
2020-21 Q1 5 May
2020-21 Q1 6 June
2020-21 Q2 7 July
2020-21 Q2 8 August
2020-21 Q2 9 September
2020-21 Q3 10 October
2020-21 Q3 11 November
2020-21 Q3 12 December
2020-21 Q4 1 January
2020-21 Q4 2 February
2020-21 Q4 3 March

Total Cost

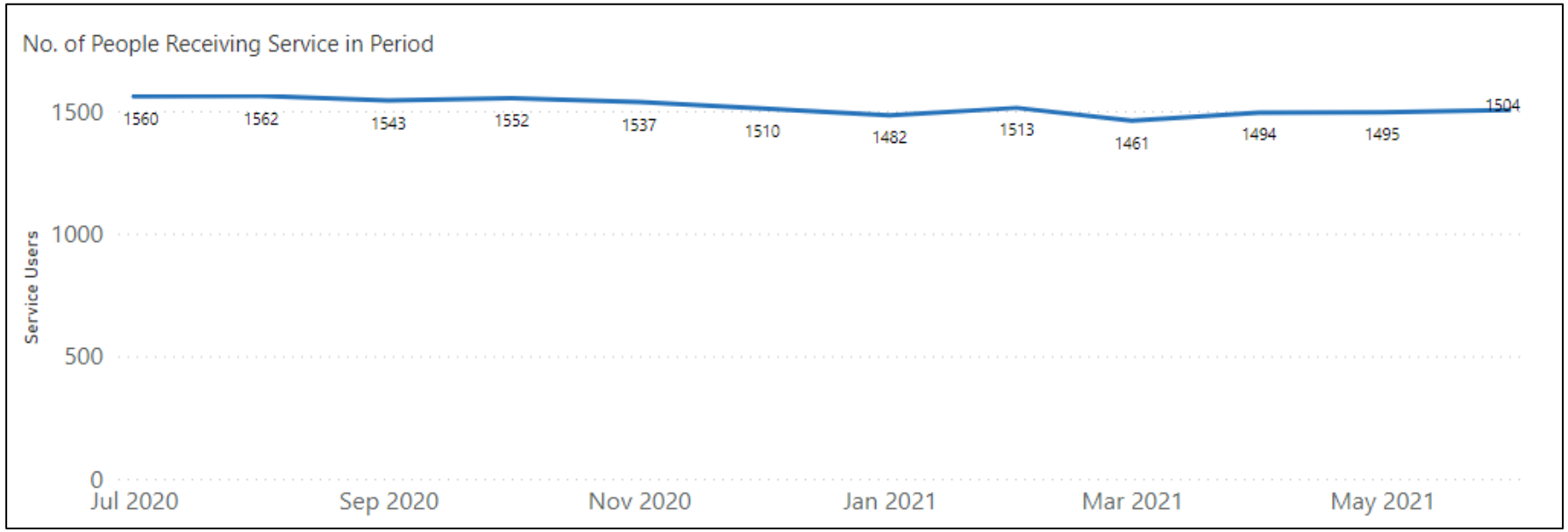
Month Name	2019-20	2020-21	2021-22	**Total**
January	£4,063,473.95	£4,054,273.54		**£8,117,747.49**
February	£4,042,918.61	£4,050,166.85		**£8,093,085.46**
March	£5,131,804.10	£5,022,086.98		**£10,153,891.08**
April		£4,210,689.29	£3,959,640.91	**£8,170,330.21**
May		£4,101,879.58	£4,954,081.42	**£9,055,961.01**
June		£5,126,094.30	£2,985,024.70	**£8,111,119.00**
July	£5,016,264.36	£4,204,003.50		**£9,220,267.86**
August	£4,068,027.44	£5,282,434.01		**£9,350,461.46**
September	£5,107,014.86	£4,196,129.06		**£9,303,143.92**
October	£4,127,179.93	£4,157,247.71		**£8,284,427.64**
November	£4,120,364.04	£5,205,347.37		**£9,325,711.40**
December	£5,093,971.81	£4,089,115.28		**£9,183,087.08**
Total	**£40,771,019.09**	**£53,699,467.47**	**£11,898,747.03**	£106,369,233.60


No. of Clients
1,500
1,000
500
0
1632
1684
1657
1686
1658
1570
1672
1605
1630
1614
1572
2019-20 Q4 J...
2019-20 Q4 Febru...
2019-20 Q4 March
2019-20 Q2 July
2019-20 Q2 August
2019-20 Q2 September
2019-20 Q3 October
2019-20 Q3 November
2019-20 Q3 December
2020-21 Q4 January
2020-21 Q4 February
2020-21 Q4 March
2020-21 Q1 April
2020-21 Q1 May
2020-21 Q1 June
2020-21 Q2 July
2020-21 Q2 August
2020-21 Q2 September
2020-21 Q3 October
2020-21 Q3 November
2020-21 Q3 December

No. of Clients

Month Name	2019-20	2020-21	2021-22	**Total**
January	1632	1568		**2158**
February	1602	1570		**2144**
March	1684	1570		**2218**
April		1672	1518	**2154**
May		1566	1542	**2079**
June		1605	1505	**2068**
July	1671	1605		**2241**
August	1657	1630		**2241**
September	1696	1600		**2248**
October	1686	1614		**2251**
November	1672	1623		**2250**
December	1658	1572		**2191**
Total	**2326**	**2645**	**1656**	**3510**

2.2 Residential and Nursing Care Over Time

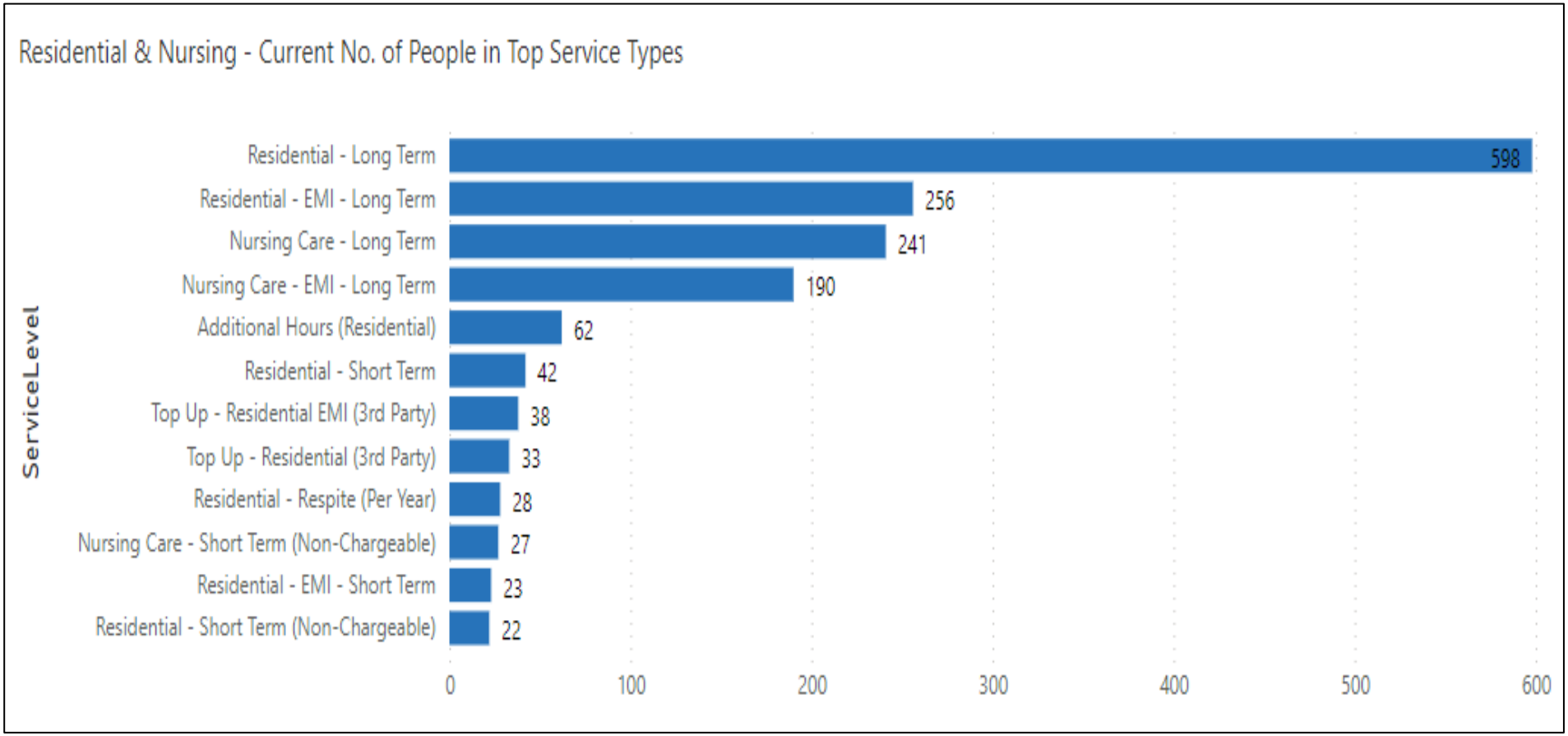


Residential & Nursing - No. of People Receiving Service in Period

Year	January	February	March	April	May	June	July	August	September	October	November	December	**Total**
2021	1482	1513	1461	1494	1495	1504							**1504**
2020							1560	1562	1543	1552	1537	1510	**1510**
Total	**1482**	**1513**	**1461**	**1494**	**1495**	**1504**	**1560**	**1562**	**1543**	**1552**	**1537**	**1510**	**1504**

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

2.3 Residential and Nursing – Current People by Service Type

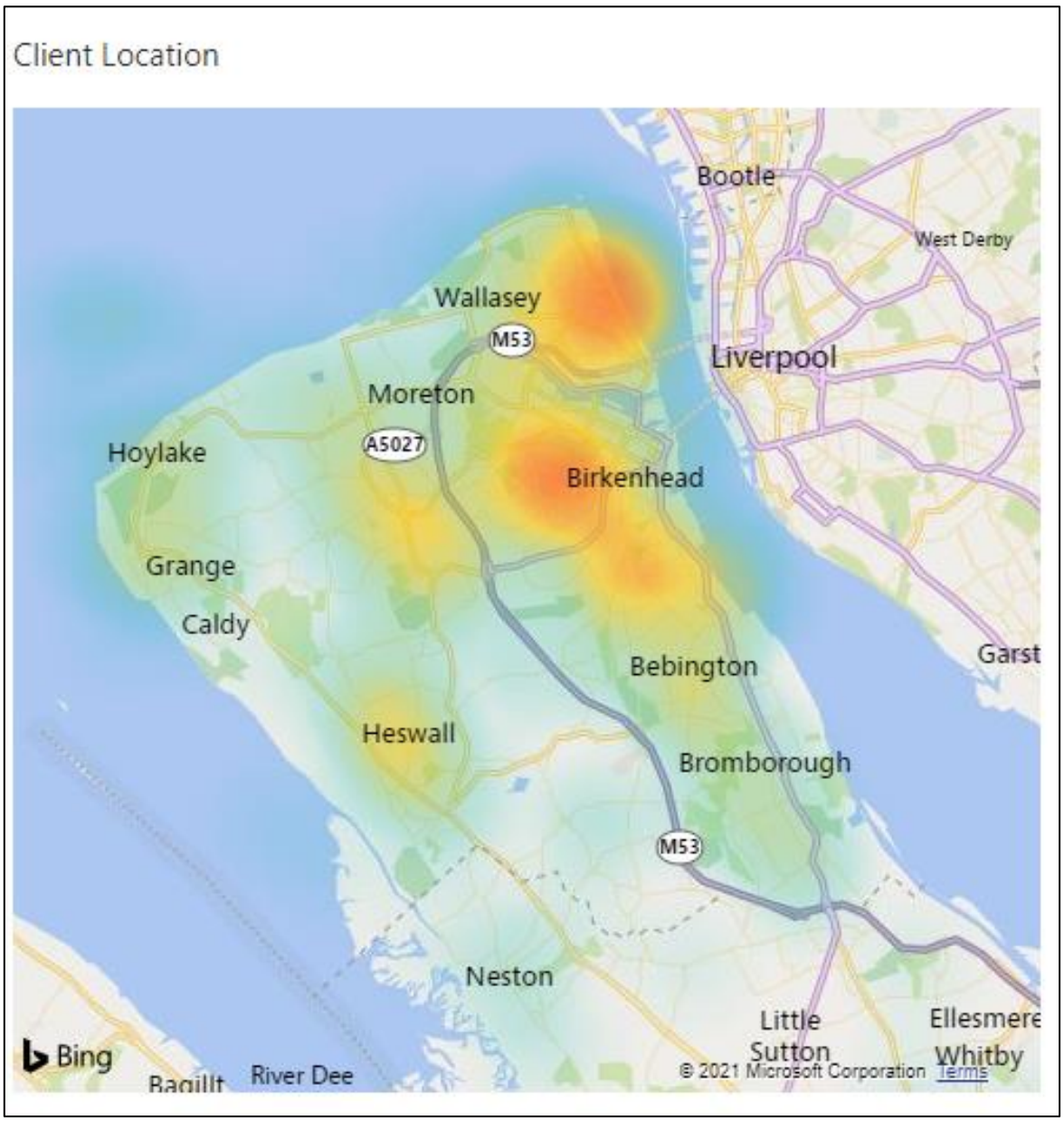


Residential & Nursing - Current No. of People by Top Service Types

ServiceLevel	No. of People
Residential - Long Term	598
Residential - EMI - Long Term	256
Nursing Care - Long Term	241
Nursing Care - EMI - Long Term	190
Additional Hours (Residential)	62
Residential - Short Term	42
Top Up - Residential EMI (3rd Party)	38
Top Up - Residential (3rd Party)	33
Residential - Respite (Per Year)	28
Nursing Care - Short Term (Non-Chargeable)	27
Residential - EMI - Short Term	23
Residential - Short Term (Non-Chargeable)	22
Total	**1426**

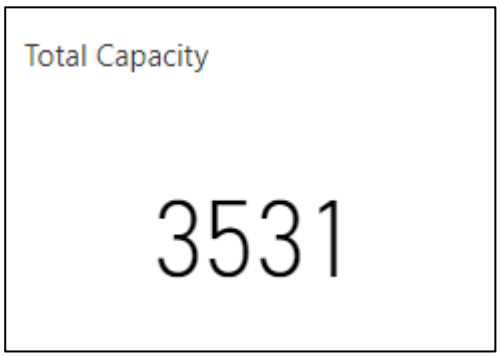
Residential and Nursing Long term and EMI (Elderly, Mental Health and Infirm) make up the bulk of the services received.

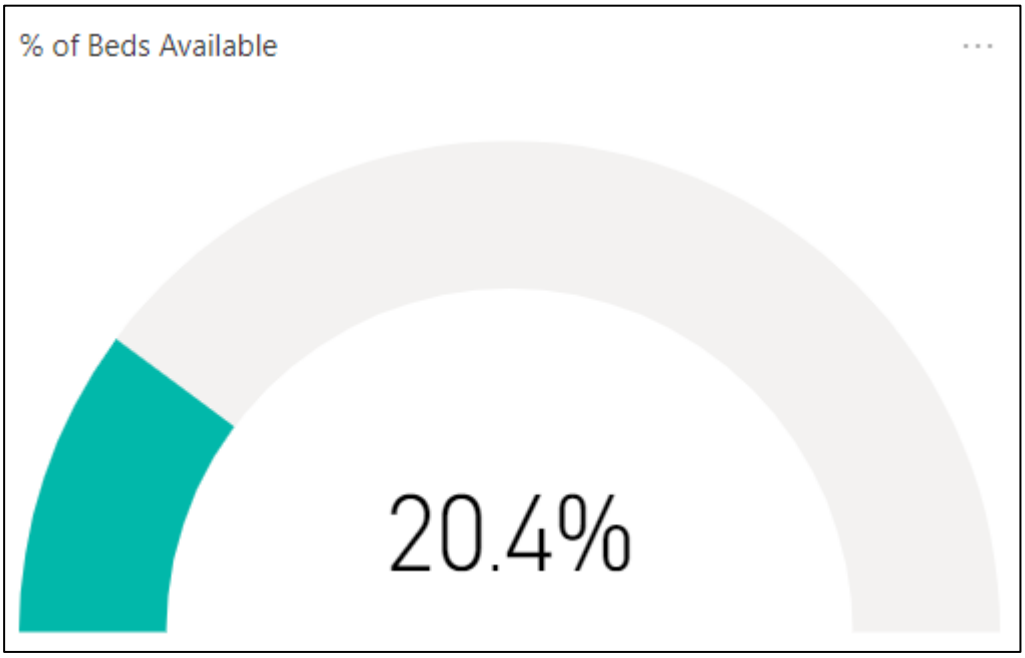
2.3 Residential and Nursing – People Location



The heat map shows the care home locations.

2.4 Care Homes – Current Vacancy Rate





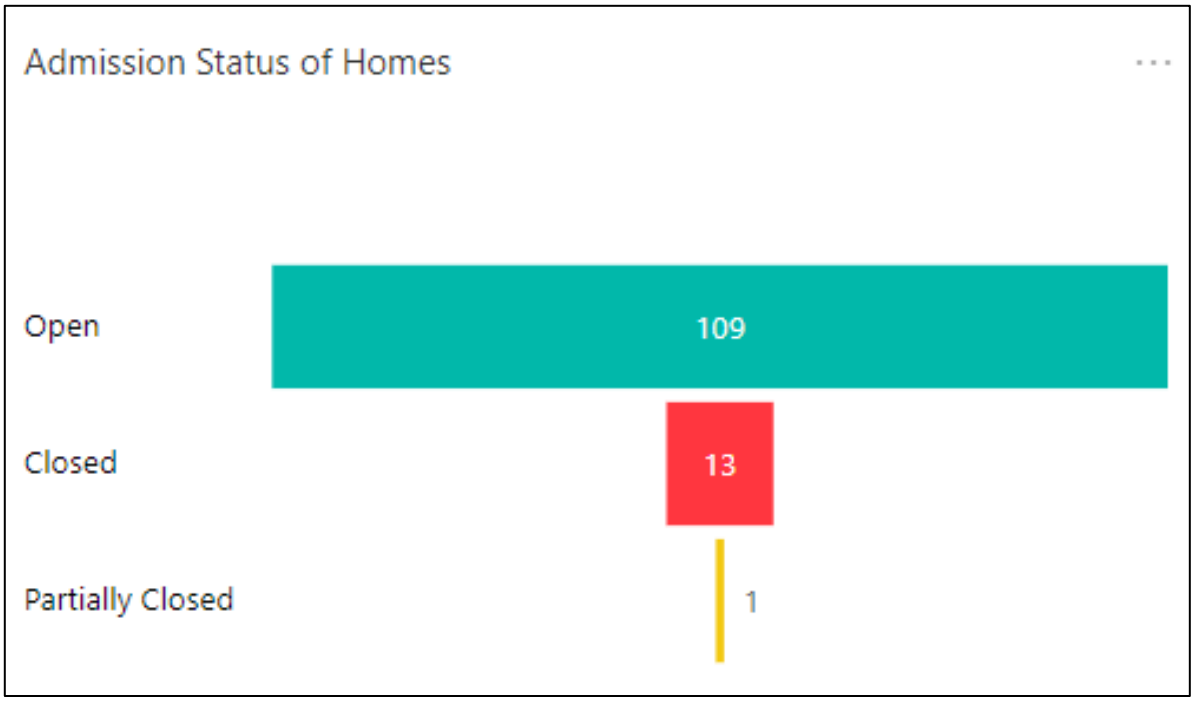
Data Source: NHS Capacity Tracker.

There is a capacity of 3531 places in care homes with a current vacancy rate as at 01/07/21 of 20.4%.

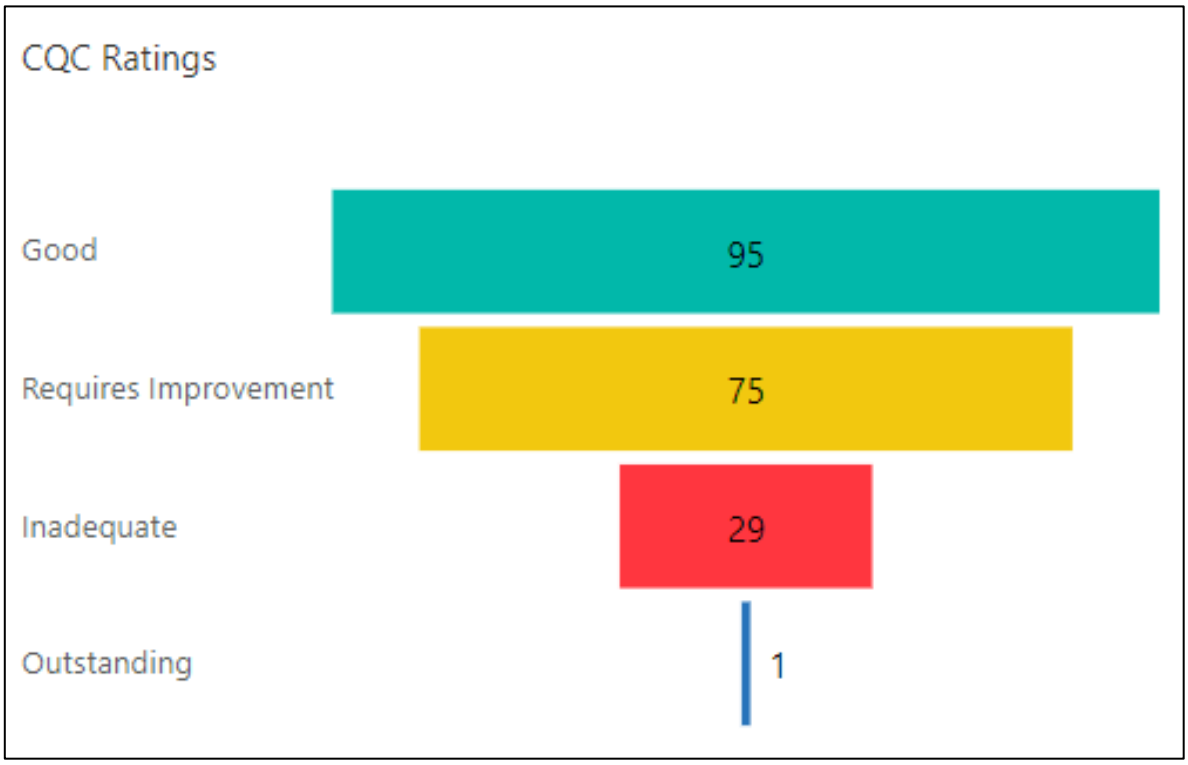
Data Source: NHS Capacity Tracker.

As at 01/07/21 there are currently 19 homes closed to admissions.

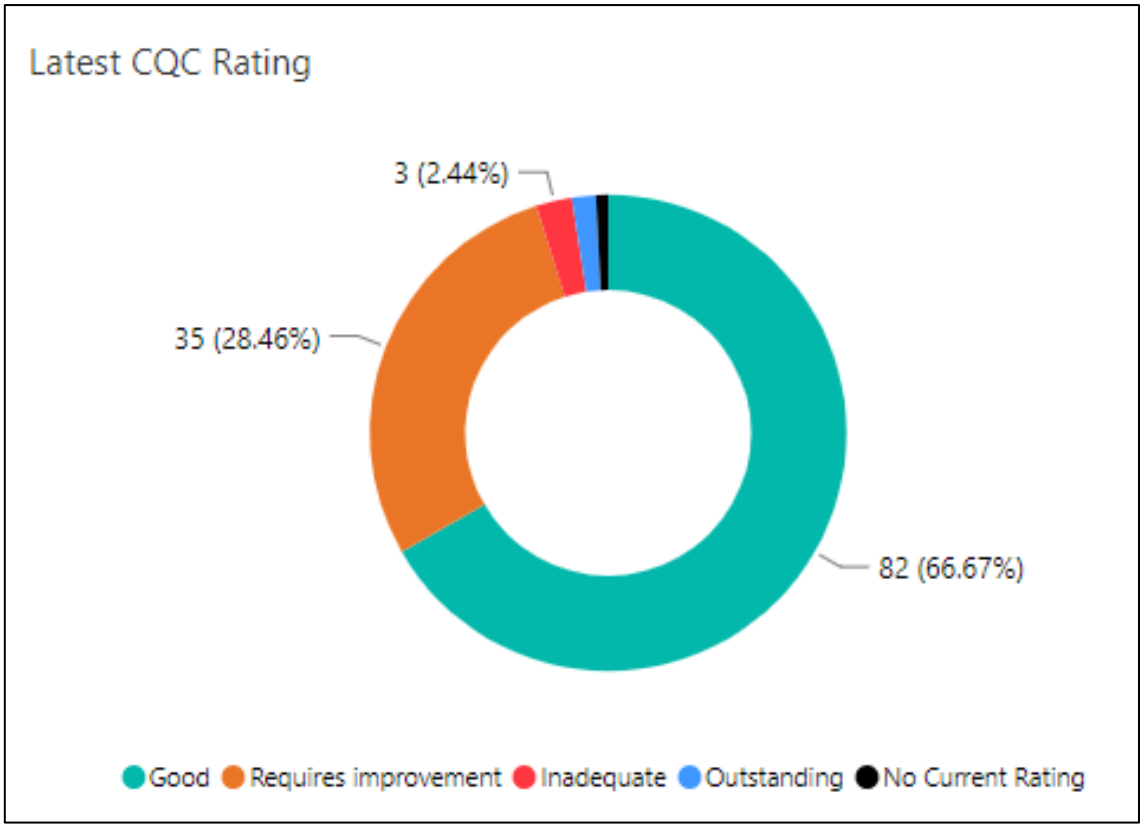
2.5 Care Homes – Care Quality Commission Inspection Ratings



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



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



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

The number of long-term care home placements continues to be at a reduced level, which is consistent with the intention to support people in their own homes wherever possible. Vacancy rates have continued to be higher than usual, 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 due to Covid-19 has significantly reduced following the reduction in infection rates generally.

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

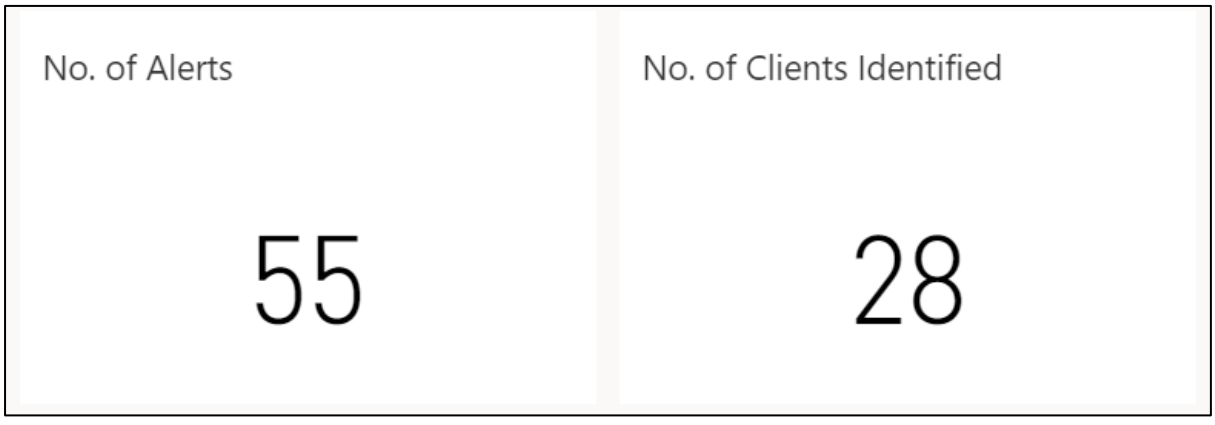
The intention of this regulation is to specify a range of events or occurrences that must be notified to CQC so that, where needed, CQC can take follow-up action. Providers must notify CQC of all incidents that affect the health, safety and welfare of people who use services.

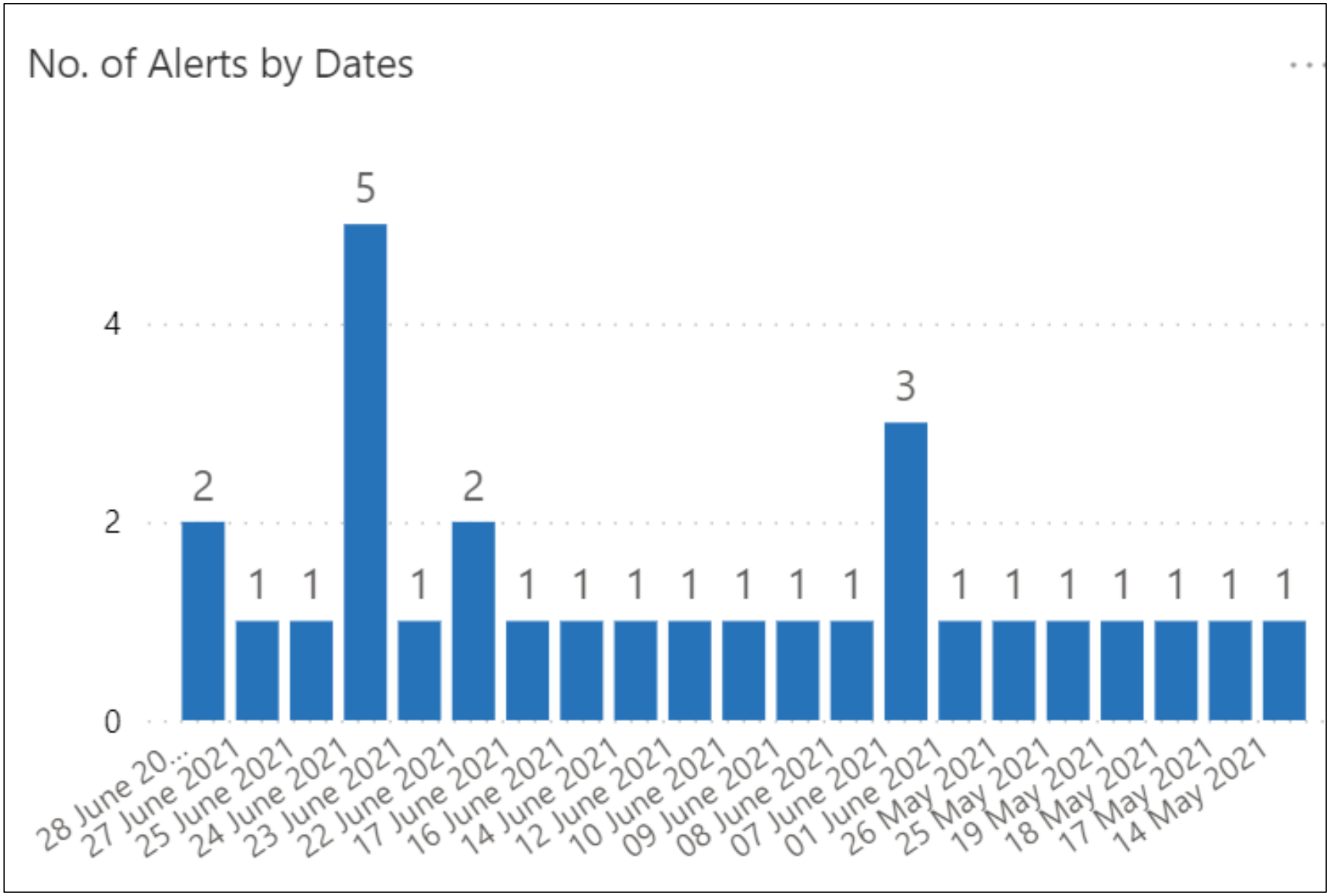
The Contracts Team receives a copy of all notifiable incidents as sent to CQC. This information was used, prior to contract monitoring being stepped back due to the pandemic, to inform individual Contract Meeting discussions. It was not stored in such a way to allow for market reporting.

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

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

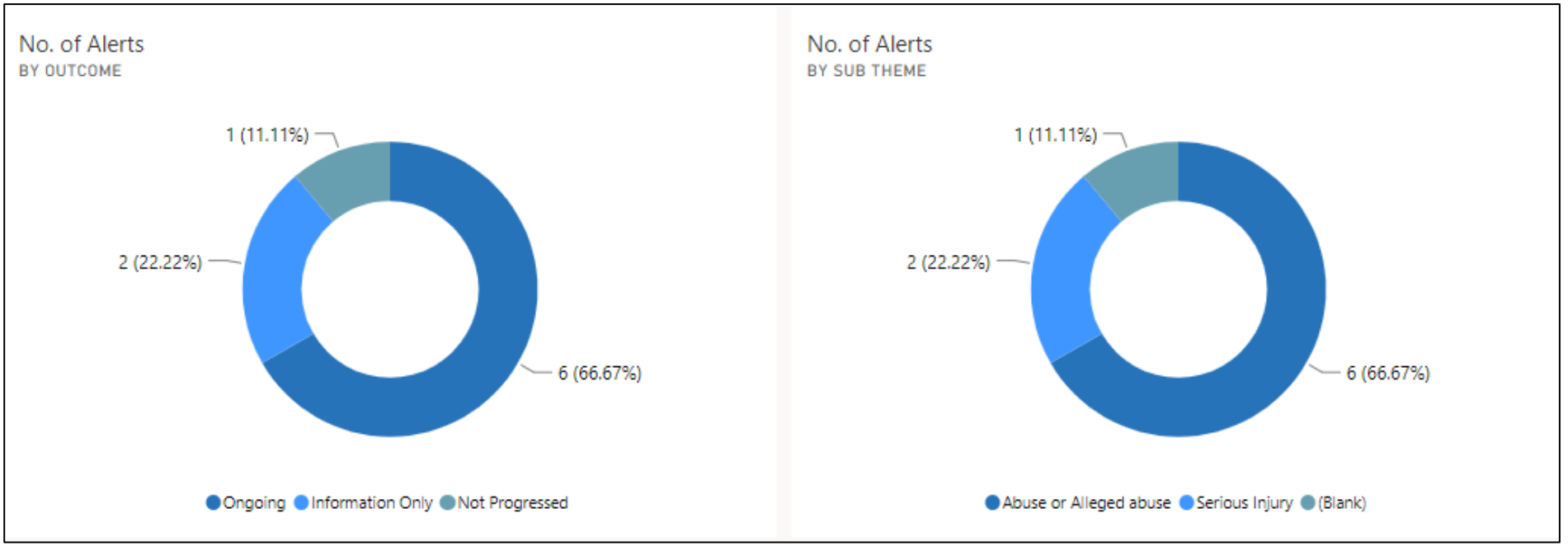
The below is a summary of CQC Alerts received since 19/03/2021.




No. of Alerts by Dates
0
2
4
2
1
1
5
1
2
1
1
1
1
1
1
1
3
1
1
1
1
1
1
1
28 June 20...
27 June 2021
25 June 2021
24 June 2021
23 June 2021
22 June 2021
17 June 2021
16 June 2021
14 June 2021
12 June 2021
10 June 2021
09 June 2021
08 June 2021
07 June 2021
01 June 2021
26 May 2021
25 May 2021
19 May 2021
18 May 2021
17 May 2021
14 May 2021

No. of Alerts by Dates

Date	No. of Alerts
28 June 2021	2
27 June 2021	1
25 June 2021	1
24 June 2021	5
23 June 2021	1
22 June 2021	2
17 June 2021	1
16 June 2021	1
14 June 2021	1
12 June 2021	1
10 June 2021	1
09 June 2021	1
08 June 2021	1
07 June 2021	3
01 June 2021	1
26 May 2021	1
25 May 2021	1
19 May 2021	1
18 May 2021	1
17 May 2021	1
14 May 2021	1
Total	**55**



No. of Alerts
BY OUTCOME

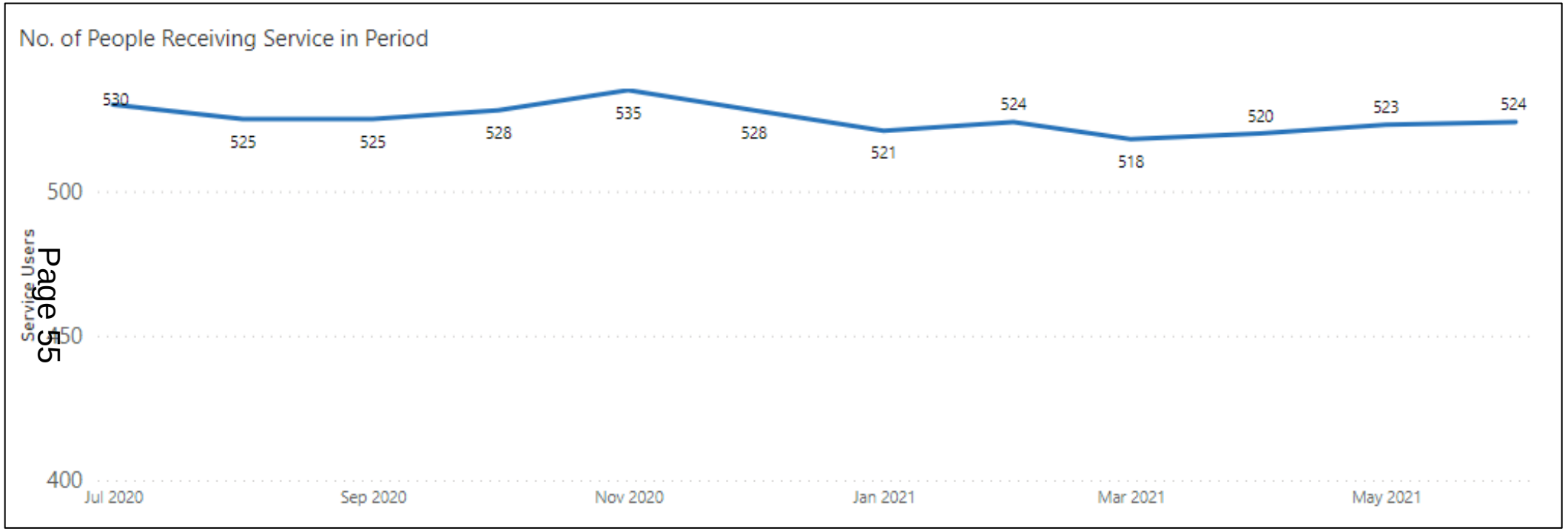
Outcome	No. of Alerts
Ongoing	6
Information Only	2
Not Progressed	1
Total	**9**

No. of Alerts
BY SUB THEME

Sub Theme	No. of Alerts
Abuse or Alleged abuse	6
Serious Injury	2
	1
Total	**9**

3.0 Direct payments

3.1 Direct Payments – Number of People Receiving a Service



No of People Receiving Service in Period

Year	January	February	March	April	May	June	July	August	September	October	November	December	**Total**
2020							530	525	525	528	535	528	**528**
2021	521	524	518	520	523	524							**524**
Total	**521**	**524**	**518**	**520**	**523**	**524**	**530**	**525**	**525**	**528**	**535**	**528**	**524**

Data Source: ContrOCC System.

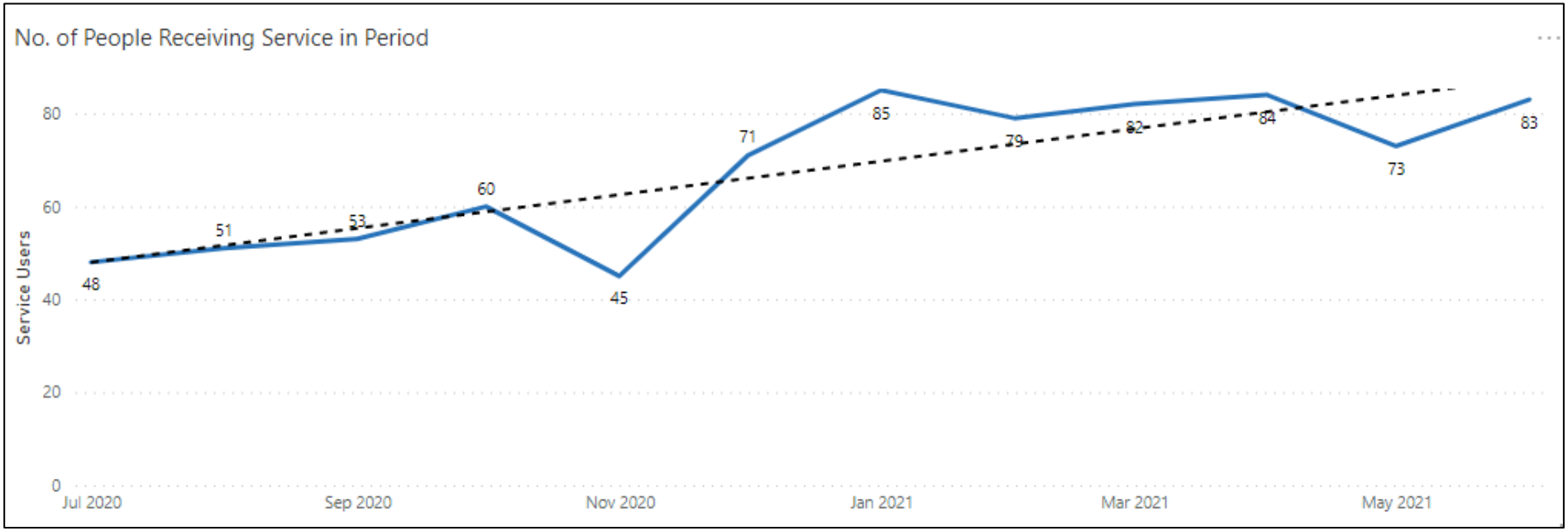
The chart and table show the number of people receiving a direct payment in the last 12 months. Data is updated monthly.

The current number of people receiving direct payments as at 01/07/21 is 524.

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

4.0 Care Market – Block Commitments:

4.1 Transfer to Assessment – Number of People



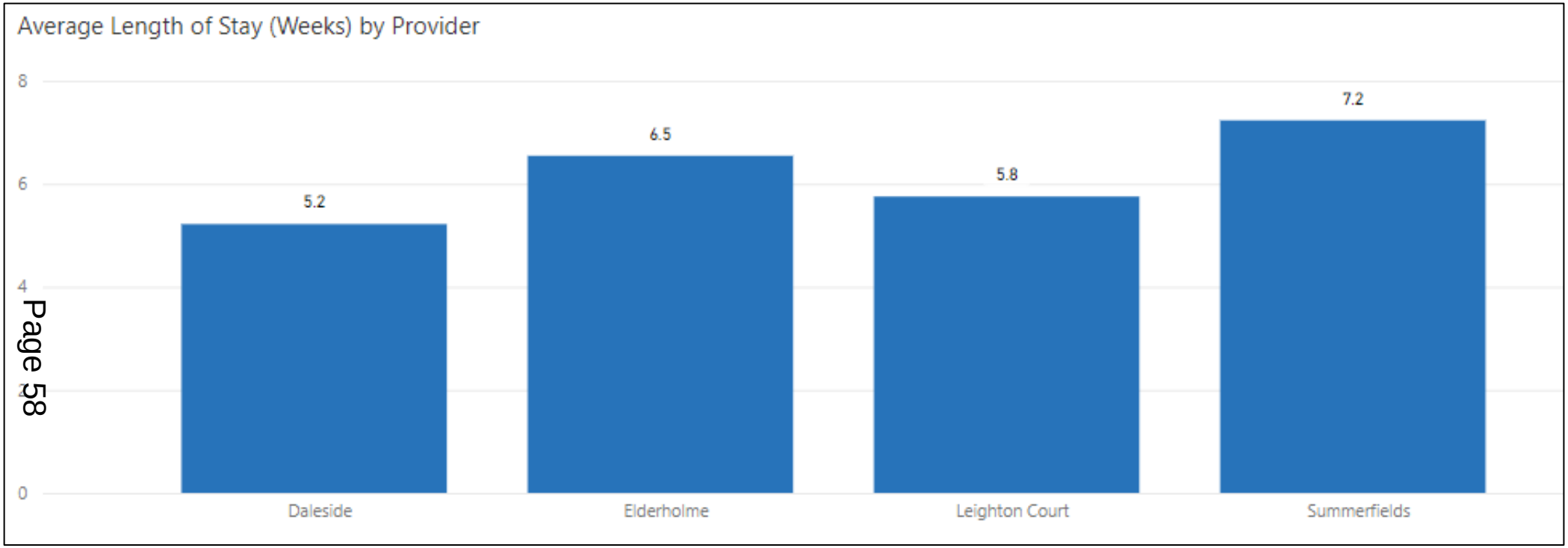
No. of People Receiving Service in Period

Year	January	February	March	April	May	June	July	August	September	October	November	December	**Total**
2021	85	79	82	84	73	83							**83**
2020							48	51	53	60	45	71	**71**
Total	**85**	**79**	**82**	**84**	**73**	**83**	**48**	**51**	**53**	**60**	**45**	**71**	**83**

Data Source: ContrOCC System.

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

4.2 Transfer to Assessment – Average Length of Stay



Average Length of Stay (Weeks) by Provider

Provider	Average of LOS in Weeks
Daleside	5.22
Elderholme	6.54
Leighton Court	5.75
Summerfields	7.23
Total	**5.80**

Data Source: Liquid Logic.

The average length of stay is shown since April 2018.

4.3 Transfer to Assessment – Vacancy Rate –

Table 1 - Actual Bed Days			
	Apr	May	Jun
Nursing (Covid-19 Block Bed)	41	7	0
Residential (Covid-19 Block Bed)	60	9	0
Transfer to Assess	2069	2210	2074
Total	**2170**	**2226**	**2074**

Table 2 - Commissioned Bed Days			
	Apr	May	Jun
Nursing (Covid-19 Block Bed)	38	7	0
Residential (Covid-19 Block Bed)	60	7	0
Transfer to Assess	2820	2914	2771
Total	**2918**	**2928**	**2771**

Table 3 - % Occupancy			
	Apr	May	Jun
Daleside	299	433	435
Elderholme	440	374	421
Grove House	519	591	526
Leighton Court	622	626	546
Summerfields	189	186	146
Windy Knowe Nursing Home	101	16	0
Grand Total	**2170**	**2226**	**2074**

Data Source: WCFT.

4.4 Short Breaks – Number and Occupancy Levels

Days Occupied in Week, Number of people

BY YEAR, MONTH

Year	Number of people	Days Occupied in Week
2020	**289**	**1,389.00**
July	40	193.00
August	62	280.00
September	60	299.00
October	54	276.00
November	32	144.00
December	41	197.00
2021	**260**	**1,221.00**
January	30	157.00
February	29	143.00
March	39	169.00
April	40	187.00
May	77	361.00
June	45	204.00
Total	**549**	**2,610.00**

Occupancy Level by Date and Provider

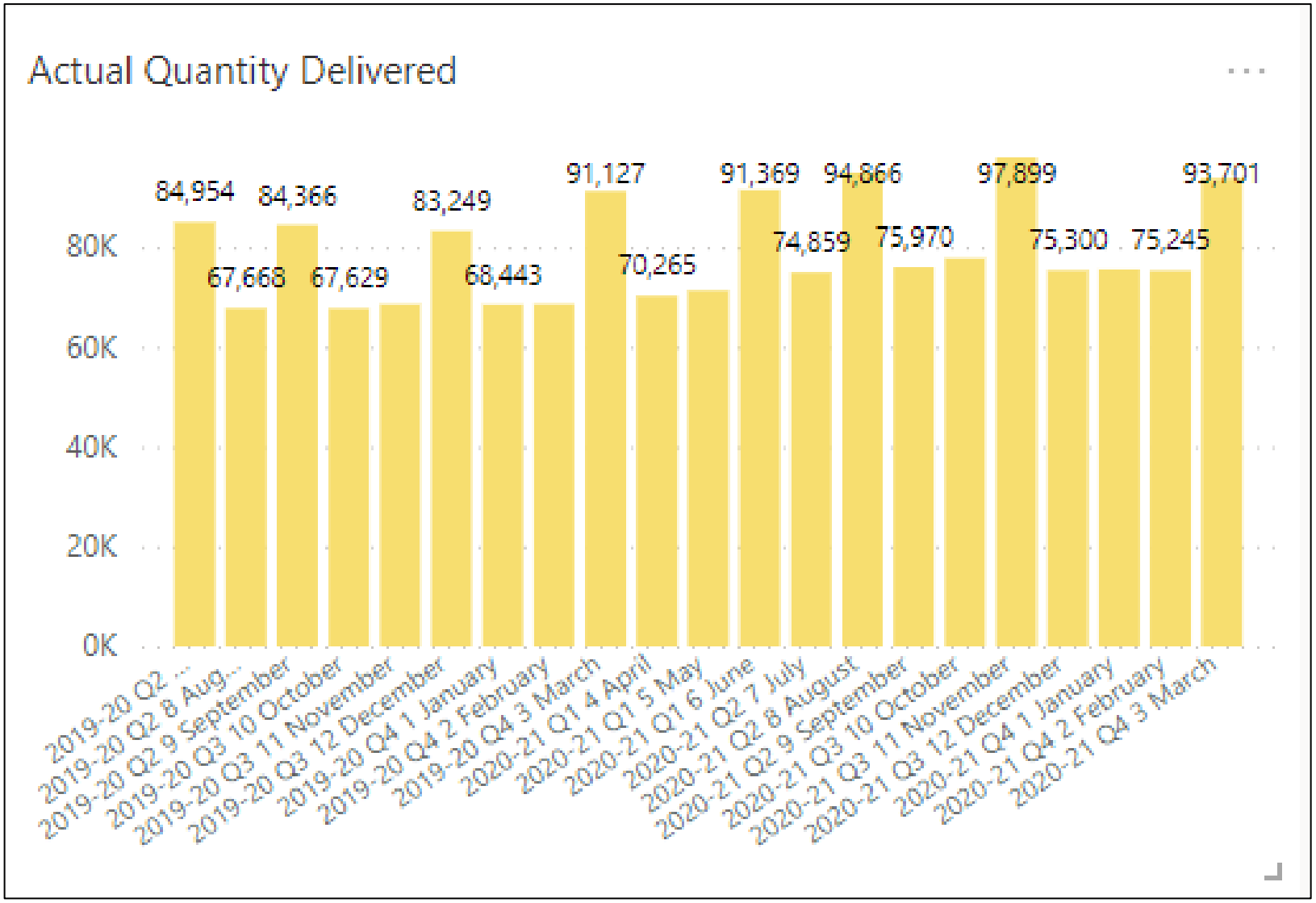
Date - Week Commencing	Vacancies Rate	Service
21 June 2021	50%	Tree Vale Limited Acorn House
14 June 2021	93%	Tree Vale Limited Acorn House
07 June 2021	71%	Tree Vale Limited Acorn House
31 May 2021	36%	Tree Vale Limited Acorn House
24 May 2021	50%	Tree Vale Limited Acorn House
17 May 2021	50%	Tree Vale 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
26 October 2020	50%	Tree Vale Limited Acorn House
19 October 2020	64%	Tree Vale Limited Acorn House
12 October 2020	50%	Tree Vale Limited Acorn House
05 October 2020	50%	Tree Vale Limited Acorn House
28 September 2020	50%	Tree Vale Limited Acorn House
21 September 2020	50%	Tree Vale Limited Acorn House
14 September 2020	71%	Tree Vale Limited Acorn House
07 September 2020	100%	Tree Vale Limited Acorn House
31 August 2020	100%	Tree Vale Limited Acorn House
24 August 2020	100%	Tree Vale Limited Acorn House
17 August 2020	50%	Tree Vale Limited Acorn House
10 August 2020	57%	Tree Vale Limited Acorn House
03 August 2020	57%	Tree Vale Limited Acorn House

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

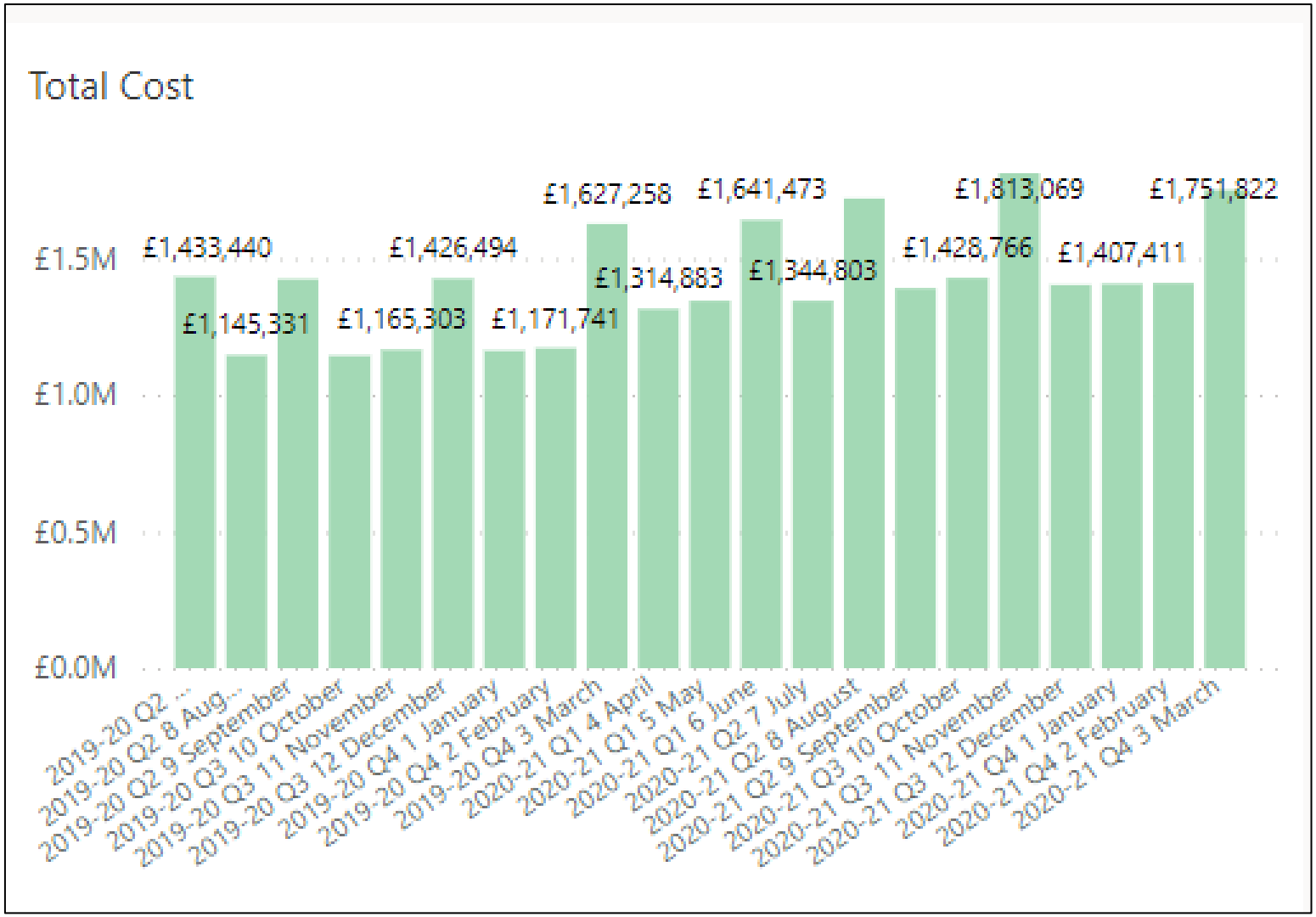
5.1 Domiciliary Care - Cost and Hours

No. of Clients	Total Cost (inc. aborted cost)	Actual Quantity Delivered	Commissioned Cost	Actual Cost
6200	£33.68M	1.87M	£35.79M	£32.28M


Actual Quantity Delivered
84,954
67,668
84,366
67,629
83,249
68,443
91,127
70,265
91,369
74,859
94,866
75,970
97,899
75,300
75,245
93,701
80K
60K
40K
20K
0K
2019-20 Q2 ...
2019-20 Q2 8 Aug...
2019-20 Q2 9 September
2019-20 Q3 10 October
2019-20 Q3 11 November
2019-20 Q3 12 December
2019-20 Q4 1 January
2019-20 Q4 2 February
2019-20 Q4 3 March
2020-21 Q1 4 April
2020-21 Q1 5 May
2020-21 Q1 6 June
2020-21 Q2 7 July
2020-21 Q2 8 August
2020-21 Q2 9 September
2020-21 Q3 10 October
2020-21 Q3 11 November
2020-21 Q3 12 December
2020-21 Q4 1 January
2020-21 Q4 2 February
2020-21 Q4 3 March

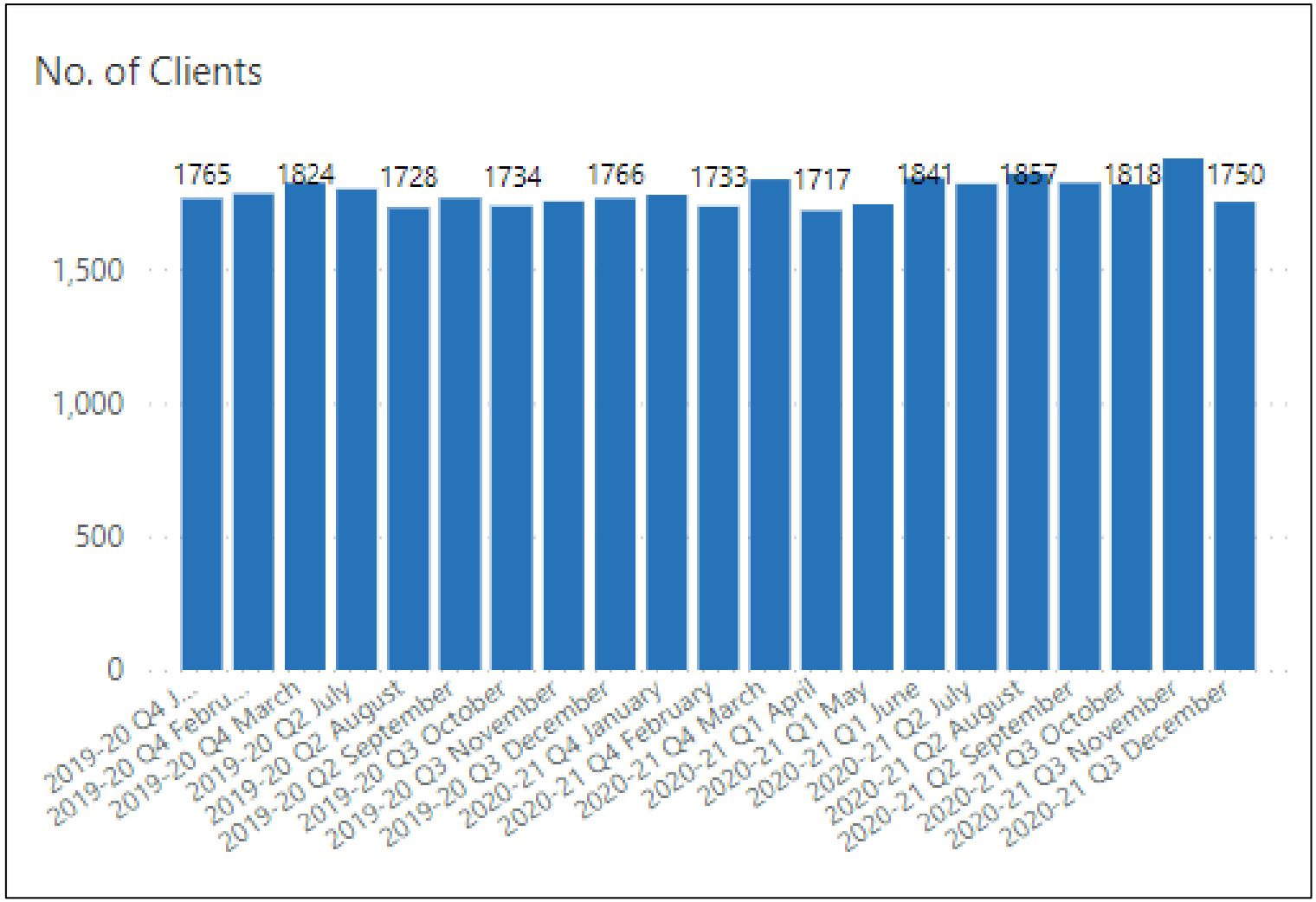
Actual Quantity Delivered

Month Name	2019-20	2020-21	2021-22	**Total**
January	68,442.90	75,495.88		**143,938.78**
February	68,546.98	75,244.83		**143,791.82**
March	91,127.23	93,700.55		**184,827.78**
April		70,264.95	74,567.20	**144,832.15**
May		71,237.43	90,779.67	**162,017.10**
June		91,369.43	48,100.50	**139,469.93**
July	84,953.78	74,858.88		**159,812.67**
August	67,668.48	94,865.77		**162,534.25**
September	84,366.48	75,970.23		**160,336.72**
October	67,629.17	77,682.47		**145,311.63**
November	68,512.62	97,899.33		**166,411.95**
December	83,249.40	75,299.90		**158,549.30**
Total	**684,497.05**	**973,889.67**	**213,447.37**	**1,871,834.08**


Total Cost
£1.5M
£1.0M
£0.5M
£0.0M
£1,433,440
£1,145,331
£1,165,303
£1,426,494
£1,171,741
£1,627,258
£1,314,883
£1,641,473
£1,344,803
£1,428,766
£1,813,069
£1,407,411
£1,751,822
2019-20 Q2 ...
2019-20 Q2 8 Aug...
2019-20 Q2 9 September
2019-20 Q3 10 October
2019-20 Q3 11 November
2019-20 Q3 12 December
2019-20 Q4 1 January
2019-20 Q4 2 February
2019-20 Q4 3 March
2020-21 Q1 4 April
2020-21 Q1 5 May
2020-21 Q1 6 June
2020-21 Q2 7 July
2020-21 Q2 8 August
2020-21 Q2 9 September
2020-21 Q3 10 October
2020-21 Q3 11 November
2020-21 Q3 12 December
2020-21 Q4 1 January
2020-21 Q4 2 February
2020-21 Q4 3 March

Total Cost

Month Name	2019-20	2020-21	2021-22	**Total**
January	£1,162,085.58	£1,407,410.60		**£2,569,496.18**
February	£1,171,741.12	£1,409,940.75		**£2,581,681.87**
March	£1,627,258.23	£1,751,821.60		**£3,379,079.82**
April		£1,314,882.93	£1,400,171.45	**£2,715,054.38**
May		£1,344,889.54	£1,708,624.23	**£3,053,513.78**
June		£1,641,472.93	£899,952.01	**£2,541,424.95**
July	£1,433,440.31	£1,344,803.09		**£2,778,243.41**
August	£1,145,331.22	£1,720,627.10		**£2,865,958.32**
September	£1,424,528.86	£1,390,883.52		**£2,815,412.38**
October	£1,143,747.32	£1,428,766.41		**£2,572,513.73**
November	£1,165,302.61	£1,813,068.84		**£2,978,371.44**
December	£1,426,494.45	£1,403,456.04		**£2,829,950.49**
Total	**£11,699,929.68**	**£17,972,023.36**	**£4,008,747.70**	**£33,680,700.74**

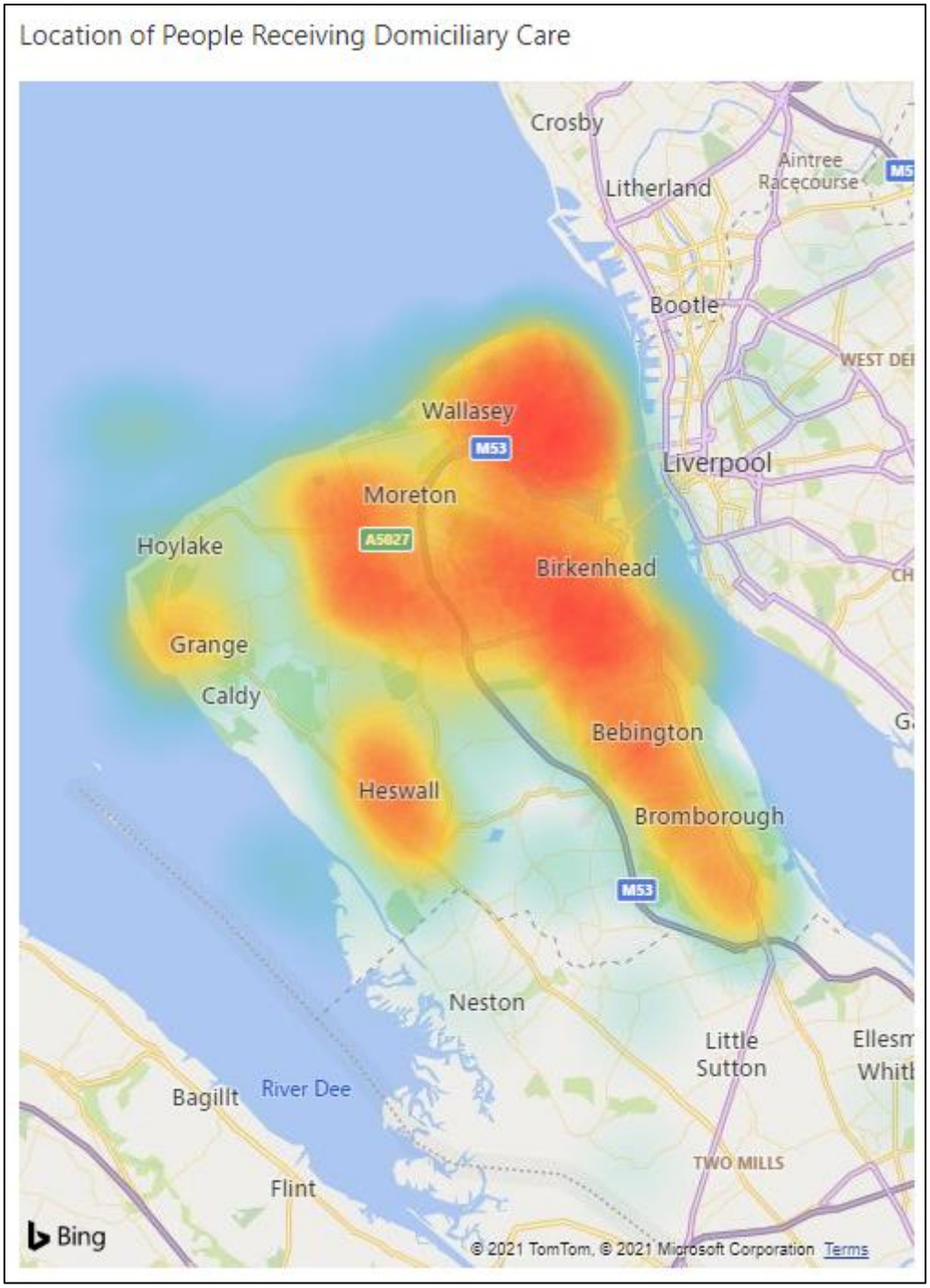

No. of Clients
1765
1824
1728
1734
1766
1733
1717
1841
1857
1818
1750
1,500
1,000
500
0
2019-20 Q4 J...
2019-20 Q4 Febru...
2019-20 Q4 March
2019-20 Q2 July
2019-20 Q2 August
2019-20 Q2 September
2019-20 Q3 October
2019-20 Q3 November
2019-20 Q3 December
2020-21 Q4 January
2020-21 Q4 February
2020-21 Q4 March
2020-21 Q1 April
2020-21 Q1 May
2020-21 Q1 June
2020-21 Q2 July
2020-21 Q2 August
2020-21 Q2 September
2020-21 Q3 October
2020-21 Q3 November
2020-21 Q3 December

No. of Clients

Month Name	2019-20	2020-21	2021-22	**Total**
January	1765	1779		**2663**
February	1783	1733		**2636**
March	1824	1836		**2785**
April		1717	1799	**2654**
May		1741	1764	**2687**
June		1841	1571	**2593**
July	1800	1819		**2719**
August	1728	1857		**2693**
September	1767	1823		**2712**
October	1734	1818		**2664**
November	1752	1913		**2774**
December	1766	1750		**2636**
Total	**3234**	**4191**	**2188**	**6200**

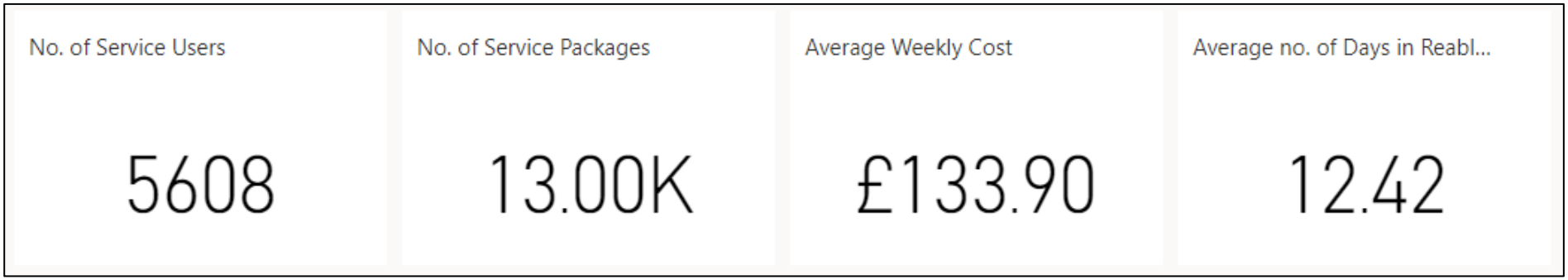
The Domiciliary Care Market continues to respond well to high levels of demand. These services support people to remain in their own home and to be as independent as possible, avoiding the need for alternative and more intensive care options.

5.2 Domiciliary Care – Locations of People Receiving Domiciliary Care



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

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



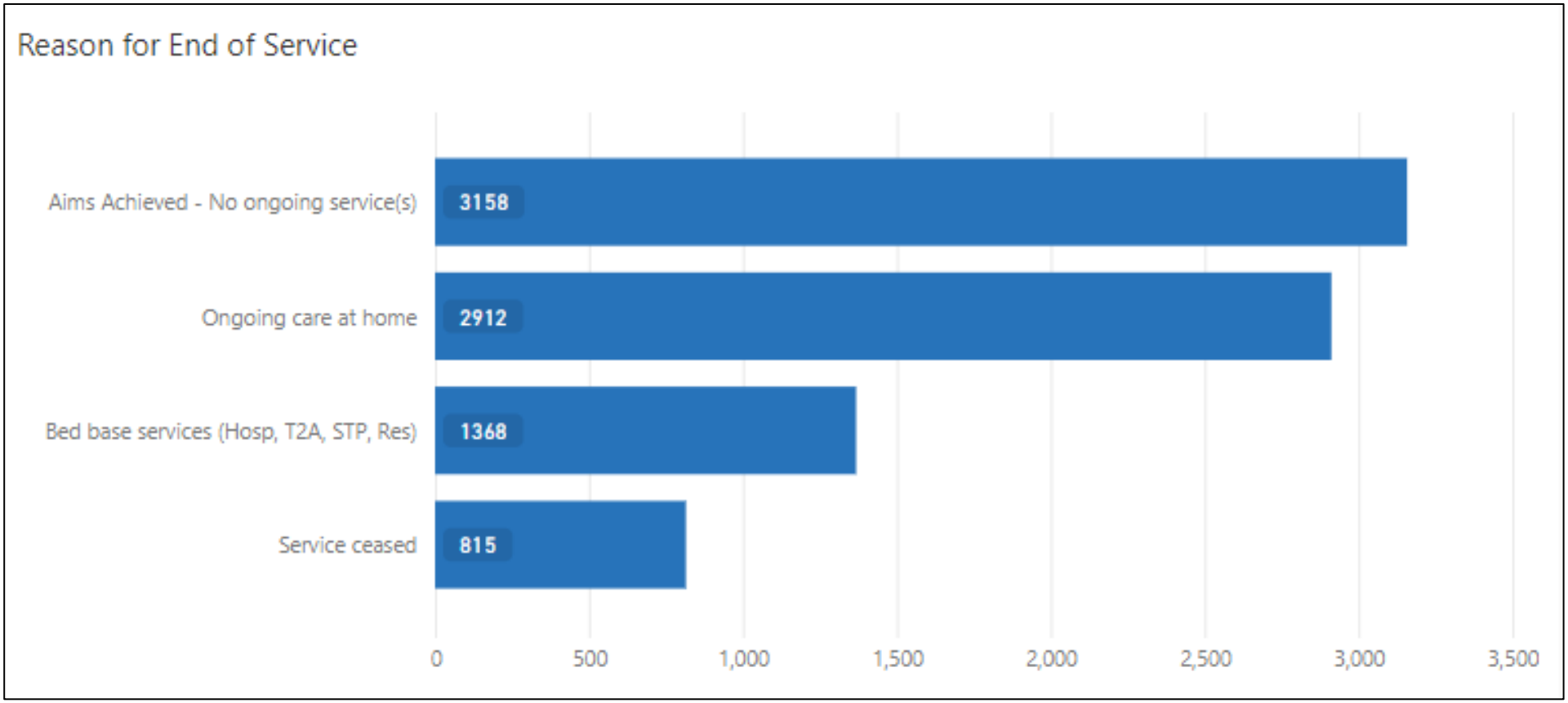
5.4 Reablement – Number of People

No. of People by Month Started

Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
2021	139	131	162	160	128								**720**
2020						171	151	149	138	150	155	114	**1028**
Total	**139**	**131**	**162**	**160**	**128**	**171**	**151**	**149**	**138**	**150**	**155**	**114**	**1748**

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

5.5 Reablement – End Reasons of Care Packages



Reason for End of Service

Service Provision End Reason Group	No. of Clients
Aims Achieved - No ongoing service(s)	3158
Bed base services (Hosp, T2A, STP, Res)	1368
Ongoing care at home	2912
Service ceased	815
Total	**8253**

5.6 Reablement – Length of Stay

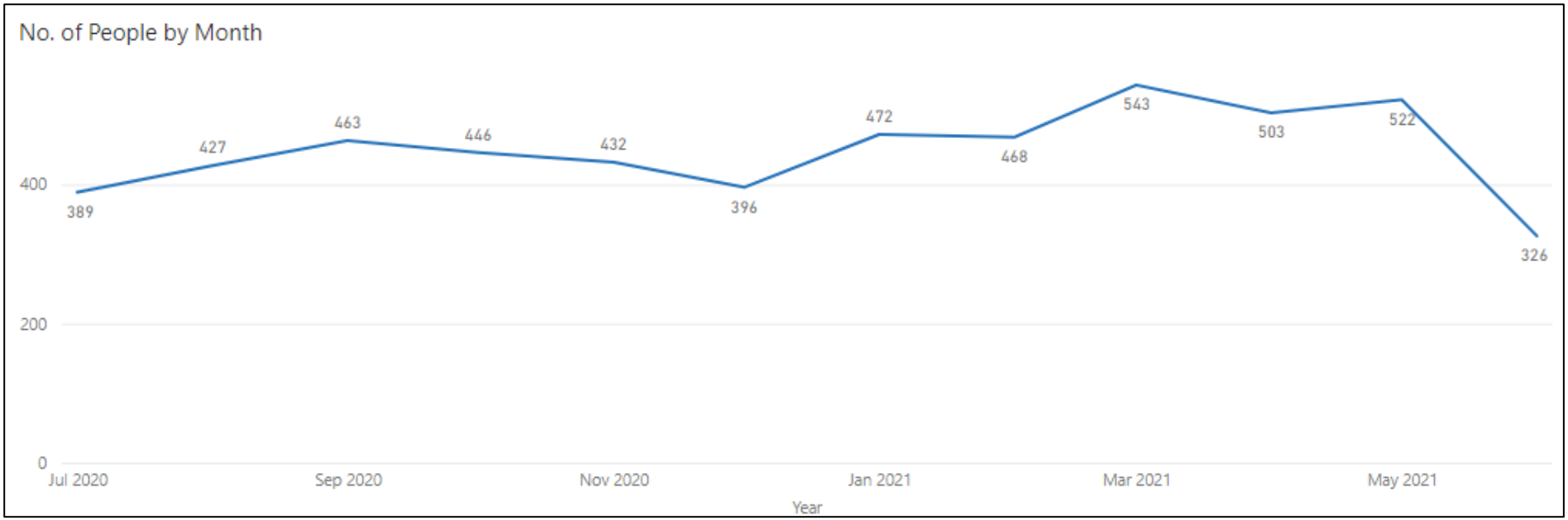
Length of Service by Start Month

Year	2 to 4 Weeks	4 to 6 Weeks	Over 6 Weeks	Under 2 Weeks	Total
2020	**546**	**297**	**21**	**1478**	**2342**
June	94	50	2	221	**367**
July	95	42	5	216	**358**
August	67	45	1	202	**315**
September	70	44	3	191	**308**
October	86	30	3	234	**353**
November	81	46	2	206	**335**
December	53	40	5	208	**306**
2021	**432**	**221**	**11**	**977**	**1641**
January	75	43	3	204	**325**
February	78	49	3	187	**317**
March	95	49	2	223	**369**
April	89	50	3	186	**328**
May	95	30		177	**302**
Total	**978**	**518**	**32**	**2455**	**3983**

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

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

5.7 Brokerage – Packages by Number of People and Providers



No. of People by Month

Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
2021	472	468	543	503	522	326							**2050**
2020							389	427	463	446	432	396	**1961**
Total	**472**	**468**	**543**	**503**	**522**	**326**	**389**	**427**	**463**	**446**	**432**	**396**	3635

Number of People Waiting for Package

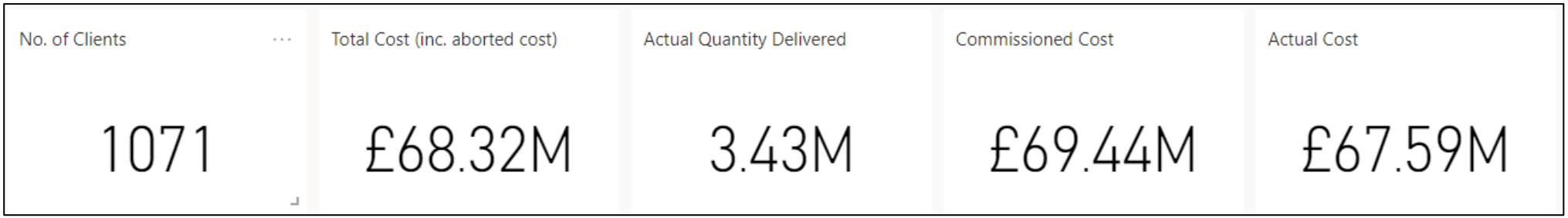
Days Live Group	No. of People
1 to 2 Weeks	28
2 to 3 Weeks	20
48hrs to 1 Week	31
Less than 48hrs	17
Over 3 Weeks	28
Total	**124**

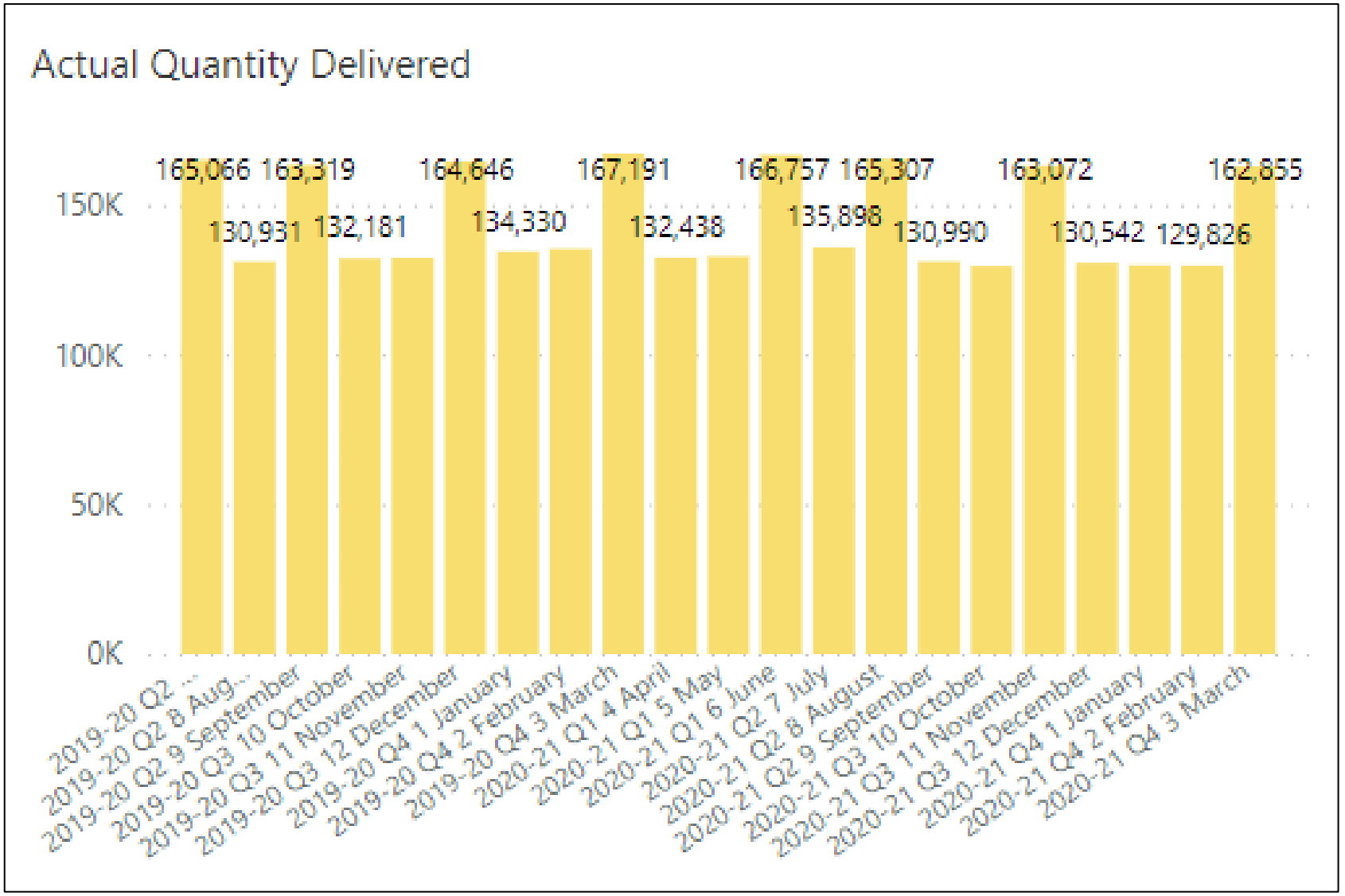
The previous line chart and table show the number of people matched to home care packages month on month.

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

6.0 Care Market – Specialist (Supported Living)

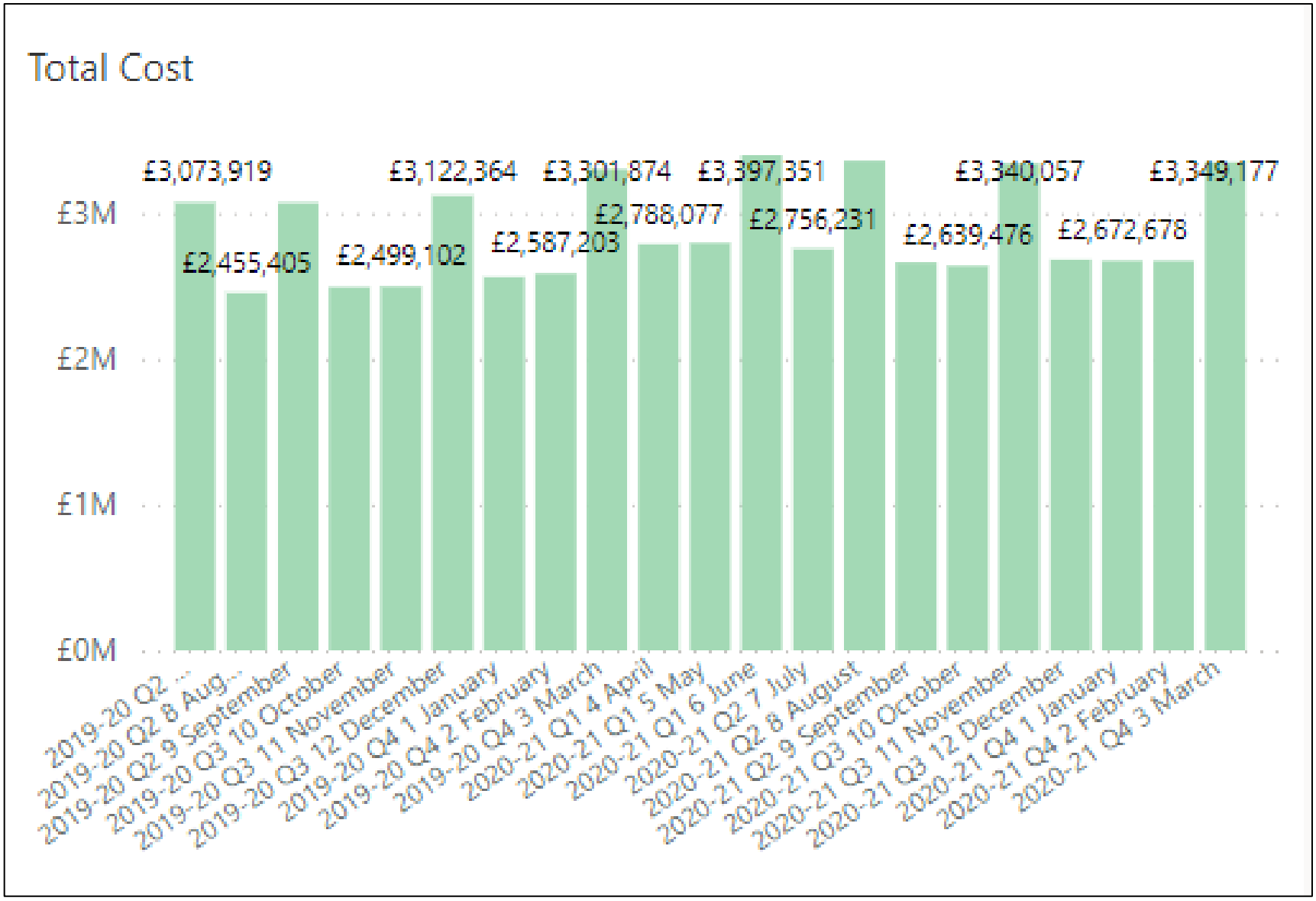
6.1 Cost




Actual Quantity Delivered
150K
100K
50K
0K
165,066
130,931
163,319
132,181
164,646
134,330
167,191
132,438
166,757
135,898
165,307
130,990
163,072
130,542
129,826
162,855
2019-20 Q2 ...
2019-20 Q2 8 Aug...
2019-20 Q2 9 September
2019-20 Q3 10 October
2019-20 Q3 11 November
2019-20 Q3 12 December
2019-20 Q4 1 January
2019-20 Q4 2 February
2019-20 Q4 3 March
2020-21 Q1 4 April
2020-21 Q1 5 May
2020-21 Q1 6 June
2020-21 Q2 7 July
2020-21 Q2 8 August
2020-21 Q2 9 September
2020-21 Q3 10 October
2020-21 Q3 11 November
2020-21 Q3 12 December
2020-21 Q4 1 January
2020-21 Q4 2 February
2020-21 Q4 3 March

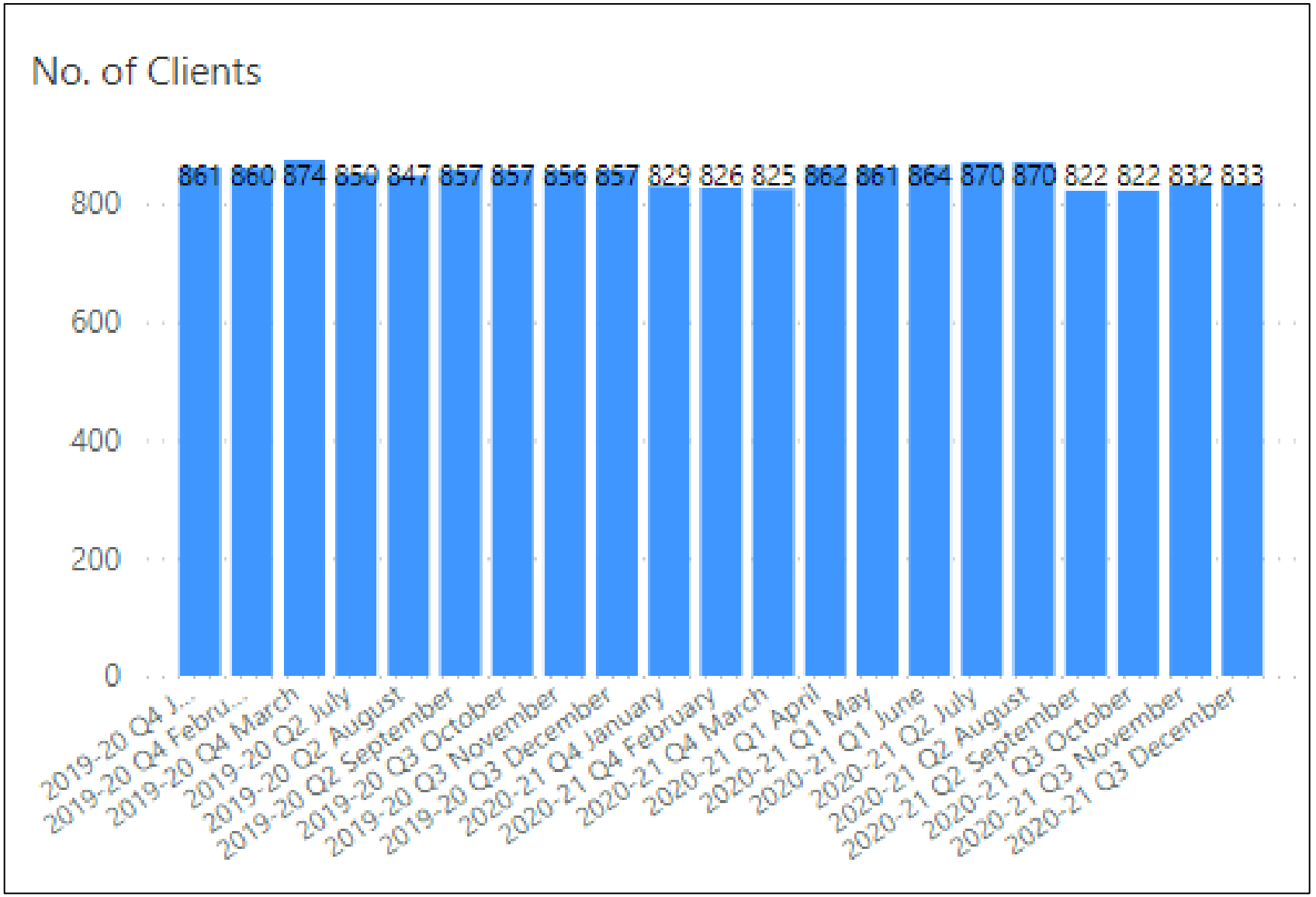
Actual Quantity Delivered

Month Name	2019-20	2020-21	2021-22	**Total**
January	134,330.47	129,925.85		**264,256.31**
February	135,336.24	129,825.73		**265,161.96**
March	167,191.12	162,854.80		**330,045.92**
April		132,437.84	130,100.09	**262,537.92**
May		132,843.84	162,247.31	**295,091.15**
June		166,756.54	98,557.44	**265,313.98**
July	165,066.14	135,898.32		**300,964.46**
August	130,931.23	165,306.62		**296,237.85**
September	163,318.52	130,989.69		**294,308.21**
October	132,180.72	129,649.68		**261,830.40**
November	132,357.30	163,072.49		**295,429.80**
December	164,645.97	130,541.84		**295,187.81**
Total	**1,325,357.71**	**1,710,103.22**	**390,904.83**	**3,426,365.77**


Total Cost
£3,073,919
£2,455,405
£3,122,364
£2,499,102
£3,301,874
£2,587,203
£3,397,351
£2,788,077
£3,340,057
£2,756,231
£3,349,177
£2,639,476
£2,672,678
£3M
£2M
£1M
£0M
2019-20 Q2 ...
2019-20 Q2 8 Aug...
2019-20 Q2 9 September
2019-20 Q3 10 October
2019-20 Q3 11 November
2019-20 Q3 12 December
2019-20 Q4 1 January
2019-20 Q4 2 February
2019-20 Q4 3 March
2020-21 Q1 4 April
2020-21 Q1 5 May
2020-21 Q1 6 June
2020-21 Q2 7 July
2020-21 Q2 8 August
2020-21 Q2 9 September
2020-21 Q3 10 October
2020-21 Q3 11 November
2020-21 Q3 12 December
2020-21 Q4 1 January
2020-21 Q4 2 February
2020-21 Q4 3 March

Total Cost

Month Name	2019-20	2020-21	2021-22	**Total**
January	£2,560,416.09	£2,672,678.45		**£5,233,094.54**
February	£2,587,202.72	£2,672,032.67		**£5,259,235.39**
March	£3,301,874.36	£3,349,177.31		**£6,651,051.67**
April		£2,788,076.88	£2,678,599.25	**£5,466,676.13**
May		£2,796,945.67	£3,340,947.60	**£6,137,893.27**
June		£3,397,350.75	£2,014,477.86	**£5,411,828.61**
July	£3,073,919.30	£2,756,231.33		**£5,830,150.62**
August	£2,455,404.59	£3,360,763.53		**£5,816,168.13**
September	£3,072,679.38	£2,660,401.45		**£5,733,080.83**
October	£2,494,843.99	£2,639,476.10		**£5,134,320.09**
November	£2,499,101.52	£3,340,057.11		**£5,839,158.63**
December	£3,122,363.86	£2,681,167.41		**£5,803,531.27**
Total	**£25,167,805.82**	**£35,114,358.66**	**£8,034,024.71**	**£68,316,189.19**


No. of Clients
800
600
400
200
0
861
860
874
850
847
857
857
856
857
829
826
825
862
861
864
870
870
822
822
832
833
2019-20 Q4 J...
2019-20 Q4 Febru...
2019-20 Q4 March
2019-20 Q2 July
2019-20 Q2 August
2019-20 Q2 September
2019-20 Q3 October
2019-20 Q3 November
2019-20 Q3 December
2020-21 Q4 January
2020-21 Q4 February
2020-21 Q4 March
2020-21 Q1 April
2020-21 Q1 May
2020-21 Q1 June
2020-21 Q2 July
2020-21 Q2 August
2020-21 Q2 September
2020-21 Q3 October
2020-21 Q3 November
2020-21 Q3 December

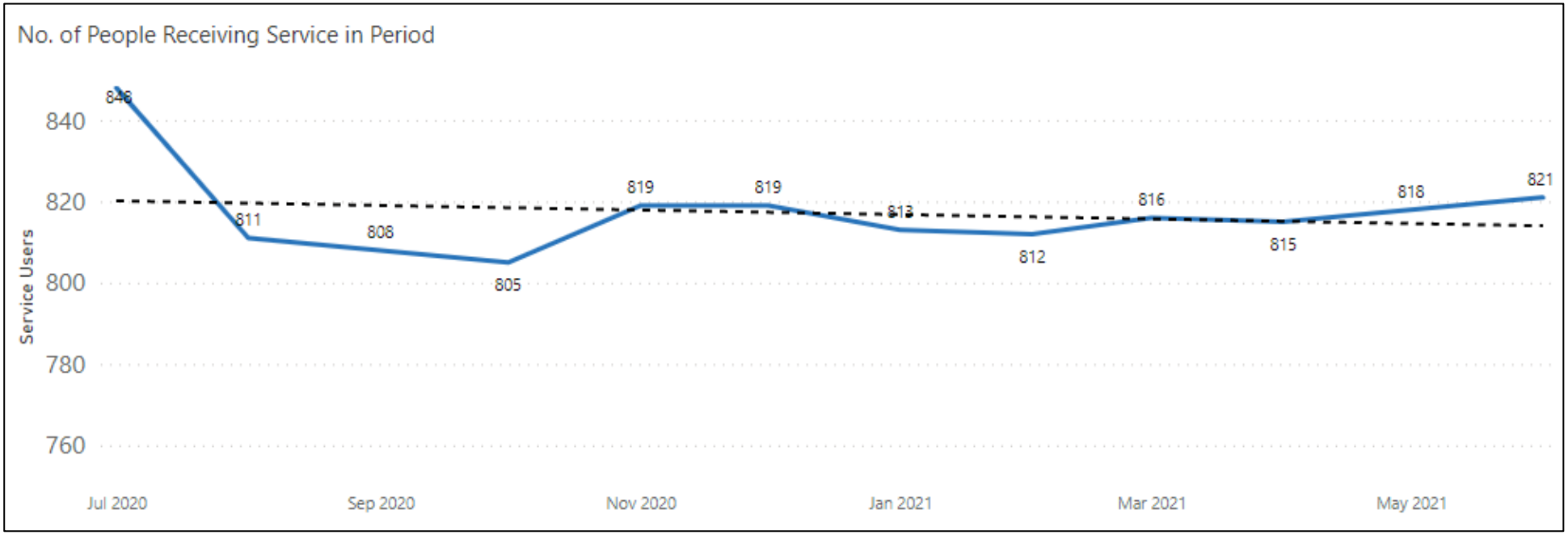
No. of Clients

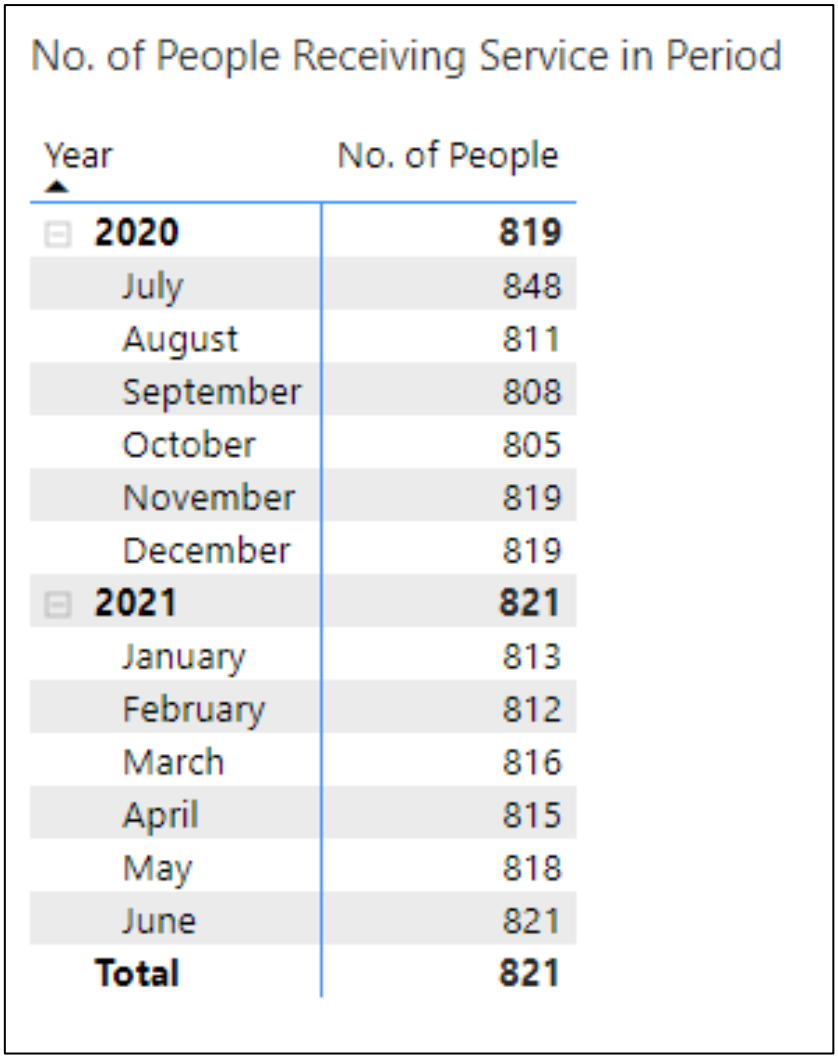
Month Name	2019-20	2020-21	2021-22	**Total**
January	861	829		**968**
February	860	826		**962**
March	874	825		**973**
April		862	824	**964**
May		861	830	**966**
June		864	821	**960**
July	850	870		**960**
August	847	870		**961**
September	857	822		**951**
October	857	822		**955**
November	856	832		**967**
December	857	833		**970**
Total	**944**	**976**	**840**	**1071**

6.2 Supported Living - Number of People

Current No. of People Receiving Service

821





No. of People Receiving Service in Period

Year	No. of People
2020	**819**
July	848
August	811
September	808
October	805
November	819
December	819
2021	**821**
January	813
February	812
March	816
April	815
May	818
June	821
Total	**821**

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

6.3 Supported Living – People Locations

Ward	No of People
Birkenhead and Tranmere	124
Claughton	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
Total	**1144**

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

6.4 Supported Living – Demographics

Age Group	Female	Male	Total
Adults	350	668	**1018**
Age 65-74	46	79	**125**
Age 75-84	14	20	**34**
Age 85-94	2	2	**4**
Total	**412**	**769**	**1181**

Adults are between 18 and 64.

The data shows a similar level to that of the latter half of 2020 in the number of people living in Supported Independent Living.

7.0 Cheshire Wirral Partnership

7.1 Key Measures - monitored monthly

No	Description	Green	Amber	Red	Target	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	YTD
KPI 1	**% of initial contacts through to completion of assessment within 28 days**	**>=80%**	**>=70% <=80%**	**<70%**		**93%**	**93%**	**83%**	**82%**	**86%**	**94%**	**76%**	**86%**	**100%**	**76%**	**93%**	**94%**	**87.1%**
	Total Assessments Completed within 28 Days					28	13	19	18	18	17	19	12	25	13	13	15	182
	Total Completed Assessments					30	14	23	22	21	18	25	14	25	17	14	16	209
KPI 2	**% of safeguarding concerns (Contacts) initiated by CWP within 5 days (exc. EDT)**	**>=99%**	**<99% >=95%**	**<95%**		**97%**	**100%**	**99%**	**95%**	**94%**	**94%**	**100%**	**100%**	**95%**	**96%**	**89%**	**91%**	**96%**
	Total Safeguarding Concerns Completed within 5 Days					61	76	85	56	65	49	48	45	59	77	47	79	686
	Total Safeguarding Concerns Completed					63	76	86	59	69	52	48	45	62	80	53	87	717
KPI 3	**% of safeguarding enquiries concluded within 28 days**	**>=80%**	**<80% >=60%**	**<60%**		**100%**	**91%**	**87%**	**94%**	**61%**	**58%**	**62%**	**100%**	**88%**	**71%**	**93%**	**67%**	**80%**
	Total Safeguarding Enquiries Completed within 28 Days					16	10	20	16	11	14	8	11	30	5	26	12	163
	Total Safeguarding Enquiries Completed					16	11	23	17	18	24	13	11	34	7	28	18	204

No	Description	Green	Amber	Red	Target	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	YTD
KPI 4	% of individuals who have had an annual review completed	>= 70%	<70% >= 60%	<60%		75%	69%	70%	71%	74%	74%	71%	75%	76%	63%	69%	69%	69%
					Forecast Total Reviews	868	799	824	843	881	879	839	886	894	737	817	814	814
					Total Reviews Required	1153	1156	1182	1181	1185	1186	1185	1184	1184	1177	1178	1173	1,173
KPI 5	% of care packages activated (in Liquidlogic) in advance of service start date (exc. Block services)	>= 65%	<65% >=50%	<50%		49%	47%	43%	42%	41%	33%	33%	38%	40%	29%	36%	35%	38%
					Total number of care packages activated in advance of start date	62	65	34	49	54	50	27	43	40	34	40	29	465
					Total number of care packages activated	126	137	80	117	131	150	82	112	99	116	112	83	1,219
KPI 6	% of adults with a learning disability who live in their own home or with their family	>88%	<88% >= 80%	<80%		80%	79%	80%	80%	80%	80%	80%	80%	80%	80%	79%	80%	80%
						448	446	446	446	444	447	447	445	445	445	410	431	4,852
						562	562	561	560	556	559	559	556	556	556	518	539	6,082
KPI 7	% of Mental Health Act assessments completed within statutory timescales	>=75%	<75% >=65%	<65%		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
					Total MHA Assessments Completed within Timescale													0
					Total MHA Assessments Completed													0

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8.0 WCFT

8.1 Key Measures - monitored monthly

No	Description	Green	Amber	Red	Target	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	YTD
KPI 1	**% of initial contacts through to completion of assessment within 28 days**	**>=80%**	**<80% >= 70%**	**<70%**	**80%**	**92.0%**	**90.6%**	**90.9%**	**94.0%**	**91.3%**	**89.7%**	**93.3%**	**92.9%**	**91.1%**	**88.9%**	**91.6%**	**88.0%**	**89.6%**
	Total Assessments Completed within 28 Days					344	308	318	347	304	260	347	326	346	346	351	302	999
	Total Assessments Completed					374	340	350	369	333	290	372	351	380	389	383	343	1,115
KPI 2	**% of safeguarding concerns (Contacts) completed within 5 Days**	**>=99%**	**<99% >=95%**	**<95%**	**99%**	**99.7%**	**99.2%**	**100%**	**99.7%**	**100%**	**99.5%**	**99.6%**	**98.7%**	**99.7%**	**99.7%**	**98.9%**	**98.8%**	**99.2%**
	Total number of safeguarding concerns completed within 5 days					355	386	290	329	335	369	281	304	350	351	276	320	947
	Total number of safeguarding concerns completed					356	389	291	330	335	371	282	308	351	352	279	324	955
KPI 3	**% of safeguarding enquiries concluded within 28 days**	**>=80%**	**<80% >=60%**	**<60%**	**80%**	**72%**	**65%**	**54%**	**60%**	**45%**	**49%**	**43%**	**52%**	**67%**	**63%**	**64%**	**77%**	**68%**
	Total number of safeguarding enquiries closed within 28 days					50	36	37	18	25	24	16	23	42	33	47	44	124
	Total number of safeguarding enquiries closed					69	55	69	30	56	49	37	44	63	52	74	57	183

No	Description	Green	Amber	Red	Target	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	YTD
KPI 4	% of individuals who have had an annual review completed	>=70%	<70% >=60%	<60%	70%	67%	68%	70%	71%	68%	64%	62%	61%	60%	60%	60%	60%	60%
	Total number of reviews forecast to be completed					4194	4328	4450	4459	4231	3990	3841	3810	3753	3677	3657	3630	3,630
	Total number of people in receipt of a long term service on 1st April					6260	6365	6355	6243	6258	6243	6224	6214	6214	6127	6095	6050	6,050
KPI 5	% of care packages activated (in Liquidlogic) in advance of service start date (exc. Block Services)	>=65%	<65% >=50%	<50%	65%	72%	71%	74%	69%	65%	66%	70%	69%	70%	69%	64%	59%	64%
	Total number of packages activated in advance of start date					676	618	686	703	649	568	588	616	720	583	589	474	1,646
	Total number of packages activated					939	869	928	1,025	991	858	840	889	1,035	851	919	799	2,569
KPI 6	% of adults with a learning disability who live in their own home or with their family	>=88%	<88% >=70%	<70%	88%	94%	94%	94%	93%	93%	93%	93%	93%	93%	94%	94%	93%	94%
	Total number of people aged 18-64 with a learning disability living in their own home or with their family					401	400	401	399	398	398	398	399	399	376	376	437	1,189
	Total number of people aged 18-64 with a learning disability in receipt of a long term service during the year					426	426	428	427	427	426	427	428	427	399	400	468	1,267
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%	93.8%	85.1%	80.3%	76.9%	78.9%	84.1%	83.7%	86.7%	85.5%	80.9%	85.7%	86.9%	84.7%
	Total number of people at home 91 days post discharged from hosptial into a reablement service					30	40	49	50	45	58	41	65	59	38	42	53	133
	Total number of people discharged from hospital into a reablement service					32	47	61	65	57	69	49	75	69	47	49	61	157

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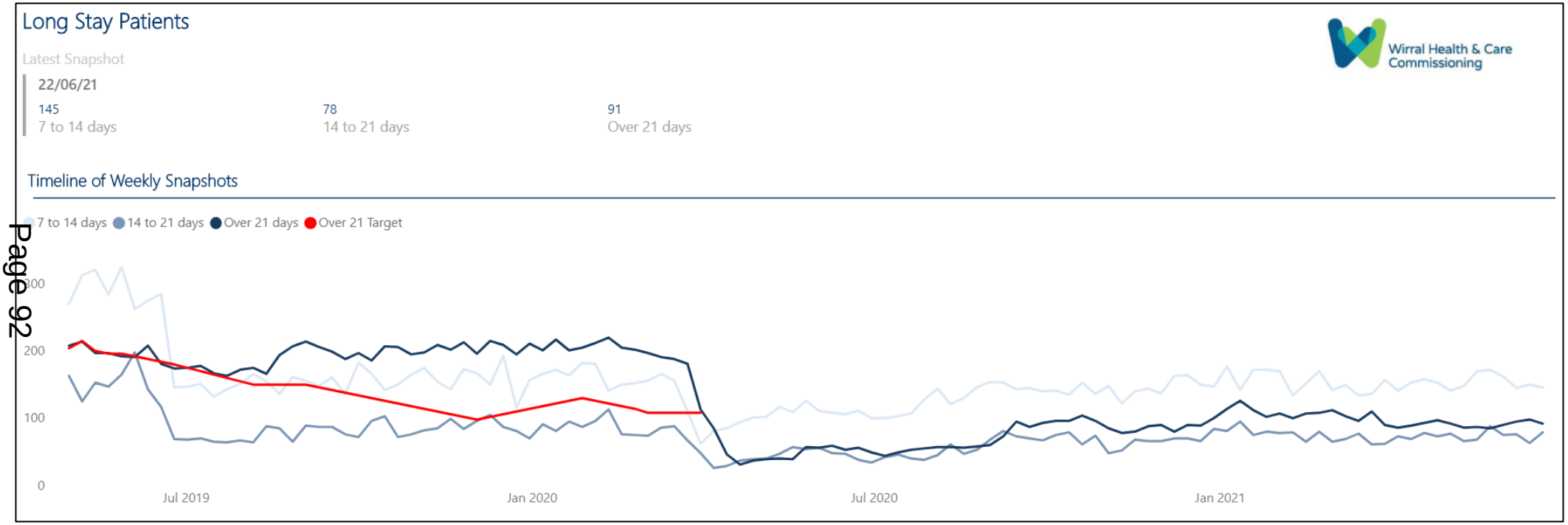
The performance data indicates that people are receiving responsive and timely services. There is a small reduction in the number of people receiving an annual review of their care and support needs.

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

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 22 June 2021, with Over 21 days falling the most (56%) and 7 to 14 days falling the least (46%) over that time frame.
- 14 to 21 days trended upward the most in the final period. On the other hand, Over 21 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 74.7 across all 113 periods.
- The minimum value was 25 (07 April 2020) and the maximum was 197 (04 June 2019).
- 14 to 21 days improved by 52% over the course of the series but ended on a disappointing note, increasing in the final period.
- The largest single decline on a percentage basis occurred in 07 April 2020 (-47%). However, the largest single decline on an absolute basis occurred in 11 June 2019 (-55).
- The largest net improvement was from 04 June 2019 to 07 April 2020, when 14 to 21 days fell by 172 (87%). This net decline was more than two times larger than the overall movement of the entire series.
- 14 to 21 days experienced cyclicality, repeating each cycle about every 37.67 periods. There was also a pattern of smaller cycles that repeated about every 14.13 periods.
- 14 to 21 days had a significant positive peak between 07 May 2019 (124) and 06 August 2019 (63), rising to 197 in 04 June 2019. However, 14 to 21 days had a significant dip between 30 April 2019 (162) and 04 June 2019 (197), falling to 124 in 07 May 2019.
- 14 to 21 days was lower than 7 to 14 days over the entire series, lower by 78.35 on average. 14 to 21 days was less than Over 21 days 91% of the time (lower by 54.13 on average).

For Over 21 days:

- Average Over 21 days was 128.83 across all 113 periods.
- Values ranged from 30 (21 April 2020) to 219 (11 February 2020).
- Over 21 days fell by 56% over the course of the series and ended with a downward trend, decreasing 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%).
- Over 21 days experienced cyclicality, repeating each cycle about every 56.5 periods. There was also a pattern of smaller cycles that repeated about every 37.67 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 37% of the series. Over 21 days was greater than 14 to 21 days 91% of the time (higher by 54.13 on average).

For 7 to 14 days:

- Average 7 to 14 days was 153.04 across all 113 periods.
- The minimum value was 61 (31 March 2020) and the maximum was 324 (28 May 2019).
- 7 to 14 days decreased by 46% over the course of the series and ended on a good note, decreasing in the final period.
- The largest single decline occurred in 25 June 2019 (-49%).
- The largest net improvement was from 28 May 2019 to 31 March 2020, when 7 to 14 days fell 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 37.67 periods. There was also a pattern of smaller cycles that repeated about every 28.25 periods.
- 7 to 14 days was higher than 14 to 21 days over the entire series, higher by 78.35 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 37% of the series.

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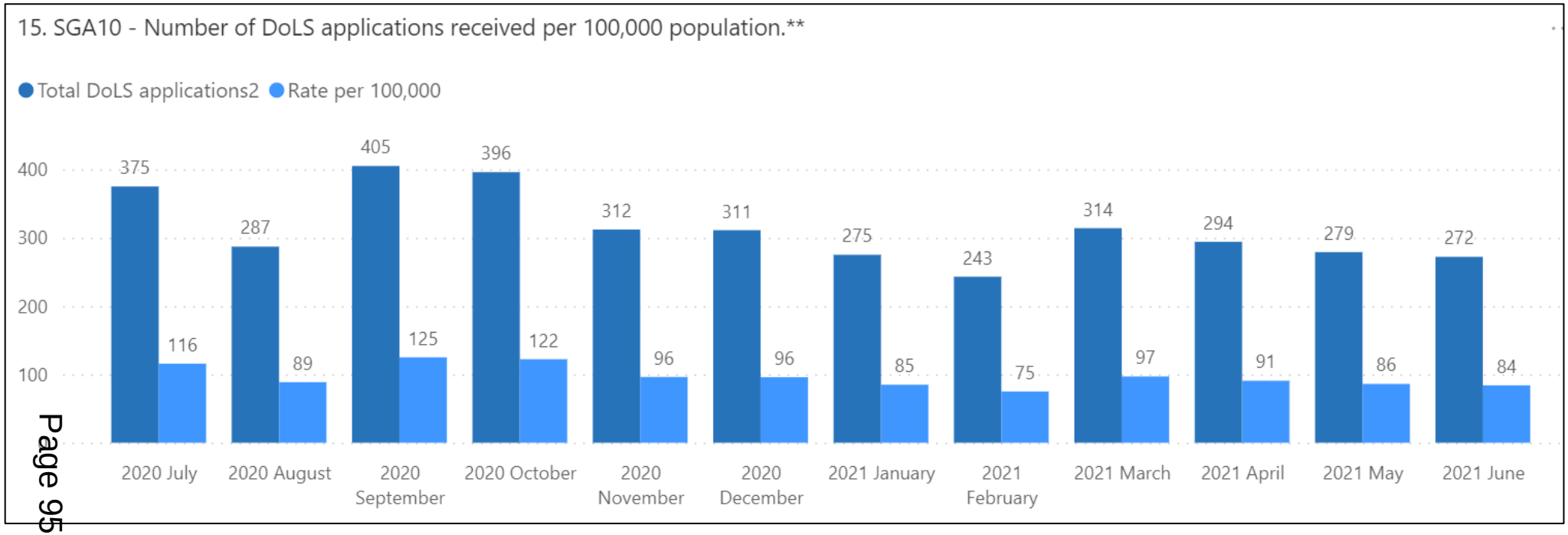
9.2 Delay Reasons for Medically Optimised Patients (Sum of 21 days)

Awaiting Data from NHS colleagues.

9.3 Current External Delays

Awaiting Data from NHS colleagues

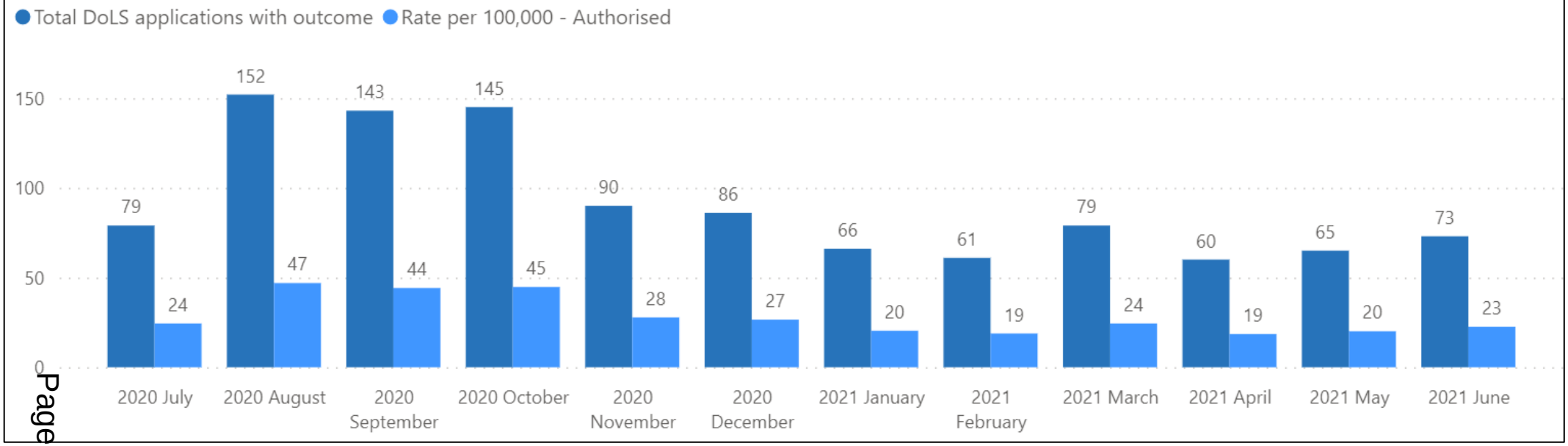
10.0 Deprivation of Liberty Safeguards (DOLS)



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

Quarter	Q1		Q2		Q3		Q4	
Year	Count of applications	Rate per 100,000	Count of applications	Rate per 100,000	Count of applications	Rate per 100,000	Count of applications	Rate per 100,000
2018			707	218.21	892	275.31		
2019	944	291.36	1034	319.14	893	275.62	866	267.28
2020	824	254.32	1067	329.32	1019	314.51	834	257.41
2021	845	260.80					832	256.79
Total	**8292**	**2,559.26**	**8061**	**2,487.96**	**8373**	**2,584.26**	**8313**	**2,565.74**

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



16. 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	Count of applications	Rate per 100,000	Count of applications	Rate per 100,000	Count of applications	Rate per 100,000
2018			294	90.74	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	207	63.89					206	63.58
Total	**2559**	**789.81**	**2704**	**834.57**	**2731**	**842.90**	**2591**	**799.69**

WIRRAL

ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

29 JULY 2021

REPORT TITLE:	**INTEGRATED CARE SYSTEM AND INTEGRATED CARE PARTNERSHIP DEVELOPMENTS - UPDATE**
REPORT OF:	**DIRECTOR OF CARE AND HEALTH**

REPORT SUMMARY

This report sets out the policy context for the development of Integrated Care Systems (ICS) in the NHS in England, specifically highlighting the work to create a Cheshire and Merseyside ICS. The report also sets out the emerging guidance around developing Integrated Care Partnership (ICP) in "place" and specifically in Wirral.

RECOMMENDATION

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

1. Note the report and receive a further verbal update on progress.

2. Receive written reports on the progress of the development of the Integrated Care System and Integrated Care Partnerships at future meetings.

SUPPORTING INFORMATION

1.0 REASON FOR RECOMMENDATION

1.1 This report is for the information of the Adult Social Care and Public Health Committee. It is therefore recommended that the Committee notes the report and receives a further verbal update on progress. In addition, it is recommended that the Committee receives written reports on the progress of this work at future meetings.

2.0 OTHER OPTIONS CONSIDERED

2.1 No other options have been considered.

3.0 BACKGROUND INFORMATION

3.1 Policy Context

3.1.1 Given that the terminology being used in regard to strategic developments in the NHS is new and emerging a definition of the key terms is included in Appendix 1.

3.1.2 On 26th November 2020 NHS England/Improvement (NHSE/I) published *Integrating Care: Next steps to building strong and effective integrated care systems across England*, subsequently referred to as *Integrating Care: Next steps*. This document set out proposals for legislative reform and focused on the operational direction of travel for the NHS from 2021/22 onwards.

3.1.3 On 11th February 2021, the Department of Health and Social Care (DHSC) published the White Paper *Integration and innovation: working together to improve health and social care for all*, which sets out legislative proposals for a Health and Care Bill. The White Paper brings together proposals that build on the recommendations made by NHS England and NHS Improvement in *Integrating care: next steps to building strong and effective integrated care systems across England* with additional ones relating to the Secretary of State's powers over the system and targeted changes to Public Health, social care, and quality and safety matters. On the same day NHSE/I issued four documents including *Legislating for Integrated Care Systems: five recommendations to Government and Parliament*: These documents encouraged Her Majesty's Government to introduce legislation, at the earliest opportunity, to place Integrated Care Systems (ICSs) "on a clear statutory footing, but with minimum national legislative provision and prescription, and maximum local operational flexibility".

3.1.4 On 25th March 2021 NHS England and NHS Improvement published the NHS Operational Planning and Implementation Guidance for 2021/22. This set out that:

- There will be one statutory ICS NHS body and one statutory ICS health and care partnership per ICS from April 2022.
- Clinical Commissioning Group (CCG) functions will be subsumed into the ICS NHS body and some NHS England and NHS Improvement direct commissioning functions will be transferred or delegated to ICSs.

- CCG staff below board level who are directly affected will have an employment commitment and local NHS administrative running costs will not be cut as a consequence of the organisational changes.
- Through strong place-based partnerships, NHS organisations will continue to forge deep relationships with local government and communities to join up health and social care and tackle the wider social and economic determinants of health. To enable this, ICS boundaries will align with upper-tier Local Authority boundaries by April 2022, unless otherwise agreed by exception. Joint working with local government will be further supported by the health and care partnership at ICS level.
- The development of primary and community services and implementation of population health management will be led at place level, with Primary Care Networks as the building blocks of local healthcare integration.
- Every acute (non-specialist) and mental health NHS trust and Foundation Trust (FT) will be part of at least one provider collaborative, allowing them to integrate services appropriately with local partners at place and to strengthen the resilience, efficiency and quality of services delivered at-scale, including across multiple ICSs.
- Clinical and professional leadership will be enhanced, connecting the primary care voice that has been a strong feature of Primary Care Networks (PCNs) and CCGs, to clinical and professional leadership from community, acute and mental health providers, Public Health, and social care teams.

The planning and implementation guidance anticipated that legislation would be introduced into Parliament to enact the proposals in the White Paper. The guidance asked systems to start formally preparing to establish the expected statutory arrangements during Quarter 1 2021/22.

3.1.5 The intention of the Government to bring forward a Health and Care Bill to implement the proposals in the White Paper was announced in The Queen's Speech on 11th May 2021. The background briefing notes to The Queen's Speech state that the purpose of the Health and Care Bill is to:

- Lay the foundations for a more integrated, efficient, and accountable health and care system - one which allows staff to get on with their jobs and provide the best possible treatment and care for their patients.
- Give the NHS and Local Authorities the tools they need to level up health and care outcomes across the country, enabling healthier, longer, and more independent lives.

The background briefing notes articulate that the main benefits of the Bill will be:

- Delivering on the proposals put forward by the NHS in its own long-term plan, while building on the lessons learned from the successful vaccine rollout.
- Making it easier for different parts of the health and care system, including doctors and nurses, carers, local government officials and the voluntary sector to work together to provide joined-up services.
- Removing bureaucratic and transactional processes that do not add value, thus freeing up the NHS to focus on what really matters to patients.
- Enabling the system to most effectively prevent illness, support our ageing population, tackle health inequalities, tailor support to the needs of local

populations, and enhance patient safety and quality in the provision of healthcare services.
- Ensuring the NHS and the wider system can respond swiftly to emerging issues while being fully accountable to the public.

The main elements of the Bill are:

- Driving integration of health and care through the delivery of an Integrated Care System in every part of the country.
- Ensuring NHS England, in a new combined form, is accountable to Government, Parliament and taxpayers while maintaining the NHS's clinical and day-to-day operational independence.
- Banning junk food adverts pre-9pm watershed on TV and a total ban online.
- Putting the Healthcare Safety Investigation Branch on a statutory footing to deliver a fully independent national body to investigate healthcare incidents, with the right powers to investigate the most serious patient safety risks to support system learning.

3.2 Developing Integrated Care Systems

3.2.1 On 16th June 2021 NHSE/I published two documents, *Integrated Care Systems: Design Framework* and *Guidance on the Employment Commitment*. The former document begins to describe future ambitions for:

- the functions of the ICS Partnership to align the ambitions, purpose, and strategies of partners across each system.
- the functions of the ICS NHS body, including planning to meet population health needs, allocating resources, ensuring that services are in place to deliver against ambitions, facilitating the transformation of services, co-ordinating and improving people and culture development, and overseeing delivery of improved outcomes for their population.
- the governance and management arrangements that each ICS NHS body will need to establish to carry out those functions including the flexibility to operate in a way that reflects the local context through place-based partnerships and provider collaboratives.
- the opportunity for partner organisations to work together as part of ICSs to agree and jointly deliver shared ambitions.
- key elements of good practice that will be essential to the success of ICSs, including strong clinical and professional leadership, deep and embedded engagement with people and communities, and streamlined arrangements for maintaining accountability and oversight.
- the key features of the financial framework that will underpin the future ambitions of systems, including the freedom and mechanisms to use resource flexibly to better meet identified needs and to manage financial resources at system level.
- the roadmap to implement new arrangements for ICS NHS bodies by April 2022 to establish new organisations, appoint leadership teams to new statutory organisations and to ensure that people affected by change are offered a smooth transition that allows them to maintain focus on their critical role in supporting recovery from the pandemic.

The *Employment Commitment* is designed to minimise uncertainty and provide employment stability for people who will transfer directly from their employment or engagement directly into the statutory ICS NHS body. During the transition period the Employment Commitment asks affected organisations not to carry out significant internal organisational change and not to displace people. The commitment does not apply to those people in senior/board level roles who are likely to be affected by the new ICS Board structure and will have to go through organisational change as part of the abolition and establishment process.

3.2.2 The Cheshire and Merseyside Integrated Care System (ICS) has established a Development Advisory Group (DAG) to support the implementation timetable and guidance referred to above. The Chief Executive and the Director for Adult Care and Health, Wirral Council and the Chief Officer, NHS Wirral CCG are part of the DAG. This enables Wirral, as a place, to be at the heart of shaping the ICS and to ensure that we are in a position to respond at pace and with clarity to the emerging changes. There is also representation from Wirral in other ICS governance arrangements such as the Partnership Board and Joint Committee of Cheshire and Merseyside Clinical Commissioning Groups.

3.2.3 The ICS has established a number of workstreams of which the DAG will have oversight. These include commissioning, workforce, system performance and oversight, finance, governance, communications and engagement, quality, transformation, digital and data, and estates. The ICS will be assuming the commissioning functions of 9 CCGs in Cheshire and Merseyside and will be working with those CCGs to manage the transition to the new statutory body. The ICS, CCGs and Local Authorities are working together on the future models for the discharge of these commissioning functions from April 2022.

3.2.4 The implementation timetable that the ICS is working to is set out below. This is subject to the Health and Care Bill becoming an Act of Parliament.

Date (2021/22)	**Task**
By end of Quarter 1 (Q1)	Update System Development Plans (SDPs) against the key implementation requirements (functions, leadership, capabilities, and governance) and identify key support requirements. Develop plans in preparation for managing organisational and people transition, taking into account the anticipated process and timetable, and any potential changes to ICS boundaries and the need to transform functions to support recovery and delivery across the ICS.
By end of Q2	Ensure people currently in ICS Chair, ICS lead or AO roles are well supported and consulted with appropriately. Carry out the agreed national recruitment and selection processes for the ICS NHS body chair and chief executive, in accordance with guidance on competencies and job descriptions issued by NHS England and NHS Improvement. This will reflect the expected new accountabilities and responsibilities of ICS NHS bodies.

Date (2021/22)	Task
	Confirm appointments to ICS Chair and chief executive. Subject to the progress of the Bill and after the second reading these roles will be confirmed as designate roles. Draft proposed new ICS NHS body MoU arrangements for 2022/23, including ICS operating model and governance arrangements, in line with the NHS England and NHS Improvement model constitution and guidance. Plan for CCG teams to only operate at sub-ICS level where the SDP confirms that the ICS plans to establish a significant place-based function at that footprint. Begin due diligence planning.
By end of Q3	Ensure people in impacted roles are well supported and consulted with appropriately. Carry out the recruitment and selection processes for designate finance director, medical director, director of nursing and other board level role in the NHS ICS body, using local filling of posts processes. Confirm designate appointments to ICS NHS body finance director, medical director and director of nursing roles and other board and senior level roles. ICS NHS bodies and ICS Partnerships to be ready to operate in shadow form. Engagement on local ICS Constitution and governance arrangements for ICS NHS body and ICS Partnership.
By end of Q4	Ensure people in affected roles are consulted and supported. Continue the recruitment and selection processes for all other designate ICS NHS body senior roles, including place-level leaders and non-executive roles, using local filling of posts processes. Confirm designate appointments to any remaining senior ICS roles (in line with our relevant guidance) so that as much of the ICS NHS executive board and other senior leadership is ready (subject to formal decisions on appointments after the legislation is in place/in force). Complete due diligence and preparations for staff and property (assets and liabilities, including contracts) transfers from CCGs and other NHS staff transfers to new ICS NHS body in line with our guidance.

Date (2021/22)	Task
	Commence engagement and consultation on the transfer with trade unions. Complete preparations to shift our direct commissioning functions to ICS NHS body, where this is agreed from 1 April 2022. Ensure that revised digital, data and financial systems are in place ready for 'go live'. Submit the ICS NHS body constitution for approval and agree the 2022/23 ICS MoU with NHS England and NHS Improvement, setting out key elements of how the new ICS NHS body and ICS Partnership will operate in the future, in accordance with guidance to be issued by NHS England and NHS Improvement.
From 1st April 2022	Establish new ICS NHS body; with staff and property (assets and liabilities) transferred and boards in place.

3.3 Developing Integrated Care Partnerships

3.3.1 Throughout the development of the policy on Integrated Care Systems there has been a strong focus on partnerships between organisations to collectively plan, deliver and monitor services within a locally defined 'place'. The document *Integrated Care Systems: Design Framework* makes it clear that, as part of the development of ICSs, NHSE/I expect that place-based partnerships are consistently recognised as key to the coordination and improvement of service planning and delivery, and as a forum to allow partners to collectively address wider determinants of health. Wirral is a place within this framework.

3.3.2 There is no single way of defining place or determining a fixed set of responsibilities that a place-based partnership should hold. All ICSs are expected to establish and support place-based partnerships with configuration and catchment areas reflecting meaningful communities and geographies that local people recognise. The arrangements for joint working at place should enable joined-up decision-making and delivery across the range of services meeting immediate care and support needs in those local places but should be designed flexibly to reflect what works in that area.

3.3.3 The Cheshire and Merseyside ICS NHS body will want to agree with local partners the membership and form of governance that place-based partnerships adopt, building on or complementing existing local configurations and arrangements such as Health and Wellbeing Boards. At a minimum, these partnerships should involve primary care provider leadership, Local Authorities, including Directors of Public Health, providers of acute, community and mental health services and representatives of people who access care and support.

3.3.4 The ICS NHS body will remain accountable for NHS resources deployed at place-level. Governance and leadership arrangements for place-based partnerships should support safe and effective delivery of the body's functions and responsibilities

alongside wider functions of the partnership. Each ICS NHS body should clearly set out the role of place-based leaders within the governance arrangements for the body.

3.3.5 An NHS ICS body could establish any of the following place-based governance arrangements with Local Authorities and other partners, to jointly drive and oversee local integration:

- *consultative forum*, informing decisions by the ICS NHS body, Local Authorities, and other partners.
- *committee of the ICS NHS body with delegated authority* to take decisions about the use of ICS NHS body resources.
- *joint committee of the ICS NHS body and one or more statutory provider(s),* where the relevant statutory bodies delegate decision making on specific functions/services/populations to the joint committee in accordance with their schemes of delegation
- individual directors of the ICS NHS body having delegated authority, which they may choose to exercise through a committee. This individual director could be a joint appointment with the Local Authority or with an NHS statutory provider and could also have delegated authority from those bodies
- lead provider managing resources and delivery at place-level under a contract with the ICS NHS body, having lead responsibility for delivering the agreed outcomes for the place.

3.3.6 Effective leadership at place level is critical to effective system working, but the specific approach is to be determined locally. The roles of place-based leaders will include convening the place-based partnership, representing the partnership in the wider structures and governance of the ICS and (potentially) taking on executive responsibility for functions delegated by the ICS NHS body CEO or relevant Local Authority.

3.3.7 The ICS NHS body will have the freedom to set a delegated budget for place-based partnerships to support local financial decisions to spend ICS NHS resources. However, it must adopt the principle of equal access for equal need and the requirements to reduce health inequalities. The ICS NHS body should engage Local Authority partners on the ICS NHS resources for the NHS services to be commissioned at place and support transparency on the spending made at place level. It should explain any variation from previous CCG budgets and enable the shared planning or pooling of NHS and Local Authority budgets, including stated minimum NHS contributions to Better Care Fund arrangements. Budget allocated to and managed within a place (under the agreed schemes of delegation) might include:

- primary medical care
- other primary care as delegated/transferred from NHS England and NHS Improvement – dental, pharmaceutical, ophthalmology services
- community services
- community mental health including Improving Access to Psychological Therapies (IAPT)
- community diagnostics
- intermediate care

- any services subject to Section 75 agreement with Local Authority
- any acute or secondary care services that is has been agreed should be commissioned at place-level.

3.3.8 In regard to developing Integrated Care Partnerships (ICPs) in each place, the Cheshire and Merseyside ICS has set out seven expected core features of an ICP:

- *ICP Governance* – clearly defined formal arrangements for place partners to meet and work together to deliver outcomes set by the Health and Wellbeing Board (HWB) and ICS.
- *ICP nominated 'Place Lead'* with remit for integrated working who will connect with the ICS.
- *Shared vision and plan for reducing inequalities and improving outcomes* of local people approved by the HWB (underpinned by local population health and socio-economic intelligence).
- *Agreed ICP development plan.*
- *Defined footprints (e.g. neighbourhoods) for delivery of integrated care*, clinically led by PCNs working with social care, community, mental health, Public Health, and other community groups.
- *Programme of ongoing public and wider stakeholder engagement at place*
- *Integrated approach to commissioning between health and Local Authority* (such as shared posts, joint teams, and pooled budgets) to underpin and support the work of the ICP.

The seven expected core features are described in more detail in Appendix 2.

3.3.9 Work has commenced in Wirral to create an Integrated Care Partnership involving the Local Authority, NHS and wider partners in health and care. The work is being guided by six core principles:

- Organise services around the person to improve outcomes.
- Maintain personal independence by providing services closest to home.
- Reduce health inequalities across the Wirral population.
- Provide seamless and integrated services to patients, clients, and communities, regardless of organisational boundaries.
- Maximise the "Wirral £" by the delivery of improvements in productivity and efficiency through integration.
- Strengthen the focus on wellbeing, including a greater focus on prevention and Public Health.

3.3.10 There are four key work streams in the development of an ICP for Wirral. These are:

- Integrated governance, including Health and Wellbeing Board development.
- Developing provider collaboration.
- Developing integrated commissioning.
- Communications and engagement.

3.3.11 Each area of work is resourced by system partners, financially and with people. At the time of writing the implementation timetable and tasks for this work is still emerging. It is recommended that a verbal update on progress is provided to the

Health and Wellbeing Board on 20th July 2021. It is recommended that the Health and Wellbeing Board receives written reports on the progress of this work at future meetings.

4.0 FINANCIAL IMPLICATIONS

4.1 None as a result of this report but the financial implications of developing an Integrated Care Partnership for Wirral within the Cheshire and Merseyside ICS are being considered as part of the planning for these changes.

5.0 LEGAL IMPLICATIONS

5.1 The Health and Care Bill, subject to Parliamentary process, will further support the implementation of the NHS Long Term Plan and give ICSs statutory roles. Further guidance will be forthcoming from NHSE/I to support the transition to the new arrangements from April 2022. This is in addition to the recently published *Integrated Care Systems: Design Framework* and *Guidance on the Employment Commitment*. Work to develop an Integrated Care Partnership for Wirral will consider the legal implications around workforce, resources, governance, and legal accountabilities.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 There is a direct impact of these changes on staff employed by CCGs, including NHS Wirral CCG, and NHS England/Improvement. It is anticipated that there will be a national human resources framework within which these proposed changes will be managed. This is in addition to the recently published *Integrated Care Systems: Design Framework* and *Guidance on the Employment Commitment*. Work to develop an Integrated Care Partnership for Wirral will need to consider the opportunities that may exist in regard to staffing, ICT, and assets in the future.

7.0 RELEVANT RISKS

7.1 The system changes outlined in this report will have risk management frameworks as part of their implementation. The Council will help to mitigate risks through the ongoing development of a risk log, which is overseen by a multi-functional project team that gains insight into all areas of risk and puts mitigating actions in place to reduce the impact of risk.

8.0 ENGAGEMENT/CONSULTATION

8.1 Engagement will need to take place in regard to the system changes outlined in this report.

9.0 EQUALITY IMPLICATIONS

9.1 Public bodies have a legal requirement to make sure their policies, and the way they carry out their work, do not discriminate against anyone. An Equality Impact Assessment is a tool to help public services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision, or activity. Plans will be underpinned by local population health and socio-economic

intelligence. The Council will work in partnership with local and regional partners to develop place-based partnership arrangements necessary to deliver improved outcomes in population health by tackling health inequality.

An Equality Impact Assessment has been completed for this project and can be found here: The Integrated Care Partnership Programme - May 2021 (wirral.gov.uk)

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 None as a result of this report.

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APPENDICES

Appendix 1 Terminology Definitions
Appendix 2 Seven Core Features of an Integrated Care Partnership

BACKGROUND PAPERS

- NHS Five Year Forward View (2014), https://www.england.nhs.uk/five-year-forward-view/
- NHS Planning Guidance (2017), https://www.england.nhs.uk/publication/delivering-the-forward-view-nhs-planning-guidance-201617-202021/
- NHS Long Term Plan (2019), https://www.longtermplan.nhs.uk/
- Designing Integrated Care Systems (ICSs) in England (2019), https://www.england.nhs.uk/wp-content/uploads/2019/06/designing-integrated-care-systems-in-england.pdf
- Integrating Care: Next steps to building strong and effective integrated care systems across England (2020), https://www.england.nhs.uk/wp-content/uploads/2020/11/261120-item-5-integrating-care-next-steps-for-integrated-care-systems.pdf
- *Integration and Innovation: working together to improve health and social care for all*, White Paper (2021), https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all.
- *Legislating for Integrated Care Systems: five recommendations to Government and Parliament* (2021), https://www.england.nhs.uk/publication/legislating-for-integrated-care-systems-five-recommendations-to-government-and-parliament/
- NHS Planning Guidance (2021), https://www.england.nhs.uk/operational-planning-and-contracting/
- The Queen's Speech 2021 – Background Briefing Notes, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/985029/Queen_s_Speech_2021_-_Background_Briefing_Notes..pdf
- *Integrated Care Systems: Design Framework* and *Guidance on the Employment Commitment* (2021), https://www.england.nhs.uk/publication/integrated-care-systems-design-framework/

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Health and Wellbeing Board	20 July 2021 16 June 2021
Partnerships Committee	9 November 2020 13 January 2021 29 June 2021
Adult Social Care and Public Health Committee	2 March 2021 7 June 2021

APPENDIX 1 TERMINOLOGY DEFINITIONS

Integrated Care Systems (ICS): Bring together NHS organisations, local government, and wider partners at a system level to deliver more joined up approaches to improving health and care outcomes. All areas of England will be covered by an ICS by April 2021 and on a statutory footing by 2022. Cheshire and Merseyside is an ICS area.

Place: is a defined area within an ICS, typically aligned with Local Authority boundaries. In Cheshire and Merseyside there are 9 places aligned with each Local Authority. Wirral is one such place.

Neighbourhood: a defined area within a Place that is typically co-terminus with a Primary Care Network or other recognised local community footprint.

Integrated Care Partnerships (ICP): term used to describe **place-based** joint working between NHS, local government, community services and other partners. Each Place will determine how it organises itself as an ICP and how these arrangements relate to the Health and Wellbeing Board (HWB). HWB continue to have statutory role for improving health and wellbeing of local population, using Joint Strategic Needs Assessment (JSNA) to set local priorities. HWBs are a key component of the ICS and a key role for the ICS is to support place-based working and the development of ICP arrangements.

What is Purpose of an ICP? ICPs will deliver the local priorities set by the HWB and system priorities set by the ICS, by organising how local services and partners can work better together. ICPs will drive improved outcomes and address the inequalities identified by the HWB. They can use enablers such as integrated commissioning, BCF, population health data and improved digital technology to enable this work.

Provider Collaboratives: NHS-Led Provider Collaboratives will include providers from a range of backgrounds, including the voluntary sector, other NHS trusts and independent sector providers. Provider Collaboratives will work closely with established partnerships called Integrated Care Systems, which include NHS organisations, local Councils, and others, to support improved commissioning of services for people within the same population footprint. They will also work alongside service users, carers, and families.

There are key principles which underpin the Provider Collaborative model:

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

APPENDIX 2 SEVEN CORE FEATURES OF AN INTEGRATED CARE PARTNERSHIP

1. ICP Governance – clearly defined formal arrangements for place partners to meet and work together to deliver outcomes set by the Health and Wellbeing Board (HWB) and ICS.

- Arrangements for ICPs must outline how link with local HWB who retain statutory role for local population health and are key to the ICS. Some Places may want the Health and Wellbeing Board to be the nominated 'ICP Board' other Places may want to establish an 'ICP Board / Committee' as a sub-group of the HWB.
- ICPs should include a breadth of place partners extending beyond health & social care, e.g. housing, voluntary sector, police.
- ICPs will have a governance framework that sets out:

    i. core members represented on the Partnership Groups,
    ii. the organisations and services that are part of the wider partnership, and
    iii. how the ICP will work with and alongside existing partnership structures (e.g. safeguarding boards, community safety partnerships, Local Enterprise Partnerships etc) to deliver on the aims of improving the quality of life and reducing inequalities.
    iv. ICPs should consider developing formal 'place agreements / MOUs' that each partner signs with agreed objectives / outcomes
    v. ICPs should bring together statutory and non-statutory organisations and communities
    vi. ICPs will need to link to ICS (how will be determined as ICS evolves)

- An ICP should be able to describe and present it's governance arrangements and it should be agreed by all partners

2. ICP nominated 'Place Lead' with remit for integrated working who will connect with the ICS.

- The Place lead should be endorsed by members of the ICP and be able to represent Place within the ICS.
- The Place lead will be a main point of contact for the ICS executive team and will sit on a Place Collaborative Forum and may be asked to represent Place on other ICS forum as system architecture and governance is developed further.

3. Shared vision and plan for reducing inequalities and improving outcomes of local people approved by the HWB (underpinned by local population health and socio-economic intelligence).

- The ICP will need a shared vision and plans / strategies aimed at reducing inequalities & improving outcomes, these plans may already exist e.g. H&WB and 5-year Place Plans. In addition, the work of the ICP is also likely to contribute to wider Place plans that support broader social and economic development.

- This will be underpinned by local population health and socio-economic intelligence
- Using their JSNA, ICPs will have a sound understanding of the characteristics of their population and the local drivers of inequality. There will be a requirement to use 'real time' population health data (supported by case finding and risk stratification) at Place to determine how to best deliver services and address local needs on a personal, neighbourhood and whole Place level.
- Plans and strategies will be created using robust engagement with local people – including minority groups and those whose voices are seldom heard.

4. Agreed ICP development plan

- The ICS will develop an ICP assurance / maturity framework, ICPs will need development plans to support their progress against this framework.
- An 'Organisational Development plan' will be required that sets out how staff from all of the ICPs partners (working at all levels) will be engaged in the vision of the Place and supported to work in an integrated collaborative culture that embeds cross system partnership working.
- As staff are asked to start working differently there will need to be a structured and significant programme of development in place to support implementation at each stage.

5. Defined footprints (e.g. neighbourhoods) for delivery of integrated care, clinically led by PCNs working with social care, community, mental health, Public Health, and other community groups.

- Each Place should have agreed 'neighbourhood' footprints (ideally based on recognised local communities) where there will be partnerships between voluntary sector and other community groups (e.g. faith groups), schools and other local agencies who can influence health and wellbeing. There should be strong partnership working between these neighbourhood services / groups and PCNs, in many areas there will be co-terminosity with PCNs and established community footprints.
- PCNs will provide 'clinical' leadership for their registered population and work with social care, community, mental health and voluntary sector on the design and delivery of integrated health and care services at a neighbourhood level linking this to wider place agendas such as economic growth, community safety and education.

6. Programme of ongoing public and wider stakeholder engagement at place

- Communications teams from each partner in the ICP need to be working closely together to deliver a programme of communications and engagement that is based on common messages and the shared ICP vision. There should be one nominated communications link from each ICP to work with the ICS communications team on how ICP and ICS messages can be coordinated across Cheshire and Merseyside.
- The local population should be able to influence and co-produce local services to best meet their needs.

- Each ICP will need an infrastructure to ensure there is ongoing and wide stakeholder and public engagement and a joint ICP engagement plan. This plan will address how to include seldom heard and minority voices.

7. Integrated approach to commissioning between health and Local Authority (such as shared posts, joint teams, and pooled budgets) to underpin and support the work of the ICP.

- As legislative reform is clarified, Places (CCGs & LAs) need to work with ICS on the transition of commissioning functions and development of new operating models. A move towards shared leadership of health & care commissioning, joint posts and pooled budgets at Place would be welcomed.
- 'Commissioning' at Place should be an enabler for the ICP to transform local services, improve outcomes and address inequalities. Integrated commissioning teams should be part of the ICP arrangements and work to support provider collaboration and service re-design.

WIRRAL

ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

29 JULY 2021

REPORT TITLE:	**WIRRAL HEALTH AND CARE COMMISSIONING SINGLE BUSINESS PLAN 2021/22**
REPORT OF:	**DIRECTOR OF CARE AND HEALTH**

REPORT SUMMARY

This report introduces the (DRAFT) Wirral Health and Care Commissioning (WHCC) Single Business Plan for 2021/22 (Appendix 1) and the key priorities and workstreams that underpin it, and which will contribute towards delivering better outcomes for Wirral residents.

This is not a key decision.

RECOMMENDATION/S

The Adult Social Care and Public Health Committee are recommended to note the contents of this report, and the priorities within the Wirral Health and Care Commissioning Single Business Plan 2021/22.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 To note the priorities within the Wirral Health and Care Commissioning (WHCC) Single Business Plan 2021/22 and the various work programmes and initiatives that will contribute towards achieving the vision as described in the business plan.

1.2 Our vision is to enable all residents of Wirral:

- to live longer and healthier lives by taking simple steps of their own to improve their health and wellbeing.
- to provide the very best health and social care services when people really need them.
- to provide services as close to home as possible.

This also aligns to the Wirral Plan, to promoting active and healthy lives, and to reducing health inequalities.

2.0 OTHER OPTIONS CONSIDERED

2.1 WHCC considered several priorities and work streams to include in the Single Business Plan and decided upon those included to deliver the best outcomes for Wirral residents.

3.0 BACKGROUND INFORMATION

3.1 The purpose of WHCC is to jointly commission all age health and care services for residents in Wirral, which have a positive impact on the life course of an individual.

Key to this is the transformation of service delivery which is expected to improve the experience of people and to reduce the need for long term care and hospital care by:

- improving the health and wellbeing outcomes for the people of Wirral,
- reducing health inequalities, and
- delivering sustainable services, both through the workforce and financially.

3.2 The Single Business Plan identifies the key focus of work over 2021/22 toward delivering these aims. Work will be structured around the four key themes of Children and Families; Ageing Well; Emotional Health and Wellbeing; Healthy Communities. Each of the themes are described in the business plan, with target delivery dates for the various programmes of work where applicable.

4.0 FINANCIAL IMPLICATIONS

4.1 There are no financial implications as a result of this report. Wirral has a pooled budget which includes the Better Care Fund (BCF). The partnership fund between Wirral Council and NHS Wirral CCG is hosted by Wirral Council. Financial details are included in section 4 of the Business Plan.

5.0 LEGAL IMPLICATIONS

5.1 NHS Wirral CCG and Wirral Council's Adult Care and Health and Public Health came together in May 2018 to form a single commissioning partnership, Wirral Health and Care Commissioning (WHCC).

5.2 WHCC has a Pooled Fund, under Section 75 of the NHS 2006 Act, with agreement to pool resources for the purposes of commissioning services to improve the lives of Wirral residents.

5.3 There are no legal implications associated with the Wirral Health and Care Commissioning Single Business Plan 2021/22.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 Staff resource implications are described within the Business Plan at section 5.

7.0 RELEVANT RISKS

7.1 There are no risks currently identified with the WHCC Single Business Plan 2021/22. It is intended that a risk register will be developed for the Business Plan.

8.0 ENGAGEMENT/CONSULTATION

8.1 WHCC partners have engaged in the development of the Business Plan.

9.0 EQUALITY IMPLICATIONS

9.1 Equality implications will be considered for work programmes and initiatives described in the Business Plan where appropriate to do so. This report has no direct implications for equalities

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 There are no environment and climate implications specifically associated with the Business Plan. However, new ways of working with partners and stakeholders by virtual meetings will continue where appropriate, with the effect of reducing the negative environmental impact of vehicle emissions associated with car travel.

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APPENDICES

Appendix 1 – Wirral Health and Care Commissioning (WHCC) Single Business Plan 2021/22 (DRAFT)

BACKGROUND PAPERS

General information on the Better Care Fund can be found at: https://www.gov.uk/government/publications/better-care-fund-policy-statement-2020-to-2021/better-care-fund-policy-statement-2020-to-2021

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Health and Wellbeing Board Joint Strategic Commissioning Board Joint Strategic Commissioning Board	16 June 2021 14 January 2020 28 May 2019

Wirral Health & Care Commissioning

Wirral Health and Care Commissioning

DRAFT BUSINESS PLAN

APRIL 2021 TO MARCH 2022

Updated: June 2021

NHS Wirral Clinical Commissioning Group

WIRRAL

Wirral Health & Care Commissioning is a strategic partnership between NHS Wirral Clinical Commissioning Group and Wirral Council

Contents

SECTION 1: VISION, AIMS AND OUTCOMES

1.1 Purpose

Everything we do will shape and enable the creation of a sustainable health and care system that makes a positive difference to people's lives. We will do this by providing leadership, including connection, energy, removing perceived or actual organisational boundaries and:

- **Improving the health of local communities and people** – Wirral has many diverse communities and needs, we recognise this diversity and will help people live healthier lives, wherever they live.
- **Listening to the views of local people** – we are committed to working with local people to shape the health and care in Wirral.
- **Caring for local people in the longer term** – we will focus on providing high quality and safe services which will be suitably staffed to support the future as well as the present.
- **Getting the most out of what we have to spend** – we will continuously review to ensure that we get the best value out of the money we receive.
- **Working as One, Acting as One** – we will work together with all partners and the public for the benefit of the people of Wirral.

Our mission is to work together to deliver the **Wirral Health and Wellbeing Board** outcomes.

1.2 Vision

Our vision is to enable all residents of Wirral:

- to live longer and healthier lives by taking simple steps of their own to improve their health and wellbeing;
- to provide the very best health and social care services when and where people really need them;
- to provide services as close to home as possible.

1.3 Priorities

- **Improve Health and Wellbeing Outcomes -** for the population of Wirral
- **Reduce Health Inequalities -** in outcomes, experience, and access.
- **Enhancing Productivity –** by providing value for money
- **Provide Oversight and Leadership -** of System Planning, Quality Assurance and Safeguarding.
- **Manage Care and Health Market -** to ensure that there is a full and effective range of sustainable services across the Borough.
- **Enable and Support the Provider Collaborative -** to deliver population health outcomes.
- **Supporting Social and Economic Development –** with partner organisations across Wirral
- **Wirral as a Place** – to support the development of Wirral commissioning at a place level, including aligning Wirral Health and Care Commissioning resources and staff, to commission and deliver high quality care to local populations. To listen and include community and faith leaders or any other influencers who might help us engage with these communities, including people with lived experience, their informal carers, and young carers.

1.4 Workforce

Each staff member of Wirral Health and Care Commissioning's personal objectives will be linked to at least one of the aims or priorities as set out above.

- **Statutory and mandatory training** - within individual personal development reviews (PDRs), there will be an expectation that all members of staff will achieve and maintain full compliance with training requirements.
- **Volunteering -** to help staff to contribute to the community, develop skills, knowledge, experience, and resources and add personal value to fulfilling activities.
- **Health and Wellbeing** - Individual conversations will be offered regularly to all of our staff.

SECTION 2: BACKGROUND AND CONTEXT

2.1 Background and Context

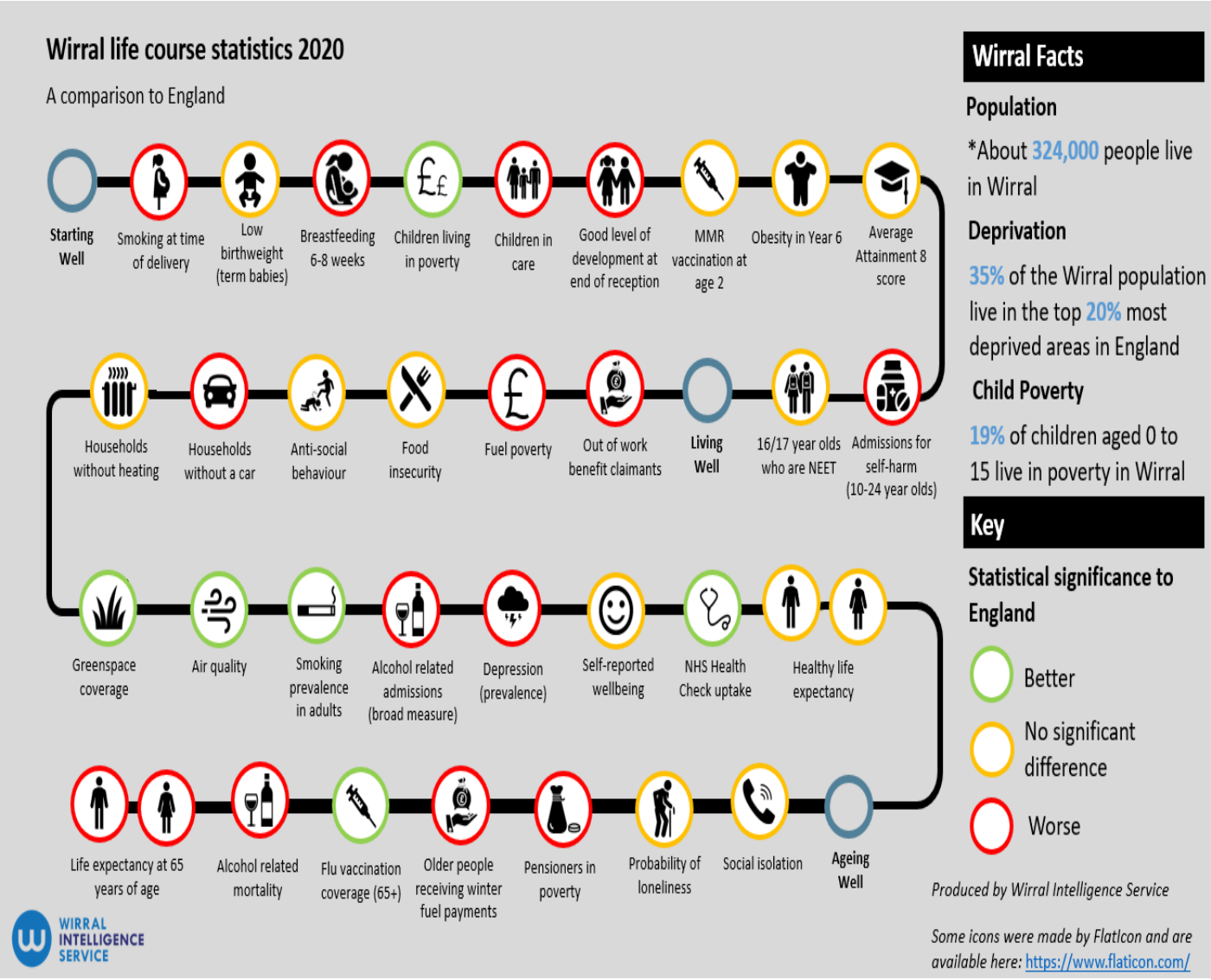
Wirral has just over 324,000 residents[1]. The health and wellbeing of people in Wirral is varied when compared with the England average. Some of the key statistics across Wirral prior to 2020-21 COVID Pandemic included:

- Wirral becoming more deprived between the 2015 and 2019 and has 35% of its population living in deprivation[2].
- the proportion of children (aged 0-15) living in income deprived families in Wirral was 22%. This varies between wards from 62% in Bidston & St. James to 0% in West Kirby & Thurstaston[2].
- Difference in life expectancy between the most and least deprived wards in Wirral is 12.1 years for men and 10.7 years for women[3].
- People are living longer and more likely to be living with complex health conditions, necessitating regular intervention from health and care services.
- People in Wirral spend just three-quarters of their life in good health (78.6% for men, 77.6% for women) and these 'Healthy Life Expectancy' figures show wide variation, with those in more deprived areas spending even less of their lives in good health, compared to those living in more affluent areas[4].
- Lower physically active adults in Wirral (66.0%) when compared to the England average (67.2%)[5].
- Just over 1 in 3 (35%) children in Year 6 are overweight or obese[6].
- The rate of children looked after in Wirral is almost double the England rate (123 per 10,000 vs 65 per 10,000)[7].
- Key issues have been identified as affecting the mental health and wellbeing of pupils with lack of self-confidence, low self-esteem and poor self-image having the greatest impact, followed by exam/school pressure, behavioural problems, and issues in the home/ family environment.

The impact of COVID-19 has highlighted the link between poorer health outcomes, ethnicity, and deprivation. For Wirral this means that COVID-19 will have had a further impact on our population's health outcomes. Consequently, health and social care services across Wirral - in line with the rest of England – will need to be able to meet these additional requirements, in order to best support our population.

The Wirral Health and Care system continues to experience a period of sustained financial pressure, so resources will be needed to be targeted to ensure the best outcomes for our population.

Figure 1: Wirral Life Course



Data sources in Section 6

This graphic illustrates how the population of Wirral compares to England against key events in a person's life journey.

Having a good start in life supports good health and wellbeing which leads to better economic prospects and reduced long-term illnesses.

Areas where we are doing better than the average figures for England include green space coverage, good air quality, reduced smoking prevalence, health checks delivered and flu vaccine uptakes.

However, the areas where we are not doing so well are around the starting well measures including smoking at the time of delivery, breastfeeding, numbers of children in care and hospital admissions for self-harm.

This then progresses in later life to higher numbers of people out of work and claiming benefits, higher levels of depression and poverty levels for older people.

2.2 Integrating Health and Care Commissioning

NHS Wirral CCG, Adult Care and Health and Public Health from Wirral Council came together in May 2018 to form a single commissioning partnership, Wirral Health and Care Commissioning (WHCC). The purpose of WHCC is to jointly commission all age health and care service for residents in Wirral which have a positive impact on the life course of an individual (Figure 1).

Key to this is transforming service delivery with the aim to improve outcomes for people and to reduce the need for long term care and high-cost hospital care by:

- improving the health and wellbeing outcomes for the people of Wirral,
- reducing health inequalities, and
- delivering sustainable services, both through the workforce and financially.

2.3 Section 75 and the Better Care Fund

Section 75 of the NHS 2006 Act gives powers to local authorities and CCGs to establish and maintain pooled funds out of which payment may be made towards expenditure on specific local authority and NHS functions and enables the development of a single fully integrated commissioning function with a single operating model, management and staffing structure.

This fund incentivises the NHS and the local government to work closely together around people, placing their wellbeing as the focus of health and care services. The primary aims of the fund are:

- Supporting independence in the community via place-based activity
- Reducing non-elective admissions and residential admissions
- Facilitating early discharge from hospital

Wirral has a pooled budget which includes the Better Care Fund (BCF), this partnership fund between Wirral Council and Wirral CCG is hosted by Wirral Council.

2.4 Clinical Commissioning Group Commissioning and Integrated Care Systems (ICS)

There has recently been a significant change of emphasis for commissioning functions of CCGs nationally, with a focus being placed on population-level health outcomes and a reduction in contractual and transactional exchanges. Each ICS will made up of defined local places and will be driven by collaboration and strong partnership working between the Local Authority and the NHS. Wirral is one of the defined places within the Cheshire and Merseyside ICS. Subject to national legislation, it is expected that the commissioning functions of CCGs will be become part of the ICS and CCGs will no longer exist post March 2022.

Having provider organisations collaborating at a place (Wirral) level, and integrated commissioning of health and care, will be the principal engine of transformation in the ICS.

Place-based partnerships will be backed by devolved funding, simplified accountability, and an approach to governance appropriate to local circumstances. There will be flexibility for local areas to make full use of the local relationships and expertise currently residing in CCGs.

ICSs can agree whether individual functions are best delivered at system or at place, balancing subsidiarity with the benefits of working at scale. The activities, capacity and resources for commissioning will change in three significant ways in the future:

- A single strategic commissioning approach - assessing population health needs and planning and prioritising how to address those needs, and, ensuring that these priorities are funded to provide good health outcomes and value.
- ICS governance - Clinical leadership will remain a crucial part of this at all levels involving transparency and public accountability.
- The greater focus on population health and outcomes in contracts and the collective system ownership of the financial envelope will improve outcomes, rather than managing contract performance between organisations.

In Wirral, the exact form of the ICS will be established over 2021/22 for completion by April 2022.

2.6 Future form of Wirral Health and Care Commissioning

It is critical that WHCC adapts with the evolving health and care system. With a continued focus on Primary Care Networks, Neighbourhoods and Place-based Care in 2021/22, WHCC will ensure support in areas such as intelligence and finance to enable localised delivery and decision making. This will also involve establishing appropriate governance and accountability frameworks, together with the expertise to establish collaborative models of care.

SECTION 3: OUR VISION – KEY PRIORITIES

3.1 Health Inequalities

Health inequalities are avoidable, unfair, and systematic differences in health between different groups of people. Figure 1 (page 5) of this document highlights some of the challenges faced in Wirral.

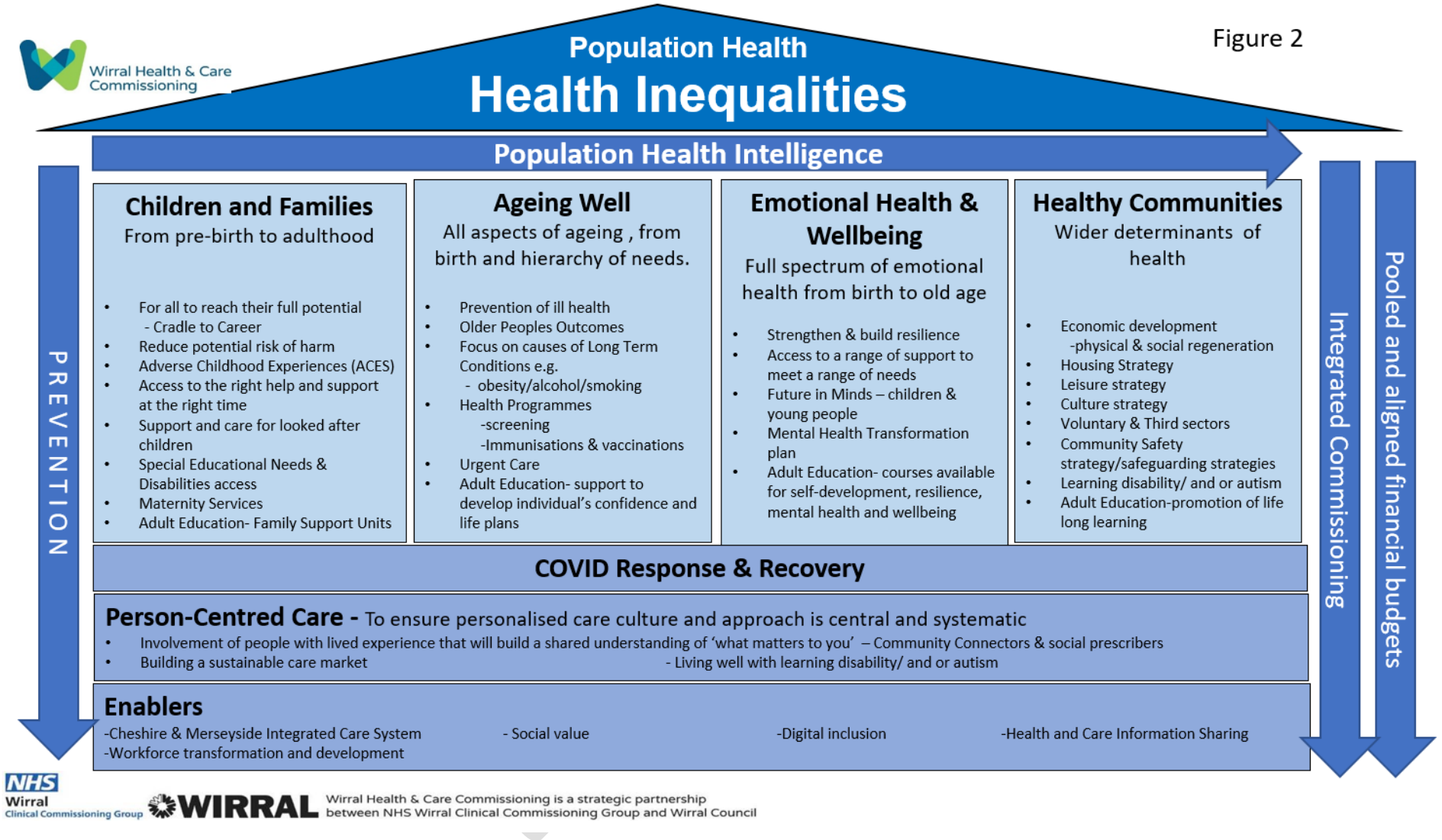
Build Back Fairer: The COVID-19 Marmot Review published in December 2020 highlighted that inequalities in social and economic conditions before the pandemic contributed to the high and unequal death toll from COVID-19.

As a response, our high-level commissioning priorities are focused on population health and tackling health inequalities. Population health intelligence is the way in which WHCC is able to identify the Wirral's health and wellbeing needs and inequalities. The Joint Strategic Needs Assessment, which is publicly available: https://www.wirralintelligenceservice.org/jsna/ allows commissioners to target services in areas of need. This source underpins all of the work plans WHCC will undertake.

The diagram below highlights our priorities with the four key areas of focus being children and families, ageing well, emotional health and wellbeing and healthy communities.

All of our commissioning plans for the financial year 2021/22 will align to these four key areas and the following section shares the detail of key priorities.

Figure 2


Wirral Health & Care Commissioning
Population Health
Health Inequalities
Population Health Intelligence
PREVENTION
Children and Families
From pre-birth to adulthood
For all to reach their full potential - Cradle to Career
Reduce potential risk of harm
Adverse Childhood Experiences (ACES)
Access to the right help and support at the right time
Support and care for looked after children
Special Educational Needs & Disabilities access
Maternity Services
Adult Education- Family Support Units
Ageing Well
All aspects of ageing , from birth and hierarchy of needs.
Prevention of ill health
Older Peoples Outcomes
Focus on causes of Long Term Conditions e.g. - obesity/alcohol/smoking
Health Programmes -screening -Immunisations & vaccinations
Urgent Care
Adult Education- support to develop individual's confidence and life plans
Emotional Health & Wellbeing
Full spectrum of emotional health from birth to old age
Strengthen & build resilience
Access to a range of support to meet a range of needs
Future in Minds – children & young people
Mental Health Transformation plan
Adult Education- courses available for self-development, resilience, mental health and wellbeing
Healthy Communities
Wider determinants of health
Economic development -physical & social regeneration
Housing Strategy
Leisure strategy
Culture strategy
Voluntary & Third sectors
Community Safety strategy/safeguarding strategies
Learning disability/ and or autism
Adult Education-promotion of life long learning
COVID Response & Recovery
Person-Centred Care - To ensure personalised care culture and approach is central and systematic
Involvement of people with lived experience that will build a shared understanding of 'what matters to you' – Community Connectors & social prescribers
Building a sustainable care market - Living well with learning disability/ and or autism
Enablers
-Cheshire & Merseyside Integrated Care System
-Workforce transformation and development
- Social value
-Digital inclusion
-Health and Care Information Sharing
Integrated Commissioning
Pooled and aligned financial budgets
NHS Wirral Clinical Commissioning Group
WIRRAL
Wirral Health & Care Commissioning is a strategic partnership between NHS Wirral Clinical Commissioning Group and Wirral Council

3.2 Children and Families

Having a good start in life for a child is crucial to forming the later health, wellbeing, and economic outcomes in a person's adult life. Ensuring that a child reaches their full potential by providing them and their families with health and care services is a part of the remit of WHCC. Health inequalities are starkest in five of our wards with a significant proportion of our most vulnerable children classed as 'Looked After' (810 in 2020) living in these areas.

Our aim is to develop a locality/neighbourhood model of services. We will do this by developing our person-centred care model, listening to children and young people (CYP), adults and families and building on their unique personal strength and resilience and through co-ordinating and enabling communities and services to help people achieve their best outcomes and be healthy throughout the whole of their life. This will be done through developing individual locality/neighbourhood service models made up of multi-disciplinary teams are resourced to appropriately meet local need working together to prevent more intrusive or costly interventions by responding well to local need.

The Healthy Child Programme for 0-19 years (HCP) is a universal programme available to all children and aims to ensure that every child gets the good start they need to lay the foundations of a healthy life. The foundations for development including physical, intellectual, and emotional are established in early childhood and is essential to improve outcomes and reduce health inequalities. The universal approach of the programme enables additional needs to be identified as early as possible and additional support to be provided. Understanding what our local data tells us is key to being able to target additional resources where there is additional need, for example the wards where we have the highest levels of Children Looked After. The HCP was updated in March 2021, placing greater emphasis on closer working relationships between maternity, the Health Visiting Service and Children's Centres. Work has already commenced to look at how we further develop the updates locally.

Emotional health and wellbeing is essential for development and being able to cope with the day-to-day challenges that may occur. In recognition of the importance of emotional health, work has commenced to develop model which will provide support via a single point of access. The support will be to take a family-based approach and will provide training and support for settings such as schools to enable them to support and develop resilience and life skills for our CYP. Understanding of the reasons that Wirral is an outlier for admissions to A&E for issues such as mental health and substance misuse also needs to be addressed as part of this work.

Adverse Childhood Experiences (ACEs) are:

> *"Highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence. They can be a single event, or prolonged threats to, and breaches of, the young person's safety, security, trust or bodily integrity." (Young Minds, 2018)*

When children are exposed to adverse and stressful experiences, it can have a long-lasting impact on their how they think, interact with others and on their learning. Action is therefore also needed to support adults who may have been affected. Research has identified that ACEs have lifelong impacts on health and behaviour, as can be seen in some of the statistics around health inequalities. We all have a part to play in preventing adversity and raising awareness of ACEs by developing resilient communities. A co-ordinated borough-wide approach would optimise efforts and have a greater impact.

Special education needs and disability (SEND) legislation supports CYP with learning disabilities and or autism to ensure that their health and care needs are met and is an important focus for WHCC in tackling health inequalities. Avoiding unnecessary hospital admissions and supporting the reduction of residents that are placed out of area. It is important that CYP with learning disabilities receive annual health checks, the total delivered in Wirral for 2020 was 75%, compared to the national target of 67%.

Maternity services supporting mother and child is an important focus for helping to reduce the disparity in the borough.
As part of this perinatal/ maternity mental health works to ensure expectant and new parents and their partners receive effective and timely emotional wellbeing support through a Maternal Mental Health Service offer bringing together existing services to create a comprehensive Community Hub offer of Maternal support. Delivering on the recommendations of the Ockenden Review published in December 2020 into the deaths and significant harm to new-born infants and their mothers at the maternity unit at the Shrewsbury and Telford Hospitals NHS Trust is an important priority for WHCC.

Children & Families Priorities	Delivery Dates	Responsible Officer
▪ Explore models and structures for integrated, neighbourhood/locality working for children & families ▪ Mental Health Support Teams in Primary Schools with full coveragePut in place the national care model for admitting children with complex mental health conditions ▪ For CYP with eating disorders continue to see 95% within 4 weeks or 1 week for urgent referrals ▪ Review the application of Adverse Childhood Experience (ACES) training within primary care/ health visiting and relevant 3rd sector agencies. ▪ Piloting a hub model for CYP with Autism ▪ Working with stakeholders to revise and develop the neuro developmental pathway ▪ Delivering a short breaks therapeutic service for CYP with learning disabilities ▪ Increase the uptake of Annual Health Checks for all people with a learning disability ▪ Further development of the intensive support of learning disabilities child and mental health service ▪ Every pregnant woman within the maternity service has a personalised care and support planSonography team to provide all pregnant women with brief interventionsBring together all Women's services into a central hub including birthing facilities, antenatal classes, and expanding the support offer through buddy systems and creative therapies ▪ Demonstrate progress towards the continuity of carer target for women within the maternity service. ▪ Demonstrate progress towards the 85% of Black & Minority Ethnic (BAME) women receiving continuity of carer in maternity service by 2024, through focussed midwifery teams. ▪ Demonstrate progress against the target for a 50% reduction in the number of still births, maternal mortality, neonatal mortality and serious brain injury	Mar 2022	Director of Child, Family & Education Director of Commissioning

3.3 Ageing Well

We know that people living in the most deprived areas in Wirral have a difference in life expectancy of 12.1 years for men and 10.7 years for women compared to the least deprived[3]. Preventing ill health and supporting people to make healthier lifestyles choices will help to reduce the risk of developing long-term illnesses, disease, and premature death. Unfortunately, it is people that live in our more deprived areas that suffer from long term conditions such as diabetes, heart disease and respiratory illnesses all of which have a significant adverse effect on health and life expectancy as a result of excessive alcohol consumption, obesity, and smoking.

Public Health commission many services which support people to make healthier life choices such as stop smoking services which if achieved has a positive result in improved health and life expectancy. Excessive alcohol consumption and alcohol misuse impacts on children, families, education, employment, homelessness, and crime as well as negatively impacting on physical and mental health. Wirral has significantly worse indicators than England on key alcohol measures. The identification and management of people with high blood pressure (hypertension) is also a focus for prevention activities.

Vaccination and Screening programmes are co-ordinated and managed through NHS England but are delivered locally through Primary Care and their networks. The delivery of key programmes of work are critical to the prevention of illnesses such as Flu, COVID-19 and Cancer which disproportionately impact on people from the more deprived areas of Wirral.

Social workers support the most vulnerable families in the borough. Over time social work has become more process driven and less family and person focused. A programme of work which will redefine the social work offer moving it away from bureaucratic approaches and focusing on listening to people is underway. This approach will enable people to connect with their community, feel in control of their lives and live in a place of their choice. Social work teams will develop a greater knowledge of what is available in their community to enable the people they support to connect more with their natural resources and achieve more independent lives.

As a person gets older supporting people to stay healthy at home is a key priority. Digital solutions (telehealth) are an important part of the work programme and will deliver prevention outcomes. An example of this is the roll out of the Grandcare system enabling family members, caregivers, and healthcare professionals to monitor and care for older people remotely. Extra care housing is another example of allowing people to live independently but also providing support where needed such as washing, dressing, or taking medication.

The care provider market has experienced significant pressures during the COVID-19 pandemic and a key focus will be on quality and sustainability of care provider services.

Prior to the pandemic Wirral was diagnosing 68% of the suspected population with dementia, however this fell to 60% in 2020-21. It is a priority to return to the pre-pandemic figures in 2021-22 and ensure people receive community support with their illness and subsequent appropriate inpatient care along with training and support for their carers.

Key deliverables for the Ageing well area include:

Ageing Well – Priorities	Delivery Dates	Responsible Officer
▪ Obesity - development of a Wirral plan	Mar 2022	Director of Commissioning
▪ Obesity – roll out focused services for men, BAME communities and people with learning difficulties		
▪ Alcohol - Roll out the 'Lower my drinking' App		
▪ Alcohol - Cascade 'assist lite' training across all Wirral providers		
▪ Alcohol – targeted communications campaign to the public and business		
▪ Alcohol – piloting the use of a drug treatment therapy in the community setting to safeguard against alcohol induced brain injury	June 2021	
▪ Respiratory - review provision ensuring maximum outcomes achieved	Dec 2021	
▪ Digital literacy in care homes – Roll out and management of 'Safe Steps'	Sept 2021	Lead Commissioner – Community Care Market
▪ Telehealth - expanding to 1000 patients with lung conditions (COPD)/ heart failure	Mar 2022	
▪ Dementia - achieve a diagnostic target of 67%	Jun 2021	
▪ Blood pressure - supply monitors to people most at risk and on low incomes	Sept 2021	
▪ Blood pressure - provide clinical leadership for the implementation of the Digital First project	Mar 2022	Director of Commissioning
▪ Blood pressure - pilot the Blood Pressure Quality Initiative (BPQI) to improve the management of at risk patients		
▪ Blood pressure - develop and lead an ongoing programme of education for frontline staff		
▪ Flu - achieve at least a 75% vaccine uptake for the four priority population groups		
▪ Cardiovascular disease - reduce avoidable hospital admissions with nurse-led services in the community		
▪ Cancer - delivery of the early diagnosis specification in Primary Care		
▪ Cancer - develop optimal pathways in line with regional development work	Jul 2021	
▪ Cervical Screening - increase uptake in primary care of the text message service	Mar 2022	
▪ COVID-19 vaccination - offered to 100% of the adult population	June 2021	
▪ Social work - where there is evidence test and scale up new ways of delivering better outcomes		
▪ Extra care - open 78 units at the Poppyfields site	Sept 2021	Assistant Director Care and Health, and Commissioning for People
▪ Extra care - determine how many units are required in Wirral over the next 10 years	Ongoing	
▪ Extra care - improving the website for public access		
▪ Oversight of the quality and resilience of the care provider market		

3.4 Emotional Health and Wellbeing

Strengthening and building resilience in the Wirral population is a key priority. Ensuring access to a range of support to meet emotional health and wellbeing needs are important and vary from low level interventions to crisis care. The Wirral Crisis Café is an example of a crisis service which aims to provide an alternative to the Emergency Department for a place of support for those in a mental health crisis or requiring similar support.

Future in Minds working across People's Services to provide a new model of care for CYP emotional wellbeing will ensure timely access to support, effective interventions and a greater focus on early intervention and prevention for CYP on the Wirral. This offer will span across specialist mental health services, education, Primary Care and instil confidence and resilience in the young population.

Providing support for the health and care partners to plan for the implementation of the new arrangements under the **Deprivation of Liberty Safeguards** will help to ensure compliance with processes where people lack the mental capacity to consent to their care and treatment in various settings.

Mental Health Transformation (CMHT) Plan Working closely with Primary Care Networks (PCN) to ensure greater integration of mental health services will encourage greater collaboration, seamless transition, information sharing and joined up care for individuals. Key areas of work include:

- mental health support team to provide wrap around support for complex individuals who require on-going support in order to avoid admission into inpatient settings and to manage these individuals effectively in the community.
- Section 140 of the Mental Health Act requiring provision of emergency inpatient bed availability for those individuals requiring admission as a special urgency.
- Section 136 of the Mental Health Act ensure that a designated place of safety for those who are detained by the Police is at the most appropriate place for the patient.
- an evaluation of the investment into the Personality Disorder Team service for complex patients to ensure the effective provision, the impact of the COVID-19 pandemic, and the integration with Primary Care.
- Improving Access for Psychological Therapy (IAPT) provides support for common mental health problems such as anxiety and depression, in line with nationally set targets. People should get the right support whether it is lower-level support needs (e.g. stress), through to those with co-morbid conditions (e.g. depression and respiratory conditions) and support for people with more complex mental health issues (e.g. personality disorders and complex post-traumatic stress disorder)

Emotional Health and Wellbeing – priorities	Delivery Dates	Responsible Officer
▪ Resilience - completion and implementation of the Wirral Crisis Café Resilience - investment into all age mental health crisis helpline ▪ Implementation and growth of the children's crisis offer with 24/7 support Put in a designated mental health intensive support team.Agreement with a designated hospital to provide beds as per section 140 of the Mental Health Act ▪ Scope with partners the right setting for patients detained under section 136 of the Mental Health Act ▪ Evaluation of the impact of the investment in the Personality Disorder Team ▪ Integrating the Individual Placement Support service with Community Mental Health TeamsImplementing outreach to individuals with SMI through the Primary Care NetworksIncrease flexibility of how therapy is delivered (face to face/ online) and outside and evenings and weekends ▪ IAPT - maintain the waiting time targets of 75% of people referred commencing treatment within 6 weeks and 95% commencing treatment within 18 weeks ▪ IAPT - achieving a recovery target of at least 50% of those leaving treatment ▪ Ensure long-term conditions patients (including diabetes, cardiovascular disease and respiratory) are able to access IAPT support where required ▪ Explore the availability of psychological services for cancer patients ▪ Development and improvement of the model to support adults with ADHD ▪ Development of an enhanced Primary Care model for the diagnosis of ADHD	Jul 2021 Mar 2022 ↓ Sept 2021 Mar 2022 ↓ Sept 2021 Mar 2022	Director of Commissioning ↓

3.5 Healthy Communities

The health of the population is not just a matter of how well its health service is funded and functions, important as that is. Health is closely linked to the conditions in which people are born, grow, live, work and age and inequities in power, money and resources – the social determinants of health **Build back fairer: The *COVID-19* Marmott Review**.

Following the events of the pandemic over the last year, the links between socio-economic factors and the health of the population has become even more transparent. Recommendations from the Marmott review published in December 2020 included:

- Give every child the best start in life.
- Enable all children, young people, and adults to maximise their capabilities and have control over their lives.
- Create fair employment and good work for all.
- Ensure a healthy standard of living for all.
- Create and develop healthy and sustainable places and communities.
- Strengthen the role and impact of ill health prevention.

The work being undertaken by colleagues in the regeneration, housing, leisure, neighbourhoods, and community safety all have an important part to play in helping to improve health inequalities. WHCC will work closely with colleagues to influence and support this work.

Third sector colleagues have been fundamental to the COVID-19 response and linking into communities. Continuing and enhancing this work in the coming year will be a priority this year. Using population health data will enable primary care networks to focus their work on providing services to support the health and wellbeing of their most vulnerable residents. Voluntary and 3rd sector organisations are critical in supporting people to remain at home and avoid hospital re-admissions.

People with learning disabilities/ and or autism are disproportionately impacted by health inequalities. It is important that there is constant evaluation of the effects of the pandemic and ensure services respond to local population need as a result of this virus. Learning Disability Mortality Reviews (LeDeR) is a service improvement programme aiming to improve care, reduce health inequalities and prevent premature mortality of people with a learning disability and autistic people by reviewing information about the health and social care support people received.

The key priorities that WHCC will deliver in 2021/22 supporting healthy communities include:

Healthy Communities Priorities	Delivery Dates	Responsible Officer
▪ All programme meetings will include representatives from the voluntary and 3rd Sector ▪ Using health data Primary Care Networks will target the most vulnerable resident population ▪ Outcomes in social care and BCF contracts to be reviewed to ensure patients are discharged to the right place at the right time and achieve the best outcome they can ▪ All residents in Care Homes with learning disabilities are able to get a Health Check remotely ▪ Establish a local LeDeR partnership steering group to support the response to the national policy. Particular emphasis will be on working with the health and care economy on responses to lessons learned ▪ Continue to support required for Shielded patients through a partnership approach (including Healthwatch) ▪ Strengthen processes to gain a fuller understanding of people's experience and views ▪ Explore options to increase employment support for people with health conditions or disabilities	Apr 2022 Mar 2022 ↓ Dec 2021 Sept 2021 Mar 2022	Director of Commissioning ↓

3.6 COVID-19 Response and Recovery

As the infection rates reduce and the vaccination programme continues with the majority of the population receiving the vaccine there is an opportunity to restart services that have been paused. There are significant waiting lists for treatment in hospital and over the coming year it will be a priority to reduce this wait, taking into consideration clinical priority, health inequalities and welfare of NHS staff. WHCC will support providers to monitor and manage this work ensuring that tackling health inequalities during the restoration of elective services remain a priority.

The care provider market has been required to respond quickly to changes in policy as well as to required approaches to minimise the spread and impact of COVID-19 on their care communities. The care provider market will continue to require additional support and oversight to recover service provision and respond to future changes that may be required.

COVID-19 Response & Recovery Priorities	Delivery Dates	Responsible Officer
▪ Work with providers for the delivery of COVID-19 Oximetry at Home Service ▪ Develop 'Long COVID' pathways with commissioning partnersDelivery of the Long COVID-19 Assessment Service ▪ Monitoring and assurance on Elective recovery plan, ensuring trajectories are met and risks managed ▪ Work with stakeholders to manage Cancer recovery	Sept 2021 Mar 2022	Director of Commissioning

3.7 Person-Centred Care

It is the aspiration that at the foundation of all services will be the lived experience of the person, achieving the best outcome for that individual. Providing people with personalised care plans will allow people to have more control over their own health and the best outcomes for them and their circumstances. It is expected that this will have a significant impact in areas with high levels of health inequalities where people are managing many different complex health and wellbeing issues.

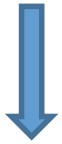
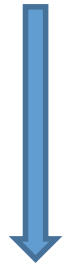
Locally the development of Community Connectors and Social Prescribers have been integral part to play in delivering personal care plans.

A change programme is underway to develop a new way of working for social work teams which moves away from a service response towards understanding what people really need and want to resolve their presenting issues. Working with partners and people using the services, new ways of working will be tested and rolled out across social work teams.

Where there are concerns raised under safeguarding (Making Safeguarding Personal (MSP)) greater emphasis will be placed on ensuring that the persons views are at the centre of decision making and that their desire outcomes are achieved wherever possible.

Wherever a person lacks the mental capacity to make important decisions in relation to their care, support, and treatment their wishes and views are considered as part of the decisions made on their behalf. Approaches to decision making and risk will be more inclusive of the views of the person, their family members, and carers.

Person-Centred Care Priorities	Delivery Dates	Responsible Officer

▪ Embed quality assurance of personalised care and support plans as part of the whole personalised care and support planning process ▪ Promote and offer support to take up personal health budgets for people with a legal right to have a personal health budget in priority areas - CYP with learning disabilities and autism; maternity; mental health; ethnic groups and those living with a long-term condition/s ▪ Establish baseline for the current offer of patient initiated follow up (PIFU) and agree a plan to further develop PIFU within secondary care and community providers. ▪ Fully embed MSP in all safeguarding interventions ▪ Continue to take a person-centred approach to risk management and decision making with regards to the Mental Capacity Act	Mar 2022  Dec 2021 Jun 2021 Ongoing	Director of Commissioning 

3.8 Enablers

We want to build on our successful local commissioning partnership and retain skills, experience and knowledge of the health and care of our population in our place. We have therefore begun work defining the commissioning offer at place; setting out the commissioning functions delivered at place and what would best sit with provider partnerships. We will be sharing this work with the Cheshire and Merseyside Health and Care Partnership to influence the development of the arrangements for the delivery of commissioning functions in our sub-region from April 2022.

Some residents in our borough do not have access to technology and internet or choose not to access their care and support through technology (digital inclusion). In order to tackle the health inequalities that arise from this there is a Wirral group set up to address this issue.

Wirral Health and Care will be adopting the principles of **social value** where we will be looking to enhance the following in its commissioned services:

- reduce the carbon footprint with net zero target by
- employing and training people from within the borough
- demonstrate how they will benefit the local economy

Health Information Exchange brings together patient data across the health and care system in a secure manner. The real time information available across the health and care system allows clinicians to access up-to-the-minute information about a patient's medications, pre-existing conditions, scans, procedures, results, discharge summaries, risks and more. Having this information at

the point of care enables clinicians to make safer and more timely decisions to plan and deliver care and tackling significant health and care inequalities by using the information to improve population health and wellbeing.

The **workforce** within WHCC stands at just over 174 whole time equivalents (WTE). These staff will be delivering population health and outcomes as outlined in this business plan. Public Health and Adult Care and Health staff numbers equate to 93.7 WTE, this is broken down in section 5 of this document. For the Wirral CCG workforce, considerations will be developed later in the year as Place/ ICS discussions progress and as the White Paper passes through parliament.

3.9 Risk

A formal risk register will be implemented by July 2021 based on the deliverables in this business plan.

SECTION 4: FINANCE 2021/2022

For the 6-month period to September 2021 NHS England will be issuing financial system envelopes (Cheshire and Merseyside) and the planning submission round will confirm the allocation to place (Wirral) in quarter 2. It is for this reason that there are no financials for the Wirral Clinical Commissioning Group.

Wirral Local Authority budgets have been set and the budgets for the Public Health and Adult Health and Care areas are broken down below. There are a range of saving programmes that have been budgeted in order to deliver financial balance. These will be delivered by WHCC and delivery partners working together jointly to deliver the required efficiencies.

Wirral Council: Public Health 2021/22		Budget		Pooled		Non-Pooled
				BCF	Non-BCF	
		(£)		(£)		
Expenditure						
	Children 0-19	6,515,200				6,515,200
	Collaborative Service	1,235,900				1,235,900
	Drugs & Alcohol	5,936,600				5,936,600
	Health Protection	395,800				395,800
	Misc. Public Health	8,542,700		623,100		7,919,600
	NHS Healthchecks	258,000				258,000
	Obesity – Adults	130,000				130,000
	Public Health Running Costs	2,100,200				2,100,200
	Public Metal Health	977,500				977,500
	Sexual Health Services	2,935,500				2,935,500
	Stop Smoking Services	739,400				739,400
	Substance Misuse	201,300				201,300
	Contribution to Reserves	2,084,600				2,084,600
Gross Expenditure			32,052,700	623,100	0	31,429,600
Income						
	Public Health Grant Funding	-30,141,800		-623,100		-29,518,700
	Misc. Public Health	-675,000				-675,000
	Collaborative Service	-1,235,900				-1,235,900
	Contribution from Reserves	0				0
Total Income			-32,052,700	-623,100	0	-31,429,600
Net Expenditure			0	0	0	0

Wirral Council: Adult Social Care 2021/22	Budget		Pooled		Non-Pooled
			BCF	Non-BCF	
	(£)			(£)	
Expenditure					
Employees		3,410,400	230,500		3,179,900
Commissioned Care					
Day Care	7,231,800			6,941,300	290,500
Direct Payments	10,028,600			4,981,700	5,046,900
Domiciliary Care	18,177,600		9,766,100	1,753,700	6,657,800
Independent Reablement	1,231,200		1,231,200	0	0
Nursing Long Term	12,890,200		5,000,000	3,430,500	4,459,700
Nursing Short Term	5,263,500		4,481,900	140,600	641,000
Res Long Term	30,949,500		5,000,000	12,941,000	13,008,500
Res Short Term	2,711,300		1,341,200	321,400	1,048,700
Shared Lives	966,700			273,000	693,700
Supporting People	1,399,700			566,500	833,200
Supported Living	35,689,300			27,145,000	8,544,300
Growth	12,270,400			778,300	11,492,100
Savings	-4,942,600			-2,000,000	-2,942,600
		133,867,200	26,820,400	57,273,000	49,773,800
Other Expenditure		30,056,000	6,380,800		23,675,200
Gross Expenditure		167,333,600	33,431,700	57,273,000	76,628,900
Income					
Customer & Client Receipts		-23,060,400		-3,561,600	-19,498,800
Grants & Reimbursements		-21,303,600	-19,394,800		-1,908,800
Joint Funded Income		-9,061,900		-7,938,900	-1,123,000
Other Income		-843,100			-843,100
Total Income		-54,269,000	-19,394,800	-11,500,500	-23,373,700
Net Expenditure		113,064,600	14,036,900	45,772,500	53,255,200

Note: The Public Health and Adult Health and Care are draft budgets and subject to change as growth and savings are allocated and Better Care Fund is agreed.

SECTION 5: REFERENCES

1. Source: Office for National Statistics, Mid-2019
2. Source: Indices of Multiple Deprivation, Wirral, 2019
3. Source: Life Expectancy 2016-18, WIS
4. Source: Wirral Life Expectancy Report 2016-18
5. Source: Active Lives Adult Survey, Sport England, 2018/19
6. Source: NCMP, 2019/20
7. Source: Compendium of Statistics 2020, Wirral Children's Services

Wirral Life Course Data Sources

Starting Well

Smoking at Time of Delivery, 2019/20
Low birthweight (term babies), 2019
Breastfeeding 6-8 weeks, 2019/20
Children living in poverty, 2018/19
Children in care, 2020
Good level of development at end of reception, 2018/19
MMR vaccination at age 2, 2019/20
Obesity in Year 6, 2019/20
Average attainment 8 score, 2019/20
Admissions for self-harm (10-24 year olds), 2018/19
16/17 years olds who are NEET, 2019
Local Alcohol Profiles for England - PHE

Living Well

Out of work benefit claimants, 2017/18
Fuel poverty, 2018
Food insecurity, 2017
Anti-social behaviour, Dec-19 – Nov-20
Households without a car, 2011
Households without heating, 2011
Greenspace Coverage, 2017
Air Quality, 2017
Smoking prevalence in adults, 2019
Self-reported wellbeing, 2019/20
NHS Health Check uptake, Q1 2015/16 – Q4 2019/20
Depression (prevalence), 2019/20
Healthy life expectancy, 2016-18
Local Alcohol Profiles for England - PHE

Ageing Well

Social Isolation, 2011
Probability of Loneliness, 2011
Pensioners in Poverty, August 2020
Older people receiving winter fuel payments, 2019/20
Flu vaccination coverage (65+), 2019/20
Life expectancy at 65 years of age, 2017-19

WIRRAL

ADULT SOCIAL CARE AND HEALTH COMMITTEE

29 JULY 2021

REPORT TITLE	**CARERS SERVICES AND CARERS STRATEGY REVIEW**
REPORT OF	**DIRECTOR OF CARE AND HEALTH**

REPORT SUMMARY

This report is to update members on the current offer to carers, to request support for the establishment of a Carers Partnership Advisory Board (CAPB) and to propose a review of the Council's Carer's Strategy.

This matter affects all Wards in the Borough.

There are no key decision requirements arising from this report.

RECOMMENDATION/S

Adult Social Care and Public Health Committee are requested to: -

1. Support the development of a new Carers Strategy for Wirral for 2022 and to receive a further report back to a future committee.
2. Support the relaunch of a Carers Advisory Partnership Board to deliver the carers agenda subject to a review of the Terms of Reference

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- The Carers Partnership Board has lapsed and needs to be relaunched.
- There are no plans for a new national Carers Strategy, however, the Adult Social Care Green Paper was expected to include carers as vital partners in the health and care system.

2.0 OTHER OPTIONS CONSIDERED

- Not to have a strategic board for Carers.
- Not to have a Carers Strategy.

3.0 BACKGROUND INFORMATION

3.1 The report refers to a carer as someone who provides, unpaid, physical and/or emotional support to a family member or friend who has a physical or learning disability, ill health, frailty due age, a mental health or substance misuse problem and without help would not be able to remain living in the community. A carer can be under or over 18 years of age.

3.2 Under the Care Act 2014, there is a statutory duty to identify, support and assess carers and for carers to be treated with parity of esteem alongside the vulnerable people whom they are providing care. There is a requirement to provide support to prevent or delay the needs of the carer, and the person they care for from increasing. The carers services provided in Wirral are designed to assist Wirral Local Authority to achieve the requirements of the Care Act.

3.3 According to the Census 2011 there are 40,340 Carers in Wirral, it is expected that this figure will increase when the 2021 Census figures are released in spring 2022. The estimated economical value of the contribution made by Wirral carers is £851 million per year.

3.4 Through the Covid-19 pandemic in 2020/21 the activities of the carers support have been limited due to Covid-19 restrictions, where possible support has been provided through virtual, electronic and tele communications. Where there has been a lifting of Covid-19 restrictions, providers have maintained social distancing, PPE measures and risk assessments put in place.

4.0 Early Intervention and Prevention and Carers (Young and Adult Carers) – EIAP and Carers contract

2.1 In 2017 Wirral Adult Social Care, Children's Services, Public Health and NHS Wirral CCG brought together a range of separate contracts that were being delivered by a variety of voluntary, community and faith sector organisations (VCF). The intention was for the services to be delivered through a single

delivery vehicle (SDV) to improve the pathway for support for vulnerable people and carers, and to offer a seamless, joined up service.

2.2 The contract was awarded to Wirral Health and Wellbeing CIC, the partners for the delivery of the contract are:

- Wirral Information and Resource for Equality and Diversity (Wired)
- Age UK Wirral
- Wirral MIND
- Barnardo's Wirral
- Health Junction

The contract length was 3 years from October 2017 – 2020. This was extended for a further year due to Covid-19.

2.3 An advantage to the SDV was to develop closer working across the sector and improve the identification of carers in Wirral. Carers can be any age, gender, and the level of the care they provide varies depending on the condition of the person they care for. The majority of carers are not known to statutory services, or access support provided by VCF organisations. Many carers only seek support when they feel they are not able to cope with their caring responsibilities, due to lack of support or understanding on how to manage the condition of the person they care for. Early identification of carers can help to alleviate the need for emergency support due to carer crisis/ breakdown, by offering information, advice, and support in a timely way.

2.4 The services offered include:

- Carers register - to receive regular information about services and events.
- Carers Emergency Contact scheme - to provide a peace of mind service to trigger alternative support if a carer is not able to provide care.
- Carer Connectors - will assist with the online adult Carers Assessment, help carers to access community support and universal services.
- Dementia Carers Support Service - carer's coffee mornings, carers courses.
- Carers Helpline - to provide up-to-date information and a 'listening ear' to carers.
- The Carers Grant or leisure passes - one-off payments to carers that will help to improve a carers health and wellbeing and help to meet their own needs.
- Carer Awareness training for professionals.
- Counselling.
- Carers courses, activities, and events i.e. during national Carers Week or Carers Rights Day.
- Day Care for frail and older people with dementia.
- Day Care for people with Early Onset dementia.
- Young carers support service for young people under 18 years who have caring responsibilities for an adult, usually a parent, or have a significant role in supporting a sibling who has additional care needs.
- Young Carers Assessment using a whole family approach.

- Drop-in facility, this includes a range of group sessions, including walking, bereavement, anxiety, yoga, and women's groups.
- Training sessions.

This is a large and varied offer that covers carers and all ages of people seeking support.

5.0 Short Break Beds

5.1 Prior to the Covid-19 pandemic there were 15 beds commissioned for older people across 3 independent care home providers. The purpose of the beds was to provide carers of older people the opportunity to arrange a planned break from their caring role, through a social worker referral, or for a bed to be accessed in an emergency due to carer breakdown.

5.2 When Covid-19 restrictions came into force in spring 2020, 13 of the 15 short break beds were decommissioned due to the limitations of the Covid-19 pandemic and the short-term admissions to care homes.

5.3 With the introduction of effective Covid-19 testing regimes, and the successful roll out of the Covid-19 vaccination programme in Wirral, the Council will now look to recommission short break beds in Quarter 3 as part of its commissioning plan, subject to member approval at September 2021 Committee. This would enable short break beds to be allocated based on assessed needs and offer carers the opportunity to book short breaks in advance and on a planned basis.

5.4 There is an existing 10-bed short break bed facility for adults with a learning or physical disability. This service has been operating through 2020 offering emergency placements; it will now start to re-provide a short break bed service within a Covid-19 safe environment. The service is operated by Sanctuary Housing and has a contract length of 5 years, 2019 – 2024 with an option to extend for a further 24 months.

6.0 Carers Partnership Board (CPB)

6.1 A Strategic Carers board (in various formats) has been in place since 2000 – 2019, the membership included professionals from across the health and social care system, 3rd sector providers including commissioned services for carers, and carers. The CPB was chaired by an elected member Carers Champion. The CPB has not met since the end of 2019.

6.2 It is recommended that Carers Advisory Partnership Board is established

6.3 Carer's involvement would be an essential and necessary inclusion for a Carers Advisory Partnership Board and a system for identifying representative carers will be in place to ensure fair representation.

7.0 Wirral Strategy for Carers

7.1 Wirral's Strategy for Carers 2014 – 2017 was developed through the Carers Partnership Board; the government were expected to launch a new national Carers Strategy in 2018, following the Department of Health and Social Care (DHSC) extensive Carers Call for Evidence consultation in 2016. The issuing of a national strategy was replaced with the launch of the Carers Action Plan 2018 – 2020.

7.2 The focus of the work of the CPB in 2019 was to review and renew the Wirral Carers Strategy and launch a new strategy in 2020. The Covid-19 pandemic meant that no further action was taken on this, as the priority for health and social care was to tackle the issues arising from the pandemic, supporting the community care market and the 3rd sector organisations to prevent the spread of covid-19 amongst the most vulnerable. A newly formed Carers Advisory Partnership Board would take the lead on the new multi-agency and co-produced Strategy for Wirral carers, support and monitor the implementation of any actions.

7.3 In 2018, the Chair and Carers Officer presented a report to the Health and Wellbeing Board. The draft Memorandum of Understanding on an Integrated Approach to Carers in Health was proposed and agreed, and later that year was presented to the CCG for approval. A refresh of the MOU would assist to progress the NHS Commitment to Carers.

7.4 It is recommended that members support the development of a new Carers Strategy for Wirral 2022, and to receive a further report back to a future committee.

8.0 Carers Strategic developments locally

The commitment to improve support for carers has continued, through the Carers Partnership Board; beyond the CPB and despite Covid-19.

8.1 Wirral Council's Working Carers Policy

In 2018/19, Wirral Council launched the Working Carers Policy, to recognise and support the staff in the Council that have caring responsibilities. Followed by a series of Carer Awareness training sessions for managers, establishing a staff network group and introduced the Working Carers Passport scheme. The identification of staff with caring responsibilities was promoted during Carers Week 2021, with staff members sharing their experience on how this has assisted them in the caring role.

8.2 Carers Emergency Contact Scheme (CECS)

During the lockdown period, Wired have undertaken a review of the CECS scheme with Medequip who provide the 24-hour response service. This has resulted in cleansing the system to improve the data and an improved referral process.

8.3 Carers Covid-19 Vaccinations

Wired assisted the CCG in the rollout of the Covid-19 vaccination programme for Carers (Cohort 6) during March and April 2021. Supported by volunteers

from Wirral Council. Approximately 1,500 Carers that were previously not known to primary care were identified and placed on the Carers register.

8.4 **PPE for Carers**

Wired have supported the distribution of the second round of the IPC funding to support carers to access PPE.

8.5 **Improved Identification of Carers**

Senior managers and commissioners from across the social care and health system have been working together to improve identification of carers in the acute hospital, as part of hospital discharge procedures, and in the community. Covid-19 increased awareness in primary care about identifying carers within their own GP practices.

8.6 **Digital Resource for Carers**

Wirral Council subscribes to the Carers UK Digital Resource for carers. This is a package that is available to all Wirral carers free of charge. It is regularly up dated and new materials added. The digital resources include:

- *Jointly – a Carers App* that assists the carer to co-ordinate the care they provide, create circles of support contacts, record medication, tasks and improve general communication.
- A range of e-learning courses covering nutrition, building resilience and young adult carers 18 – 24 years offering advice and information.
- Information factsheets and booklets, including Being Heard: a guide to self-advocacy for carers.

8.7 **Unpaid Carers Project**

Wirral Council have been working with a technical design organisation, on a project to develop an innovative platform for carer's information. The project is ready to pilot with some of the 3rd sector organisations that currently deliver the Early Intervention and Prevention and carers contract. The technical design organisation has sourced its own funding and is using Wirral as a site to test pilot the project.

Members are asked to note the developments to improve support for carers. These will be reviewed as part of the development of the new Wirral Carers Strategy.

8.8 **Carers Grant Review**

Carers Grant payments have been administered as part of the EIAP and carers contract. This service is going to be retendered in August and the specification is in development. The Council would like to strengthen its position in relation to Direct Payments for carers and is considering how this can be achieved through the recommissioning process.

8.9 **NW ADASS Carers Policy Network**

The North West Region has an established Carers Policy Network which links in to the ADASS workstreams. The Carers Policy Network provides feedback on national developments and shares good practice.

9.0 FINANCIAL IMPLICATIONS

The Adult Social Care and Public Health Committee on 7th June 2021 agreed delegated authority to the Director of Care and Health to award the contract for the retender of the Early Intervention and Prevention and Carers services. The adult services are funded through the Better Care Fund and Children's services fund the young carers and other children's services that are currently in place.

10.0 LEGAL IMPLICATIONS

The Local Authority is bound by duty to meet the requirements of the Care Act 2014 and the Children and Families Act 2014.

11.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

There are no resource implications arising from this report.

12.0 RELEVANT RISKS

Restoration of services for carers, and the people they care for, are risk assessed prior to, and throughout, re-opening.

13.0 ENGAGEMENT/CONSULTATION

The development of a Carers Strategy will require public consultation, which will be led by the adult Health and Care commissioning team.

14.0 EQUALITY IMPLICATIONS

Carers come from all areas of Wirral regardless of age, gender, sexual orientation, ethnicity, race, religion, or belief. Carers are entitled to be recognised for assisting to maintain the health and wellbeing of the people they care for and their contribution to the health and social care system.

Equality Impact Assessments will be completed at relevant stages of commissioning, and strategy developments.

15.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

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

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APPENDICES

There are no appendices with this report

BACKGROUND PAPERS

- Wirral's Strategy for Carers 2014 – 2017 Carers Strategy Final 2013 (wirral.gov.uk)
- NHS Commitment to Carers https://www.england.nhs.uk/commitment-to-carers/
- Carers UK, Breaks or Breakdown, June 2021 'Breaks or breakdown', Carers Week 2021 report - Carers UK

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
• *Multilabel Commissions for 2021-* Adult Social Care and Public Health Committee	7 June 2021
• MOU - Supporting an Integrated Approach to Carers in Health - Health and Wellbeing Board	18 July 2018

WIRRAL

ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

29 July 2021

REPORT TITLE:	**The Development of a Sport and Physical Activity Strategy for Wirral – Update Report**
REPORT OF:	**Director of Neighbourhood Services**

REPORT SUMMARY

This report provides committee with an update on the development of the future Sport and Physical Activity Strategy for Wirral Leisure Services (formerly Leisure Strategy).

In November 2020 the Council's Tourism, Communities, Culture and Leisure Committee (TCCL) approved the new outline Sport and Physical Activity Strategy, which gave approval for officers to commence engagement with residents, communities, and other stakeholders to design and deliver a fit-for-purpose and sustainable service and include the strategy within the Committee's ongoing work programme.

The key focus of the strategy is to set out the priorities for sport and leisure facilities, services and activities and seeks to redress the balance between being a provider of facilities and tackling inequality through preventative, outreach, and early intervention work. It is not a statutory requirement to have a Sport and Physical Activity Strategy, but it is seen as good practice to outline the council's plans for leisure services for the period 2020-2025 based on the evidence base and emerging Covid-19 landscape.

This paper is an update of the Sport and Physical Activity Strategy that affects all Wards within the Borough.

RECOMMENDATION/S

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

1. Note the progress made in the development of the outline Sport and Physical Activity Strategy.

2. Support the further development of the Strategy to be presented to TCCL committee in Autumn 2021

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 One of the challenges Wirral faces is reducing the stark health inequalities that exist between different parts of the borough and improving the life chances for all. Sport and physical activity can contribute significantly towards combatting this, due to its well documented and scientifically proven potential in improving a person's physical and mental wellbeing, individual development, and social and community development.

1.2 The Sport and Physical Activity Strategy will guide and influence both internal teams and external partners, Planning Teams, Public Health, Constituency Team, Children's and Adult Services, national governing bodies, local sports clubs, and community groups. The final strategy will be a consideration in planning decisions, the development of planning policy and the community funding panel decisions. The strategy will also be a key document that articulates the needs of Wirral residents as part of the Wirral Plan 2025. The final strategy will be integrated into the wider Childrens, Adult Social Care and Health agendas.

1.3 It is not a statutory requirement to have a Sport and Physical Activity strategy, but it is seen as good practice in setting out the council's priorities and plans for meeting sport and leisure needs. The Council's previous Leisure Strategy aligned with the Wirral Plan 2020 and placed a significant emphasis on outdoor spaces and tourism. In seeking to support the new Wirral 2025 Plan, this strategy, whilst continuing to support the benefits of outdoor space, will place a greater emphasis on inequality and the need to tackle the significant degree of health inequality across our Borough – magnified by the impacts of the Covid-19 pandemic. It is not therefore a standalone strategy, but one that will be engineered towards population health.

1.4 The most recent Active Lives Survey conducted by Sport England indicated that 24% of Wirral's population is 'inactive'. Inactive is defined as 30 minutes of activity or less per week and also includes those that do not do any activity.

1.5 The Sport England, Active Lives Survey measuring activity levels of adults (16+) for the period of mid-Nov 2019 to mid-Nov 20 reported that the number of 'active' people in Wirral is 62.4% (take part in 150 minutes plus per week), 'fairy active' (30-149 minutes) is 13.6% and 'inactive' people has increased to 24% of the population. The report contained the first 8 months of the coronavirus restrictions (mid-March to mid-Nov 20) and is the national measure for sport and physical activity levels.

2.0 OTHER OPTIONS CONSIDERED

2.1 Not to develop a new strategy. To not develop or approve a draft Sport and Physical Activity Strategy document for consultation, would mean the council does not have an up to date, or future Sport and Physical Activity Strategy. Although it is not a statutory requirement, the absence of one would mean the council is not complying with good practice, which would limit the Council's influence over internal teams and key partners activities. We would not have a clearly laid out strategic position around increasing

physical activity.

2.2 Many external funders such as Sport England and national governing bodies of sport require a clear strategic position and evidence base that can clearly articulate how the borough is working towards increasing physical activity levels and can be a prerequisite before funding applications will be considered.

2.3 As physical activity delivers health, social, environmental, and economic benefits. It is important that Wirral approaches the challenges in a collaborative, coordinated manner.

3.0 BACKGROUND INFORMATION

3.1 In 2015 there was a major shift in central government's position regarding sport, from a focus on the number of participants, to the social good that sport and physical activity can deliver. The strategy 'Sporting Future, a new Strategy for an Active Nation' (2015), redefines what success looks like in sport, by concentrating on five key outcomes: physical wellbeing, mental wellbeing, individual development, social and community development, and economic development. This new approach informed the Merseyside Sport Partnership Strategic Framework (2017-2022), which sets out targets for reducing inactivity for children and adults within the borough. These key documents have been considered and will be reflected in the draft Strategy.

3.2 In January 2021 Sport England unveiled their new 10-year strategy, 'Uniting the Movement'. The strategy, which runs until 2031, aims to transform lives and communities through sport and physical activity. Improving inclusivity and tackling deep-rooted inequalities is at the core of the strategy, recognising that there are too many people who have been left behind, and currently feel excluded from being active, which has been heightened by Covid-19.

3.3 Wirral Council's emerging strategy is fully aligned to the direction of travel of that of the new Sport England Strategy. Wirral Council have worked closely with colleagues at Sport England to shape our local thinking and approach.

3.4 As the Council continues to adapt and rebuild from the pandemic, the strategy recognises the important role sport and physical activity plays in improving the physical and mental health of the nation, supporting the economy, reconnecting communities, and rebuilding a stronger society for all.

3.5 The strategy highlights five 'big issues' that we need to address collectively to make a lasting difference:

1) Recover and reinvent

2) Connecting communities

3) Positive experiences for children and young people

4) Connecting with health and wellbeing

5) Active environments

3.6 The health and wellbeing of Wirral will be a key factor in its ongoing success. Our ambition is to ensure that all Wirral residents have the opportunity, environment and support they need to lead active, healthy, and happier lives, and to make physical activity an everyday natural choice. We want to create a fairer future for all of our residents, where the supporting of healthy life choices will help our population to live their lives to the full for as long as possible.

Sport and Physical Activity Strategy for Wirral 2020 – 2025: Progress:

3.7 A key strategic stakeholder, who is pivotal to the future of sport and activity on Wirral, is Sport England as the national governing body for sport. Following committee approval, the Director of Neighbourhoods agreed that Sport England could commission Knight, Kavanagh & Page (KKP) to undertake a diagnostic assessment of the Sport England Strategic Outcomes Planning Guidance for Wirral Council.

3.8 Sport England produced its Strategic Outcomes Planning Guidance to assist local authorities to take a strategic approach to maximise the contribution that sport and physical activity makes within a given local area, and to ensure that any local investment made is as effective as possible and is sustainable in the long term.

3.9 In summary the report identified the following findings:

3.10 (1) The Council is in the process of developing/refining a coherent set of outcomes in relation to sport & physical activity's contribution to health and well-being and the reduction of health inequalities underpinned by good levels of cross directorate buy-in. This emerging position appears to be gathering momentum.

3.11 (2) The Council's insight (in certain areas of the Council) is well developed, particularly in respect of its built and outdoor facilities evidence base. The development of the Sport and Physical Activity Strategy (2020) has added further momentum to this process. Its community-level research into the needs and wants of residents, and specifically what interventions may influence a change in behaviour will require further attention (as identified in the Sport and Physical Activity Strategy), both in respect of its facility offer and wider outreach plans.

3.12 (3) Confirmation that the Council is moving away from its former silo-based approach to a much more collaborative cross-departmental approach to delivering services.

3.13 (4) There was recognition that Senior Officers and Council Elected Members are determined to reduce health inequalities and this ambition is widely supported. It was however identified as imperative the Council continues to communicate well and achieves community buy-in prior to the development of a detailed delivery plan.

3.14 (5) The Council needs to act decisively to put in place a long-term transformational plan for the Borough accompanied by a clear approach in respect of resourcing the associated work and facilitating its progress through its own decision-making process. The SOPG and Built Facilities Strategy evidence base validates an investment strategy for indoor facilities to address the fundamental strategic challenge of an ageing, inefficient indoor sport and physical activity stock.

3.15 A summary of the next steps for the authority are:

- **Stage 1 – Outcomes** - Ongoing work and support are required to develop insight with regard to community needs and wants in respect of addressing inactivity.

- **Stage 2 – Insight -** There is potential, using the current evidence base augmented by community consultation and through greater joint planning across the Council's Planning, Regeneration, Children's Services, Adult Services, Public Health and Financial teams to develop a more all-embracing 'place based' approach to influencing behaviour change.

- **Stage 3 – Interventions** – A single commission which comprises a Facilities Master Plan for the Borough which, in turn, informs a Leisure Investment Strategy, the rationale for this being that there is a need for the Council to build momentum with respect to its facility needs and to provide senior managers and Members with an overview of what is needed, the high-level capital cost and the revenue impact of an improved facility offer. Further investigation of interventions in the active environment (parks, open space, urban environment) and incorporation of active design principles into future proposals should be considered.

- **Stage 4 – Commitment -** Clarification is required with regard to the level of financial contribution the Council can make to the project and the level of support required from capitalised revenues.

3.16 The Council should determine its likely requirement for external financial support. A set of anticipated Key Performance Indicators should be developed both in the context of their own value and in the event of them being required to underpin Sport England capital investment.

3.17 Discussions have taken place with senior officers from all sections of the Council, and presentations to key Council Departmental Management Teams have also taken place on the four strategic priorities for the new Sport and Physical Activity Strategy and the potential future approach. These include Adults, Health, Children's, Regeneration and Neighbourhoods. Feedback and priorities from each of the teams has been determined and new opportunities for collaborative work have been identified to be included in the year one work Sport and Physical Activity Work Plan.

3.18 The four strategic priorities are:

- **Priority 1: Active People** - To increase participation in sport and physical activity among Wirral residents, working to reduce barriers and recognise the benefits of an active lifestyle by providing relevant and accessible activities targeting residents and communities with the highest identified needs.

- **Priority 2: Active Partnerships** - To develop strong partnerships and community networks to support the delivery of a dynamic and cohesive offer that provides inclusive activities for people of all abilities.

- **Priority 3: Active Place** - To provide modern, accessible, affordable, energy-efficient facilities offering a quality experience that encourages our residents to be more active more often.

- **Priority 4: Active Open Spaces** - Influence place-shaping to ensure a network of high quality and accessible spaces that make it easier for people to be active.

3.19 Public consultation has begun to understand the motivations, needs and wants of our local residents in regard to being physically active. This is taking place on the Have Your Say platform. This survey is for all to complete with key front-line staff supporting our most vulnerable residents to contribute to the consultation. We are particularly targeting our 'inactive' residents through our network of support staff across the borough. The survey and associated ideas boards will be live from 8 June to 19 July 2021 and can be found here https://haveyoursay.wirral.gov.uk/sport-and-physical-activity-people

3.20 A youth survey has been developed to capture the motivations, needs, and wants of our children and young people. The survey can be found here https://haveyoursay.wirral.gov.uk/sport-and-physical-activity-youngpeople

3.21 Results of the public consultation will be presented to members for consideration at this meeting of the October or November committee.

3.22 A partner and stakeholder survey has been developed to seek ideas and suggestions for partnership arrangements and to develop a network of community leaders and influencers to collaborate with to increase engagement with the service.

3.23 The survey can be found here https://haveyoursay.wirral.gov.uk/sport-and-physical-activity-partnerships/survey_tools/sport-and-physical-activity-engagement-partnerships

3.24 A number of external stakeholders have been consulted through their networks, and presentations have been given to groups such as Wirral Health Inequalities Group, Wirral Youth Collective, Bridge Forum and the Humanitarian Cell.

3.25 Leisure Services has received grant funding (£3,452) from Sport England to be included in a national project called Moving Communities, a programme designed to track participation at public leisure facilities and to provides new evidence of the Council's Leisure facilities performance, sustainability, and social value. https://movingcommunities.org/

3.26 Data from the Moving Communities platform will be regularly presented to members as part of the Leisure Service dashboard.

3.27 The Council have commissioned Knight, Kavanagh & Page to develop a Leisure Facilities Masterplan and Investment Strategy. This is due to be completed in July

2021 and presented to members in September. Sport England provided grant funding towards this piece of work.

3.28 The Leisure Facilities Masterplan and Investment Strategy will be informed by the Indoor Built Facilities Plan and recent Strategic Outcomes Planning Guidance Report and will provide members with the following:

- (1) An accurate, detailed summary showing the current state of its leisure facilities.
- (2) Proposals in respect of the component parts and shape of all future leisure facilities in the Borough (this will need to consider formal and informal activities).
- (3) Fully validated recommendations and proposals which explicitly detail where future leisure facilities within the Authority should be located (considering and agreeing the preferred option for all existing/new sites), the rationale for them (individually and collectively), their scale, scope, relationship to the community(s) serviced, to each other and other sport, leisure, cultural and community facilities.
- (4) Provide cost forecasting detailing the estimated revenue cost/surplus generating potential and capital cost (including lifecycle costs) of all future leisure facilities in the Borough. – in the form of cost summaries and projections - detailing what to invest in, where, why and in what order.

3.29 The Council commissioned Knight, Kavanagh & Page to undertake the development and consultation of the Council's Playing Pitch Strategy in conjunction with the specific requirements of Sport England. The process included an assessment of the quality of pitches used for sport throughout the borough as well as the supply and demand analysis. The resultant Playing Pitch Strategy is to be adopted by the Committee in the coming weeks.

Next Steps

3.30 Finalise consultation with residents, stakeholders, community groups, sports clubs, and potential investors.

3.31 A final Strategy document will be created and presented to members for final adoption following all consultation and engagement work in late Autumn.

4.0 FINANCIAL IMPLICATIONS

4.1 A Facilities Master Plan for the Borough which, in turn, informs a Leisure Investment Strategy will provide senior managers and Members with an overview of the high-level capital cost and the revenue impact of an improved facility offer.

4.2 Many of the asset-based facilities that make up the Council's Leisure estate are old, tired, underutilised and in need of significant levels of capital investment just to

maintain day to day operations. The last condition survey undertaken on Leisure assets suggested that approximately £15 million of works were required, and condition shortfalls were further illustrated during attempts to recommission buildings during the Covid-19 pandemic. The outcome of this strategic approach is fundamental in attracting inward investment from national sporting bodies, to either modernise, redesign, decommission or rebuild the Council's existing assets. Without support, it is unlikely that any new facilities would be developed, and the Council would need to continue to fund works on deteriorating assets indefinitely at a time of extreme revenue deficiencies.

5.0 LEGAL IMPLICATIONS

5.1 There are no direct legal implications arising from this report. However, Legal advice will be sought where relevant, in relation to any proposed partnership arrangements, arising from the action plan.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 One of the principles of the new strategy is to make best use of available resources and community assets, and it is assumed that staffing and other costs connected with the delivery of the strategy will be contained within existing departmental revenue budgets.

6.2 Many of the assets that make up the Council's leisure estate are old, tired, underutilised and in need of significant levels of capital investment, just to maintain day to day operations, and ensure Health & Safety compliance. The last condition survey undertaken on leisure assets suggested that approximately £15 million of works were required, and condition shortfalls were further illustrated during attempts to recommission buildings during the Covid-19 pandemic.

7.0 RELEVANT RISKS

7.1 As referred to above, the absence of any strategy would significantly jeopardise any discussions with communities, stakeholders, and strategic partners. The Council is unlikely to attract or have access to any nationally available funding streams in the event that it is unable to present a sound and strategic case, that demonstrates its strategic health and activity intentions in the short, medium, and long term.

7.2 With the ambition of supporting the residents of Wirral to live active and healthy lives, the reputational risk to the Council, would be substantial if we were not to move forward with the development of a strategy.

7.3 There are growing health inequalities across the borough, with Covid-19 only enhancing these, and there would be a substantial risk to the council if there was no intervention to support residents become more physically active. The health and social costs relating to physical inactivity would only increase.

8.0 ENGAGEMENT/CONSULTATION

8.1 We will engage closely with local Ward councillors in the development and establishment of the locally preferred options.

8.2 Public consultation has begun to understand the motivations, needs and wants of our local residents in regard to being physically active. This is taking place on the Have Your Say platform. This survey is for all to complete with key front-line staff supporting our most vulnerable residents to contribute to the consultation. We are particularly targeting our 'inactive' residents through our network of support staff across the borough. The survey and associated ideas boards will be live from 8 June to the 19 July 2021 and can be found here https://haveyoursay.wirral.gov.uk/sport-and-physical-activity-people

8.3 Timeline

8 June -19 July	Public Consultation live on the Have Your Say site
20 July – 9 August	Intel and Analysis
9 – 30 August	Finalise Report
12 October	Presented to Committee

9.0 EQUALITY IMPLICATIONS

9.1 The Sport and Physical Activity Strategy is designed to increase participation and uptake from those groups that currently use the service least whilst having the highest needs. The strategy is aimed at reducing inequalities across the Borough and has been based on a full needs' assessment; it aims to increase participation in areas of greatest need where the take-up is currently low, by providing services and activities that are relevant to, and valued by those communities.

9.2 As set out under the Equality Act 2010 and the Public Sector Equality duty (PSED), an equalities impact assessment was carried out during the development of the strategy.

9.3 The Equality Impact Assessment has been reviewed and this report makes no change to it. It is available at the following link, https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments .

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 Modernising the leisure centres will reduce the environmental impact whilst investment will result in more attractive buildings which will enhance the local townscape.

10.2 Investment in LED replacement is underway.

10.3 Keeping leisure provision within local communities and increasing our outreach offer, will all serve to minimise emissions from car usage. Our leisure centres will all have cycle storage and active travel access with associated infrastructure facilities, under the government's 'gear change' initiative, will be considered and implemented where appropriate.

10.4 Where possible we will invest in environmentally friendly solutions and designs when we modernise our buildings, purchase new equipment in order to reduce our carbon footprint by supporting the outcomes of the Cool 2 climate change strategy for Wirral.

10.5 As a result of the initiatives outlined above, the content and recommendations contained within this report are expected to reduce emissions of greenhouse gases.

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APPENDICES

Appendix 1 – Sport and Physical Activity Strategy for Wirral 2025

Appendix 2 – Wirral Council – Strategic Outcomes Planning Guidance Report 2021.

BACKGROUND PAPERS

Creating an Active Wirral presentation November 2020

Wirral Borough Council Indoor and Built Facilities Strategy, draft report October 2019.

Wirral Playing Pitch Strategy and Action Plan, 2016.

Sport England Strategy, Uniting the Movement 2021 – 2031.

Wirral Borough Council: Re-Imagining Libraries, Leisure, Parks and Cultural Services, Phase 2 Report, October 2017.

Measuring the Social and economic value of community sport and physical activity in England, 2020.

Sport England – Strategic Outcomes Planning Guidance 2019.

Merseyside Sport Partnership Strategic Framework (2017-2022)

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Tourism, Communities, Culture and Leisure Committee	**November 2020**

WIRRAL

ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

29th July 2021

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

REPORT SUMMARY

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

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

RECOMMENDATION/S

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

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

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

2.0 OTHER OPTIONS CONSIDERED

2.1 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 Outbreak Prevention and Control Plan in June 2020, setting out how Wirral Council will:

- prevent transmission of COVID-19 within the community
- ensure we have an effective and coordinated local approach to managing COVID-19 outbreaks across different settings within the Borough
- ensure vulnerable people are protected
- link with national and regional systems to ensure we get maximum benefit for the population of Wirral.

3.2 In April 2021, Wirral Council published an update to this Plan highlighting progress that has been made to date, along with a dynamic strategy for how the Council 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 - April 2021

3.3 Daily and weekly surveillance is undertaken to understand the local COVID-19 picture – up to date information on COVID-19 in Wirral is available here: COVID-19 statistics for Wirral | www.wirral.gov.uk

3.4 Details of Current National Guidance in respect of COVID-19 is available here: (COVID-19) Coronavirus restrictions: What You Can And Cannot Do

3.5 **Wirral Response to COVID-19**

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

Priority	Progress to Date and Future Plans

1) Effective Surveillance *Ensure access to timely local data and intelligence to inform local activity to prevent and manage outbreaks.*	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. Daily and weekly multi-agency surveillance meetings are held at local and regional levels to understand the epidemiology of current situations and to appropriately direct prevention and control measures, community engagement activity and target communications. Locally, daily surveillance has been improved by the introduction of regular OIRR (Outbreak Identification and Rapid Response) meetings to closely monitor and review 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. We have continued to support the development of the CIPHA (Combined Intelligence for Population Health Action) integrated data and analyst network resource for Cheshire & Merseyside, sustaining a regional understanding of the epidemic and demands on health and social care systems.
2) Engagement and Communication *Build trust and participation through effective community engagement and communication.*	With the easing of restrictions nationally on 19th July - Stage 4 of the roadmap - Wirral has continued to work closely across the City Region to develop a consistent approach. The Merseyside Resilience Forum has set out six priorities for Communications: • Encourage uptake of vaccinations (double dose) – reinforcing the vaccine as a wall of defence • Enable our residents to make informed decisions – deliver the facts, nudge behaviour • Encourage continuation of twice weekly testing – to control the spread and stop individual cases from becoming outbreaks • Continue to clarify when, how etc to self-isolate – Push on the support available (Incl. tracing) • Retain, revisit and refresh contingency plans

	• Continue to monitor and review data – making informed decisions to flex, adapt and retarget comms messaging We continue to ensure a strong focus on engagement and communication as part of our COVID-19 response, with a clear strategic and insight-driven approach. Colleagues across intelligence, engagement and communications 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 attended by both Council and Wirral CCG representatives to ensure a whole system approach. 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 – links with the Humanitarian Cell group have been maximised, in order to gain insight from key stakeholders and partners. The vaccination programme is also being promoted across Wirral's corporate social media channels to target younger people using popular themes such as Friends and Love Island. This campaign is focused on communicating the importance of second doses for full protection. Vaccine walk-through videos and updated mobile testing schedules continue to be promoted as part of the COVID-19 communications plan. Wirral's Community Champions network has now enlisted over 650 local people, with the programme also currently being evaluated by Hitch Marketing as part of the Local Government Association (LGA) behavioural science programme. The Engagement HQ platform continues to be developed to improve the two-way flow of information between the Council and the Champions. More information on the Community Champion Programme can be found here: Keep Wirral Well during COVID-19 | www.wirral.gov.uk Hi-Impact have produced a series media videos focused around the organisational sector and the impact of COVID-19 on local businesses and tell the story of several companies across the Borough and how the Council has supported them to navigate the pandemic.
3) Higher-Risk Settings,	The COVID-19 Hub continues to work closely with local partners to prevent and manage outbreaks in high-risk

	Communities and Locations *Identify and support high risk workplaces, locations and communities to prevent and manage outbreaks.*	settings with a robust daily review process and use of local intelligence to proactively target settings at higher risk of outbreaks. 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. The COVID-19 Hub School Support Team continues to liaise with Children's Services to successfully provide dedicated educational support and guidance on national policies and implementation of required measures. Links with local third sector, voluntary and other organisations and groups are now well established to respond proactively to the needs of local communities particularly at risk of COVID-19. The Hub's engagement team 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. We have revised and updated the Council's Business Toolkit and frequently monitor it to ensure employers and employees understand their responsibilities and are supported to maintain safe environments. A further review is currently taking place to update the toolkit, taking into consideration the new government guidance released 15th July for Stage 4 of the roadmap.
4)	**Supporting vulnerable and underserved communities** *Proactively support individuals and communities, ensuring services*	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. We have worked with the local multicultural third sector to support access to regular symptom free testing and have

across test, trace, isolate and support systems are accessible and meet the diverse needs of our local communities.	also developed our consequence management process for outbreaks to include support from Wirral Change where required. The national Community Testing Programme, delivered by Local Authorities, has mandated a shift in focus from universal testing to targeted offer for local under-represented groups and disproportionately impacted groups. The Council's Testing Service are currently liaising with local organisations to establish those pathways.
5) Vaccination *Support the roll-out of the COVID-19 vaccine programme, identifying and tackling inequalities in vaccine coverage.*	Wirral Council, in partnership with Wirral CCG and Primary Care Networks, continue to ensure an effective delivery model to support the roll out 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 roll-out. As of 15th July 2021, 83% of the eligible population of Wirral had received the 1st dose of the vaccine, with 68% having received both doses. 'Pop-up' vaccination sites have been identified and deployed in the community in areas where vaccine uptake has been lower. Walk in appointments were made available to all adults from 19th June 2021 at Local Vaccination Sites and a schedule of fixed and mobile vaccine provision continues to be rolled out, again targeting those communities with lower uptake. This includes use of the regional 'vaccination bus' which was deployed on 12th July 2021, providing residents with an alternative and convenient way to access the vaccine, without the need to make an appointment. A follow up approach, for cohorts 1-10 is also currently under development alongside ongoing engagement with the care sector to optimise uptake amongst staff. From the initial vaccine rollout, we have locally prioritised vulnerable people for the COVID-19 vaccine and will continue to use local data and intelligence, including a local programme of engagement based on insight, to identify any areas of low uptake within local communities and address any issues through a comprehensive programme of engagement and information. Citizen's Advice Bureau's social prescribing team has carried out targeted work with a small number of clinically extremely vulnerable (CEV) patients (housebound and/or severely frail) registered as declining their vaccine offer. Using a general wellbeing call the team contacted individuals to understand their COVID-19 vaccine experience and offer a person-centred intervention to tackle

	vaccine hesitancy. This approach has led to residents taking up their vaccination offer.
6) Testing *Identify cases of COVID-19 by ensuring access to testing for those with and without symptoms and for outbreak management.*	Wirral's Testing Strategy was revised in February 2021, aligning to the national plans for Community Testing, maintaining accessible testing for people with symptoms, complemented by mobile testing units and outreach testing and distribution. In June 2021, national Community Testing Strategy was reviewed, and Local Authorities received confirmation of the programme extension until 30th September 2021. From July 2021, Councils are asked to focus our symptom-free testing offer for under-represented groups and disproportionately impacted groups, and therefore Wirral's Testing Team are working closely with local organisations to develop clear pathways and ensure symptom free testing is easily accessible, encouraging uptake amongst those target groups. We have continued to promote testing within local settings and workplaces, offered alongside training and quality assurance processes. This rapid and reactive testing approach for workplaces is a key aspect of our outbreak management process, with mobile testing units deployed quickly in response to reported cases in workplaces and settings. Throughout June and July the Council's Testing Service has worked closely with Children's Services and Education Teams, to support those secondary schools with identified need to resume on-site symptom-free testing amongst pupils. This support will remain in place at several secondaries in Wirral until the end of the academic year. We are currently working through DfE (Department for Education) and DHSC (Department of Health and Social Care) guidance regarding Testing requirements for the start of the new academic year in September 2021, to provide support and advice where possible to our local secondary schools and higher education providers. We continue to review our local strategy as national policy changes and testing capacity and capabilities continue to emerge – ensuring that we retain our ability to respond and mobilise surge mass testing as required, for example due to a Variant of Concern, and align to enhanced contact tracing. We will review the outcomes and learn from national pilots related to 'test to release' (daily testing to reduce self-isolation period) and 'test to enable' (e.g., to attend events) approaches.

7) Contact Tracing *Effectively deploy local contact tracing to reduce the onward transmission of COVID-19.*	Wirral employs a local contact tracing service within the COVID-19 Hub, with a skilled and fully trained dedicated team in place. Wirral has been participating in both the 'Local 0' and 'Local-Contacts' programmes, with all local cases and contacts channelled through the CTAS (Contact Tracing and Advisory Service) system to the local team for contact tracing and welfare support. As of July 2021, and as per national policy, local cases have been temporarily redirected to the national team in response to the rapid upturn in case numbers, enabling Wirral's local contact tracing team to prioritise our focus on managing outbreaks, clusters, and cases in high-risk locations, to continue to offer targeted local support to the most vulnerable. We have worked collaboratively with the Cheshire and Merseyside Hub, Public Health England and the Department of Health and Social Care Local Tracing Partnership forums, to influence and strengthen the local contact tracing system, enabling us to reach people who the national system has been unable to contact and to prioritise and respond to high-risk complex cases and settings. We have continued to support health and social care, schools, local businesses, and other settings through intelligence led contact tracing and where a focused outbreak response is appropriate. Wirral's COVID-19 Hub has also commenced formal support of local NHS Trusts, helping where contacts of positive inpatients or recent discharged residents are identified. Once the local contact tracing of all local contacts and cases resumes, we will look to gain a better understanding of reasons for failure to engage and utilise this insight to shape communications and support, as well as developing adaptable systems and suitable delivery models for focused contact tracing for areas with high transmission, exploring contact tracing via home visits in specific circumstances.
8) Support for Self-Isolation *Ensure access to support, including where appropriate financial support, to ensure people*	We have information available on the Council website 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.

who need to self-isolate can do so.	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. Between 19th April 2021 and 11th July 2021, Community Connectors have provided direct practical support and advice around self-isolation to around 100 individuals and families in Wirral – with referral numbers rapidly increasing in recent weeks in line with the surge in case numbers. Where close contacts were previously proactively contacted, the same process has continued through the Local-Contacts programme. Wirral continue to process applications for both discretionary and eligibility Test & Trace payments, with guidance and help with application completed via the dedicated COVID-19 helpline. We have seen an increase in applications for financial support, as the surge in local cases and contacts having to self-isolate and continue to manage the Test and Trace payment scheme, which was extended recently until 30th September 2021. We will continue to engage with local communities, to further our understanding of the breadth and extent of the barriers for self-isolation across our population, using this insight to identify any gaps in our local response, both in terms of the financial support available, including the discretionary fund, as well as the non-financial practical and other areas of support.
9) Responding to Variants of Concern (VOC) *Develop robust plans and working with local, regional and national partners to enable surge capacity, to respond to local outbreaks and VOC.*	In February 2021, Wirral responded locally to the identification of a Variant of Interest across the Northwest, working with national and local partners to undertake enhanced contact tracing, access to additional symptomatic testing capacity and effective public communications. Throughout June 2021, the Delta variant (VOC) rapidly spread across the Northwest region and because of the surge in cases, Wirral as part of the Liverpool City Region, was identified as an area of Enhanced Response Support. Wirral contributed to the proposed support package request, with a focus on driving uptake of the vaccine. 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. Currently, transmission is borough wide however we continue to review the surveillance daily. 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 Public Health England,

	Testing and Communications to put actions into place as quickly as possible to control and manage the virus. A key part of our response to VOCs (Variants of Concern) 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 also continue to work closely with Public Health England, the Department of Health and Social Care and Northwest Local Authority colleagues to ensure we have agreed local processes in place for managing outbreaks linked to a VOC.
10) Compliance, Enforcement and Living with COVID-19 (COVID secure) *Work collaboratively to guide, inform and support local compliance with regulations and restrictions, support local enforcement where necessary, and plan for gradual re-opening of wider society.*	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 manage compliance and enforcement across Wirral. We have monitored the operations and compliance of local businesses including responding to reports of non-compliance, conducting over 1,500 visits to local businesses, across hospitality, close contact services, supermarkets, retail, and other premises. In June 2021, the COVID-19 Hub's Prevention and Control officers also commenced setting visits, proactively attending close contact services to provide support and advice. We continue to contribute to the strategic design and planning for local recovery, particularly following the relaxation of restrictions on 19th July 2021, to ensure alignment with testing and vaccination programmes, and local plans to manage summer events, providing clear and consistent advice and guidance, and a strong community engagement approach. 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 over the coming months. 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. Wirral also continues to work across the wider Merseyside Resilience Forum to try and ensure that there is a consistency of approach for all event applications across that geographical landscape.
11) Governance, accountability, and resourcing *Establish robust governance structures for*	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.

decision making with clear accountability and effective resource use.	We will continue to manage and respond effectively to COVID-19 by strengthening existing partnerships at strategic and operational levels across local, regional, and national stakeholders. The Wirral COVID-19 Hub will be retained until September 2022, with extension of current temporary contracts to build resilience in our experienced and established local teams. In the wake of increasing case numbers, further recruitment is currently underway to strengthen teams across the COVID-19 Hub.

4.0 FINANCIAL IMPLICATIONS

4.1 The delivery of the Outbreak Control Plan is funded via national grant funding with the prime funding source supporting the plan has been 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 the start of March 2021. Scrutiny of the funding takes place at the COVID-19 Outbreak Strategic Control Cell.

Outbreak Management support area	**Planned spend to 30 Sept 2022**
Hub operations	£3,331,538
Community Engagement	£1,923,081
Infection Prevention Control service	£784,459
C&M- Regional Test and Trace Hub	£446,892
Supporting Educational Settings	£500,000
Communications	£485,515
Intelligence	£157,868
Additional COMF budget for COVID-19 public health activities during 2021/22: • Renewal Programme • COVID-19 Hub Resources – Contact tracing, support to self-isolate, Prevention and control, business support. • Specialist health protection support • Public Health intelligence & surveillance • Testing and surge contingency • Increasing vaccination uptake • Environmental health and licensing • Communications • Community engagement and inequalities • COVID-19 Helpline • Digital / IT system development	£7,154,680
Total	**£14,784,033**

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. We anticipate an update in August/September 2021 for Local Authorities regarding any extension of the Community Testing programme.

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.

REPORT AUTHOR: **Julie Webster**
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APPENDICES

None

BACKGROUND PAPERS

Wirral Local Outbreak Management Plan 2021

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Public Health Committee	**13th October 2020**
Adult Social Care and Public Health Committee	**19th November 2020**
Adult Social Care and Public Health Committee	**18th January 2021**
Adult Social Care and Public Health Committee	**2nd March 2021**
Adult Social Care and Public Health Committee	**7th June 2021**

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WIRRAL

ADULT SOCIAL CARE AND HEALTH COMMITTEE

Thursday 29 July 2021

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

REPORT SUMMARY

The Adult Social Care and Health Committee, in co-operation with the other Policy and Service Committees, is responsible for proposing and delivering an annual committee work programme. This work programme should align with the corporate priorities of the Council, in particular the delivery of the key decisions which are within the remit of the Committee. It is envisaged that the work programme will be formed from a combination of key decisions, standing items and requested officer reports. This report provides the Committee with an opportunity to plan and regularly review its work across the municipal year. The work programme for the Adult Social Care and Health Committee is attached as Appendix 1 to this report.

RECOMMENDATION

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

REPORT AUTHOR: **Victoria Simpson**
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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

ITEMS TO BE SCHEDULED

Item	Approximate timescale	Lead Departmental Officer
Wirral Health and Care Commissioning (WHCC) Single Business Plan	July	Graham Hodkinson
Proposals for Integrated Care Partnerships Update	July 2021	Graham Hodkinson
Proposals for Integrated Care Partnerships	September 2021	Graham Hodkinson
Intermediate Care Bed Based Commission Update – contract award – CCG	September 2021	Bridget Hollingsworth
Shared Lives Commission	September 2021	Clare Hazler / Jayne Marshall
Early Intervention and Prevention Commission Outcome of award	September 2021	Carol Jones/ Jayne Marshall
Out of Hospital Review	November 2021	Bridget Hollingsworth / Graham Hodkinson
Community Reablement Services	September 2021	Jayne Marshall
Supported Living Update – Revised Model Review	November 2021	Simon Garner
Commissioning Activity – Q3	TBC	Jayne Marshall
Short break provisions – what is commissioned/ gaps including Thorn Heys update	November 2021	Simon Garner

Carers Strategy Review	July 2021	Simon Garner/ Jayne Marshall
Leisure Strategy	July 2021	
Wirral Evolutions	September 2021	
Public Health Annual Report	September 2021	Julie Webster

Item	Approximate timescale	Lead Departmental Officer
Commissioning Decisions Policy and Procedure	July or September 2021	Barry Graham
Wirral Evolutions follow up report	September 2021	Jean Stephens
Public Health – Obesity	2020/21	Julie Webster
Public Health – Alcohol	2020/21	Julie Webster
Public Health – Dental Care	2020/21	Julie Webster
Public Health – Vaccinations	2020/21	Julie Webster
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 Children's	TBC	Elizabeth Hartley
Community Care Services Review	TBC	Graham Hodkinson
All Age Disability	TBC	Jason Oxley/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	Committee Team

Adult Social Care Annual Complaints Report	Annual Report – January 2022 (Possibly via email)	Simon Garner (circulated in an email to Committee)
Adults Safeguarding Board	Annual Report – July or Sept 2021	Lorna Quigley
Public questions	Each meeting	
Public health Annual Report	Annually	Julie Webster

WORK PROGRAMME ACTIVITIES OUTSIDE COMMITTEE

Item	Format	Timescale	Lead Officer	Progress
Working Groups/ Sub Committees				
Performance Monitoring Group	Workshops	Monthly from June 2021	Jason Oxley	
Task and Finish work				
Quality Accounts 2020/21	Task & Finish	May 2021	Committee Team	
Spotlight sessions / workshops				
County Lines Action Update	Workshop	2020/21	Tony Kirk	
Public Health Implications of 5G Roll Out	Workshop	2020/21	Julie Webster	
Budget workshops	Workshops	September 21	Graham Hodkinson	
Wirral Evolutions (Chair and Spokes)	Workshops	June/ July 21		
Corporate scrutiny / Other				
Performance Reporting Review	TBC	TBC	TBC	

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