Public Document Pack

Adult Social Care and Public Health Committee

Date:	**Tuesday, 14 June 2022**
Time:	**6.00 p.m.**
Venue:	Committee Room 1 - Wallasey Town Hall

Contact Officer: Daniel Sharples
Tel: 0151 666 3791
e-mail: danielsharples@wirral.gov.uk
Website: http://www.wirral.gov.uk

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AGENDA

1. WELCOME AND INTRODUCTION

2. APOLOGIES

3. 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.

4. MINUTES (Pages 1 - 8)

To approve the accuracy of the minutes of the meeting held on Thursday 3rd March 2022.

5. PUBLIC QUESTIONS

Public Questions

Notice of question to be given in writing or by email by 12 noon Thursday 9th June 2022 to the Council's Monitoring Officer (committeeservices@wirral.gov.uk) and to be dealt with in accordance with Standing Order 10.

Please telephone the Committee Services Officer if you have not received an acknowledgement of your question/statement by the deadline for submission.

Statements and Petitions

Statements

Notice of representations to be given in writing or by email by 12 noon, Thursday 9th June 2022 to the Council's Monitoring Office (committeeservices@wirral.gov.uk) and to be dealt with in accordance with Standing Order 11.

Petitions

Petitions may be presented to the Council if provided to Democratic and Member Services no later than 10 working days before the meeting, at the discretion of the Chair. The person presenting the petition will be allowed to address the meeting briefly (not exceeding three 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. If a petition contains more than 5,000 signatures, it will be debated at a subsequent meeting of Council for up to 15 minutes, at the discretion of the Mayor.

Member Questions

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

SECTION A – KEY AND OTHER DECISIONS

6. COMMISSIONING ACTIVITY QUARTER 2 2022/2023 (Pages 9 - 14)

7. ALL AGE DISABILITY (Pages 15 - 88)

SECTION B – BUDGET AND PERFORMANCE MANAGEMENT

8. ADULT SOCIAL CARE AND PUBLIC HEALTH CAPITAL AND REVENUE BUDGET MONITORING QUARTER 4 (Pages 89 - 98)

9. ADULT SOCIAL CARE AND PUBLIC HEALTH 2022/23 BUDGET MONITORING AND 2023/24 BUDGET SETTING PROCESSES (Pages 99 - 128)

10. ADULT SOCIAL CARE AND PUBLIC HEALTH PERFORMANCE REPORT (Pages 129 - 202)

11. DISABLED FACILITIES GRANT (Pages 203 - 212)

12. COVID-19 UPDATE (Pages 213 - 230)

SECTION C – WORK PROGRAMME / OVERVIEW AND SCRUTINY

13. ADULT SOCIAL CARE COMPLAINTS ANNUAL REPORT (Pages 231 - 244)

14. CHESHIRE AND WIRRAL COMMUNITY MENTAL HEALTH TRANSFORMATION (Pages 245 - 284)

15. APPOINTMENT TO STATUTORY COMMITTEES AND MEMBER CHAMPION FOR DOMESTIC ABUSE AND JOINT STRATEGIC COMMISSIONING BOARD SUB-COMMITTEE (Pages 285 - 290)

16. APPOINTMENT TO JOINT HEALTH SCRUTINY (Pages 291 - 316)

17. ADULT SOCIAL CARE AND PUBLIC HEALTH WORK PROGRAMME (Pages 317 - 324)

Terms of Reference, Adult Social Care and Public Health Committee

The Adult Social Care and Public Health Committee is responsible for the Council's adult social care and preventative and community based services. This includes the commissioning and quality standards of adult social care services, incorporating responsibility for all of the services, from protection to residential care, that help people live fulfilling lives and stay as independent as possible as well as overseeing the protection of vulnerable adults. The Adult Social Care and Public Health Committee is also responsible for the promotion of the health and wellbeing of the people in the Borough. This includes, in respect of the Health and Social Care Act 2006, the functions to investigate major health issues identified by, or of concern to, the local population.

The Committee is charged by full Council to undertake responsibility for:-

a) adult social care matters (e.g., people aged 18 or over with eligible social care needs and their carers);
b) promoting choice and independence in the provision of all adult social care

c) all Public Health functions (in co-ordination with those functions reserved to the Health and Wellbeing Board and the Overview and Scrutiny Committee's statutory health functions);
d) providing a view of performance, budget monitoring and risk management in relation to the Committee's functions; and
e) undertaking the development and implementation of policy in relation to the Committee's functions, incorporating the assessment of outcomes, review of effectiveness and formulation of recommendations to the Council, partners and other bodies, which shall include any decision relating to:
    (i) furthering public health objectives through the development of partnerships with other public bodies, community, voluntary and charitable groups and through the improvement and integration of health and social care services;
    (ii) functions under or in connection with partnership arrangements made between the Council and health bodies pursuant to Section 75 of the National Health Service Act 2006 ("the section 75 Agreements")
    (iii) adult social care support for carers;
    (iv) protection for vulnerable adults;
    (v) supporting people;
    (vi) drug and alcohol commissioning;
    (vii) mental health services; and
    (viii) preventative and response services, including those concerning domestic violence.
f) a shared responsibility with the Children, Young People and Education Committee for ensuring the well-being and support of vulnerable young people and those at risk of harm as they make the transition into adulthood
g) in respect of the Health and Social Care Act 2006, the functions to:
    (i) investigate major health issues identified by, or of concern to, the local population.
    (ii) consult, be consulted on and respond to substantial changes to local health service provision, including assessing the impact on the local community and health service users.
    (iii) scrutinise the impact of interventions on the health of local inhabitants, particularly socially excluded and other minority groups, with the aim of reducing health inequalities.
    (iv) maintain an overview of health service delivery against national and local targets, particularly those that improve the public's health.
    (v) receive and consider referrals from local Healthwatch on health matters

which are to include the establishment and functioning of joint arrangements as set out at paragraph 14 of this Section.

2.3 **Overview and Scrutiny**

The Committee's role includes an overview scrutiny approach to its responsibilities which shall be conducted in accordance with the overview and scrutiny means of working set out at Part 4(4)(B) of this

Constitution. As part of its work programming the Committee shall consider:

(a) **Overview and Policy Development** -The Committee may undertake enquiries and investigate the available options for future direction in policy development and may appoint advisors and assessors to assist them in this process. They may go on site visits, conduct public surveys, hold public meetings, commission research and do all other things that they reasonably consider necessary to inform their deliberations.

(b) **Overview and Scrutiny** – The Committee holds responsibility:

(i) for scrutinising and reviewing decisions made or actions taken by the Authority in so far as they have an impact on the role or functions of the Committee, its policies, budget and service delivery;

(ii) for the overview and scrutiny of external organisations whose services or activities affect the Borough of Wirral or any of its inhabitants where this does not fall within the role or remit of another service Committee or where it relates to cross cutting issues; and

(iii) for those overview and scrutiny functions in respect of the Health and Social Care Act 2006 as set out in paragraph g) above which may be conducted by the Joint Committee referred to at paragraphs 14 below.

(c) **Stakeholder Engagement** - The Committee may invite stakeholders to address the committee on issues of local concern and/or answer questions in so far as it impacts directly or indirectly on the role of functions of the committee.

2.4 **Joint Strategic Commissioning Board Sub-Committee**

A Sub-Committee of three (3) or more members of the Adult Social Care and Public Health Committee, subject to politically balance, to sit in common or jointly with representatives of the National Health Service and to exercise delegated authority on behalf of the Council in respect of:

(a) pooled funding arrangements with the NHS or other governmental bodies;
(b) the place based health and care arrangements as may be provided for by legislation; and
(c) such other commissioning, strategic design quality and performance of health and care services across the Borough of Wirral, including the outcomes and quality of those services,

within the terms of reference of the Adult Social Care and Public Health Committee, that the Committee may from time to time determine shall be the responsibility of the Sub-Committee.

2.5 **Joint Health and Integrated Care System Scrutiny Committees**

Joint health scrutiny arrangements and protocol are to be agreed between the local authorities of Cheshire and Merseyside being:

- Cheshire East Council
- Cheshire West and Chester Council
- Halton Borough Council
- Knowsley Council
- Liverpool City Council
- St. Helens Metropolitan Borough Council
- Sefton Council
- Warrington Borough Council
- Wirral Borough Council

The Adult Social Care and Public Health Committee is responsible for the Council's functions under the Joint Health Scrutiny Arrangements and Protocol, which provide for the establishment, membership and procedures in respect of the following

(a) Joint Heath Scrutiny Committees Protocol

Where a substantial development or variation to health services is deemed to affect more than one of the constituent authorities, a Joint Health Overview and Scrutiny Committee comprising of representatives of the authorities in the area affected will be called to meet under the terms of the Protocol. This joint committee will be formally consulted on the health proposal and have the opportunity to comment. It will also be able to refer to the Secretary of State for Health and Social Care if any such proposal is not considered to be in the interests of the health service.

(b) **Cheshire and Merseyside Integrated Care System Joint Health Scrutiny Committee Arrangements**

The Arrangements establish a joint committee of all nine constituent authorities. The Cheshire and Merseyside Integrated Care System Joint Health Scrutiny Committee is charged with exercising its functions with a view to supporting the effective planning, provision, and operation of health services at Cheshire and Merseyside level. This will include promoting transparency in how the Integrated Care System (ICS) fulfils its responsibilities within Cheshire and Merseyside.

The overarching role of the Joint Committee is to scrutinise the work of the ICS in the discharge of its statutory responsibilities and functions at Cheshire and Merseyside level in order to support their effective exercise and, where appropriate to make reports or recommendations to the ICS.

ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Thursday, 3 March 2022

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

87 WELCOME AND INTRODUCTIONS

The Chair welcomed attendees and viewers to the meeting and reminded everyone that the meeting was webcast and retained on the Council's website for two years.

The Chair led the Committee in a minute's silence in in support of the victims of the war in Ukraine.

88 APOLOGIES

An apology for absence was received from Councillor Sam Frost who was deputised by Councillor Chris Jones.
An apology for absence was received from Councillor Moira McLaughlin. The Chair and Committee Members thanked Councillor McLaughlin, who would not be standing at the next election, for her work in previous years on this Committee and its predecessors and her contribution to the development of adult social care.

89 MEMBER DECLARATIONS OF INTEREST

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

The following declarations were made:

Councillor Mary Jordan	A pecuniary interest in item 13 (Clatterbridge Cancer Care) by virtue of her employment in the NHS, personal interests also by virtue of her son's employment in the NHS and her involvement as a trustee for 'incubabies'.
Councillor Jason Walsh	Personal interest by virtue of a family member's employment in the NHS.

Councillor Tony Cottier	Personal interest as the Director of a construction company engaged in a contract with Cheshire and Wirral Partnership NHS Trust.
Councillor Chris Jones	Personal interest by virtue of her employment with the Cheshire and Wirral Partnership NHS Trust.
Councillor Ivan Camphor	Personal interest as a senior partner at Heatherlands Medical Centre in Woodchurch, Medical Secretary for Mid Mersey LMC and a General Practices Committee representative at BMA for Cheshire Mid-Mersey.
Councillor Clare O'Hagan	Personal interest by virtue of her employment in the NHS.

90 **MINUTES**

Resolved –
That the minutes of the meeting held on 25 January 2022 be approved and adopted as a correct record.

91 **PUBLIC QUESTIONS**

One public question had been received and was read out by the Chair.

Question:
Given that the policy and resources Committee voted for a cost cutting budget, what guarantees do people supported in day services have that if the services were brought back in house those services won't face closure?

Answer:
As your question highlights, The Council has been having to make some really difficult decisions this year to be able to agree a legal budget for the following financial year. But for social care the Council has proposed a budget that doesn't rely upon service cuts but on using our resources as well as we can and to support people in managing their daily lives and to provide extra support to people as and when it's needed, so there are no direct cuts at all in relation to social care. Tonight's decision regarding Wirral Evolutions is not about that but is about whether the Council needs to continue to pay for an arms-length company with all the extra cost that that model brings in order to deliver day services. There's no proposal to cut any of the services that are delivered to people and we fully expect those services to be unaffected should the decision be made to deliver day services in-house. Our primary aim as shown in in the paper is to reduce the cost and bureaucracy of having a separate company and that does include the cost of having a head office, a company board and complicated shareholder arrangements. Indeed, we propose to bring decisions regarding day services closer to people that use then and work in them and supported by them through a formal consultative

board of stakeholders that will have a direct say in decisions about the services.

92 **RATES AND FEES ENGAGEMENT EXERCISE OUTCOME**

The Lead Commissioner, Community Care Market, introduced the report of the Director of Care and Health which concerned the outcome of the annual engagement exercise with the Local Community Care Market for fee rates to be paid to care providers for 2022/2023.

Members queried the effect of inflation and the real living wage on fees.

Resolved – That:

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

(2) the application of the rates with effect from 1 April 2022 be approved.

93 **COMMISSIONING ACTIVITY Q1**

The Lead Commissioner, Community Care Market, introduced the report of the Director of Care and Health which notified Members of the commissioning activity for Quarter 1 of financial year 2022/2023 and recommended contract extensions where necessary. The report covered the Wirral Independence Service Medequip and also the Delegated Social Work contracts with Cheshire and Wirral Partnership Foundation Trust and the Wirral Community Health and Care NHS Foundation Trust.

Members queried details of the report which confirmed:

- Renewal of contracts will enable the Council to renew partnerships with stakeholders and enable the Council to consider future options for a future report.
- Contract values were based upon the existing price.

Resolved: That

(1) a. the current Wirral Independence Service contract with Medequip on the terms set out in the report for a period of 2 years until 30th June 2024 at a total cost of £7.7m be extended

b. further S75 Agreement on substantially the same terms as those which currently apply with Cheshire and Wirral Partnership Foundation Trust for a period of 6 weeks until 30th September 2023 at a total cost of £710,598 be entered into

c. a further S75 Agreement on substantially the same terms as those which currently apply with Wirral Community Health and Care NHS Foundation Trust for a period of 16 months until 30th September 2023 at a total cost of £12,377,167 be entered into

d. the Director of Law and Governance in consultation with the Director for Adult Social Care and Health be authorised to negotiate and conclude both of the S75 Agreements within the overall financial envelope set out and on substantially the same terms as those which currently apply.

(2) the Director of Care and Health be requested to submit a report to a future meeting of the Committee in respect to the delivery of Delegated Social Work services.

94 INTEGRATED CARE SYSTEM

The Director of Adults, Health and Strategic Commissioning introduce his report which provided an update on the development of the Integrated Care System and the changes to Wirral's Clinical Commissioning Group (CCG) and requested approval in principle to the draft terms of reference for the Wirral Place Based Partnership. It detailed the impacts of expected changes and recommended a Sub-Committee be formed with the terms of reference detailed in the appendix.

Members questioned the new arrangements and noted the additional democratic oversight and that there was new legislation which was progressing through Parliament regarding such arrangements which this would help the Council be ready for.

Resolved – That

the implementation plans of the Council and the NHS in respect of the Health & Care Bill still going through Parliament and its impact on the Council be noted. In readiness for which:

a) the terms of reference for the Wirral Place Based Partnership Board be approved; and

b) a shadow Committee in common be established in the form of a subcommittee consisting of 3 Members politically balanced with terms of reference as detailed in appendix 2.

95 WIRRAL SAFEGUARDING ADULTS BOARD

The Assistant Director for Care and Health Commissioning People introduced the report of the Director of Care and Health which provided an update on the establishment of the Wirral Safeguarding Adults Board (SAB) since June 2021. Is partnership focussed. Other groups feed into it. we retain independent chair.

Members noted that the Health and Social Care Bill included a statutory responsibility within the NHS to oversee the Integrated Care System but that did not preclude local authorities having their own safeguarding arrangements, and that there was scope for closer working with the Children Safeguarding Partnership.

Resolved –
That it be noted that the new arrangements have been put in place to meet all statutory requirements in relation to the Safeguarding Adults Board.

96 **DIRECT PAYMENTS UPDATE**

The Lead Commissioner for Integrated Services presented the report of the Director of Care and Health which updated Members on the review of the Direct Payments offer to Wirral residents who were eligible to receive care and support under the Care Act 2014. The review aimed to identify why the take-up of the offer was low and find strategies to increase it through a working group.

Members noted that residents with impaired capacity could be accommodated by different options for payments.

Resolved –
That the content of the report and the aims of the Direct Payments review to increase the number of packages of care and support provided by way of a Direct Payment be noted.

97 **COVID 19 RESPONSE UPDATE**

The Director of Public Health presented her report which provided 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, as well as the Wirral Plan 2021 - 2026. It was noted that on 21 February the Prime Minister had announced an intention to 'learn to live with Covid' and removed requirements for self-isolation although guidance remained. Cases remained relatively high with around 254 per 100,000 residents so contingency plans had to be retained, although over 80% of people had received two doses of vaccine and hospital numbers were falling.

Members noted that free testing was to end on 31 March 2022 which was a concern.

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

98 **WIRRAL UNIVERSITY TEACHING HOSPITAL CARE QUALITY COMMISSION INSPECTIONS AND PROGRESS AGAINST THE ASSOCIATED IMPROVEMENT PLANS**

The Executive Medical Director of Wirral University Teaching Hospital presented the report of the Director of Law and Governance which detailed the improvement plan resulting from a trust-wide inspection by the Care Quality Commission in 2019. Most actions had been completed and others were delayed due to the Covid-19 pandemic or national pressures but had now been taken forward into a new action plan.

Members queried the details of the hospital capacity where Accident and Emergency throughflow was affected by hospitals being unable to discharge patients and were informed that each patient was assessed daily to see if they could move on. It was noted that the NHS Emergency Care Incident Support Team had said that the process was strong and robust.

Members also queried the support given to staff who worked through the pandemic and were informed that there a culture of support had been implemented with staff support teams offering refreshment and counselling.

Resolved –
That the briefing which has been appended to the covering report be noted.

99 **THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST UPDATE REPORT**

Councillor Mary Jordan left the meeting for this item as she had declared a pecuniary interest in it.

Members consider the report of the Director of Law and Governance which had been requested by the Chair and Group Spokespersons of the Adult Social Care and Public Health Committee to provide an update on the improvement plan following the 2019 Care Quality Commission (CQC) inspection of the move for most cancer care from Wirral to Liverpool. The transfer had gone well with patients moved in one go. There are also some additional beds available on the Wirral for patients who cannot be moved.

Resolved:
That the briefing which has been appended to the covering report be noted.

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

The Assistant Director for Commissioning People presented the report of the Director of Care and Health which provided 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. There had not been significant movements in performance following the movement out of the pandemic with capacity of bed and a reduction in care home closures from infections.

Resolved:
That the content of the report be noted.

101 **WIRRAL EVOLUTIONS VALUE FOR MONEY REPORT**

The Director of Adults, Health and Strategic Commissioning introduced his report which detailed a value review instigated by Wirral Council between November 2021 and January 2022, following a request initiated at the Adult Social Care and Public Health Committee on 18th January 2021. The objectives of the review used several criteria to determine value for money which included, economy, efficiency, stakeholder value and achievability. In addition, stakeholder views had been gathered from staff, people accessing the service, their families, carers, and charitable bodies, throughout November and December 2021. The report set out proposals for the insourcing of the services currently carried out by Wirral Evolutions Limited. The review had been prompted by a number of reports about the company not being able to deliver services within the contract price, although there was no criticism of the quality of services which was well regarded and would not change even if the work was taken in-house. The review concluded that delivery did not justify the costs and bureaucratic burden and none of the expected expansion had been achieved. Staff would be transferred and savings would result from reduced office costs and more direct actions. A consultative board would be formed including users and staff to maintain quality and let them have a say in development of services.

Members expressed regret at the loss of Wirral Evolutions which had been set up in hope of growth and they asked questions about the savings to be achieved. They were reassured that the consultative board would maintain quality and satisfaction.

Resolved - That:

(1) the Director of Care and Health be authorised to extend the contract to provide services to support adults with a learning disability currently held by Wirral Evolutions Limited for a limited period not exceeding six months from the 1 April 2022 so as to enable the effective implementation of transition of services currently supplied by the company to the Council.

(2) the transition of services which are currently delivered by Wirral Evolutions Limited to an in-house model of delivery by the Council be approved starting as soon as reasonably practicable

with the intention that those services will be fully transferred back into the Council within six months of the 1 April 2022.

(3) the Director of Care and Health be authorised to terminate or allow to expire the contract to provide services to support adults with a learning disability currently held by Wirral Evolutions Limited as soon as practicable after the complete and effective transfer of services currently supplied by the company to the Council.

(4) a Consultative Board be established with stakeholder and staff membership tasked with oversight of the provision of personalised day services and opportunities for adults with a wide range of learning and physical disabilities, enabling people who access the service and their representatives to have a greater input into the delivery of the service.

(5) the Director of Care and Health be authorised to make all necessary arrangements to insource the services carried out by Wirral Evolutions Limited.

(6) it be recommended to the Shareholder Board that the Director of Law and Governance be authorised to progress the necessary steps to transfer Wirral Evolutions Limited's undertaking to the Council, including the cancellation of the current contract with Wirral Evolutions Limited and to consider all appropriate options for the future deployment or disposal of Wirral Evolutions Limited.

(7) the Director of Care and Health provide a further report to a future Adult Social Care and Public Health Committee to update on the service transition arrangements.

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

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

A Member made a request that suicide prevention be considered early in the new municipal year.

Resolved:
That the proposed Adult Social Care and Health Committee work programme for the remainder of the 2021/22 municipal year be noted.

WIRRAL

ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Tuesday, 14 June 2022

REPORT TITLE:	**COMMISSIONING ACTIVITY QUARTER 2 2022/2023**
REPORT OF:	**DIRECTOR OF CARE AND HEALTH**

REPORT SUMMARY

The purpose of the report is to notify Adult Social Care and Public Health Committee of the commissioning activity for Quarter 2 of financial year 2022/2023.

Procurement activity will commence in August 2022 for the care and support providers for the two new Extra Care Housing Development schemes at Green Heys in Liscard and Spinnaker House in Rock Ferry. Both schemes are planned to go live in financial year 2023/2024 (dates to be confirmed).

This is a key decision that affects all wards, and budget requirements will be in excess of £500k.

The commission will support the work of the Wirral Plan 2026 in the categories:

- Safe and Pleasant Communities - Working for safe and pleasant communities where our residents feel safe and are proud to live and raise their families.
- Active and Healthy Lives - Working to provide happy, active and healthy lives for all, with the right care, at the right time, to enable residents to live longer and healthier lives.

RECOMMENDATION/S

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

1. Authorise the commencement of the tender process for the procurement of care and support at home services for the two new Extra Care Housing Development schemes at Green Heys in Liscard and Spinnaker House in Rock Ferry with an agreed contract length of 5 years from the start date of the respective schemes.

2. Authorise the Director of Care and Health to award the contract to the highest scoring tender within approved budget following the tender process.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 For the care and support services to be provided to residents within the new Extra Care Housing schemes.

1.2 To enable care and support at home providers time to both tender and a long lead-in time for mobilisation given the size of the schemes.

1.3 The contract length of 5 years is to support providers to recruit staff and invest in the longer-term in staffing for the scheme, and to ensure continuity of care for the people who live in the scheme.

2.0 OTHER OPTIONS CONSIDERED

2.1 To not procure services to meet the assessed needs of the individuals moving into the accommodation. This would mean that assessed needs would not be met by an onsite single care team, and existing community domiciliary care providers would be unlikely to meet demand within the scheme and there would be a risk that the Council would not fulfil its statutory duty under the Care Act 2014.

2.2 To not procure the services to meet the needs of people moving into the scheme, which may mean that people would need placing in residential and nursing care placements to meet their needs, which would not support the best outcomes for people and allow people to remain in their own homes.

2.3 Having a contract length shorter than 5 years, but this would not ensure longer-term investment with the provider or ensure continuity of care for the people who live in the scheme. Recruitment in the sector is currently challenging, and a shorter contract length could present a difficulty for the successful provider in recruiting a full care team.

3.0 BACKGROUND INFORMATION

3.1 The Wirral Plan: A 2020 Vision included a target of an additional 300 Extra Care Housing units for older people and people with learning disabilities and/or autism, by 2020. Building on the strategic priorities within the Wirral Plan 2020, the Wirral Plan 2026 also outlines as part of the 'Active and Healthy Lives' theme, our ambition for 'happy, active and healthy lives where people are supported, protected and inspired to live independently.'

3.2 Extra Care Housing enables older people and people with a disability to live in a home on their own in a designated development, with 24-hour care and support services on site. People are enabled to live in their own accommodation with care on site for when they need to access it. Extra Care Housing will be increasingly used as an alternative to residential care.

3.3 Wirral already has 329 units of Older People Extra Care Housing accommodation in operation. This accommodation has been developed as an alternative to residential care and is a valued resource in the Borough. The addition in 2023 of the two new schemes at Green Heys and Spinnaker House will mean that there will 485 units of Older Peoples Extra Care housing operational by the end of 2023. The Council has a stated intention to achieve 725 units by 2026, as agreed at Adult Social Care and Public Health Committee in January 2022. The Council is on track to meet this target.

3.4 Wirral Council and NHS Partners are working jointly with developers and housing associations to develop Extra Care Housing schemes across the Borough to meet the future demand of Wirral residents.

3.5 The Council's expectation is that any provider of care and accommodation works to a nomination's agreement with the Council so that placements can be prioritised based on local need.

3.6 A nomination agreement sets out an agreement to allocate properties to applicants whose details are supplied by another organisation, in this case Wirral Council. For these schemes, the Council will be entitled to 100% nomination rights on the first let of a property and 100% nomination rights for subsequent re-letting of void properties.

3.7 The 24-hour provision of care and support for Extra Care Housing is commissioned by the Local Authority.

3.8 Liverpool City Region (LCR) Extra Care Housing Flexible Purchasing system - In 2018/19 Knowsley, Sefton and Liverpool jointly procured a system to purchase care and support services in Extra Care Housing. Commissioners agreed a single service specification and contract. Work continues on developing a joint performance framework, with a full set of metrics. Whilst the framework was developed with commissioners from the Liverpool Tripartite agreement (Liverpool, Sefton and Knowsley), all six LCR Authorities are named parties and therefore have the option to draw down services from the framework.

3.9 Draft procurement timescales are as follows:

Date	Procurement Timescales
August 2022	Window Opens for mini-Competition
September 2022	Window closes
October	Evaluation of tenders
November	Adult Social Care and Public Health Committee notification of awards
December	Award made by Director of Care and Health

3.10 It is proposed the duration of the Contract is for 5 years, from the start date of the respective schemes.

3.11 The care provider is to ensure 24-hour background support is available in the scheme to all residents (Band 1). In addition to the 24-hour support, some residents will also receive additional support based on assessed level of need. These are categorised into 5 care bands, as below: -

Band 1	Band 2	Band 3	Band 4	Band 5
Between 0 and ½ hour	Over ½ and up to 5 hours	Over 5 and up to 10 hours	Over 10 and up to 15 hours	Over 15 hours

3.12 The service will ensure that, at all times, at least one member of staff is on site, this will be kept under review dependant on the need of the tenants. This will include waking night staff that will be required to carry out planned care tasks and respond to emergencies throughout the night.

3.13 The Council will evaluate submissions on 100% quality, as the price is set from the framework.

3.14 The Council is to advertise the schemes in one overarching commission with each scheme as a lot. Providers will be able to apply for a maximum of one lot. This is to ensure a spread of risk across the market should any of the providers fail, and to ensure some equity within the care market to support sustainability.

3.15 All providers will be paid at agreed framework rates for Extra Care Housing.

3.16 Spinnaker House is a 102-apartment scheme which is being developed by Taurus Housing, and Green Heys is a 54-apartment scheme which is being developed by Magenta Living.

4.0 FINANCIAL IMPLICATIONS

4.1 The Council is currently paying an enhancement for providers who are paying the Real Living Wage (RLW) of £9.90.

4.2 Cost for the scheme will not be incurred until the schemes are ready to go live, it is anticipated that this will be in quarters 3 and 4 of financial year 2023/2024.

4.3 The schemes will be financed from within Adult Social Care budgets, and from growth.

4.4 Below, is the annual anticipated cost of the contract for each individual scheme based on existing rates.

Scheme	Number of Units	Annual Cost
Spinnaker House	102	£683k full year
Green Heys	54	£362k full year

*The two figures above are based on an average across two current units - Poppyfields (78) and Mendell Court (49) but will be variable based on client need etc.

4.5 The Council will, in the final quarter of the financial year 2022/23, finalise its annual rate and fees negotiations with a report with recommendations to Adult Social Care and Public Health Committee, and the final rates for 2023/2024 will be agreed with full Council approval.

4.6 If the successful provider does not commit to paying the RLW, they will not receive the enhanced rate once agreed by Committee and they will be paid at the standard rate.

5.0 LEGAL IMPLICATIONS

5.1 The commission of the services detailed in this report will need to be undertaken in accordance with The Public Contract Regulations 2015 and the Council's Contract Procedure Rules. Using the framework detailed in this report, will meet these requirements. Should the authorised Director wish to award the contract via a tender which does not hold the highest score or where the costs of the award will exceed the relevant budget, the matter will be referred back to this Committee for consideration.

5.2 The Care Act 2014 requires a duty for Local Authorities to facilitate and shape a diverse, sustainable and quality care market, emphasising that Local Authorities have a responsibility for promoting the wellbeing of the whole local population, not just those whose care and support they currently fund.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 No current implications for the Council, met within existing resources.

7.0 RELEVANT RISKS

7.1 If the care and support were not commissioned there would be a risk the Council would not meet its statutory duty under the Care Act 2014.

7.2 If the framework providers chose not to tender then a full procurement exercise outside of the existing LCR framework would be required.

8.0 ENGAGEMENT/CONSULTATION

8.1 Stakeholder engagement will be undertaken prior to and as part of the procurement activity. This will be held between June 2022 and September 2023.

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

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 The Extra Care Housing apartments are all based in one scheme and staff will not be required to travel between care venues as they do in domiciliary settings.

10.2 Care providers will be asked as part of the procurement exercise to outline their commitment to minimising negative environmental impact and supporting Wirral Council in reducing carbon emissions.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 Successful tenderers will be required to establish an office within Wirral if they do not already have one.

11.2 As the service is based in Wirral this offers employment to people who live locally.

11.3 The service is available to Wirral people aged 55 plus, with a local connection.

11.4 Providers will be able to attract an enhanced rate of pay, to pay the Real Living Wage to staff.

11.5 The services enable local people to access professional training and develop their skills to meet local need and attain professional qualifications.

11.6 Social value is included in the specification and tender documents.

REPORT AUTHOR: **Jayne Marshall**
Lead Commissioner, Community Care Market
telephone: 0151 666 4828
email: jaynemarshall@wirral.gov.uk

APPENDICES

N/A

BACKGROUND PAPERS

Learning and Improvement Network (LIN) - What is Extra Care Housing
The Wirral Strategic Housing Market Assessment (SHMA) 2019

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care & Public Health Committee (Extra Care Housing)	25 January 2022
Adult Social Care & Public Health Committee (Rates and Fees Engagement Exercise Outcome)	3 March 2022

WIRRAL

ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Tuesday, 14 June 2022

REPORT TITLE:	**ALL AGE DISABILITY**
REPORT OF:	**DIRECTOR OF CARE AND HEALTH**

REPORT SUMMARY

This report describes the plans for an All Age Disability service review and transformation. It will also describe how the programme will contribute towards budget savings, with a £1M efficiency target required for 2023/24.

Greater alignment of services and more creative responses to people's needs and aspirations is likely to lead to a reduction in future demand and in cost pressures relating to more expensive and intensive forms of care.

This affects all wards. This is a key decision as it affects all wards and is linked to an efficiency target of £1M in 2023/24 as part of the current Medium Term Financial Plan.

RECOMMENDATION/S

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

1. Approve the commencement of an All Age Disability Service review.

2. Endorse the approach to the review detailed in the report, and request the Director of Adult Social Care and Health to bring a further report to a future committee detailing the progress made and the recommendations following the review.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 The All Age Disability service review supports the delivery of the Wirral Plan 2021-26 'Active and Healthy Lives' theme: "Working for happy, active and healthy lives where people are supported, protected and inspired to live independently." and the 'Brighter Futures' theme: "Brighter Futures for all, regardless of their background".

1.2 Improvements in the way that people with a disability are supported with planning for their adult lives will enable people to live well in their communities, and to aspire to more active, fulfilling, and independent lives.

1.3 The review will support and align to delivery of the Wirral Statement of Action (Appendix 1) following the Special Educational Needs and Disability (SEND) inspection feedback (Appendix 2). It will also align to the current SEND Strategy (Appendix 3) and its key priority to develop effective transition arrangements including preparing for adulthood pathway.

1.4 The approach to supporting people with a disability in Wirral can benefit from learning from other areas, to ensure that best practice in personalised care and support is offered to people to meet their goals and aspirations, and to achieve better outcomes.

2.0 OTHER OPTIONS CONSIDERED

2.1 Not to review All Age Disability services would not deliver the best outcome for people with disabilities and their families.

2.2 Not to review All Age Disability services would not deliver the efficiencies identified for this service area for 2023/24.

3.0 BACKGROUND INFORMATION

3.1 The Council has developed an All Age Disability Service, in partnership with Cheshire and Wirral Partnership NHS Trust (CWP), and where CWP deliver Social Work functions on behalf of the Council.

3.2 This service has been in operation since 2018, and there has been a demonstrated improvement in the co-ordination of care and health support to people with a disability, particularly for those with the most complex needs and for those preparing for adulthood. The service overall provides social care and health functions for adults with a mental health need, adults with complex needs arising from disability, and children with a disability who have the most complex needs. The service provides assessment, care co-ordination and other statutory Social Work functions.

3.3 Assessment, planning and support has improved for young people with complex needs who are preparing for adulthood, especially where the young people are known to health and care services. This was commented on positively in the recent SEND inspection feedback. However, the use of data and intelligence about our wider population of people with disabilities could be used to better effect to plan services, and to identify strengths and opportunities as well as areas for development and improvement.

3.4 There is a separate review underway of these Social Work delivery options which are currently contracted until September 2023.

3.5 There is a greater reliance in Wirral on more traditional care services, which leads to Wirral being a higher spend Local Authority on disability services. At the same time, it is believed that outcomes achieved for people with disabilities could be improved.

3.6 Wirral supports 1112 people with a Learning Disability with a funded package of care and support (April 2022). Previous analysis has shown that Wirral provide funded support to a higher number of working age adults with a learning disability than might be expected for its population size. The review planned will include analysis of the available data in this regard.

3.7 Wirral has 133 working age young people aged 18-64 with complex needs placed in long term care (April 2022), this is higher than might be expected and the ambition would be for more people to live in their own homes and in their natural communities rather than in care home settings.

3.8 Additionally, Wirral has 533 working age adults with complex disabilities living in supported independent living (April 2022), with only a small number of those living with shared lives carers. It is planned to increase the number of shared lives carer placements available.

3.9 Wirral Adult Care and Health service commissioners have a clear desire to support more people to live in their own homes, and to place fewer people into care homes. This is published in the Directorate's Market Position Statement.

3.10 Recent developments in Extra Care Housing type accommodation for people with learning disability have been achieved which provide people with their own front door, apartment style living and with access to an on-site care team. 85 units have recently been developed and are fully occupied with an additional 21 learning disability Extra Care Housing units in development.

3.11 Work is underway in Cheshire and Mersey to develop a service model for Supported Independent Living, as many service types have developed over time, and an agreed model would influence the type, standard and features of any future scheme developments.

3.12 It is expected that commissioning and joint commissioning activity will be influenced by the review, using data and intelligence from our system partners and hearing from people who use or may use services in the future.

3.13 Whilst some progress has been made in employment rates for people with a disability, it is believed that there is scope to further enhance employment, supported employment and volunteering opportunities for people with a disability. With plans underway for day opportunities to be brought into the direct Council delivery, there is opportunity within the review to consider future developments in this area.

3.14 A separate Direct Payments review is underway, and it is recognised that there is opportunity to improve the process and take up of Direct Payments by people with a disability who wish to be more in control of their lives and to achieve more creative and flexible support.

3.15 An All Age Disability Partnership Board exists, which will be fully involved in the review proposals and in supporting delivery of programme objectives. Officers leading the review would welcome involvement, feedback and comments from people who use All Age Disability Services, their carers, families, advocates and other stakeholders to shape the scope of the review.

3.16 Work is underway to address areas of significant weakness identified by the recent SEND Inspection, with a programme of work organised to deliver the commitments made by the system in the Wirral Statement of Action. This, alongside work already underway to improve transition arrangements, particularly for young people preparing for adulthood will also inform the All Age Disability review. It is expected that developments in Children's Social Care services and greater alignment with All Age Disability Services will improve the experience of young people in preparation for adulthood.

3.17 The Lead Commissioner for All Age Independence will design and co-ordinate a review of All Age Disability social care and support services. The review will be undertaken with partners, stakeholders and people who use services and their family carers, and will be informed by data, evidence of best practice, and the views of people with lived experience.

3.18 A project plan will be developed, which will align to other cross cutting programmes of work. There is a commitment to engage with people who use the services, their families and other stakeholders, to ascertain their requirements from an All Age Service. The project will include in scope, as a minimum:

- Preparing for adulthood - aligning to the Wirral Statement of Action work underway on improvements, particularly to Education Health and Care Plan processes, using data analysis and performance evidence to inform joint commissioning activity.
- Best practice and learning from other areas on models of All Age Disability services.
- Options for greater alignment of All Age Disability Services with SEND services and Children's Social Care services.
- A review of the range and type of support services available to people who need them.
- A review of the current Council expenditure on support to people with a disability

- Develop proposals for achieving £1M efficiencies in 2023/24 through a more co-ordinated response.
- Employment, supported employment and volunteering opportunities.
- Personalisation and Direct Payments.
- Use of technology enabled care.

4.0 FINANCIAL IMPLICATIONS

4.1 A £1M efficiency is required in 2023/24 as part of the current Medium Term Financial Plan. This review programme will identify and plan for full delivery of this target.

5.0 LEGAL IMPLICATIONS

5.1 All Age Disability Services include Social Work services that are subject to a Section 75 agreement, currently running to September 2023.

5.2 The Council has a legal duty to assess the needs of people who may need care and support, to promote independence and wellbeing, and can apply discretion as to how to meet those needs identified.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 Existing Officer resources will be required to provide leadership and programme management of the review.

7.0 RELEVANT RISKS

7.1 There is no risk presented by the plan to review All Age Disability services for people who need care and support who will continue to have their needs met.

7.2 There is a risk that the review will not identify or deliver the required efficiencies and improved outcomes for people.

7.3 On completion of the review, risks will be considered in any recommendations made.

8.0 ENGAGEMENT/CONSULTATION

8.1 Stakeholders and experts by experience will be involved in the review planning and delivery of workstreams included in the project delivery.

9.0 EQUALITY IMPLICATIONS

9.1 There are no equality implications as a direct result of this report.

9.2 An Equality Impact Assessment (EIA) will be developed alongside the development of the project plan. The review will seek engagement from people with disabilities and other stakeholders in the review design.

9.3 Consideration will be given to the need for an EIA for any individual areas of work within the review where this is identified.

9.4 Equality considerations arising from any future recommendations from the completed review will be fully considered.

9.5 The PDF file may not be suitable to view for people with disabilities, users of Assistive Technology or mobile phone devices. Please contact the report author if you would like this document in an accessible format.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 Consideration will be given to environmental and climate implications in the planning and implementation of the review, and also in its recommendations.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 Care provider organisations employ significant numbers of Wirral residents who contribute to the local economy. People with a disability having greater opportunity to reach their aspirations for work, housing, leisure, learning and volunteering will positively impact on the vibrancy and development of local communities and economies.

REPORT AUTHOR: **Jason Oxley**
Assistant Director of Care and Health, and Commissioning for People
telephone: 0151 666 3624
email: jasonoxley@wirral.gov.uk

APPENDICES

Appendix 1 - Wirral Statement of Action (SEND)
Appendix 2 - Wirral SEND Inspection Feedback
Appendix 3 - Wirral SEND Strategy 2020-24

BACKGROUND PAPERS

Wirral Adult Care and Health Market Position Statement:
https://www.merseysidemarketpositionstatement.co.uk/#section-1

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Care and Health Overview and Scrutiny Committee: Feedback from member workshop on All Age Disabilities and Mental Health Transformation Project	13 September 2017

Cabinet: All Age Disability and Mental Health Services Transformation Programme	6 November 2017
Adult Social Care and Public Health Committee: Commissioning Activity Q1 (Delegated Social Work contracts)	3 March 2022
Children, Young People and Education Committee: Local Area SEND Inspection Update	31 January 2022
Children, Young People and Education Committee: SEND Strategy	1 December 2020

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Wirral Local Area
Written Statement of Action

15 March 2022

Section 1
Introduction

Between 27 September 2021 and 1 October 2021, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Wirral. The inspection evaluated the effectiveness of the local area in implementing the special educational needs and/or disabilities (SEND) reforms, as set out in the Children and Families Act 2014.

As a result of this inspection, in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) has determined that Wirral Council must submit a Written Statement of Action because of significant areas of weakness in practice. These are identified as:

1. Weaknesses in the quality and timeliness of EHC assessments and annual reviews
2. The lack of meaningful co-production with parents and carers
3. The high level of parental dissatisfaction with the area's provision
4. The published local offer not being well publicised and not providing parents and carers with the information that they need
5. Poor communication with parents and carers across the area
6. The fractured relationship between the area and the Parent Carer Partnership Wirral and the impact of this on the area's progress in implementing the reforms
7. The lack of joint commissioning of services in the area
8. The lack of effective strategic oversight to ensure effectiveness of plans and provision and hold leaders, managers and partners to account
9. The lack of accurate, up-to-date and useful information which informs the area's plans and evaluates the impact of their actions
10. The graduated response not being consistently applied across all schools and settings.

Wirral Council and the Clinical Commissioning Group would like to thank all those children and young people, parents, carers, providers and professionals who supported the inspection activity. It would also like to offer a heartfelt apology and express its regret for the failings in practice and service delivery that have led to these inspection outcomes. Whilst Wirral Council is proud of the strengths identified in this report, it is mindful that there are many areas of need that impact children and young people's lives on a daily basis, and will have been a cause of deep distress for many families.

It is with renewed vigour that Wirral Council, the Clinical Commissioning Group, all its partner education, health and social care services, and in collaboration with Parent Carer Participation Wirral set out an ambitious programme of improvement, guided by this Written Statement of Action and wider transformation work already taking place.

Section 2
Co-production of a Written Statement of Action

A lack of value afforded the contributions and support of parents, carers and young people, and a lack of investment in building trusting, mutually supportive relationships, together with failures in service delivery, has led to five related areas of weakness in the inspection report. There are significant cultural changes in practice to secure, and significant challenges to overcome.

The Local Area SEND Inspection Outcomes has driven home the importance of gaining and maintaining the support, confidence and good will of its parent and carer community, of valuing and respecting families and children and young people with SEND. It is our intention to place their views, insight and wellbeing at the heart of all our service improvement, and to engage more closely, regularly, and transparently, with Parent Carer Participation Wirral, SEND Youth Voice Group and all stakeholders.

To that end, work has already begun following the inspection report on a series of engagement meetings to share findings, gain views and support with a range of stakeholders. The introduction of parents and carers on the SEND Transformation Board is an indication of the commitment Wirral Council and the CCG makes to accelerating the pace of transformation and improvement and to embracing the spirit of the SEND reforms through co-production.

Governance of the Written Statement of Action takes its example from the best practices of other regional and national local authorities, from guidance outlined in the inspection findings, and from insights gained from the early stakeholder meetings which have been invaluable in shaping this statement.

Section 3
Statements

Wirral children's services have been on an improvement journey in recent years. Whilst there have been improvements in some areas, it is to my deep regret that this is not happened for our children and young people with SEND.

Services within Wirral have been fragmented, and as such children and families have experienced at best intermittent support and at worst services that have created barriers and deep distress by not communicating and providing the support needed. I want to take this opportunity at the beginning of our improvement journey to offer a sincere apology to those families that have been affected and failed in this way, and by making a commitment to change.

The Local Area SEND Inspection has been the catalyst to pull together and restart our journey: it is so important that we do this with children, young people, parents and carers working together in a meaningful way. I am proud of and grateful to all those parents and carers who, despite the history, have offered their time, engagement and valued contributions. By doing so, we have a fresh opportunity to get this right. I know it will take time and not be easy to fix, but I'm excited by what we can achieve through working together. We have found commonality in a shared focus on wanting the very best for our children and young people.

Between us this Written Statement of Action will be the impetus needed to make outstanding services for children with SEND a local reality.

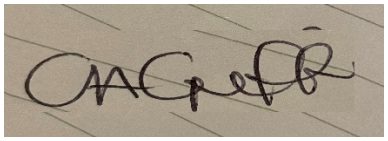
Best wishes

Simone

Parent Carer Participation Wirral (PCPW) are the Department for Education (DfE) funded Parent Carer Forum (PCF).

Our vision is to ensure the services on Wirral meet the needs of disabled children, young people and their families. We are here to elicit change and to make a difference to the services locally by bringing the parent carer voice to highlight where these are working well or need improvement.

PCPW welcomed the outcomes from the Ofsted inspection and were pleased to have been in attendance for meetings discussing the WSoA. We look forward to the increased meaningful co-production across Health, Education and Social Care and look forward to working in partnership with all stakeholders to deliver the aims of the WSoA.



Cath Griffiths
PCPW Chair

NHS Wirral CCG would like to thank the Ofsted and CQC inspection team for both acknowledging the successes and the areas of significant weakness within in the local provision for children and young people with Special Educational Needs and Disability (SEND). We would like to apologise to all children, young people and their families who have been impacted by the current areas of weakness in local provision and are eager to see significant improvements through delivery of this Written Statement of Action.

The Written Statement of Action has been produces through support from a wide group of local stakeholders and we would like to thank all of those individuals that have contributed to this work. Whilst this is only the start of the improvements required, the Written Statement of Action provides optimism for the future with a clear direction of travel to address the most significant areas for development. NHS Wirral CCG is fully committed to supporting delivery of this plan alongside our system partners and progress will be monitored throughout the life of this action plan.

Lorna Quigley, Director of Quality of Safety.

WIRRAL NHS Wirral Clinical Commissioning Group Local Offer Wirral

Section 4

Timeline of Activity since Written Statement of Action Inspection Report

December 2021	
15th December 2021	Initial meeting with Local Area Partners following notice of requirement for a Written Statement of Action
10th December	Formal feedback of SEND inspection outcome to SEND strategic board
January 2022	
24th January 2022	Workstream event around assessment and planning, officers, parents and stakeholders
25th January	Workstream around needs analysis and data, officers, parents and stakeholders
27th January	Workstream event around health and health care pathways, officers, parents and stakeholders
31st January	Committee report to Children's, Family and Education detailing outcome of SEND inspection
31st January	Workstream event around joint commissioning, with officers, parents and stakeholders
February 2022	
3rd February	Committee report to Health and Wellbeing Board
7th February	Workstream event, coproduction, local offer and communication
8th February	Workstream event around assessment and planning
26 February	Workstream event, coproduction, local offer and communication
28th February	SEND transformation board meeting and sharing of Version 1, WSOA

Note of Gratitude

There has been a significant outpouring of support and willingness to attend activities and events led by the authority since the publication of the Local Area of SEND Inspection. The authority would like to extend its thanks to all those individuals who have attended events, online or in person, responded to requests for consultations, or offered their time in various ways in support of this improvement journey. A heart felt thank you to all.

Section 5

Summary of progress to date

Data analysis and joint commissioning: A productive workshop with the Council for Disabled children has helped to set the foundations for a holistic outcomes framework that will enable local area leaders to better understand how early identification and meeting need through inclusive practice is helping to improve outcomes for children and young people with SEND.

Partners have agreed to fund a dedicated resource to work on a cross-organisational footing to lead and drive the change service redesign based on collaborative commissioning principles. Work has progressed to jointly commission a new Occupational Therapy and Speech and Language offer for children and young people.

EHCPs and Annual reviews: A new inclusive pathway has been designed around the concept of three WAVEs of support. Wave 1 will cover a universal offer that is covered by school provision. The local authority is working with school leaders to explore what support training can be offered to school staff to support this. Wave 2 will look at early intervention support for young that schools have identified of needing additional resource. The team supporting this will be identified by the needs of the child that have been identified. Wave 3 will be statutory support; this will lead to an EHCP assessment.

Additional support has been brought into the service to assist with demand management and capacity. There are six additional staff members in the SEND team covering a combination of roles including EHCP writing, annual reviews and EHCP coordination. Education Psychology assessments are being commissioned and delivered by an external provider, focussing solely on EHCP assessments. This is being extended by 12 months to ensure that advice can be provided within the 6-week timescale.

Co-production, Relationships & Communication: A series of face to face and virtual meetings with parents and carers from across Wirral has been held in community settings and online. Parents have been able to share their experiences and receive answers back. There have been a number 6 different sessions held so far with positive feedback from parents and carers.

A SEND Wirral Facebook page has been set up to act as a key conduit with parents and signpost parents to support. Third sector support groups can advertise their offer to parents and carers which has been well received. A review of the Parent Carer Partnership has been undertaken and new membership identified. Parents and carers have been asked to nominate themselves for strategic roles on key governance workstreams which sit under the SEND Board.

Inclusive Practices: A dedicated learning and development event for headteachers and governors to place at the beginning of December and will form part of a wider continued professional development for schools with specific sessions focused on SEND and inclusion. The commission of school assurance professionals to review and audit school settings will include a focus on SEND and will enable the local authority to analyse evidence around the quality of practice in schools. This will enable intervention and support to be targeted where it is needed. The Head of SEND has been undertaking regular visits to schools across the borough to build relationships, share learning and understand the quality of offer provided by individual schools.

Local Provision & Strategic Oversight: Effective partnership working, and collaboration has resulted in the identification of dedicated resources to support the development of a robust dataset and information spanning across multiple organisations which will form the backbone of a robust and accurate needs analysis for the whole local area.

Hannah Myers
Performance & Improvement Manager,
Children's Services, Wirral Council

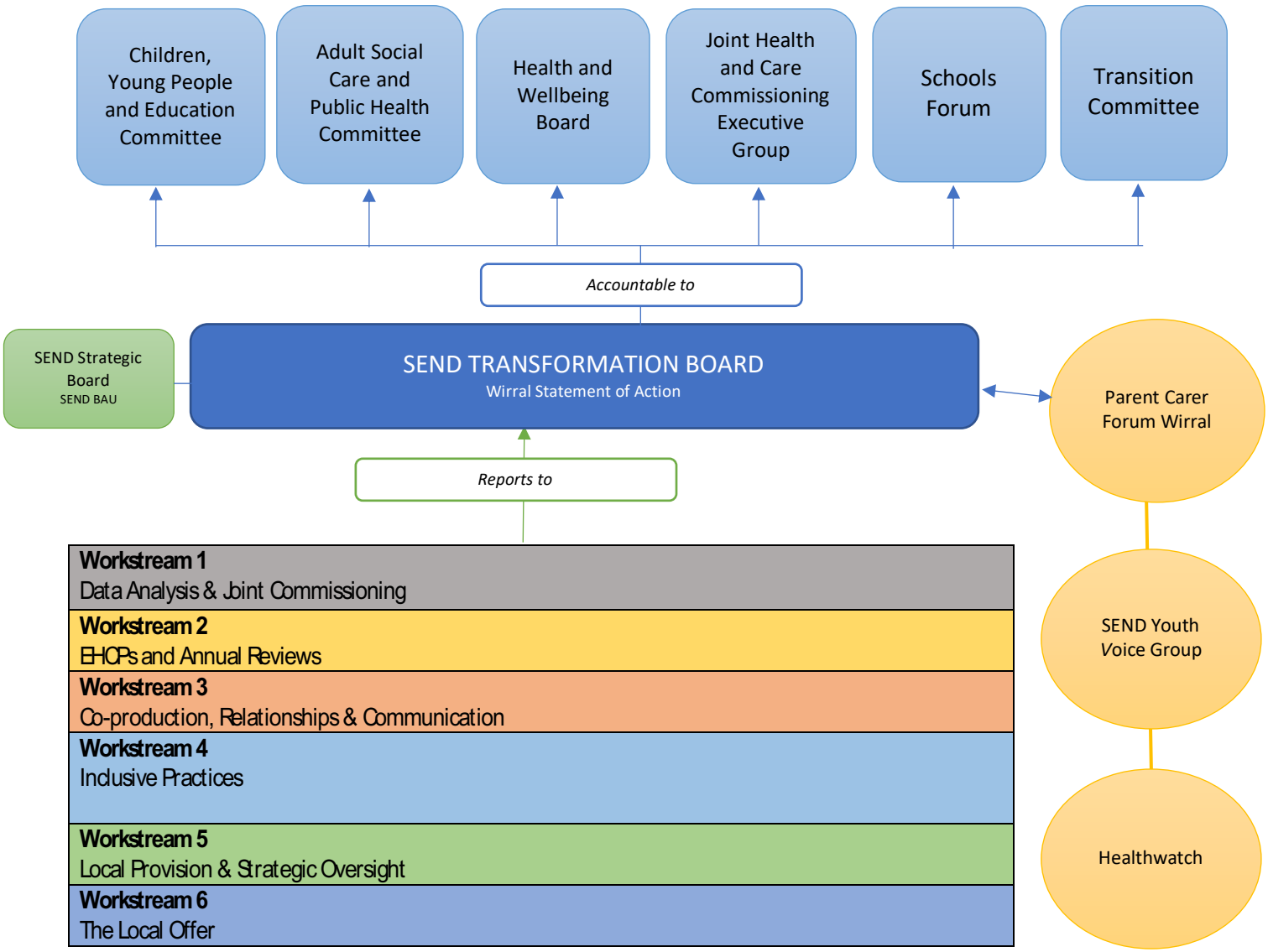
Section 6
Workstreams & Progress Updates

Workstreams	Areas to address	Workstream Lead
Workstream 1 Data Analysis & Joint Commissioning	Lack of accurate, up to date & useful information which informs the area's plans and evaluates the impact of their actions The lack of joint commissioning of services in the area	Jason Oxley, Assistant Director, Care and Health and Commissioning for People, Wirral Council
Workstream 2 EHCPs and Annual Reviews	Weaknesses in the quality & timeliness of EHC assessments and Annual Reviews	Carly Brown, Assistant Director, Strategy and Partnerships (People), Wirral Council
Workstream 3 Co-production, Relationships & Communication	The lack of meaningful co-production with parents & carers Fractured relationships between the area and the Parent Carer Partnership Wirral and the impact of this on the area's progress in implementing the reforms Poor communication with parents and carers across the area	Elizabeth Hartley, Assistant Director Early Help and Prevention, Wirral Council
Workstream 4 Inclusive Practices	The graduated response not being consistently applied across all schools and settings	James Backhouse, Assistant Director Education, Wirral Council
Workstream 5 Local Provision & Strategic Oversight	High level of parental dissatisfaction with the area's provision Lack of effective strategic oversight to ensure effectiveness of plans and provision and hold leaders, managers and partners to account	Richard Crockford, Deputy Director Patient Safety and Quality, Wirral CCG
Workstream 6 The Local Offer	The published local offer not being well publicised and not providing parents and carers with the information that they need	Mike Chandler, Assistant Director for Communication, Wirral CCG

Workstream Progress Updates

- There will be monthly reporting on the progress of all workstreams against identified actions
- Progress updates will be visible when added on the Wirral Local Offer linking to the Written Statement of Action
- A rag rating system is being used for each Workstream to indicate progress against a simple traffic light system, colour coded red, amber, green
- Red rag rating indicates an alert that actions are significantly off track or not yet commenced, amber indicates that progress is slightly behind agreed timeframes and green indicates that progress is good, sustained and on track.
- Further detail to substantiate progress will be included in the monthly progress updates.

Section 7
Governance



Section 8

Glossary of Terms Used in this Written Statement of Action

Abbreviation	Definition
CAMHS	Child and Adolescent Mental Health Service
CCG	Clinical Commissioning Group
Children & Families Act (2014)	Part 3 of the Children and Families Act addresses children and young people with special educational needs and/or disability
CQC	Care Quality Commission
CYP	Children and Young People
DfE	Department for Education
EHC	Educational Health and Care
EHCP	Educational Health and Care Plan
HMCI	Her Majesty's Chief Inspector
IPFA	Individual Personal Funding Arrangements
JSNA	Joint Strategic Needs Assessment
KPI	Key Performance Indicator
LA	Local Authority
NASEN	National Association for Special Educational Needs
PCPW	Parent Carers Participation Wirral
Q&A	Question and Answer
QA	Quality Assurance
SEN	Special Educational Needs
SEN Support	The process that schools use to understand the needs of children and young people, in order to put in place the appropriate support
SENCO	Special Educational Needs Co-Ordinator
SEND	Special Educational Needs and/or disability
SEND Code of Practice (2015)	SEND Code of Practice 0 to 25 Years - Explains the duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs under part 3 of the Children and Families Act 2014
SEND reforms of 2014	Reforms which extended right and protection to young people by introducing the educational health and care plan
SENDIASS	Special Educational Needs Information and Advice Service
Wirral CC	Wirral Children's Centres

Section 9
Workstreams addressing significant areas of weakness

Workstream 1
Data analysis & Joint Commissioning
Lead: Jason Oxley, Assistant Director Care and Health and Commissioning for People

Area of Significant Weakness:

- The lack of accurate, up-to-date and useful information which informs the area's plans and evaluates the impact of their actions
- The lack of joint commissioning of services in the area

Outcome 1
1.1 There is access to timely up to date data to inform the area's plans, driving decision making and supporting the evaluation of actions taken

Ref	Actions	Success Measures	Timescale	Rag Rating	Rag Rating	Rag Rating
1.1.a	A rapid-fire audit of the systems used by services across education, health & social care on children & young people (CYP) with SEND, at SEN Support, and for those with EHCPs	100% service areas audit completion	May 2022			
1.1.b	Review of the audit to understand where systems can be better integrated, recognising opportunities for greater sharing of data from each service through systems, platforms or processes	Audit findings are identified and prioritise and recorded within a newly developed audit tracker which is owned by workstream leads and reported up to the transformation board	June 2022			
1.1.c	A shared understanding of the steps needed to be taken to address failings in current systems that have contributed to long waiting times for specialist support, assessments and poor timeliness of EHCPs	Summary report into SEND systems and processes, with recommendation for ways forward. Agreement on next steps signed off at senior board level.	June 2022			
1.1.d	Findings and recommendations from the rapid-fire audit to be presented as a summary report at the next SEND transformation board meeting	**i.** Summary report produced and presented to transformation board	June 2022			
1.1.e	Commencement of 1st of the month data sharing across the three service areas, by service leads, reporting to the SEND transformation board and other related platforms. Waiting times for EP assessments, for Speech & Language Therapy, for CAMHS to be reported on	**i.** Data sharing agreements in place across Education, Social Care and Health. **ii.** Data collection mechanism established	June 2022			

1.1.f	Development of clear and consistent reporting mechanisms across education, health and social care, to evaluate the impact of services and support provision on outcomes for CYP with SEND across the breadth of the 0 – 25 age range	100% of requested data is captured on a monthly basis. What is to be done with the data? What board will this be reported to and how often will they meet?	June 2022			
1.1.g	Development of a clear performance management and accountability framework, where areas of concern have a clear route to report by exception. Escalation of key issues is reported to the transformation board	Progress reports from workstream leads are reported quarterly to the SEND transformation board. Progress reports are provided to lead governance groups including Children, Young People and Education Committee and Health and Wellbeing Board	June 2022			

Outcome 2

1.2 Effective joint commissioning is in place based on a sound understanding of current & longer term needs of the local area

Ref	Actions	Success Measures	Timescale	Rag Rating	Rag Rating	Rag Rating
1.2.a	Appoint a strategic joint commissioner to facilitate effective joint commissioning arrangement and be key conduit between strategic partners to accelerate commissioning activity	Strategic joint commissioner appointed and in post Joint commissioning strategy and governance structure agreed by local area.	May 2022			
1.2.b	To identify new opportunities and an action plan for joint commissioning of services across education health and social care. Identify budgets allocated to services that could be jointly commissioned	An agenda and timeframe for delivery of new areas of joint commissioning is signed off at senior leadership board and by the executive	July 2022			
1.2.c	Ensure Speech and Language Therapy (SALT) & Occupational Therapy (OT) joint commissioning has relevant data & performance indicators (KPIs) to monitor performance & value for money	Improved timeliness of SALT assessment and provision Improved timeliness of OT assessment and provision	December 2022			

1.2.d	Accelerate meetings of Joint Commissioning Forum to support joint commissioning opportunities	The number of CYP receiving specialist packages of support with joint funding in place has increased	May 2022			
1.2.e	Develop and publish a Joint Strategic Needs Assessment (JSNA) for 2022 to better understand the health and wellbeing needs of Wirral CYP with SEND	Informs pupil place planning SEND JSNA Reviewed and approved by Transformation Board SEND JSNA Document is published. 6 monthly review of JSNA agreed	December 2022			
1.2.f	Use directed surveys to assess parents & carers requests to identify areas of priority for commissioning services	Have a clear timeline of the distribution of headlines surveys, covering	April – June 2022			
1.2.g	Develop a clear programme of joint commissioning activity including short term objectives and longer-term strategic aims, using data to drive decision making	Waiting times are reduced and consistent across the local, in particular for CAMHS and Speech and language assessments	July 2022			
1.2.h	Review the governance arrangements for the Commissioning Forum, ensuring its membership includes key budget holders and decision makers. Publish the governance arrangements.	Correct decision makers are part of the forum to allow approval to take place in a timely manner.	June 2022			

Workstream 2
EHCPs and Annual Reviews
Lead: Carly Brown, Assistant Director Strategy and Partnerships (People)

Areas of significant weakness
Weaknesses in the quality & timeliness of EHC assessments and Annual Reviews

Outcome 1
2.1 All EHCPs are produced in partnership with parents, carers and young people wherever possible, with completion within 20 weeks consistently above the national average of 58% (based on 2021 figures)

Ref	Actions	Success Measures	Timescale	Rag Rating	Rag Rating	Rag Rating
2.1.a	Review in collaboration with SEND service, improvement partners, EP Service, health and social care leads, to explore factors impacting the current backlog of EHC needs assessments	A report is produced identifying key pressures and work needed to manage demand to address the backlog month on month over a 6-month period. Reporting to SEND transformation board.	May 2022			

2.1.b	Review of the current processes and systems within which EHC needs assessments are requested by different groups, schools and other settings, early years, parents/carers and directly by young people with SEND	Increase in number of EHCPs produced within 20-week timeframe. Reduction in complaints and tribunal cases relating to timeliness of EHCPs.	July 2022			
2.1.c	Produce a flow chart to be published on the local offer setting out processes for request of an EHC needs assessment, linking to guidance in the SEND Code of Practice (2015) and Children & Families Act (2014)	Flow chart produced and published on the Local Offer website	May 2022			
2.1.d	Review of the caseload of EHC coordinators, ensuring a balance between live cases and legacy cases to better understand the challenges in the team's capacity to deliver on EHC needs assessments and produce EHC plans within statutory timescales	Produce a data management reports to monitor performance of the EHCP co-ordinators Performance levels for completion of EHC plans within 20-week timescale shows a month-on-month increase, to exceed national average of 58% (based on 2021 fig)	May 2022			
2.1.e	Review of the job specifications for EHC Coordinators and Plan Writers ensuring compliance with Government guidance and conform to Wirral Council's visions for all CYP with	100% of jobs have gone through a job evaluation process.	September 2022			
2.1.f	Close support and monitoring of timeliness of EHC needs assessment, direct intervention by SEND team managers to increase pace, efficiency and frequency of meeting statutory timescales at 4 weekly intervals	Performance levels for completion of EHC plans within 20-week timescale shows a month-on-month increase, to exceed national average of 58% (based on 2021 figures 90% of health advice are received within 6 weeks 90% of social care advice are received within 6 weeks	September 2022			
2.1.g	EHC coordinators work closely with parents, carers, schools, and young people to ensure there is an active engagement from the outset of the EHC needs assessment process. This includes support for contributing at Section A, through direct and indirect support, encouraging and intervening where there is no contribution wherever possible	There is a clear method/process for updating Section A: Views and Aspirations. This includes the ability to capture when the CYP is no-verbal 75% of CYP and/or parents or carers have their views captured in Section A	May 2022			

2.1.h	Develop training for EHC Coordinators that ensures that existing and new members of the team have access to the same quality training and are competent and informed, transferring these skills to all aspects of the EHC process	Mandated online training for all new employees within 7 days of commencement of posts All staff will have received mandated training within 3 months commencing employment. 100% of EHCP Co-ordinators have undertaken mandated training every 12 months based on the SEND Code of Practice, (2015) Children & Families Act (2014) and SEND reforms of 2014	July 2022			
2.1.i	Coproduction meetings held in schools or settings to be carried out within the 20-week statutory assessment timescale coordinated and led by an EHC coordinator with the support of the SEN team manager	Coproduction meetings rolled out from May 2022, with attendance by EHCP coordinators at 90% of coproduction meetings	May 2022			
2.1.j	Establish single decision making multi agency body/panel to consider request for EHC needs assessment, decision to issue EHC plan and resource allocation reporting back to parents, carers and other stakeholders, with transparency of information sharing on decisions made	First multi-agency panel meeting to be held before end of May 2022	May 2022			
2.1.k	Commission additional capacity for Education psychology assessment to prevent delay in advice to inform planning.	6-month timescale from point of commissioning additional EP support to completion of backlog of assessment advice	July 2022			
2.1.l	The needs of the CYP are clearly and concisely identified in Section B of all new EHCPs produced from September 2022	70% of new EHCPs have a clear and concise Section B, according to quality standards for EHCPs measured by dip sampling of EHCPs, multi-agency QA activity and by regular weekly quality audits of draft EHCPs	September 2022			
2.1.m	Education, health and care contributions in Sections C, D, G, H1 & H2 meet agreed quality criteria	Audit dip-samples of cases show that the input from Education, Health and Care meet the agreed criteria. Audit dip-samples of cases show that the input from Education, Health and Care meet agreed quality standards in 70% and more of EHCPs audited	September 2022			
2.1.n	Outcomes in Section E relate to areas of need identified in Section B, C and D and clearly show they have taken account of the views, comments and aspiration of the child, young person or parent in Section A	Audit dip-samples show cases meet the agreed criteria. 80% of audited EHCPs indicate that Section E clearly relates to Sections A, B, C & D. clearly relate to Sections A, B, C and D	September 2022			

2.1.o	There are regular communication updates with parents and carers throughout the EHC needs assessment process with a minimum of monthly engagement updates, phone calls, teams meetings or face to face contact at designated venues. This is over and above use of emails as a main communication method	Commitment to parental engagement on a minimum monthly basis through direct contact, logged in case notes, is achieved with 90% success rate. Contact points built into timescales and recorded, shared with SEND managers and reported to SLT. Reduction in complaints evidenced through Complaints & Tribunals team.	May 2022			
2.1.p	All CYP going through the EHC needs assessment process have a named individual within the SEND service actively managing the EHCP process. Where that is not currently the case, this is an urgent priority action.	100% EHC needs assessment cases have a named individual overseeing the case throughout the assessment process	June 2022			
2.1.q	Responses to phone calls and email queries from parents and carers, schools and other settings, are responded to at the latest within a 5 working day time frame without exception	Compliance checklist completed by all EHC coordinators for all new EHC needs assessment, communication timelines transparent showing measures of timelines of responses to parental requests for information and updates	May 2022			

Outcome 2
2.2 Quality assurance systems are implemented to ensure compliance, quality and timeliness of all EHCPs and take account of regular feedback which informs the improvement cycle

Ref	Actions	Success Measure	Timescale	Rag Rating	Rag Rating	Rag Rating
2.2.a	Development of a compliance checklist for use by all EHC coordinators before producing a draft plan	100% of co-ordinators following the statutory process. Via audit / performance reports.	May 2022			
2.2.b	Development of a quality assurance framework, quality standards and audit tool for EHCP for use in multi-agency QA activity and joint working with education, health and social care partners	Audit tool developed and agreed fit for purpose across education, health and social care	May 2022			
2.2.c	Development of a QA dynamic database to capture the findings of QA activity, per EHCP audited. A clear understanding of the purpose and remit of the QA database, who it reports to and how this information is used to drive improvement	Transformation Board will approve overarching framework	April – June 2022			

2.2.d	Training is developed around all quality assurance activity to ensure a shared understanding and knowledge of what a good EHCP looks like, and to understand the processes that support the writing of an effective, high quality EHCP	New training guidance developed. Session timetable agreed. 100% of EHC advice givers undertake mandated training within 2 weeks of post commencement	August 2022			
2.2.e	SEND Service to work in partnership with health and social care colleagues to raise confidence, skills & knowledge in completing EHC contributions; development of a body of exemplars of best practice education, health & social care contributions to EHCPs	Schedule of partnership activity shared and published. Exemplars of best practice in EHC needs assessment contributions shared with education, health & care partners	June 2022			
2.2.f	Checks are made to ensure that CYP placed in out of area residential or day placements are achieving well and benefit from all the support and services that CYP within Wirral can access	80% of Annual Review returns indicate that CYP are achieving outcomes identified in the EHCP and can access appropriate support	May 2022			

Outcome 3
2.3 Annual Reviews are completed within statutory timescales with month-on-month completion rates above the national average (% figure)

Ref	Actions	Success Measures	Timescale	Rag Rating	Rag Rating	Rag Rating
2.3.a	Develop a clear multi agency approach for Annual reviews to be completed in a timely manner with all relevant stakeholders involved.	60% of Annual Reviews completed within the statutory timescale of 12 weeks from the Annual Review meeting.	September 2022			
2.3.b	Identify plans for prioritising based on data on timeliness of Annual Reviews	Detail priority plan for catching up on overdue Annual Reviews based on key transition periods, expanding this to all Annual Reviews. Reduction to overdue Annual Reviews to 0 by September 2023.	October 2022			
2.3.c	There are clear lines of communication with schools, settings, parents, carers and young people with regards timescales for Annual Review	Percentage of parents satisfied with Annual Review processes and timeliness rises with 80% satisfied or very satisfied with AR processes and timeliness	September 2022			
2.3.d	Use evidence gathered from Annual Reviews to help evaluate the impact of specialist services identified in EHCPs, feeding back to the SEND transformation board	Dip sampling of Annual Reviews with rag rating of impact of provision and EHP on CYP outcomes.	September 2022			

		Data from the dip sampling exercises to feed into SEND transformation board and subgroups				
2.3.e	Annual Reviews take account of key transition periods which are reflected in updated professional advice, updated content in Section A, and update as needed to all related sections of the EHCP	Audits of Annual Reviews show 100% of Year 6 EHCPs are completed by February 15th, 2023. 90% of Year 11 EHCPs are completed by 31st March 2023	March 2023			

Workstream 3
Co-production, Relationships & Communication
Lead: Elizabeth Hartley, Assistant Director Early Help and Prevention

Areas of significant weakness:
The lack of meaningful co-production with parents & carers
Fractured relationships between the area and the Parent Carer Partnership Wirral and the impact of this on the area's progress in implementing the reforms
Poor communication with parents and carers across the area

Outcome 1
3.1 Coproduction is understood and valued by all stakeholders, with a clearly defined vision of good, collaborative coproduction

Ref	Actions	Success Measures	Timescale	Rag Rating	Rag Rating	Rag Rating
3.1.a	Develop a clear definition of coproduction and what it means for services and all stakeholders across Wirral Council, drawing upon existing resources, best practice nationally, the coproduction charter and other national guidance	Definition agreed and endorsed by vote at SEND transformation board, and published on the Local Offer site	May 2022			
3.1.b	Hold a coproduction event to explore and understand the collective views of all stakeholders with regards coproduction, co-ordinated and facilitated by education and health co-production leads, SEND Voice, PCWP, and other stakeholders	Pre event and post event survey to give measures of understanding of coproduction by all stakeholders.	May 2022			
3.1.c	A requirement that there is mandated induction training for every new employee in children's services on good coproduction practice, based on the Wirral Coproduction Charter	100% of new employees complete mandated co-production training	December 2022			

3.1.d	Requirement that there is an annual commitment to hosting a coproduction and celebrating the successes of good co-production. Impact Report and sharing at an annual meeting including all stakeholders with SENDIASS, CCG, LA and parent-carer.	An event is held to celebrate success and promote co-production with key stakeholders	April 2023			

Outcome 2
3.2 Improved and positive relationships exist between Wirral Council and the Parent Carer Wirral Partnership, helping accelerate the pace of improvement and reform

Ref	Actions	Success Measures	Timescale	Rag Rating	Rag Rating	Rag Rating
3.2.a	PCPW members are part of the SEND transformation board and associated workstreams.	The views of PCPW members are part of the SEND transformation board and associated workstreams.	April 2022			
3.2.b	Communications are reciprocal between the authority, PCWP and other parent, carer groups. Information exchanges on key SEND matters are shared regularly and receive positive feedback from PCWP and other groups	80% reduction in complaints that relate to communication and relationships as a key theme of the complaint	September 2022			
3.2.c	Collaborative working with SENDIASS positively impacts the number of complaints against the authority, and addresses recurring themes in tribunal cases over past years.	60% reduction in complaints against the authority for year April 2022 – March 2023, evidenced month on month by comparisons with figures for April 2021 – March 2022	January 2023			
3.2.d	Develop effective and proactive partnership with SENDIASS through monthly meetings, use of feedback to inform service improvement	Schedule of meetings that show progress in addressing key concerns, with actions completed & signed off	October 2022			
3.2.e	There is a strong focus on early conflict resolution with parents and carers over EHCP related matters through increased opportunities to meet face to face, and through direct contact immediately with parents & carers	Pace of resolution of conflicts and complaints is accelerated A reduction of between 50 – 60% in existing timescales to resolve and close down complaints	December 2022			
3.2.f	Lessons are learned from past tribunal action, and from ongoing cases. A summary report of findings from a lessons learned exercise will support that understanding, support greater transparency and commitment to good practice in conflict resolution	Summary report of lessons learnt presented to Transformation Board with actions and timescales for improvement.	December 2022			

3.2.g	Training needs for EHCP coordinators are addressed with a published programme of mandated and optional training relating to the SEND reforms, the SEND Code of Practice (2015) , the Children and Families Act (2014), coproduction, person-centred planning and other key SEND themes	80% of feedback from surveyed parents and carers reflects improved confidence in EHC coordinator knowledge	September 2022			

Outcome 3
3.3 Communications with parents, carers and young people with SEND are positive and a valued part of all SEND process and systems

Ref	Actions	Success Measures	Timescale	Rag Rating	Rag Rating	Rag Rating
3.3.a	A concerted drive to deliver services consistently and in partnership across education, health and social care, to eradicate a sense of silo working, reducing the pressure on parents and carers who can feel caught in the middle of conflicting systems and processes	Parents feedback through surveys/professional meetings joined up approach to support for young people.	September 2022			
3.3.b	Track and monitor existing lines of communication to understand better the frustrations and tensions with parents and carers and have a strong understanding of the weaknesses in current systems.	A findings report identifying strengths and weaknesses in communication is presented to the transformation board with identified improvements and timescales	September 2022			
3.3.c	Set out a clear Communication Policy within Wirral children's services which takes account of online meetings and in person meetings, so that internal and external means of communication and popular mode of communication always remain, courteous, professional and timely	A Communications policy is developed and approved to ensure virtual meetings	June 2022			
3.3.d	Increased opportunities for parents, carers and CYP to meet local authority representatives face to face, through meetings, workshops and other forums where these have been predominantly online activities throughout the covid-19 global pandemic	Increase in engagement and attendance numbers of parents, carers and young people at events supported by the authority, measured against similar activities pre-pandemic, (2020 – 2021)	July 2022			
3.3.e	Specific requests for face-to-face meetings by parents or carers throughout the 20-week EHC assessment process should be agreed wherever possible, particularly where these result from lack of access to IT,	Requests for face-to-face meetings with parents and carers are accommodated on at least 80% of monthly agreed contact points	September 2022			

	where parents would prefer a face-to-face meeting, or where they wish an advocate to be present					
3.3.f	Improve the reporting mechanism when complaints are raised so problem areas identified and used to determine future training opportunities across the LA to stop them repeating	Reduction in Stage 1 and Stage 2 level complaints. Reduction in repeat complaints which are tracked through case management system	July 2022			
3.3.g	Increased communication with parents and carers following decision to assess, decision to issue an ECHP and funding and resource decisions, to prevent confusion, discontent and anger over significant decisions that impact children and family lives	100% of parents feel involved in decisions to assess, to issues an EHCP.	August 2022			
3.3.h	Revisit and review the effectiveness of the previous Wirral Coproduction Charter, Voices Project, 2019, to update and re-establish in support of information sharing, advice and guidance for parents and carers and young people with SEND	A new/refreshed Wirral Co-production Charter is agreed by the transformation board.	July 2022			
3.3.i	Carry out a SWOT analysis of the Wirral SEND Facebook page, (strengths, weaknesses, opportunities, threats) to ensure it is fit for purpose and has a unifying and positive benefit for Wirral's parents and carers	SWOT analysis completed with actions agreed and endorsed by PCWP	September 2022			

Workstream 4

Inclusive Practices

Lead: James Backhouse, Assistant Director Education

Areas of significant weakness:

The graduated response not being consistently applied across all schools and settings

Outcome 1

4.1 The graduated response is consistently understood and implemented in all schools and settings. Children have access to relevant and early support and interventions.

Ref	Actions	Success Measures	Timeframe	Rag Rating	Rag Rating	Rag Rating
4.1.a	The establishment of regular weekly SEND information sharing to schools and all settings via the SEND service. This may include DfE latest reports and guidance, updates, NASEN briefings, other sources of support and information local, regional and national	Engagement with weekly news sharing reported through mail tracking and other metrics at 70% read rate	April 2022			
4.1.b	All school analysis of best inclusive practice within the education system showcasing examples of good practice through newsletter and other shared forums and platforms.	90% share rate via The Local Offer, SEND newsletter and other sharing platforms. Reach to include all schools and settings	April 2022			
4.1.c	Ensure a greater parity of SEND provision across the area. Learn from case studies in settings that have been commended for their inclusive practice to drive improvement across all schools and settings	Reduction in exclusion rates. Reduction in number of pupils out of education or on partial timetables. Reduction in complaints regarding provision	December 2022			
4.1.d	Analysis of schools demography based on SEND cohorts. A clear understanding of each school or settings cohort of CYP at SEN Support and with EHCPs. Identification of anomalies in this information where schools or settings are particularly below or above local and national benchmarks	100% of schools find the resource pack a useful and informative tool to help meet the needs of young people with SEND. Using surveys; An increased rate, each reporting period, of Parents/carers stating that schools are meeting young people's needs.	December 2022			
4.1.e	Parental views about their own children's needs at an early stage of concern are listened to, respected and included as part of a setting's graduated response and early indicators of need	100% of parents report that they feel supported and listened to (quarterly survey of families)	October 2022			

4.1.f	Review the use of Individual Personal Funding Arrangements (IPFAs) to establish the total resource allocation as part of a graduated response.	Up to date data on number of CYP at SEN Support with IFPA in place. Number of CYP for whom provision at SEN Support with funding from an IFPA has improved outcomes over a 6 monthly period	May 2022			
4.1.g	Wirral Council reaffirm and make explicit expectations of all schools and settings with regards inclusive practices, the graduated response, provision at SEN Support, sharing national guidance, best practice reports and studies	An agreed Wirral graduated response is shared with all schools. 100% of Wirral school professional received training and development for school professionals regarding the graduated response.	September 2022			
4.1.h	The development of a robust training and support programme for school leaders, SENDCos, support staff and the wider school community to roll out across the local area on an annual basis, taking account of staff mobility	100% of identified partners trained in relation to the revised SEND Code of Practice (2015) and SEND reforms of 2014 Educational Psychology Service training developed and rolled out to 100% of school and settings.	September 2022			
4.1.i	Further training for wider partners across education, health and social care in relation to the revised SEND Code of Practice (2015) and SEND reforms of September 2014	Clear audit of attendance for Wirral SENDCO regarding training that is available.	June 2022			
4.1.j	Develop a partnership programme of annual training in collaboration with the Educational Psychology Service and the SEND Service, for all new employees, for induction, for continuing professional development	Training programme is in place and communicated with all relevant professionals through the new local offer	September 2022			
4.1.k	There is an increased focus on the capacity of schools to consistently apply the graduated response to address the needs of CYP with a range of SEND, including those with hidden disabilities, evidenced through a reduction in the requests for EHC needs assessment	Clear framework for professional collaboration evidence through SEND Information Reports feeding into the local offer	December 2022			
4.1.l	Develop a clear network of professionals across education, health and social care, working collaboratively to support early interventions and therapeutic approaches for CYP with SEND	Sampling of assessments completed for an early assessment bi-monthly Clear framework for professional collaboration	September 2022			

4.1.m	Develop a protocol of what is expected of schools and other settings in relation to facilities, learning environment, staffing capacity, professional qualifications, skills and experience to better meet the needs of all CYP with SEND across the local area	Develop Clear universal offer for all children that is agreed by all Wirral schools. Distribute to 100% of schools and settings	July 2022			

Workstream 5
Local Provision and Strategic Oversight
Lead: Richard Crockford, Deputy Director Patient Safety and Quality

Areas of significant weakness:
High level of parental dissatisfaction with the area's provision
Lack of strategic oversight to ensure effectiveness of plans and provision

Outcome 1
5.1 Parents and carers satisfaction with the local areas provision is consistently good

Ref	Actions	Success Measures	Timeframe	Rag Rating	Rag Rating	Rag Rating
5.1.a	Carry out a rapid-fire audit of 20 complaint cases at first tier tribunal and consider recurring themes, for e.g. communication, provision, timeliness, to identify new areas of service delivery, which may lead to increased joint commissioning activity	An agreed priority list of services needing a review, additional capacity, or development to meet existing and future predicted needs	April – May 2022			
5.1.b	Use recommendations from rapid fire audit to explore opportunities for development of new services or new support pathways	Recommendations are shared with SEND transformation board; agreed action plan developed	May – June 2022			
5.1.c	Survey parent & carer views on timeliness of access to specialist services commissioned by the local authority as part of the EHC needs assessment process	Parental satisfaction regarding access, quality and consistency of specialist provision is increased.	April – June 2022			
5.1.d	Produce an overarching Bi Dashboard, based on adult social care model, with functions to interrogate data to drive better decision making	Bi dashboard is shared at SEND transformation board, endorsed and signed off as fit for purpose	October 2022			
5.1.e	Review the current offer of specialist provision across Wirral to ensure that there is sufficiency of places available to meet the current needs of Wirral CYP with SEND	Priority needs to address are identified. Places and provision are aligned to current and future needs within a 12-month period	March 2023			

5.1.f	Explore the commissioning of mental health practitioners to support schools and all settings in responding to the needs of CYP with SEMH at tier one and two levels of support and intervention	Proposals are explored, and action plan agreed in collaboration with parents and carers, schools and other settings, health, education and care partners	September 2022			
5.1.g	Improve the quality of education placements for children with autism spectrum condition (ASC) and Social and Emotional Mental Health (SEMH) through an innovative range of support solutions	Five new bases are established across Wirral to support young people with ASD and SEMH	September 2022			
5.1.h	Gather the views of parents/carers about their positive experiences of the neurodevelopmental pathway to build a strengths-based profile of what needs to improve	A profile of the neurodevelopmental journey is developed and added to the local offer website for parents and young people to view.	September 2022			
5.1.i	Review the existing neurodevelopmental pathway which is informed by the views of parents/carers and is understood by practitioners and senior managers.	New neurodevelopmental pathway identified and signed off by CCG (relevant ICP governance group). Easy read version added to local offer website.	December 2022			
5.1.j	Gather patient experience about the quality of therapies, CAMHs and neurodevelopmental services and review the level of satisfaction by service users, and use this to inform service planning and improvements	Each service will have an improvement plan which has been informed by feedback from the	September 2022			
5.1.k	Build a themed audit framework for review of therapies, CAMHs and neurodevelopmental services with key timescales for audit reviews.	Audit framework for review of therapies, CAMHs and neurodevelopmental services is designed and agreed by the transformation Board.	September 2022			
5.1.l	Embed a new reporting and quality assurance mechanism for out of borough and high-cost placements to ensure that they can meet need and deliver value for money	A new resource is developed to monitor and review the quality of out of borough and high-cost placements.	December 2022			

Outcome 2
5.2 Insightful and effective strategic oversight drives high quality planning and provision that is consistent across the local area

Ref	Actions	Success Measures	Timeframe	Rag Rating	Rag Rating	Rag Rating
5.2.a	Explore opportunities and mechanisms for developing strategic leadership and oversight further over a 4-month period including financial arrangements, partnership structure and creating a joined-up approach to improvement	A sub group is set up for a time bounded period reporting to the SEND transformation board	April to July 2022			
5.2.b	Collation of service performance data across Health, Care and Education into a single Dashboard	A joint data set and provision map for the local area is in place and robust arrangements enable partners to use data and intelligence from across all agencies to form a shared understanding of the needs of the local area. BI dashboard is shared at transformation board and relevant committees, with auditing enabling tracking of improving journey.	September 2022 September 2022			
5.2.c	The quality of the professional advice from education, health and social care is monitored through a schedule of quality assurance activity to ensure SMART outcomes meet the needs of the CYP	Audits show that 80% of all professional advice received across education, health and social care meets agreed quality standards for each sector's professional advice in support of EHCPs	July 2022			
5.2.d	Development of clear outcome reporting measures for all services to 'evaluate the impact of services'. Produce a list of KPIs for each sector, confirming information source and reporting frequency. Ensure reporting requirements are clear within contracts as required.	Outcomes to be defined and co-produced with CYP parent / carers Map KPI's against the defined outcomes to produce an outcome delivery framework Wirral has a clear and coherent pathway for the delivery of services, that clearly identifies roles and responsibilities needed across the system, to support children and young people with identified Needs. Removing duplication and aligning resources. To	July 2022 September 2022			

		ensure that the children and young people receive the right support, at the right time, delivered by the right person.				
5.2.e	All services to consider suitable outcome measures and agree with commissioning lead and presented to measurement subgroup. Outcome measures added to Dashboard	Through co-production with children and young people, parents and carers suitable outcomes are agreed. Service led outcomes are agreed to further measure quality of the services delivered	June 2022			
5.2.f	Review reporting and escalation mechanisms and arrangements to key strategic groups which include elected members, LA Chief Executive, CCG Chief Executive etc. to reduce duplication and ensure risks are escalated to an appropriate forum	Elected members and senior officers from local authority and CCG are informed of SEND Transformation Programme and provide effective challenge and scrutiny.	July 2022			
5.2.g	Develop the JSNA to better understand the needs of children and young people which will in turn allow a better understanding of development needs of new or existing services –document.	Develop and publish a SEND JSNA with an agreed timeframe for reviews and updates.	September 2022			
5.2.h	Establish an effective governance structure to improve ownership, accountability and to drive improvement across the SEND service	Clearly defined governance structure for SEND transformation board and underpinning work stream SEND strategy is reviewed, updated and distributed across all partners	April 2022			

Workstream 6
The Local Offer
Lead: Mike Chandler, Assistant Director Communication, Wirral CCG

Areas of significant weakness:
The published local offer not being well publicised and not providing parents and carers with the information that they need

Outcome 1
6.1 The local offer is a highly valued source of information and support to parents, carers children and young people with consistently high levels of engagement from parents, carers, schools and other settings, and young people with SEND.

Ref	Actions	Success Measures	Timeframe	Rag Rating	Rag Rating	Rag Rating
6.1.a	Develop a new local offer site which is accessible for children/young people, their parent/carers & contains relevant up to date information, including where to go if they need help & advice.	Local Offer Website accessible to SEND users. Survey carried out and demonstrates and assures an acceptable awareness of Local offer existence. Stakeholder reference group established including parents/carers/CYP	December 2022			
6.1.b	Continue scoping exercise to explore options for new fit for purpose Local Offer website. Information shared re websites already considered and audited against statutory and local requirements	Agreement with all stakeholders in relation to the new local offer platform. All stakeholders share positive involvement is the process	May 2022			
6.1.c	PCPW members through co-production support the development of the new local offer website	The views of PCPW members are captured in the new local offer website.	December 2022			
6.1.d	Involve all stakeholders to deliver a co-produced Local Offer website (the voice of the children & young people and that of their Parent/carers via input from PCPW and other parents will be heard and help shape the design)	Increased 'hits' to the Local Offer pre and post improvements. Feedback from young people and parents/carers is positive regarding the local offer	December 2022			
6.1.e	Re-establish the Local Offer Development group re design, content, marketing (so users know it exists and what it is), accessibility for all (visually impaired and deaf users)	Content on the local offer website is relevant, up to date and has a wider range of stakeholders	April 2022			
6.1.f	Establish finance/commissioning arrangements and specify process for timely additional features to respond to user's feedback	Finance and commissioning arrangements allow the local offer to be flexible to user needs.	May 2022			
6.1.g	Recruit/secure identified Participation & Engagement Team resource	Additional staffing in post to support engagement and participation activities. Parents/carers feedback more positively regarding engagement with local partners.	August 2022			

Outcome 3
6.2 The local offer contains information that is relevant, up to date, and easily accessible by all users, including those with disabilities or impairments

Ref	Actions	Success Measures	Timeframe	Rag Rating	Rag Rating	Rag Rating
6.2.a	Culture change across all services to raise the profile of the Local Offer and the importance of its role in supporting children, families, schools and the wider community.	Statutory partners are signed up to and publicise the Local Offer on their websites.	September 2022			
6.2.b	A named local offer lead takes responsibility for requesting relevant data, ensuring that information on the site is up to date, and that live links are functioning and information easy to obtain	There is no content on the site over 2 years old, unless that relates to legislation or procedures; Outdated references and content is removed; Engagement with the site shows a month on month increase in visitors and pages visited	May 2022			
6.2.c	Develop the role of local offer champions across each service area, education health and social care, to ensure there is parity of access to information about each service and the part it plays in SEND systems and processes	Designated local offer champions are in place across each of the three service areas	October 2022			

Ofsted
Agora
6 Cumberland Place
Nottingham
NG1 6HJ

T 0300 123 1231
Textphone 0161 618 8524
enquiries@ofsted.go.uk
www.gov.uk/ofsted
lasend.support@ofsted.gov.uk

1 December 2021

Simone White
Director of Children's Services, Wirral
Corporate Director for Children
Wirral Council
PO Box 290
Brighton Street
Wallasey
CH27 9FQ

Simon Banks, Wirral Clinical Commissioning Group Chief Officer
James Backhouse, Local Area Nominated Officer, Wirral Council

Dear Ms White and Mr Banks

Joint local area SEND inspection in Wirral

Between 27 September 2021 and 1 October 2021, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Wirral to judge the effectiveness of the area in implementing the special educational needs and/or disabilities (SEND) reforms as set out in the Children and Families Act 2014.

The inspection was led by one of Her Majesty's Inspectors from Ofsted, with a team of inspectors including an Ofsted Inspector and a children's services inspector from the CQC.

Inspectors spoke with children and young people with SEND, parents and carers, local authority and National Health Service (NHS) officers. They visited a range of providers and spoke to leaders, staff and governors about how they were implementing the SEND reforms. Inspectors looked at a range of information about the performance of the area, including the area's self-evaluation. Inspectors met with leaders for health, social care and education. They reviewed performance data and evidence about the local offer and joint commissioning.

As a result of the findings of this inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) has determined that a Written Statement of Action is required because of significant areas of weakness in the area's practice. HMCI has also determined that the local authority and the area's clinical commissioning group are jointly responsible for submitting the written statement to Ofsted.

In reaching their judgements, inspectors took account of the impact of the COVID-19 pandemic on SEND arrangements in the area. Inspectors considered a range of information about the impact of the pandemic and explored how the area's plans and actions had been adapted as a result.

This letter outlines the findings from the inspection, including some areas of strength and areas for further improvement.

Main Findings

- The area has been too slow to implement the 2014 reforms. Moreover, any changes that have been made by the area have followed the 'letter of the reforms, not the spirit'. Consequently, the lived experience for the majority of children and young people with SEND and their families has not improved. Too many parents and carers told inspectors that 'the system is broken' in Wirral.
- The area's new leadership team has ambitious plans to transform the quality of provision for children and young people with SEND. These plans identify key weaknesses accurately but lack sufficient detail. Leaders have started to undertake consultations with key partners, including parents and carers, children and young people and providers, to better understand the issues. However, parents, carers and providers are yet to be convinced about whether things will improve. This is because their experience over the past few years has been one of constantly changing personnel and lack of continuity. Too often in the past, leaders have not delivered on their promises.
- Many families across Wirral have felt completely let down by the area. Often, families are pushed to the limits, emotionally, financially and physically. They feel overlooked and ignored as well as blamed for asking for the help that their children need. Furthermore, a lack of communication from the area to parents and carers exacerbates their frustrations. This experience is magnified for those parents whose children have hidden disabilities.
- The relationship between area leaders and Parent Carer Forum Wirral is fractured. This has delayed the implementation of planned improvements and has reduced opportunities for co-production (a way of working where children, families and those that provide the services work together to create a decision or a service that works for them). The members of the new leadership team are keen to repair this relationship.
- Parents and carers sing the praises of some teams, frontline workers and managers. Parents and carers are keen to celebrate the positive difference that these professionals make to the lived experience of children, young people and their families day-to-day. It is clear that some schools, teams and individuals 'go above and beyond' to provide a first-rate service.
- New leaders have established key strategic and operational groups to drive improvement. However, the lack of a shared information system has hampered

leaders' ability to produce a sharply focused self-evaluation and action plan. This means that these strategic and operational groups do not have the essential information that they need to fulfil their responsibilities effectively.

- The poor quality and lack of timeliness for education, health and care (EHC) assessments and plans are unacceptable. Too many parents and schools are driven to seek private specialist advice in order to mitigate failings in this process. Moreover, families are left in the dark about the progress of these assessments as parents are not told how the process is progressing. Added to this, annual reviews are not processed in a timely manner.
- There are marked differences in the quality of provision for SEND across the area. This means that outcomes for children and young people with similar needs vary between schools and settings. Often, the pockets of best practice are found in those areas which face the greatest challenges. Sadly, too few children and young people benefit from this exemplary, inclusive practice.
- There is no effective joint commissioning of services in the area. Leaders do not have an accurate, up-to-date, sufficiently detailed understanding of the most pressing shared priorities. This hampers meaningful discussion around what services could and should be jointly commissioned. There are some examples of partners working together on small-scale projects. For example, the development of specialist provision to prevent young people with mental health needs requiring hospital admissions.
- The online local offer fails to provide parents with up-to-date, useful information. Too many parents are unaware that the offer even exists. Parents who do visit the local offer website struggle to find the information that they need.
- Local initiatives have helped to reduce the numbers of children and young people excluded from school considerably. This is helping more children and young children to stay in mainstream schools and older young people to move on to meaningful post-16 destinations.
- Despite a poor experience for many children and young people and their families in Wirral, services for the most vulnerable children and young people are routinely timely and of high quality.
- The area is still recovering from the impact of the pandemic. Key health professionals were redeployed to the COVID-19 frontline during the pandemic. This has resulted in increased waiting times for some services as they catch up.

The effectiveness of the local area in identifying children and young people's special educational needs and/or disabilities

Strengths

- The area's most vulnerable children, including children looked after and those known to the youth justice service, have routine checks to identify any new or

emerging needs. For example, all young people referred to the youth justice team receive a multi-agency assessment, including a speech and language assessment. Also, the children looked after nursing team frequently reviews children so that any emerging concerns can be followed up.

- Young children with physical disabilities have their needs identified quickly and appropriate support is put in place swiftly. This helps these children get off to a good start when they begin their schooling.
- Across the area, early years settings have named early years SEND officers. This team provides effective support and training for frontline professionals. This increased expertise among early years staff means that more young children have their needs identified accurately before starting school. This results in more successful transitions into school.
- In order to identify potential social care needs, parents are routinely contacted as part of the EHC assessment process to discuss whether their child and the family have any potential unmet social care needs. When required, this results in a full needs assessment to determine what support is needed. The area has appointed a designated social care officer for SEND to further prioritise the needs of this cohort.

Areas for development

- Parents' views about their children's needs are not always considered. Too often, parents are not believed or are ignored by professionals. This is most prevalent when their children have hidden disabilities. This leads to delays in children and young people having their needs identified in a timely manner.
- The area's agreed graduated response is not followed by all schools and settings. This means that too few children and young people who require support for their SEND benefit from consistent, high-quality provision which ensures that needs do not escalate.
- Children and young people's needs are not always accurately identified. This means that the provision chosen for some children and young people is not suitable. Consequently, these children and young people do not receive appropriate support. This can result in some placements breaking down or children and young people not making the progress of which they are capable.
- Across the area, parents are frustrated by frequent difficulties in contacting professionals. All too often, parents' emails and telephone calls go unanswered. This means that parents and carers often resort to formal procedures to get a response.
- The lack of a robust training and support programme for school leaders, SEND coordinators and staff is a barrier to the effective identification,

assessment and meeting of needs across schools. This exacerbates the inequities and inconsistencies in inclusive practice across the area.

- Since the COVID-19 pandemic began, the healthy child programme has not been delivered effectively in the area. Pregnant women do not receive a routine antenatal contact and too few children receive a 12-month developmental assessment. This means that early opportunities to identify needs are missed.
- Before the COVID-19 pandemic, around half of children attending an early years setting did not receive an integrated health and development review at age two to two-and-a-half years. Currently, only one in five children receive this review. Consequently, needs are not identified early enough in young children.
- Capacity issues across the area have resulted in lengthy waiting lists. This means that children and young people are waiting too long to have their needs identified and for support to be put in place. During these long waits, some children and young people's needs escalate. As a result, these children and young people and their families can require more support than if their initial needs had been met in a timely manner.
- The area is not adept at using information to anticipate where pressures and demands for services may arise. The absence of an accurate, up-to-date needs analysis is a significant obstacle to this. This means that leaders cannot be sure that there will be sufficient capacity in the system in future.

The effectiveness of the local area in meeting the needs of children and young people with special educational needs and/or disabilities

Strengths

- The Wirral 'shared care' system enables partners to view health information from all providers signed up to the scheme. This reduces the need for parents to repeat the same information about their child to different health professionals.
- The speech and language team recently co-produced an integrated therapy review. This new approach reduces the number of appointments that children and young people with complex needs are required to attend. It also promotes the 'tell it once' approach. This area of good practice was recognised by a national award.
- Some older young people with complex needs receive a well-considered package of support from adult social care. This meets their changing needs as they grow up. For example, the increased availability of purpose-built accommodation in Wirral has enabled more of these young people to live independently.

- Parents applaud the positive difference that the portage team makes to the lived experience of very young children with complex needs and their families.
- The Youth Voice group's passionate and committed contribution to the area's strategic work and plans is making a positive difference. For example, the members of this group have developed the knowledge and skills of learning disability nurses through a joint project with a local university.
- Parents value the information and advice provided by the Wirral SEND partnership. This presents some challenge because demand for services is high and the team's capacity is limited. Carers appreciate the support that they receive from Wirral Information Resource for Equality and Diversity (WIRED) carers' support service. Support for parents is further enhanced by the work of voluntary and charitable organisations across the area.

Areas for development

- There is no strategic approach to co-production across the area. While some teams have co-produced aspects of their work, this is not consistent. Many parents and young people do not feel that they are fully involved in making important decisions that affect their lives.
- The quality of EHC plans in Wirral is not good enough. The lack of inclusion of parents' and children's and young people's contributions, poorly written plans and unsuitable objectives means that the plans do not reflect the child or young person and their needs. The processes for considering requests for EHC assessments and agreeing to issue plans lack rigour. There is no representation from health professionals on the decision-making panels. There is also no effective quality assurance to check that EHC plans are fit for purpose.
- The vast majority of EHC assessments are not completed within the 20-week timescale. The lack of capacity in key teams, such as educational psychology and the children's services SEND team, causes considerable delays. In addition, the area does not meet timescales around the annual review process.
- The level of parental dissatisfaction means that there are a high number of complaints, mediations and tribunals. Recently, the area has made arrangements to resolve parental concerns before they escalate. This approach has had some success, but it is too early to see any sustained impact. Crucially, these arrangements do not resolve the root causes of parental dissatisfaction.
- There is a lack of support available for children and young people with sensory needs in the area. Some teams, schools and settings have identified

this gap and have provided information and advice to parents around sensory issues, despite these teams not being commissioned to do so.

- Waiting times for speech and language therapy, the child and adolescent mental health service (CAMHS) and the neurodevelopmental pathway are too long. Too many parents and schools resort to seeking private assessments to try to speed things up. These unreasonable waiting times coupled with poor communication cause children, young people and their families additional stress. There is support available while children and young people wait for some services. However, professionals and parents are not well informed about this support and how to access it.

The effectiveness of the local area in improving outcomes for children and young people with special educational needs and/or disabilities

Strengths

- Children and young people across the area actively participate in clubs and activities which accommodate a wide range of needs. Young people and their parents speak highly of The Hive Youth Zone. This provides an inclusive environment where young people can access a wealth of activities, events and support. Those parents whose children access short break provision value the support it gives to the whole family.
- The 0 to 19 health and well-being team uses information effectively to make improvements to their service. For example, this team identified concerns around young children's speech and language development. The team used this intelligence to plan and deliver targeted training for frontline staff. This has resulted in an improvement in the speech and language skills of children under five.
- The family nurse service has extended its provision to include young parents with SEND aged 19 to 23 years. This service provides an enhanced level of support to these young people at this critical time. Young parents told inspectors about the positive difference that this support made to them and their babies.
- The area has effectively reduced both fixed-term and permanent exclusions from schools over several years. A range of programmes are helping children and young people with SEND to successfully reintegrate back into education or move into training.
- Across the area, children and young people who require support for their SEND achieve well at the end of key stage 1 and key stage 4.
- One of the area's local colleges has amended their offer to an 'any day guarantee'. This enables young people in key stage 4 to enrol at any point in

the year. This flexible approach is making a positive contribution to minimising the number of young people not in education, employment or training.

- There is an increasing offer of work-based education opportunities across the area, including traineeships, internships and apprenticeships. This is helping more young people gain the skills and experience that they need to secure employment.
- Inspectors heard about extended transition arrangements for young people with SEND moving into post-16 education. These arrangements can start up to two years prior to young people being due to start college. This means that these young people are better prepared for the next stage of their education.

Areas for improvement

- There are shortcomings in the collection, understanding and analysis of data. There is no shared information system which captures important information centrally. This makes it difficult to measure the impact of the area's provision on the progress of children and young people.
- The area does not use performance data effectively to monitor waiting times in some health services. Information about the waiting lists for CAMHS and the neurodevelopmental assessment pathway is not routinely collated to check how long children and young people wait. This has prevented timely remedial action being taken when required.
- Objectives set in EHC plans are often generic and are not well matched to the individual children and young people. This means that objectives do not help to raise expectations for what these children and young people could achieve. Added to this, the area does not carry out the checks needed to reassure themselves that those children and young people in out-of-borough placements and resourced provision achieve well.
- The transitions between children's and adults' services for young people up to age 25 are underdeveloped in health. For some young people with multiple and complex health needs, there is no equivalent adult health service. Some adult health services will not engage with transition planning until the young person reaches their 18th birthday. This increases parents' and young people's anxiety at this key transition point.
- Work to help young people plan and prepare for adulthood does not begin early enough. Furthermore, this work does not have a wide enough reach. There are plans in place to resolve this, but it is too early to know whether these are making the positive difference needed.

The inspection raises significant concerns about the effectiveness of the area.

The area is required to produce and submit a Written Statement of Action to Ofsted that explains how the area will tackle the following areas of significant weakness:

- weaknesses in the quality and timeliness of EHC assessments and annual reviews
- the lack of meaningful co-production with parents and carers
- the high level of parental dissatisfaction with the area's provision
- the published local offer not being well publicised and not providing parents and carers with the information that they need
- poor communication with parents and carers across the area
- the fractured relationship between the area and the Parent Carer Partnership Wirral and the impact of this on the area's progress in implementing the reforms
- the lack of joint commissioning of services in the area
- the lack of effective strategic oversight to ensure effectiveness of plans and provision and hold leaders, managers and partners to account
- the lack of accurate, up-to-date and useful information which informs the area's plans and evaluates the impact of their actions
- the graduated response not being consistently applied across all schools and settings.

Yours sincerely

Pippa Jackson Maitland
Her Majesty's Inspector

Ofsted	**Care Quality Commission**
Andrew Cook Regional Director	Mani Hussain Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Pippa Jackson Maitland HMI Lead Inspector	Jonathon Parry-Hall CQC Inspector
Julie Killey Ofsted Inspector	

Cc: DfE Department for Education
Clinical commissioning group
Director Public Health for the local area
Department of Health
NHS England

SPECIAL EDUCATIONAL NEEDS AND DISABILITY

STRATEGY 2020-2024

WIRRAL

Contents

Wirral's ambition, vision and principles

This strategy explains how we will continue to develop and benefit from the professional expertise of our Procurement and Commercial Services team over the next five years and the systems they use to make sure that Wirral Council delivers on its value of 'spending money wisely'.

The vision for Wirral as set out in the Wirral Council Plan 2025 states that 'We will secure the best possible future for our residents. This future is defined by the community prosperity we create and supported by our excellent people and services'

Whether you are a councillor, senior manager or budget holder at the council, or one of our suppliers or partners, reading this strategy will help you understand what the council is setting out to achieve through how we procure goods and services – and how this affects you. For everyone else, including residents and council employees, it is a reassurance that we will continue to spend public money in a way which is fair, accountable and gets the very best value.

We believe 'spending money wisely' is about more than efficiency, savings and managing risk. For example, the council spent in excess of £250 million during 2019/20 on the procurement of its goods, works and services. That level of spending each year can have a massive influence on the big issues that face Wirral, as outlined in the Wirral Council Plan 2025.

Wirral is a stunning place. It's a place we can all be proud of, where people want to live, work and visit. It is creative, and confident – using its unique location on the banks of the River Mersey to be both quaint seaside town and vibrant entrepreneurial centre. We're at the forefront of the sustainable growth transition. Our refreshed procurement strategy aims to support those features. The goods and services we chose to buy and commission, the suppliers we select, the influential relationships we maintain with those suppliers, and the commercial opportunities we offer can strengthen the local economy and improve the wellbeing of local people.

Introduction

This document sets out the Local Area (LA) strategy for improving outcomes and life chances for children and young people with Special Educational Needs and Disabilities (SEND). By raising our aspirations locally for what these children can achieve and providing them with the support to be and achieve their very best outcomes.

This Policy has taken into account the Special Educational Needs and Disability Code of Practice: 0-25 years (June 2014 and update January 2015) and Part 3 of the Children and Families Act 2014, and regulations associated with this; The SEND regulations 2014; 0-25 SEND Code of Practice - a guide for health professionals, The SEND (Personal Budgets) Regulations 2014, the Order setting out transitional arrangements and the Equality Act 2010.

Wirral's principles, aims, objectives and policy relating to local authority (LA) and CCG/ Health responsibilities and the respective responsibilities of Early Years' settings, schools, academies and post 16 providers are outlined. All partners are committed to ensuring that the additional needs of children identified with SEND and those with a disability are met in a timely and effective way. Parent/Carers, partners and stakeholders have all contributed to the document.

There is a commitment from the Local Area, parent/carers and professionals to support all children and young people with Special Educational Needs (SEND) to achieve the very best outcomes. Supporting SEND children and young people is everyone's responsibility and is achieved through effective partnership working. When the document refers to what 'we' will achieve, 'we' refers to our partnership working with Health, Education, Social Care, Families, Children and Young People and third sector organisations.

Consultation on the strategy took place over an eight week period. Over 120 partners from health, education and social care as well as representatives from the private, voluntary & independent sector, early years and parent/carers attended two SEND summits to provide feedback around the strategy and assisted in determining the key priorities. Further consultation took place through an electronic survey. Paper copies were made available to the digitally disadvantaged. Special Educational Needs and Disabilities Coordinators (SENDCos). With a special focus on the voice of young people via the Local Authority Participation and Engagement team ensuring that the young person's voice (over 250 responses) contributed to the priorities.

Our Ambition

'Our vision for children with special educational needs and disabilities is that they achieve well in their early years, at school and in college, and lead happy and fulfilled lives.'

For many families, feedback indicates that the reforms have brought about positive change, but for some the process has been troublesome and not easy to navigate. We must ensure that the Local Area listen to feedback from parents/carers and young people to make the necessary improvements.

Every education setting, supported by the Local Authority, health and social care must demonstrate good SEND practice and a commitment to ensuring each individual is truly included in their setting, school or college community.

Wirral's 2025 Vision

We will work collectively to secure the best future for our residents, be inspired to achieve community prosperity, by our excellent people and services. Inclusion by reducing inequality underpins the councils key priorities :

- A prosperous, inclusive economy where local people can get good jobs and achieve their aspirations
- A cleaner, greener borough which defends and improves our environment
- Brighter futures for our young people and families – regardless of their background or where they live
- Safe, pleasant and clean communities where people want to live and raise their families
- Services which help people live happy, healthy, independent and active lifestyles, with public services there to support them when they need it

Wirral's 2020-24 SEND Vision

We will focus on making Wirral great for children, young people and their families. driven by the voice of the child, young person and their families. We will continue to build on a model that is integrated and responsive to needs whilst ensuring children and young people are given the best possible opportunities to achieve their ambitions and reach their potential.

We will focus on the four areas below:

- **Breaking the cycle**
- **Continuous improvement**
- **Creating a culture of inclusion**
- **Investing in our people to make it happen**

In partnership with key local area partners and stakeholders, including parents and carers, we will work to provide a holistic approach to break the cycle so that children and young people are well supported to stay with their parents/ carers wherever possible. Resources and assets will be used innovatively to support children and young people with Special Educational Needs. We will work to further develop a culture of inclusion to ensure that young people with SEND are not permanently excluded from school. We will work with mainstream schools to look at developing more resource based provision so that more young people with Education, Health and Care plans (EHCPs) can attend a mainstream school. We will provide development opportunities so that the workforce can continuously improve. We will further an effective performance framework so that service areas can be appropriately held to account.

With a strong commitment to inclusive education or inclusive opportunities for all SEND young people will realise their aspirations and participate fully in wider society.

The Aims of the Strategy

The changes brought in by the Children and Families Act 2014 combined with the underlying principles provide the vehicle to improve all our services for Children and Young People with Special Educational Needs and Disabilities.

If we are successful by 2024 we would expect to see:

- All statutory responsibilities being met through robust multi agency accountability and governance arrangements
- Positive engagement with a wide number of parent/carers and young people facilitating good participation and co-production of policies and procedures that shape future provision
- Early identification of SEND needs with the appropriate support and intervention enabling children and young people to attend local schools
- Access to high quality, local services, which meet young people's needs and enable them to achieve to the best of their ability
- Smooth transitions from each phase of education ensuring that there is continuity of support for young people with SEND
- Young people with SEND are engaged in purposeful training, employment or education and able to meaningfully contribute to their local communities
- An embedded integrated service of support across education, health and care from 0-25.
- Improved outcomes for Wirral children, young people and their families
- Recognition of the value of children and young people with SEND and the contribution they can make to local social value.

SEND Strategy

Wirral SEND Strategy

It is recognised that successful delivery of the strategy is dependent on ensuring that there is an effective and robust infrastructure in place and that parents, children and young people are involved at each stage. The following diagram depicts the key partners in Wirral's SEND local area.

The SEND strategy aligns closely with the Schools Strategy and gives regard to the All Age Disability Strategy.

The Schools Strategy is committed to ensuring that:

- Young people are ready for work and adulthood
- Vulnerable children reach their full potential

The All Age Disability Strategy is committed to ensuring that:

- All people with disabilities are well and live healthy lives
- Young people and adults with disabilities have access to employment and are financially resilient
- All people with disabilities have choice and control over their lives

These plans and the SEND Strategy aim to ensure that there is high-quality provision that ensures all children and young people with SEND reach their potential. All partners are committed to inclusive practice and removing barriers to learning.

Wirral acknowledges that for a small percentage of children and young people with SEND specialist/ special school provision may be required. The Local Authority is committed to maintaining its specialist and special school provision but acknowledges that the profile of this category of provision will change given the Local Authority allocating places for children and young people with the most complex needs

Where we are now

Provision/Informal Education Settings

Most children and young people in Wirral may attend mainstream early years settings, schools or colleges or specialist provision such as mainstream schools with resource provision or special schools.

Information about provision for learners can be found on the Local Offer website: localofferwirral.org

All schools are required to publish their SEND information report in which they outline their support for SEND young people. All colleges in the local areas detail their support on the Local Offer website.

Special Educational Needs Reform

In September 2014, the new statutory Education Health and Care (EHC) needs assessment was introduced. As a result the process of transferring statements of need to EHC plans commenced. The new legislation included the introduction of EHC plans for learners with SEND up to the age of 25. Since September 2014 we have seen a 35% increase in requests for assessments. Not all of these have been agreed and this points to more work needed to support early identification and school support for learners with special education needs.

SEND Funding to Support Learners

In 2013 the government changed the way in which all maintained schools, academies and non-maintained special schools were funded, including arrangements for funding SEND provision. It was intended that there would be:

- a more transparent, simpler and consistent system of funding for schools which focused on the needs of pupils;
- delegation of funding directly to schools to ensure it was used to support children according to individual need.

For mainstream schools, the Council delegates funding for SEND pupils through an agreed funding formula, largely based on pupil numbers and a defined number of pupil characteristics. A significant change instructed schools to provide up to the first £6,000 of additional support for all pupils with special educational needs from this delegated funding. Top up funding over £6,000 can be allocated from the high needs block to meet assessed needs over this amount.

Special schools are funded on a commissioned number of places at a fixed amount per place. Top up funding is then allocated from the high needs block according to the provision required to meet individual pupil needs. The same funding principles also apply to post-16 provision in further education colleges.

Consultation is currently taking place regarding the way in which special needs pupils are funded. Three models are being consulted to determine what best meets the needs of children and young people.

The information schools are expected to put into place and information of their offer to support learners is published on the Local Offer and on school websites.

SEND Pupils in Mainstream and Specialist/ Special Schools

Wirral's overall pupil population in 2016 was 51,108 and rose to 51,579 by 2018. Wirral has 7,010 children and young people identified as requiring SEND support in a mainstream school or college. The number of children and young people identified as requiring SEND support by a mainstream school was 7,050 in 2016. There was a slight drop to 7,010 in 2018. In England the average number of children and young people identified as requiring SEND support is 14.6%. Wirral's average is significantly higher at 16.8%.

Health and Care Plan was 1,528 rising to 1,633 in 2018 - an increase of 105 over a two year period. Wirral's EHCP average at 3.2% is higher than the England average of 2.9%.

The local Further Education (FE) College and 6th Form College are committed to developing their provision for students with learning difficulties and disabilities.

Compared to the England average of 49.1%. 69.4% of Wirral children and young people with an EHCP are placed in special schools against the average in England of 50.9%. 3.1% are based in SEND units/ resourced provision attached to a mainstream school which is in line with the national average. We believe that some of the children who are currently supported in our special schools could be supported in their local mainstream school and it is a priority to address this.

Of the specialist placements 13.7% are in independent and non-maintained special schools compared to the average in England of 10.1%. Some of these placements are because of parental choice for a non-maintained special school situated within the Local Authority.

Early Years

Early Years (EYs) Private, Voluntary and Independent settings along with childminders and vulnerable 2 year olds in school nursery provision are supported by an effective Local Authority (LA) Early Childhood Services structure.

The identification and planning of SEND support in early years settings and childminders is encouraged through the graduated approach. The Early Years SEND Team manager, as a qualified teacher, has the appropriate skills, knowledge and expertise to empower settings with the confidence to recognise SEND needs.

Settings staff and childminders continued professional development is facilitated by the highly skilled EYs SEND team who offer termly SENCO cluster networks, SENCO Accreditation Award training, SEND themed training, setting and peer on peer support, which fosters effective integrated working with the LA.

Parents are supported to make the right choice for an improved outcome for their child, with the support of Early Years SEND Officers. The LA's 3 main Children Centre hubs host access to sensory rooms/sensory resources supported with activities to empower parents to be confident and enjoy play, learning and development of their child.

SEN/D support following the early identification of very young children can be accessed through the LA's EY's Portage Service, delivering interventions in the home. Whilst it is small, it is highly regarded by families and effectively contributes to the SEND assessment process. The service equips and supports families with the skills and expertise to effectively contribute to the assessment process.

The Inclusive Practice Fund (IPF) is available to ensure the inclusion of children with additional needs in early education/childcare. A multi-agency panel processes applications from settings, childminders and Foundation 1 classes in schools for children accessing their 2, 3 and 4 year free entitlements, inclusive of extended hours for children accessing the 30 hour offer.

The Disability Access Fund (DAF) is promoted to settings, childminders and Foundation 1 classes in schools, to support children with disabilities or special educational needs. It aids access to early years places by supporting providers in making reasonable adjustments to their settings.

A Partnership meeting with settings, LA and schools ensure there is an inclusive transitional pathway for children with SEN/D. This sets the scene for the next stage of a child's journey which is also supported by an "enhanced transition" 6 week IPF package to help them settle in.

Special School/ Specialist Provision

There are currently 10 special schools in Wirral; 4 catering for Complex Learning Difficulties. In other authorities these are referred to as Severe Learning Difficulties (of the 4, 2 are primary/ 2 are secondary), 2 cater for Moderate Learning Difficulties and Autistic Spectrum Condition (1 primary/ 1 secondary),1 caters for Specific Learning Difficulties and Autistic Spectrum Condition at primary and 3 cater for Social, Emotional and Mental Health (1 primary and 2 secondary). In addition there is a Hospital School.

There are 12 resource bases in primary schools and 4 in secondary schools. These are all operated in very different ways and were established by the Local Authority to promote inclusive opportunities for Children and Young People.

Commissioning of Special School/ Specialist Base Provision

Wirral has commissioned a review of arrangements for High Needs places. The aim of the High Needs evaluation project is to assess whether the current provision is meeting the needs of Wirral's children, in the right locations, in an efficient manner, and to enable a strategic view of provision with children with SEND. This is in conjunction with anticipated trends and the available resources, informing options for change.

Exclusions

The number of permanent exclusions from special schools remains low. A concerted effort is made by school leaders of special schools not to permanently exclude students. Wherever possible pupils at serious risk of permanent exclusion will move to another school for a fresh start.

Over the past 2 years the number of SEND support pupils who have been permanently excluded from mainstream secondary schools has increased.

Support, advice and guidnace services

Educational Psychology Service

Wirral currently has a small Educational Psychology Service which has a clear, defined role and function and delivers it's core services to a range of stakeholders. These have been clearly communicated to colleagues and stakeholders. The LA is committed to ensuring that service delivery contributes strongly to improving outcomes for children and young people (CYP), that it shows strong commitment to engagement with stakeholders and partner agencies and is characterised by trust, respect and effective leadership.

Sensory Support Service

The Sensory Support Team is made up of two teams – The Hearing Impairment and The Visual Impairment Team. They consist of specialist teachers and teaching assistants who support children and young people with hearing and vision needs and their families. They provide a total service that encompasses teaching, educational, advisory, and audiological support. Sensory impairment is a low incidence, yet high impacting disability and the Sensory team provides support to ensure the correct strategies are in place to ensure successful outcomes for this group of learners.

Physical and Medical Support Service

The Physical and Medical Team promotes, develops and delivers the Local Authority's service for children with medical and physical needs. The service supports the equality and inclusion of these children and young people (CYP) in their local mainstream school. The team aims to give schools the advice and support required to eliminate barriers within the educational setting enabling the CYP to access the curriculum and their environment for learning.

Wirral Local Offer

The Local Authority has a SEND Participation and Engagement Lead responsible for sourcing and editing the content for the Local Offer website. Performance of the site is evaluated monthly and the findings used to shape future developments and provision. To access the Local Offer website visit www.localofferwirral.org

The Wirral Local Offer website that has two key purposes:

- To provide clear, comprehensive, accessible and up to date information about the available provision and how to access it and

- To make the provision more responsive to local needs and aspirations by directly involving SEND children, parent/carers and service providers in terms of both development and review.

Children and young people and their parents/carers have been actively involved in the development (co-production) ensuring first and foremost that it is reflective of their actual not assumed needs and fostering a sense of co-ownership.

Wirral's Local Offer Development group (LODG) help us develop our Local Offer so that children and young people, families and practitioners can easily access services and information in relation to SEND. It will be a key tool to ensure that families influence the development of services which are commissioned locally to meet needs.

Wirral SEND Youth Voice

The SEND Youth Voice group are a group of SEND Young people who work with professionals and services sharing their voice, opinions and reflections on things that affect the lives of disabled young people in Wirral. They provide support to one another through a peer educator led system. This service is based with the Creative Youth Development team. Any young person with a disability can join and take part in this group that meets weekly.

Wirral SEND Partnership

Wirral SEND Partnership delivers the SEND Information, Advice and Support Service in Wirral. They work with parents, carers and young people to improve outcomes for children and young people with SEND. They offer independent advice and support over the telephone, via email, through home visits and by attending school based/multi-agency meetings. They currently work with 70-80 families per month. Wirral SEND Partnership is impartial and acts as a critical friend to multi-agency colleagues whilst maintaining positive and open relationships.

There are good relationships with schools, the local authority and health colleagues and they work with families and professionals to build relationships as well as improve outcomes.

Wirral SEND Partnership feeds in strategically to the SEND operations group and the

Local Offer Development group.

Joint Commissioning

Here in Wirral, we recognise that joint commissioning requires a strategic approach to planning and delivering services in a holistic, joined-up way. It is a means for our different partners to commission education, health and care provision, to deliver positive outcomes for children and young people with SEND.

It is fair to say that we are at a point of significant change, with some of the biggest shifts in national policy for health, special educational needs, and disability in over 30 years. Changes introduced through the Children and Families Act from September 2014 make it more important than ever that the Local Authority, schools, colleges, health and other partners, work closely with parents, carers, children and young people to improve services. This we are striving to do and the steps outlined in this Strategy document will further aide our efforts to involve all stakeholders in all we commission.

Joint Commissioning is a cross-cutting theme that relates particularly closely to Local Offer. When the triad of Health, Education and Social Care come together to share their resources via the Local Offer website, it helps us identify gaps in service provision. Acting as a conduit, these gaps are then reported by completion of a Joint Strategic Needs Assessment report. Through the use of the joint strategic needs assessment and aligning to key partnership plans we can identify priority areas of actual rather than perceived needs of our local profile for our joint commissioning focus.

For effective joint commissioning we will adhere to the following principles:

- All decisions are based on clear rationale for improving outcomes for children, young people, their families and carers
- Ensure that systems are in place to safeguard children and young people and promote their welfare
- Focus on commissioning high quality services that secure positive outcomes and offer the best value for money
- Ensure there are systems in place for reviewing and monitoring outcomes for children and young people with SEND. We will utilise this data to inform future joint commissioning decisions
- Utilise a wide range of information to inform commissioning decisions - this includes (not exclusively) the Joint Strategic Needs Assessment (JSNA), the Health and Wellbeing Strategy, the Local Offer, Wirral's Coproduction charter, analysis of local Education, Health and Care (EHC) Plans, and the active participation of children, young people their families and the wider SEND community
- Ensure there are robust governance and assurance processes in place, including agreement on decision making and funding powers. We will ensure that all commissioning processes, including tendering and procurement, are transparent and in line with good practice and legal requirements
- Take account of legislation, along with national, regional and local guidance and best practice

- Secure strong and effective partnerships between the public, voluntary, community and private sectors
- Take account of the need to ensure sustainability, build capacity where appropriate and source services as locally as possible

To ensure full partnership buy in and consideration of partnership working and commissioning the Children's Partnership has made SEND one of its themed areas.

Strategic Priorities

All partners in the Local Area have been consulted to determine the SEND priorities for the next 4 years:

There is one main overarching priority with three subsidiary priorities.

Improve the quality of provision and outcomes for young people with SEND

- Ensure early identification of special education needs and high quality intervention particularly for children and young people exhibiting social, emotional and mental health issues
- Further develop effective transition from one education phase/setting including preparing for adulthood pathway
- To further develop participation, engagement and coproduction with children, young people, parents and carers

Strategic Priority 1	Improve the quality of provision and outcomes for young people with SEND
Key Actions:	We will work collaboratively across the Local Area to ensure a clear understanding of all specialities so that there is transparency around what services provide; what services deliver and where support is needed. We will review the training and support for mainstream schools to ensure quality first teaching. The Threshold document and SEND toolkit provide schools with the tools to support SEND young people. We will continue to host termly SENDCO Exchanges to share information, upskill our SENDCOs and foster two way open communication. We will seek to train all school staff on general SEND matters to better equip them to deal with the increasing cohort and range of SEND pupils. We will develop a joint commissioning strategy across education, health and social care in response to identified immediate priorities. We will review and renew with health partners the commissioning of speech and language support as a priority. Working with stakeholder and providers we will continue to develop a high quality post 16 provision offer for learners with SEND within the borough to support their transition to adulthood. We will develop a greater understanding of the Gatsby benchmarks so that they are embedded and result in an aspirational culture for young people across all provision. We will improve our information management systems to inform on the impact of services and outcomes for children and young people. We will work with the specialist SEND sector (special schools and resource provision schools) to strengthen their leading role in developing SEND improvement across the Local Area.

Key Actions (cont):	We will ensure providers have information about effective interventions and good practice is shared to support pupil progress and close the attainment gap between those children and young people with SEND and others. We will develop a skills audit across the Local Area to identify strengths as well as establish gaps. We will establish a self-assessment checklist for good practice.
The Strategy will be successful if:	There is an increase in the number of mainstream schools that can access advice and guidance from specialist providers to support inclusion There is an increase in the number of children and young people educated close to home due to high quality in borough provision in settings, schools and colleges The Joint Commissioning plan is completed and actions implemented. The commissioning of speech and language therapy support meets needs identified in EHC plans. Information systems are reviewed and re commissioned to ensure effective sharing of data improves joint working. The implementation of a minimum competency framework increases the number of statutory deadlines met within the allocated timeframe. Attainment of SEN support young people and EHCP increases so closing disadvantage gaps.

Strategic Priority 2	Ensure early identification of special education needs and high quality intervention particularly for children and young people exhibiting social, emotional and mental health issues
Key Actions:	We will work with all colleagues to improve knowledge and skills so that a young person's needs are identified early and a clear pathway identified. We will work on improving communication across services to improve collaboration and a willingness to support one another. We will work collectively to produce a clear pathway for reporting gaps in provision to improve the experience of the young person. We will use survey feedback from children and young people to develop and improve integrated assessments and plans for children and young people with SEND. We will work with education providers to ensure that the support for learners with SEND at school support is clear on the Local Offer and schools are identifying learners in line with the information on their school information reports. We will develop our audit and moderation of our Education Health and Care Plans to continue to develop integrated high quality plans with clear outcomes. We will review feedback from all sources including complaints, mediation and tribunal hearings to develop and improve our service delivery. We will improve our EHC needs assessment process to meet statutory timescale. We will support parents' knowledge of child development to identify issues earlier. We will work on ways to improve communication between educational settings and services to improve the experience of transition for young people at key points.

The Strategy will be successful if:	There is an increase in the percentage of young children accessing appropriate services There is an increase in the number of young people accessing the annual health check when requesting it We routinely monitor the quality of School SEND Information reports There is an increase in the percentage of audited EHC plans graded as good The percentage of education setting places are identified and agreed a term before children start school

Strategic Priority 3	**Further develop effective transition from one education phase/setting including preparing for adulthood pathway**
Key Actions:	We will work with a wide range of providers, further develop provision, pathways into adulthood, supported internships and employability skills across the 16-19/25 phase. We will work to improve the personal transition experience to adulthood for young people with SEND and their families by further developing clear guidance around pathways and options and person centred planning. We will work to strengthen the partnership with special schools, local FE colleges/ training advisors and Youth services/informal education settings to share expertise and support effective progression towards adulthood. We will work with local stakeholders to promote improved and earlier joint working between Children and Adults' Services in order to support young people into adulthood so that young people get the right information from the right people at the right time.

Key Actions (cont):	We will work to ensure clear information and guidance is available to parents and families to support the transition from primary to secondary schools supporting the SEND Code of Practice ethos of a right to mainstream education. We will provide clear information about the services that can support preparing for adulthood across education, health and social care from year 9 review. We will regularly update our Transition to Adulthood brochure (available on the Local Offer) and host Your Future, Your Choice events to prepare young people for their next chapter. We will work collaboratively to improve communication at all transition points. We will improve the quality and consistency of advice to young people and their parents/carers. We will oversee and manage how the views of children and young people impact on service provision, developments and decisions. This will be via school consultations, individual consultations with young people and Wirral SEND Youth Voice Group. We will work with young people and stakeholders to develop a “curriculum for life”. We will promote Supported Internships and access routes to employment for young people with SEND.
The Strategy will be successful if:	Evidence shows that children and young people are fully involved in planning for their own future and ensuring they get the support that is right for them. Transitions from one stage to the next are well managed so that there is continuity of support for children and young people with SEND. There is an increase in the number of internships

The Strategy will be successful if (cont):	There is an increase in the percentage of young SEND people in employment, education or training Feedback from young people and their families tells us that transition was well planned, communicated and managed. Young people with SEND are engaged in purposeful education and training, so that they are well prepared for employment and independent or supported adult living.

Strategic Priority 4	**To further develop participation, engagement and coproduction with children, young people, parents and carers**
Key Actions:	We will resource a SEND Participation & Engagement service which will include a full time SEND Youth Engagement Officer to develop engagement programmes with young people and champion youth voice in all that we do. SEND Youth Voice group will focus and train on the issues and reflect back when they have understood/ progressed issues. The young people will access training and support to be the 'voices and champions' of SEND issues locally for themselves and other SEND young people. We will continue to support at Parent/Carer attended school/community events We will continue to support Early Years settings to engage at the start of the family's SEND journey. We will resource marketing materials for the Local Offer We will seek to increase our followers on the Local Offer Twitter and Facebook accounts

Key Actions (cont):	We will provide training for schools on the Local Offer to improve information for users. We will have Local Offer Champions in each service or setting. We will continue to develop the Local Offer to ensure that there is a full range of advice, support and services that can be accessed by children, young people, parents, carers, providers and professionals. We will prioritise finding ways to engage with those who are 'hard to reach' We will continue to maximise the reach of the four established SENDCo Locality Boards and in doing so improve engagement/feedback/coproduction opportunities. We will signpost parents to where help is available if children and young people do not meet service criteria for a statutory plan We will work with GPs to ensure that they are aware of the Local Offer and they are offering an annual health check for young people with SEND from age 14 years We will develop advice and information for parents that is co-produced and where possible in Easy Read We will consult with service users on joint commissioning contracts. We will review how we communicate with young people and families. We will work collaboratively to produce a working Wirral Coproduction Charter. The SEND Participation and Engagement Lead and Youth Officer will continue to sit on the NW SEND Young Person's Coproduction Steering group to widen our resource pool and benefit local development/ implementation/management.

Key Actions (cont):	We will seek to work collaboratively with Wirral's Parent/Carer forum (PCPW) to progress areas of agreed priority (e.g. Preparation for Adulthood) We will increase the numbers of parents we work with to review and plan services through different groups in addition to the Wirral's Parent/Carer forum. (PCPW) We will continue to work in partnership with Wirral's third sector and voluntary organisations We will develop the implementation of Personal Budgets We will commission disagreement resolution and mediation services. We will work with parents, families, and young people as well as local SEND partners and providers to seek continuous improvement of services through regular consultation, engagement and feedback. We will showcase and share examples of good practice so that we can learn from what works well. We will build on the success achieved to date with Wirral's SEND Youth Voice group and continue to develop young people to ensure that their voices are heard and influence practice developments.
The Strategy will be successful if:	There is an increase in the number of Parent/Carers and our young people aware of the Local Offer. We are engaging with a wider pool of Parent/Carers and SEND families Feedback is free flowing which will enable us to react in a timely manner There is an established process for Identified gaps to be plugged

The Strategy will be successful if (cont):	The golden thread of Coproduction runs through all aspects of Wirral's SEND provision. More SEND young people are aware of the opportunities to have their voice heard and will actively participate. Advice and information for young people is co-produced and in jargon and acronym free language Regular feedback indicates that users report information is clear and accessible The number of hits on the Local Offer increases Local Offer social media followers increase Families report that they have greater self-help skills and independence.

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WIRRAL

Adult Social Care and Public Health Committee

Tuesday, 14th June 2022

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

REPORT SUMMARY

This report sets out the financial monitoring information for the Adult Social Care and Health Committee. The report provides Members with an overview of budget performance for this area of activity. The financial information details the year-end revenue and capital outturn position, as reported at quarter 4 (Apr-Mar) 2021/22.

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

RECOMMENDATION/S

The Adult Social Care and Health Committee is recommended to:

Note the year-end revenue outturn position of £1.059m favourable and the performance of the capital programme, as reported at quarter 4 (Apr-Mar) 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 Update reports could be provided at a different frequency however quarterly monitoring is considered good practice.

3.0 BACKGROUND INFORMATION

3.1 The financial outturn for 2021/22 is a favourable position of £1.059m against a total net budget of £113.651m.

3.2 The outturn reflects some slippage against providers yet to sign up to the Real Living Wage fee rates agreed at Committee on 7th June 2021 and £4.3m achievement of the £4.5m saving target against community care. There is a favourable position against employees as the service has managed vacancies throughout the year. The Better Care Fund (BCF) also reflected a favourable position at year end – this is split 50/50 with Wirral CCG as detailed within the S75 agreement.

3.3 Throughout this financial year, the cost of care pressure has been managed through access to increased Government funding for the COVID-19 response and the Clinical Commissioning Group (CCG) responsibility to provisionally fund hospital discharges and deflections. In 2021/22 the CCG funded £1.6m of hospital discharges and deflections and further alleviated costs by funding additional emergency bed provision.

TABLE 1: 2021/22 Adult Care and Health – Service Budget & Outturn

	Budget	Outturn	Variance (+ Fav / - Adv)		Adverse/ Favourable
	£000	£000	£000	%	
Adult Social Care Central Functions	5,658	4,538	1,120	20%	Favourable
Older People Services - WCFT	51,693	51,756	-63	0%	Adverse
Mental Health & Disability Services - CWP	52,626	52,832	-206	0%	Adverse
Other Care Commissions	-101	-235	134	-133%	Favourable
Public Health	-262	-262	0	0%	Favourable
Wirral Intelligence Service	489	415	74	15%	Favourable
Directorate Surplus / (Deficit)	**110,103**	**109,044**	**1,059**	**1%**	Favourable
Support / Admin Building Overhead	3,548	3,548	0	0%	
Total Surplus / (Deficit)	**113,651**	**112,592**	**1,059**	**1%**	**Favourable**

3.4 **Central Functions:** A favourable variance of £1.120m is reported at quarter 4. This variance is as a result of efficient management of vacancies, capitalisation of salaries and maximising the use of grant funding.

3.5 **Older People Services:** A minor adverse variance of £0.063m is reported at quarter 4 which is reflected against commissioned services. The outturn reflects full achievement of the £2m savings target attributed to Older People services. Continued uptake by providers of the Real Living Wage approved rates has reduced the expected outturn from quarter 3.

3.6 **Mental Health & Disability Services:** An adverse variance of £0.206m is reported at quarter 4. This is in part due to a shortfall against client income. The outturn reflects achievement of £2.3m against the original £2.5m savings target attributed to complex care services. This is an improved position from quarter 3 due to an increase of joint funded income.

3.7 **Other Care Commissions:** A favourable variance of £0.134m is reported at quarter 4. A 50% share of the favourable outturn against the BCF is reflected here along with several minor variances from budget.

3.8 **Public Health:** A balanced outturn is reported at quarter 4. Public Health is a ringfenced grant with an annual value £30.1m. A balance of £2.912m will transfer to reserves to meet future year contractual commitments. £6.7m of this funding supports public health activities delivered by the Council, representing a significant funding stream.

3.9 **Wirral Intelligence Team:** A favourable variance of £0.074m is reported at quarter 4. The minor surplus within this Service Area relates to employee budgets.

TABLE 2: 2021/22 Adult Care and Health – Subjective Budget & Outturn

	Budget	Outturn	Variance (+ Fav / - Adv)		Adverse/ Favourable
	£000	£000	£000	%	
Income	-87,334	-92,051	4,717	-5%	Favourable
Expenditure					
Employee	6,647	5,555	1,092	16%	Favourable
Non Pay	58,582	63,209	-4,627	-8%	Adverse
Cost of Care	132,208	132,331	-123	0%	Adverse
Total Expenditure	**197,437**	**201,095**	**-3,658**	**-2%**	**Adverse**
Directorate Surplus / (Deficit)	**110,103**	**109,044**	**1,059**	**1%**	**Favourable**
Support / Admin Building Overhead	3,548	3,548	0	0%	
Total Surplus / (Deficit)	**113,651**	**112,592**	**1,059**	**1%**	**Favourable**

3.10 **Movement on reserves:** Earmarked reserves are amounts set aside for a specific purpose or projects. Table 3 below sets out the reserves within Adult Care and Health and the movement in year.

TABLE 3: 2021/22 Adult Care and Public Health – Earmarked Reserves

Reserve	Opening Balance £000	Use of Reserve £000	Contribution to Reserve £000	Closing Balance £000
Adult Social Care – Safeguarding	181	-173	0	8
Public Health Ringfenced Grant	3,682	0	2,912	6,594
Champs Innovation Fund	2,419	0	745	3,163
Champs Covid-19 Contact Tracing Hub	1,962	0	1,931	3,894
Project ADDER (Addiction, Diversion, Disruption, Enforcement, Recovery)	**0**	**0**	**871**	**871**
Better Care Fund	**0**	**0**	**236**	**236**
Total	**8,244**	**-173**	**6,695**	**14,766**

3.11 The Safeguarding reserve within Adult Social Care has an opening balance of £0.181m. The funding for the combined Board has now ceased. The residual funds have been used to support the Merseyside Safeguarding Adults Board business unit transition period and any residual SARs (Safeguarding Adults Reviews). A small amount of costs remains outstanding which will be offset against the balance of the reserve during 2022-23.

Public Health Grant

3.12 Since the 2013 transfer of the Public Health function in 2013 from the NHS to the Council has been supported by the allocation of a ring-fenced grant from the Department of Health and Social Care. The current allocation for the Public Health grant is based on applying a weight her head (reflecting public health need) to each council's projected population from the Office for National Statistics. The principal indicator that quantifies needs is the standardised mortality ratio (SMR) for those aged under 75 years; SMR<75 aims to show whether an area has had more or fewer deaths compared to the national average. A higher SMR<75 number indicates that an area had had a higher relative number of early deaths. The formula reflects that Wirral has a high proportion of areas with a higher rate of deaths under 75 which is the core funding principle of the grant. The grant allocated on a yearly basis, has set criteria against which spend can occur and is subject to national audit.

3.13 The grant must be used only for meeting eligible expenditure incurred or to be incurred by local authorities for the purposes of their public health functions as specified in section 73B(2) of the National Health Service Act 2006 ("the 2006 Act"). The Public Health grant will only be paid to local authorities to support eligible expenditure. Grant carried over to the following year is governed by the grant conditions.

3.14 In 2021/22 the Public Health grant was £30.1m which was an increase of £0.4m on the previous year. The use of the grant is modelled over a 5 year period to enable the implementation of a medium-term prevention strategy to reduce health inequalities as described in the Wirral Plan. The grant is allocated nationally on a yearly basis but we need to plan for our commitments to our longer term contracts, many of which run for 5 years plus to ensure value for money, continuity of service to residents and job security for staff. The future of the grant is uncertain with speculation that the ring-fencing will be removed at some point and that the funding will be combined with the Council's general top-up grant funding. This poses two major challenges to the 5 year strategy in that the grant may be subject to top-up grant formula and therefore may reduce and that the removal of the ring fence may result in funding being diverted to other council activities. Since 2020, the Council has received significant additional funding from Government to fund Covid-19 Outbreak Management activities, some of this funding has been used to fund public health activities in support of the council's response to the pandemic, some of which were part of the 5 year strategy. As a result, a proportion of the 2021/22 Public Health grant remains unspent at the end of the year and will be carried forward in the ring-fenced Public Health reserve.

3.15 This will be available to mitigate any reductions in the Public Health grant going forward and ensure that the 5 year strategy can continue to be delivered. The 5 year strategy contributes to the Council's key priority to reduce inequalities and is

key to achieving the councils long term objectives. The funding also supports the employment of key public health posts within the Council.

3.16 The activities funded by the Public Health grant are required to be reported to the Department of Health and Social Care on an annual basis signed by the Director of Public Health and S151 Officer and therefore the funding must be kept separate and identifiable from all other reserves. There is a risk that where the Public Health grant is not spent during the year and is carried forward, the Department of Health and Social Care may reduce the following years grant allocation. However, given the ongoing pandemic and the requirement for continuing support, it is assumed that under these circumstances the risk of an adjustment in future years grant will be minimal. The council has a clear rationale for carrying unspent funding forward. The 5 year strategy is protecting the council's future financial sustainability from any unforeseen detrimental impact to council budgets from a reduction in the Public Health grant.

3.17 Wirral has been awarded £2.8m as part of the ADDER/Accelerator programme for a two year period covering 2021-2023. This is one-off funding supporting the national drug treatment and recover programme. The reserve is set up to carry unused funds received in 2021-22 forward into the new financial year.

3.18 The Better Care Fund forms part of the S75 agreement in place between the LA and Wirral CCG and allows for unspent funds to be carried forward for use in the following financial year. The reserve will support the continued hospital discharge process for the first quarter of the 2022-23 financial year.

3.19 **Pressures and Savings Statement:** Within each Committee's revenue budget there are a number of savings proposals that were based on either actual known figures or best estimates available at the time. At any point during the year, these estimated figures could change and need to be monitored closely to ensure, if adverse, mitigating actions can be taken immediately to ensure a balanced forecast budget can be reported to the end of the year. Of the £4.5m target set against Adult Social Care and Public Health at the start of the financial year, £4.3m savings have been achieved.

3.20 **Capital Outturn**

TABLE 4: 2021/22 Adult Care and Health – Capital Outturn

	Budget	**Outturn**	**Variance**
Citizen and Provider Portal/Integrated I.T.	60	36	24
Community Intermediate Care	500		500
Extra Care Housing	2,764	110	2,654
Liquidlogic - Early Intervention & Prevention		31	-31
Telecare & Telehealth Ecosystem	2,391	610	1,781
TOTAL ADULT CARE AND HEALTH	**5,715**	**788**	**4,927**

3.21 **Telecare & Telehealth Ecosystem**
A full review of spending and a revised capital requirement has been completed this month. Predicted costs of £3M have been reduced as additional funding streams become available – in total over £415k of planned Council expenditure has been avoided and met by the NHS. Discussions are ongoing to confirm the level of

borrowing required to deliver this programme of work as greater alignment and stronger interdepartmental working with Strategic Housing is considered. Further variance is expected as negotiations with suppliers result in better value purchasing, along with continued investment from NHS.

3.22 **Extra Care**

The Housing 21 Upton Scheme is expected to start financial year 2022-23 when £2,764,050 (75% of the expected grant) will be paid. The balance of payment is expected to fall due early in financial year 2024-25.

The Rock Ferry High site is expected to complete 2023 and the Belong Scheme in late 2022.

3.23 **Citizen and Provider Portal/Integrated I.T.**

The enhanced functionality for portal developments and integrated system elements are currently being tested with the aim of a planned roll out by the end of this financial year. This will be dependent on the necessary testing being successfully completed for implementation for the committed spend. This covers a broader range of online adult social care service ability for providers and residents with integration across the core case management system for brokering services. An enhanced care finder element will focus on the ability to source personal assistants as part of the Direct Payment service options and the go live of an embedded real time view of Health records within the adult social care system record.

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 Sections 25 to 29 of the Local Government Act 2003 impose duties on the Council in relation to how it sets and monitors its budget. These provisions require the Council to make prudent allowance for the risk and uncertainties in its budget and regularly monitor its finances during the year. The legislation leaves discretion to the Council about the allowances to be made and action to be taken.

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

exceed the resources (including sums borrowed) available to it to meet that expenditure.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 There are no implications arising directly from this report.

7.0 RELEVANT RISKS

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

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

8.0 ENGAGEMENT/CONSULTATION

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

9.0 EQUALITY IMPLICATIONS

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

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

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 The Wirral Plan 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.

11.0 COMMUNITY WEALTH IMPLICATIONS

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

REPORT AUTHOR: Sara Morris
Senior Finance Business Partner

email: saramorris@wirral.gov.uk

APPENDICES

None

BACKGROUND PAPERS

- 2021/22 Revenue Budget Monitor Month 8 (Apr - Nov)
- 2021/22 Revenue Budget Monitor Quarter Two (Apr - Sep)

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Public Health	7 June 2021
Adult Social Care and Public Health	29 July 2021
Adult Social Care and Public Health	23 September 2021
Adult Social Care and Public Health	13 October 2021
Adult Social Care and Public Health	16 November 2021
Adult Social Care and Public Health	25 January 2022

WIRRAL

ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Tuesday, 14th June 2022

REPORT TITLE:	**2022/23 BUDGET MONITORING AND 2023/24 BUDGET SETTING PROCESSES**
REPORT OF:	**DIRECTOR OF RESOURCES**

REPORT SUMMARY

This report sets out how the 2022/23 budget will be monitored through the Committee system, which will facilitate the Policy and Services Committees (the Committees) to take ownership of their specific budgets and present appropriate challenge and scrutiny of Officers on the management and performance of those budgets.

The concurrent activity of budget setting for 2023/24, and how this will be approached, is also set out in this report; incorporated in which are:

- revisions to the approved Medium Term Financial Plan (MTFP) – the formulation of savings proposals and presentation of pressure/growth items
- the application of the Medium Term Financial Strategy (MTFS) principles that underpin the budget process and decision-making, with links to the Wirral Plan
- how savings plans are to be configured
- considerations of requisite consultation exercises
- the role of the Finance Sub-Committee

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

RECOMMENDATIONS

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

1. Note the process for in-year monitoring of the 2022/23 budget

2. Note the 2023/24 budget setting process

3. Agree to establish and appoint a Budget Monitoring Panel to comprise of the Committee Chair and Spokespersons, in line with Section 3.12 of the report with sessions to be led by the relevant Director/Assistant Director.

4. Agree to establish and hold budget workshops as detailed in Section 3.26 of the report, the outcome of which to be reported back to Committee in September 2022.

SUPPORTING INFORMATION

1.0 REASONS FOR RECOMMENDATIONS

1.1 The 2022/23 Council budget was agreed at Full Council on 28 February 2022. This budget was made up of savings proposals, pressures/growth items and funding that were based on actual known figures or best estimates available at the time. At any point during the year, these estimated figures could change and need to be monitored closely to ensure, if adverse, mitigating actions can be taken immediately to ensure a balanced budget can be reported to the end of the year.

1.2 The Council has a legal responsibility to set an annual balanced budget, which sets out how financial resources are to be allocated and utilised. In order to successfully do so, engagement with members, staff and residents is undertaken. The recommendations in this report inform that approach. In addition, the proposed budget setting process and timeline is detailed in this report, which will facilitate a robust approach in order to meet organisational requirements.

1.3 Failure to set a lawful budget in time may lead to a loss of revenue, significant additional administrative costs, as well as reputational damage. Failure to set a legal budget may lead to intervention from the Secretary of State under section 15 the Local Government Act 1999.

1.4 Managing and setting a budget will require difficult decisions to ensure that a balanced position can be presented. Regular Member engagement, which this report forms part of, is considered essential in delivering effective governance and financial oversight.

2.0 OTHER OPTIONS CONSIDERED

4.1 The proposals set out in this report are presented to allow for efficient and effective budget monitoring activity that can be conducted in a timely manner. Similarly, the approach to budget setting is considered to allow the maximum time for presentation, scrutiny and consultation on budget proposals, within an agreed framework. As such, it is considered that to meet the business needs and address the challenges that the Council faces that no alternative options are viable or appropriate at this time.

4.2 Not engaging with the Committee at this time, on the matters set out, was an option that was available, however it is considered that involvement of Committees as soon as practical after the agreement of the 2022/23 budget will best assist in delivering the benefits detailed in paragraph 2.1, whilst minimising the risk of an unbalanced budget being presented.

4.3 In the event of the Section 151 Officer determining that a balanced financial position could not be presented, the Section 151 Officer would be required to issue a section 114 notice and report this to all Members of Full Council. The outcome of which could result in intervention by the Government.

3.0 BACKGROUND INFORMATION

Budget Monitoring Process

3.1 On 28 February 2022 Full Council approved the 2022/23 budget, which included significant budget savings/efficiencies (details provided at Appendix B) in order to present a balanced position for the year.

3.2 The calculation of the 2022/23 budget was prepared using known figures or best estimates available at the time. At any point during the year, internal or external factors may influence a change in these estimates which could either have a favourable or adverse impact on the ability to deliver a balanced position at financial year-end.

3.3 In order to ensure that a balanced position can be achieved, it is imperative that a robust process for monitoring and managing the budget is in place.

3.4 An internal officer governance process is in place, in line with past activity, to scrutinise and challenge budget performance in advance of financial forecasts being presented to the Committees. This process includes:

- Budget holders routinely reviewing budget reports and transactions for accuracy and completeness
- Regular meetings between budget holders and finance business partners (FBP) to review income and expenditure positions to date and to determine future commitments in order to present reliable forecasts
- Directorate Management Team (DMT) review of the outcomes of the budget holder/FBP meetings
- Scrutiny and challenge by DMTs as to the robustness of the figures and forecast presented in the context of Directorate-wide activity
- DMT agreement on appropriate remedial action where necessary
- Corporate Management Team review and challenge of the forecast position via the Operational Performance Group (OPG)
- Referral and/or escalation to Investment and Change Board for organisational oversight in conjunction with other corporate initiatives (Strategic Leadership and Corporate Management Team members)
- Progress on savings items monitored through ICB
- Referral to quarterly Strategic Leadership Team performance meeting for Senior Officer scrutiny and agreement
- Presentation to Committees

3.5 For the first meetings in the new municipal year, the Committees will receive confirmation of their budget position, detailed by function, to facilitate an understanding of income and expenditure monitoring against activity (see Appendix D).

3.6 The Committees will be responsible for ensuring that the budget is utilised effectively and responsibly and remains within the relevant budget envelope, identifying savings where appropriate to mitigate any adverse positions that may transpire in-year. Once the Annual Budget and related policy framework is approved it becomes the Council's decision and is effective immediately in respect of the relevant financial year in scope. The Council's Constitution provides that Policy and Service

Committees and Officers are required to implement the Council's budget and policy framework as set out at Budget Council. In normal operating conditions, Policy and Service Committee may only take decisions which are fully consistent with the Council approved budget and policy framework. It is expected that Committee budgets will be effectively managed in-year within the agreed cash limited budget and value for money will be secured. Chief Officers must ensure that no commitments are made that would result in an approved budget being exceeded.

3.7 Policy and Resources Committee will be responsible for ensuring that the entire budget will be in balance, including providing mitigating actions to bring the budget back in line from any adverse variance position that may be forecast, which may take the form of providing direction to other Service Committees. Policy and Resources Committee will be responsible for advising Full Council on organisation-wide financial activity.

3.8 To enable the Committees to manage and monitor budgets effectively in-year, a suite of detailed information will be provided on a quarterly basis, comprising:

- A revenue budget monitoring report for the preceding quarter that will include a full-year forecast
- Full list of budget savings proposals and the progress for their achievement
- Full list of reserves allocated to the Committee for future one-off commitments
- A capital budget monitoring report for the preceding quarter that will include a full-year forecast
- Other specific financial information relevant to the individual committee's decision-making process.

3.9 This information will be made available at the earliest committee meeting, following the quarter end and completion of the internal governance process, detailed in paragraph 3.4. The anticipated timetable for reporting quarterly financial information to committee is:

- Quarter 1 (1 Apr – 30 Jun): September 22
- Quarter 2 (1 Jul – 30 Sep): November 22
- Quarter 3 (1 Oct – 31 Dec): February 23
- Quarter 4 (1 Jan – 31 Mar): June 23

(see Appendix A for a flow chart of the process for monitoring the 2022/23 budget).

3.10 Each Committee is requested to establish a Budget monitoring panel to facilitate regular space to review the budget position in between scheduled committee meetings during stages of the financial year.

3.11 The Budget Monitoring Panel will comprise of the Committee Chair and Spokespersons, the relevant Director and Assistant Directors (as required), a Finance and Democratic Service representative.

3.12 The purpose of this group is to: -

Roles and responsibilities

- Ensure that Members are receiving the most current financial data and are monitoring the budget throughout the year.
- Question the Director on the financial data before they are available to the wider committee membership and ahead of the scheduled Committee meeting.
- Seek further explanatory information from the Director/Assistant Director where necessary.
- Request that certain additional information is provided to the group.
- Make suggestions as to how the information is presented.
- Make links between financial performance and activity, to inform decision making of the Committee.
- Inform the process of efficiency target setting and monitor performance against delivery of efficiency targets agreed.

Membership

The Panel will be made up of the Chair, Vice-Chair and Group Spokespersons of the Adult Social Care and Public Health Committee

Meetings are to be held informally on a monthly basis.

3.13 The Committees have the autonomy (subject to delegation levels) to enact budget virements (transfers) from one function to another within their overall committee budget envelope. Virements will also need to be agreed by the Section 151 Officer as there are certain conditions where budgets are not allowed to be transferred for the purposes of gaining a specific benefit e.g. where budgets from supplies budget headings are transferred to employee budget headings to take advantage of an uplift for pay inflation.

3.14 The Committees will be responsible for containing net expenditure within their overall budget envelope and not overspending. Where an adverse variance is forecast, each committee will be required to take remedial action, with detailed plans and timeframes, to bring the budget back in line and ensure that overspends are mitigated.

3.15 Where a committee has taken all possible steps for remedial action and is unable to fully mitigate an overspend, this must be reported to the Policy and Resources Committee who will then take an organisational-wide view of how this adverse variance will be managed. There must be immediate action agreed to ensure a deliverable, balanced forecast position can be reported, and this will be monitored on a monthly basis by the Policy and Resources Committee.

3.16 Whilst each committee is required to remain within its annual budget envelope, situations may transpire that demonstrate an in-year favourable forecast variance being reported to a Committee. Committees wishing to use any forecast underspend, must have approval from the P&R Committee.

3.17 The Council must not be in a situation where one Committee is forecasting an overspend, unable to mitigate it, and another Committee is forecasting an underspend and takes a decision to utilise this for unplanned growth purposes. The

Policy and Resources Committee will be responsible for ensuring that operating in silos does not occur and that resources are aligned to Council objectives at all times.

3.18 The Policy and Resources Committee has ultimate responsibility for taking any necessary steps required to ensure a whole Council budget can report a balanced position throughout the year. The Section 151 Officer will be responsible for ensuring that any budget actions, proposals and mitigations are achievable and legal.

3.19 In addition to the standard budget monitoring process, as outlined above (see Appendix A for a flow chart of the process for monitoring the 2022/23 budget), which will include reviews of savings related activity, in 2022/23 additional scrutiny will be provided to ensure that agreed savings are delivered in a timely manner, in line with the original proposal. Three specific review routes will exist to support financial oversight and the delivery of savings:

- Finance Sub-Committee,
- Chief Executive led savings delivery board (Star Chamber) and
- the Independent Panel.

3.20 The Finance Sub-Committee will meet to support the Policy and Resources Committee in its aims of providing strategic direction to the operation of the Council, to maintain a strategic overview of budgets and to provide a coordinating role across all other service committees through a 'whole council view' of budget monitoring.

3.21 A savings delivery board (Star Chamber) will be convened with the aim of facilitating regular, in-depth senior officer and member engagement on savings progress in order to review and challenge activity to date, as well as plans to be subsequently actioned, in order to deliver on the savings proposals agreed by Full Council.

3.22 The Independent Panel, established in response to the external assurance review conducted by the Department for Levelling Up, Housing and Communities (DLUHC) in 2021, meets monthly and has an independent scrutiny and advisory role to support the Council's improvement journey and the stabilisation of its financial position. Panel Members have considerable experience and expertise and will have a key role in providing assurance to the Council and DLUHC that improvements are being made in line with the recommendations that were set out in the external assurance review reports.

Budget Setting Process

3.23 The process for setting the budget for 2023/24 will commence immediately, building on the MTFP that was approved by Full Council on 28 February, as recommended by Policy and Resources Committee.

3.24 The most recent version of the MTFP contains a number of financial pressures and savings for 2023/24 (and beyond) that illustrate a budget gap of £8.2m. The budget setting process will need to close the budget gap, which will fluctuate during 2022/23 subject to further information and analysis of potential financial pressures as well as obtaining clarity on government and other funding available to the Council.

3.25 Included within the MTFP for 2023/24 is a suite of proposals for consideration in the proposed budget setting process. Officers will develop business cases for these proposals which will be shared with the Committees at budget workshops.

3.26 The budget workshops, currently scheduled for 27th June, 26th July and 5th September a number of which will be convened between now and August in line with individual committee requirements, will allow current budget intelligence to be reviewed, challenged and modified. In order to close the budget gap, it will be necessary to consider a number of approaches, which will include:

- reviewing budget pressures with the aim of reducing them
- reviewing income streams to ensure that maximum benefits are being obtained
- reviewing opportunities for budget efficiencies and savings.

3.27 It is considered vital that clear direction is given by Policy & Resources Committee to each Committee in respect of their budget setting objectives. To facilitate this, it is recommended that budget envelopes are constructed for each Committee to work to in order to provide a framework and clear goals to the approaches noted in paragraph 3.30. The Finance Sub-Committee will play a key role in this process.

3.28 The methodology for constructing budget envelopes will follow the convention adopted for 2022/23, whereby MTFS principles were aligned to Directorate activity through targets that:

- Produce a balanced budget and MTFP
- Prioritise statutory services and objectives in line with the Wirral Plan
- Ensure that non-statutory services that are not supporting statutory services will be delivered only where there is no net cost to the Council
- Facilitate a strengthening of our reserves to ensure we have funds for the future to support the Wirral Plan
- Demonstrate an appropriate approach to corporate risk.

3.29 Each Committee, via the budget workshops, will be accountable for identifying, developing and agreeing reductions in pressures and deliverable savings proposals to close the 2023/24 budget gap and ensure a draft balanced budget can be considered by the Policy & Resources Committee in September 2022, to enable budget consultation to start in a timely manner in October 2022. See Appendix C for a flow chart of the process for the 2023/24 budget and timeline.

3.30 In developing budget proposals, and reviewing budget activity, each Committee must adhere to the MTFS guiding principles, in order to ensure that the Council will:

a. Set fees and charges commensurate with a going market rate for the services we provide and make concessions available for vulnerable groups.
b. Set spending levels for services not higher than the Metropolitan average to ensure we can demonstrate value for money for resident funding, unless there are exceptional circumstances.
c. Ensure a digital first approach and review all services to ensure we are making full and immediate use of digital capacity and automation.
d. Ensure that our non-statutory services are not subsidised at the detriment of statutory services, unless an evidenced return on investment is demonstrated.

e. Ensure our establishment is at the required level for the services we need to provide and where it needs to be reduced, we will attempt to redeploy staff or provide opportunities for staff to exit the organisation voluntarily before making any compulsory redundancies.
f. Only allocate resources to the themes in the Wirral Plan and where beneficial outcomes can be evidenced.
g. Provide opportunities for communities to engage in where we allocate our resources whilst being clear and realistic about affordability.
h. Consider a range of delivery mechanisms for providing services appropriate to the most beneficial outcomes for communities.
i. Aim to promote and stimulate strong and sustainable growth to generate future income flows.
j. Support trusted partners by leveraging external funding and, within risk-based controls, use the Council's covenant strength to enable regeneration.
k. Within 2 years build up and maintain its general fund balances at 5% of its net revenue budget and will maintain a suite of earmarked reserves that will be used for specific projects to support the key priorities and safeguard against financial risk.
l. Not use any one-off Council funding to underpin the revenue budget.
m. Recognise the impact of council tax increases on the public and consider this alongside the annual budget setting process.
n. Ensure that expenditure is contained within the budget envelope and where unforeseen circumstances result in a risk that expenditure will exceed the budget envelope, produce immediate plans to bring it back in line.

3.31 At Policy & Resources Committee 1 December 2021, it was approved that the Chief Executive progress and implement the Change Programme and required service reviews to deliver a new Council operating model. The programme of activity takes account of the DLUHC external assurance review recommendations and has been positioned as part of the Council's evidence that it has the capability to implement a programme of change to deliver the required savings to achieve financial sustainability – the related undertakings will lend support to the Committees' aims of closing the budget gap for 2023/24.

3.32 The service review framework provides a consistent tool for the application of operating model principles enabling services to re-imagine how best to configure their service offer, in order to maximise desired outcomes. The framework will also apply zero based budgeting principles to ensure resources are aligned to required activity. Financial goals for service reviews will be formed during an assessment stage using benchmarking and other relevant information. Local context and previous decisions will also be considered. All service reviews will present opportunities and recommendations through costed business cases and will embed operating model design principles.

3.33 Service reviews will be business-led and carried out in line with the MTFS, DLUHC recommendations, operating model design principles and key strategies. Service reviews are currently mobilised to support previously agreed high value budget saving proposals in Revenues and Benefits, Leisure Services and Library Services. Further information will be provided to the Finance sub-Committee in respect of

further prioritisation and service recommendations to support budget setting activity. The outcome of the service reviews will be reported to and approved by, where relevant, the Policy and Services Committees in forming the financial recovery plan and 2023/24 budget and may be implemented in advance of the 2023/24 budget being set.

4.0 FINANCIAL IMPLICATIONS

4.1 This report sets out the 2022/23 budget monitoring process and the 2023/24 budget setting process and has no direct financial implications. The outcome of each process will, if not adhered to or a suitable alternative process agreed, have significant financial implications however as the proposals set out control environments and a timeline of activity deemed necessary as part of sound financial management regime.

4.2 If either the 2022/23 budget or 2023/24 budget cannot be balanced, this may result in a Section 114 report being issued by the Section 151 Officer - once issued there are immediate constraints on spending whereby no new expenditure is permitted, with the exception of that funding statutory services, including safeguarding vulnerable people, however existing commitments and contracts can continue to be honoured.

4.3 The Council delivers both statutory and non-statutory services at present – the requirement to eliminate subsidies provided to non-statutory services is considered to be a key requirement in delivering value for money and ensuring that finite resources are targeted on beneficial outcomes.

4.4 The FM Code requires the Council to demonstrate that the processes they have in place satisfy the principles of good financial management, based on the following six principles:

- Organisational Leadership – demonstrating a clear strategic direction based on a vision in which financial management is embedded into organisation culture.
- Accountability – based on Medium-Term Financial Planning, that derives the annual budget process supported by effective risk management, quality supporting data and whole life costs.
- Financial management - undertaken with transparency at its core using consistent, meaningful and understandable data, reported frequently with evidence of periodic officer actions and elected member decision making.
- Professional standards - Adherence to professional standards is promoted by the leadership team and is evidenced.
- Assurance - sources of assurance are recognised as an effective tool mainstreamed into financial management, including political scrutiny and the results of external audit, internal audit and inspection.
- Sustainability - The long-term sustainability of local services is at the heart of all financial management processes and is evidenced by prudent use of public resources.

5.0 LEGAL IMPLICATIONS

5.1 The Policy and Resources Committee, in consultation with the respective Policy and Service Committees, has been charged by Council to formulate a draft Medium Term Financial Plan (MTFP) and budget to recommend to the Council.

5.2 The Council must set the budget in accordance with the provisions of the Local Government Finance Act 1992 and approval of a balanced budget each year is a statutory responsibility of the Council. Sections 25 to 29 of the Local Government Act 2003 impose duties on the Council in relation to how it sets and monitors its budget. These provisions require the Council to make prudent allowance for the risk and uncertainties in its budget and regularly monitor its finances during the year. The legislation leaves discretion to the Council about the allowances to be made and action to be taken.

5.3 Section 30(6) of the Local Government Finance Act 1992 provides that the Council has to set its budget before 11th March in the financial year preceding the one in respect of which the budget is set.

5.4 The provisions of section 25, Local Government Act 2003 require that, when the Council is making the calculation of its budget requirement, it must have regard to the report of the chief finance (s.151) officer as to the robustness of the estimates made for the purposes of the calculations and the adequacy of the proposed financial reserves.

5.5 Consultation must take place in accordance with the Council's duties under section 65 of the Local Government Finance Act 1992. The consultation process, including the Council's consideration of the responses, is required to comply with the following overarching obligations (unless detailed statutory rules supplant these):

(a) Consultation must be at a time when proposals are at a formative stage.
(b) The proposer must give sufficient reasons for its proposals to allow consultees to understand them and respond to them properly.
(c) Consulters must give sufficient time for responses to be made and considered.
(d) Responses must be conscientiously taken into account in finalising the decision. This is the same whether or not a public body was required to consult or chooses to do so. This is because all of those rules are aspects of an overriding requirement for 'fairness'. The process must be substantively fair and have the appearance of fairness. The setting of the budget and council tax by Members involves their consideration of choices.

5.6 When considering options, Members must bear in mind their fiduciary duty to the council taxpayers of Wirral. Members must have adequate evidence on which to base their decisions on the level of quality at which services should be provided.

5.7 Where a service is provided pursuant to a statutory duty, it would not be lawful to fail to discharge it properly or abandon it, and where there is discretion as to how it is to be discharged, that discretion should be exercised reasonably.

5.8 The report sets out the relevant considerations for Members to consider during their deliberations and Members are reminded of the need to ignore irrelevant considerations. Members have a duty to seek to ensure that the Council acts lawfully. Members must not come to a decision which no reasonable authority could come to; balancing the nature, quality and level of services which they consider should be provided, against the costs of providing such services.

5.9 There is a particular requirement to take into consideration the Council's fiduciary duty and the public sector equality duty in coming to its decision.

5.10 The public sector equality duty is that a public authority must, in the exercise of its functions, have due regard to the need to: (1) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010; (2) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and (3) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5.11 Any decision made in the exercise of any function is potentially open to challenge if the duty has been disregarded. The duty applies both to Full Council when setting the budget and to the Policy and Services Committees when considering decisions.

5.12 Once a budget is in place, Council has delegated responsibility to the Policy and Services Committees to implement it. The Committees **may not within, normal business operating conditions,** act contrary to the Budget without consent of Council other than in accordance with the Procedure Rules set out at Part 4(3) of the Constitution.

5.13 It is essential, as a matter of prudence that the financial position continues to be closely monitored. In particular, Members must satisfy themselves that sufficient mechanisms are in place to ensure both that agreed savings are delivered and that new expenditure is contained within the available resources. Accordingly, any proposals put forward must identify the realistic measures and mechanisms to produce those savings.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 At this time, there are no additional resource implications. There may be resource requirements of any action resulting in remedial or mitigating tasks if an adverse forecast is reported with regards the 2022/23 budget in year, however these will be reported at the appropriate time.

7.0 RELEVANT RISKS

7.1 The Council's ability to maintain a balanced budget is dependent on a proactive approach due to estimated figures being provided in the calculation for the budget, albeit the best estimates available at the time, plus any amount of internal and external factors that could impact on the budget position in year. Examples of which are new legislation, increased demand, loss of income, increased funding, decreased funding, inability to recruit to posts, ongoing impact of the pandemic, etc.

7.2 A robust monitoring and management process for the budget is in place. If at any time during the year an adverse position is forecast, remedial action must be agreed and implemented immediately to ensure the budget can be brought back to balanced position.

7.3 The risk of this not being able to be achieved could mean that the Council does not have enough funding to offset its expenditure commitments for the year and therefore not be able report a balanced budget at the end of the year. This could result in the Section 151 Officer issuing a Section 114 notice.

7.4 A key risk to the Council's financial plans is that funding and demand assumptions in particular can change as more information becomes available. As such, the MTFP is regularly reviewed and updated as part of routine financial management.

7.5 Under the system of retained Business Rates, Authorities benefit from a share of any increased revenues but are liable for at least a share of any falls in income (subject to safety net triggers) and any non-collection. This includes reductions arising from appeals relating to past years which partially fall on the Authority. These risks are mitigated through a combination of the operation of the Collection Fund, General Fund Balances and a Business Rates Equalisation Reserve.

7.6 A balanced MTFP is fundamental in demonstrating robust and secure financial management. Delivering a balanced position requires continual review and revision of plans to allow alternative financial proposals to be developed and embedded in plans as situations change. A delay in agreeing these may put the timetable for setting the 2023/24 budget at risk and may result in a balanced budget not being identified in time for the deadline of 11 March 2023.

7.7 Assumptions have been made in the current budget outlook for income and funding from business rates and council tax and social care grants as the main sources of funding. If there is an adverse change to these assumptions as a result of government announcements, additional savings proposals or reduced expenditure would need to be identified as soon as possible to ensure a balanced five-year MTFP can be achieved. Committees will be kept updated with any announcements regarding the local government finance settlement through the year.

7.8 Sections 25 to 29 of the Local Government Act 2003 impose duties on the Council in relation to how it sets and monitors its budget. These provisions require the Council to make prudent allowance for the risk and uncertainties in its budget and regularly monitor its finances during the year. The legislation leaves discretion to the Council about the allowances to be made and action to be taken.

8.0 ENGAGEMENT/CONSULTATION

8.1 Consultation has been carried out with the Senior Leadership Team in arriving at the governance process for the 2022/23 budget monitoring process and the 2023/24 budget setting process.

8.2 The report makes note of consultation that will follow the formulation of budget proposals which will take the form of engagement with local residents and businesses in respect of the budget setting process.

9.0 EQUALITY IMPLICATIONS

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

9.2 There are no specific equality implications of this report regarding processes, however, it is recognised that some of the developing proposals for 2023/24 budget and beyond could have equality implications. Any implications will be considered and any negative impacts will be mitigated where possible.

9.3 Equality implications will be assessed during planning, decision and implementation stages and will be recognised as an ongoing responsibility. Any equality implications will be reported to the Committees. Equality issues will be a conscious consideration and an integral part of the process.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 At this time, there are no additional environmental and climate implications as these have already been identified for the proposals agreed and submitted. However, where the budget is unbalanced and further proposals are required, then there may be environment and climate implications associated with these that will be addressed within the relevant business cases presented to the Committee. There are no direct environmental and climate implications of this report on process. However, where the budget is unbalanced and further proposals are required, then there may be environment and climate implications associated with these that will be addressed within the relevant Committee. In addition, it is recognised that some of the developing proposals for 2023/24 budget and beyond could have environmental and climate implications. Any implications will be considered, and any negative impacts will be mitigated where possible.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 This report has no direct community wealth implications however the budget proposals to be developed should take account of related matters across headings such as the following:

- **Progressive Procurement and Social Value**
  How we commission and procure goods and services. Encouraging contractors to deliver more benefits for the local area, such as good jobs, apprenticeship, training & skills opportunities, real living wage, minimising their environmental impact, and greater wellbeing.

- **More local & community ownership of the economy**
  Supporting more cooperatives and community businesses.
  Enabling greater opportunities for local businesses.
  Building on the experience of partnership working with voluntary, community and faith groups during the pandemic to further develop this sector.

- **Decent and Fair Employment**
  Paying all employees a fair and reasonable wage.

- **Making wealth work for local places**

REPORT AUTHOR: **Daniel Kirwan**
(Assistant Director of Finance)
telephone: Tel: 0151 691 8026
email: danielkirwan@wirral.gov.uk

APPENDICES

Appendix A Flow chart of the process for monitoring the 2022/23 budget
Appendix B Savings proposals agreed at full Council for 2022/23
Appendix C Flow chart of the process for the 2023/24 budget and timeline
Appendix D Committee Budget Book details

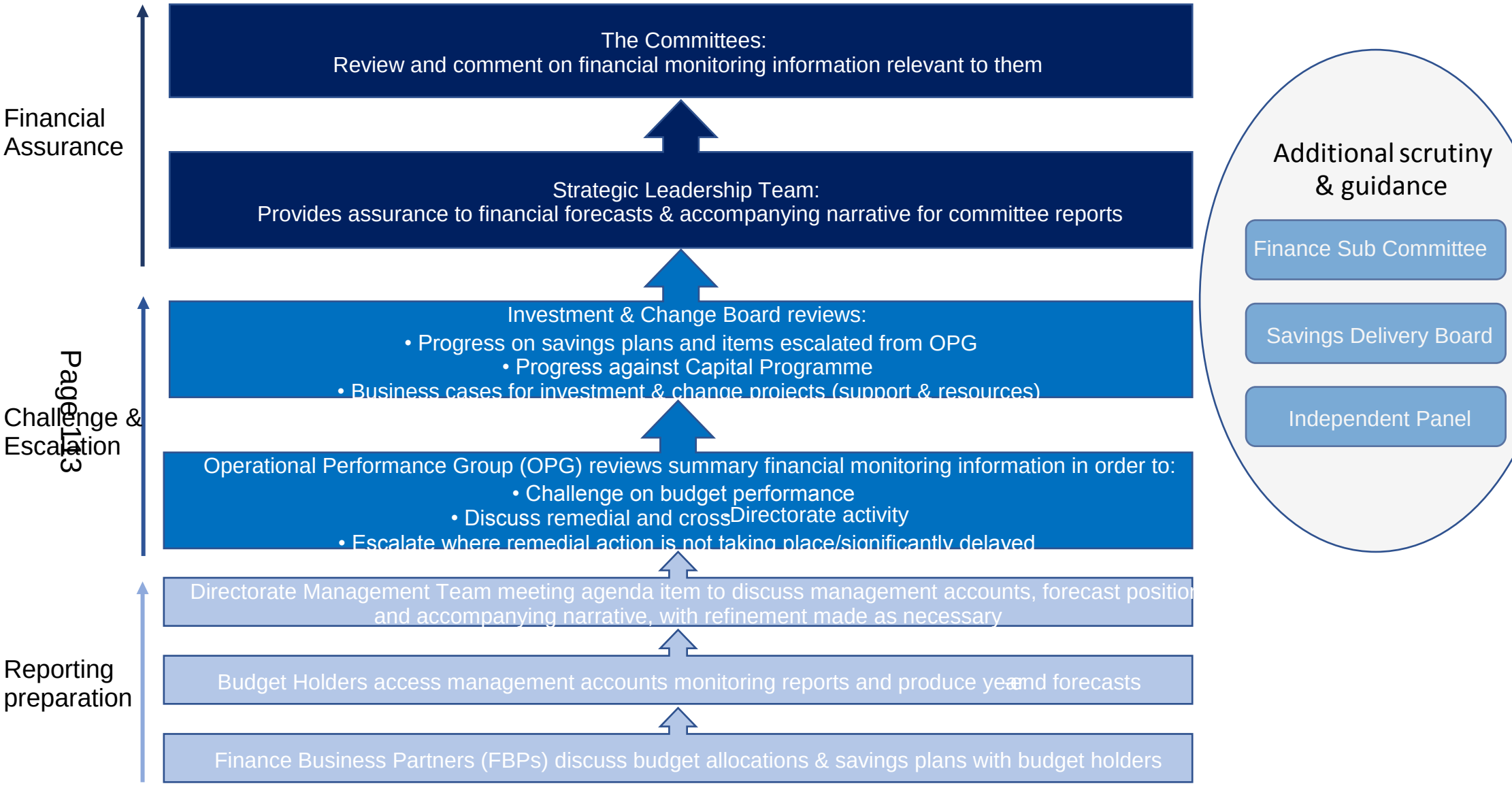
BACKGROUND PAPERS

Pressure and Growth Proposals
Savings and Income Proposals
DLUHC External Assurance Reports
CIPFA's Financial Management Code

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Full Council	**28 February 2022**
Policy and Resources Committee	**15 February 2022**
Children, Young People & Education Committee	**31 January 2022**
Housing Committee	**27 January 2022**
Economy Regeneration & Development Committee	**26 January 2022**
Adult Social Care and Public Health Committee	**25 January 2022**
Environment, Climate Emergency and Transport Committee	**20 January 2022**
Tourism, Communities, Culture & Leisure Committee	**18 January 2022**
Policy and Resources Committee	**17 January 2022**
Policy and Resources Committee	**1 December 2021**
Policy and Resources Committee	**30 November 2021**
Policy and Resources Committee	**25 October 2021**
Policy and Resources Committee	**09 June 2021**
Policy and Resources Committee	**17 March 2021**

Appendix A Flow chart of the process for monitoring the 2022-23 budget



Appendix B – Savings proposals agreed at full Council for 2022-23

Savings Proposals:	2022-23 (£m)
Adult Care & Health	
Adult Care & Health demand mitigations	-3.89
Children, Families & Education	
Reduction of Historic Teacher's Pensions Costs	-0.20
Alternative Accommodation Provision for Children Looked After	-1.00
Utilisation of demand reserve for COVID pressures	-0.47
Children's Services Redesign and posts deletion/closure	-0.29
Reduction in adoption orders	-0.05
Reduction in Looked After Children (LAC) numbers	-0.56
Review of Youth Offending Service (YOS)	-0.03
Special Educational Needs (SEND) Transport Review	-0.15
Increase funding for placements from CCG and SEND	-0.20
Redesign of Youth Offer	-0.20
Law & Governance	
Capitalisation of salaries	-0.20
Removal of individual ward member budgets	-0.18
Reduction in the Number of Committees	-0.15
Whole Council Elections	-0.13
Neighbourhood Services	
Review of Leisure service	-0.18
Highways Operational Services - Income Exploration	-0.03
Closure of Europa Fun/Leisure Pool & Enhanced Gym Offer	-0.27
Increase catering across all Leisure Sites	-0.06
Outdoor Water Sports Offer at West Kirby Marine Lake	-0.02
Catering Pod at Leasowe Leisure Centre for Football Traffic	-0.02
Permanent Closure and Demolition of Woodchurch Leisure Centre	-0.40
Temporary Closure and Remodelling of Bidston Tennis Centre	-0.11
Review of Golf Offer	-0.33
Exercise referral programme	-0.10
Reprovision of the Library Service	-0.65
Floral pavilion - plans to reduce subsidy	-0.35
Fleet efficiencies in Transport - going green	-0.02
Capitalisation of Highways salaries	-0.02
Highways maintenance Contracts	-0.03
Street Lighting Service Savings	-0.05
Car park maintenance 1 year budget reduction	-0.05
Transport efficiencies	-0.07
Eco and Forest School Income	-0.02
Tree management Team Commercial Offer	-0.03
Rent of Café - Royden	-0.01
Income increase on allotments	-0.05
Increase in charges for Waste and Environmental services.	-0.46
Removal of Vacancies in Environmental and Waste team	-0.10

Appendix B – Savings proposals agreed at full Council for 2022-23

Savings Proposals (continued):	2022-23 (£m)
Neighbourhood Services (continued)	
Suspension of Climate Emergency Initiatives	-0.13
Remodelling of Street Cleansing: Plus special events	-0.21
Review of overtime budget in Parks	-0.02
Reduce grass cutting from 10 to 8 cuts	-0.10
Cease community firework displays	-0.03
Income Strategy - Cemeteries and crematorium service	-0.05
Fund ASB Post from PCC grant	-0.05
Review Engagement Officer secondment	-0.04
Reduction in Community Patrol Service	-0.15
Introduce Overnight Camper Van Parking Charge in New Brighton	-0.04
Cessation of Constituency Team and Remodelling of Section	-0.35
Deletion of Vacant Posts	-0.30
Review of Neighbourhoods Service Directorate	-0.36
Reduction in budget for office related expenditure	-0.02
Regeneration & Place	
Cease support for Community Alarms	-0.20
Reconfiguration of Commissioned Homelessness accommodation	-0.12
Capitalisation of Regeneration Staff Salaries	-1.42
The Closure Public Conveniences	-0.05
Corporate buildings - holding costs	-0.05
To reduce heating in occupied council buildings by 2 degrees	-0.11
Resources	
One Stop Shop establishment review	-0.10
Review of Treasury activity	-0.50
Revenues & Benefits Review and Restructure	-0.75
Strategic Change revenue budget reduction	-0.65
Restructure of Commercial Income Team	-0.23
Review of Finance Team Structure	-0.05
Cease Business Rates Contribution	-0.70
Modernisation of Information & Communications Technology Service	-0.05
Review of Business Support Unit	-0.02
Review of Internal Audit - Efficiencies and Income	-0.08
Reduction in Learning & Development Budget	-0.10
Chief Executive Office	
Service Redesign	-0.11
TOTAL SAVINGS PROPOSALS:	**-18.24**

Appendix C Flow chart of the process for the 2023/24 budget and timeline

28 February 22

Full Council
2022/23 budget approved

Government Spring Budget announcement

16 March 22

Policy & Resources Committee (P&R)
Report considered to agree budget process

May – June 22

Elections & Annual Council
Appointment of Committees/Committee Places

June – August 22

P&R agree budget envelopes

The Committees conduct budget workshops

MTFP position and potential budget gap to be considered. Contemporaneous budget intelligence to be reviewed, challenged and modified through a number of approaches, including:

- reviewing budget pressures with the aim of reducing them
- reviewing income streams to ensure that maximum benefits are being obtained.
- reviewing opportunities for budget efficiencies and savings.

September 22

P&R consider draft budget proposals
Presentation of budget workshop outcomes/potential budget options agreed

October - November 22

Budget Consultation
Potential budget options put forward for external review and comment

Dec 22 - Jan 23

P&R
Report(s) considered to review budget consultation feedback, budget proposals & provisional government finance settlement (subject to availability)

All Members Outcomes of public consultation circulated to all Members

Government Provisional Funding settlement

February 23

P&R
Review S151 Officers budget report

P&R Committee to recommend budget to Full Council

Government Final Funding settlement

February – March 23

Full Council
Full Council to approve the budget.

Appendix D Committee Budget Details

Adult Social Care and Public Health Committee 2022-23 Budget Book

Contents:

A. INTRODUCTION AND 2022-23 BUDGET SUMMARY

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 2022-23.

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: 2022/23 Adult Social Care and Public Health – Service Budget

Service Area	Budget £000
Adult Social Care Central Functions	8,977
Older People Services - WCFT	53,111
Mental Health & Disability Services - CWP	52,668
Other Care Commissions	93
Public Health	-262
Wirral Intelligence Service	519
Committee Budget	**115,107**

B. SERVICE AREA SUMMARY NARRATIVES

ASC Central Functions: This service area contains the central teams and support service functions which help adult 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 – WCHCT: 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, NHS Wirral Community Health and Care Trust (WCHCT). WCHCT 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.

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.

C. 2022-23 SUBJECTIVE AND OBJECTIVE BUDGETS

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

TABLE 2: 2022/23 Adult Social Care and Public Health – Subjective Budget

Subjective	**Budget** £000
Income	-85,349
Expenditure:	
Employee	7,838
Non-Pay	59,669
Cost of Care	132,949
Total Expenditure	**200,456**
Committee Budget	**115,107**

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

TABLE 3: 2022/23 Adult Social Care and Public Health – Service budgets

Service Areas	**Income (£000)**	**Employee (£000)**	**Non-Pay (£000)**	**Cost of Care (£000)**	**Committee Total (£000)**
Central Functions	-579	3,687	4,589	1,281	8,977
Older People Services - WCHCT					
WCHCT Commissioning Contract	-4,147	0	9,833	-488	5,197
Neighbourhoods	-20,732	0	1	66,701	45,969
Integrated Neighbourhood Services	-2,775	0	65	4,655	1,945
Mental Health & Disability Services - CWP					
CWP Commissioning Contract	-475	0	6,182	-888	4,819
All Age Disability Service	-9,059	0	0	39,170	30,111
Mental Health Services	-3,957	0	2	14,278	10,323
Children with Disabilities Service	-80	2	96	1,102	1,120

Integrated Disability Services	-843	0	0	7,138	6,295
Other Care Commissions					
Care Commissions	-6,660	158	6,594	0	93
Adult Social Care Total	**-49,307**	**3,846**	**27,361**	**132,949**	**114,850**

Service Areas	**Income Budget (£000)**	**Employee (£000)**	**Non-Pay (£000)**	**Cost of Care (£000)**	**Service Sub Total**
Public Health					
Wider determinants of health	-31,303	1,403	10,190	0	-19,709
Collaborative Service CHAMPS	-2,466	1,615	851	0	0
Children Non-Core Healthy Child Prog.	0	0	424	0	424
Children Core Healthy Child Prog.	0	0	5,422	0	5,422
Adults Health Improvement	0	0	393	0	393
Children Health Improvement	0	0	591	0	591
Drugs and Alcohol Abuse Adults	-1,727	71	7,638	0	5,982
Stop Smoking Services	0	0	737	0	737
Sexual Health Services	0	0	2,938	0	2,938
Health Protection- Infection Control	0	0	490	0	490
Public Mental Health	-143	0	1,360	0	1,217
Miscellaneous Public Health	0	0	1,254	0	1,254
Suicide Prevention	0	0	0	0	0
Public Health Total	**-35,639**	**3,090**	**32,288**	**0**	**-262**
Wirral Intelligence Service	**-403**	**902**	**20**	**0**	**519**
COMMITTEE BUDGET TOTAL	**-85,349**	**7,838**	**59,669**	**132,949**	**115,107**

D. APPROVED SAVINGS

Saving Title	Agreed Value	Forecast Value	RAG Rating	Comments
Demand Mitigations and change initiatives	£3.89m	£3.89m	**Green**	On target to be achieved
TOTAL	**£3.89M**	**£3.89M**		

E. CAPITAL BUDGETS

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: 2022/23 Adult Social Care and Public Health – Capital Budget

Capital Programme	2022/23			
	Budget £000	Borrowing £000	Grants £000	Variance £000
Disabled Facilities Grant (DFG)	433		433	433
Citizen and Provider Portal/Integrated I.T.	76	52	24	76
Extra Care Housing	5,231	3,586	1,645	5,231
Liquid Logic – Early Intervention & Prevention	219	219	0	219
Telecare & Telehealth Ecosystem	1,364	0	1,364	1,364
Total	**7,323**	**3,857**	**3,466**	**7,323**

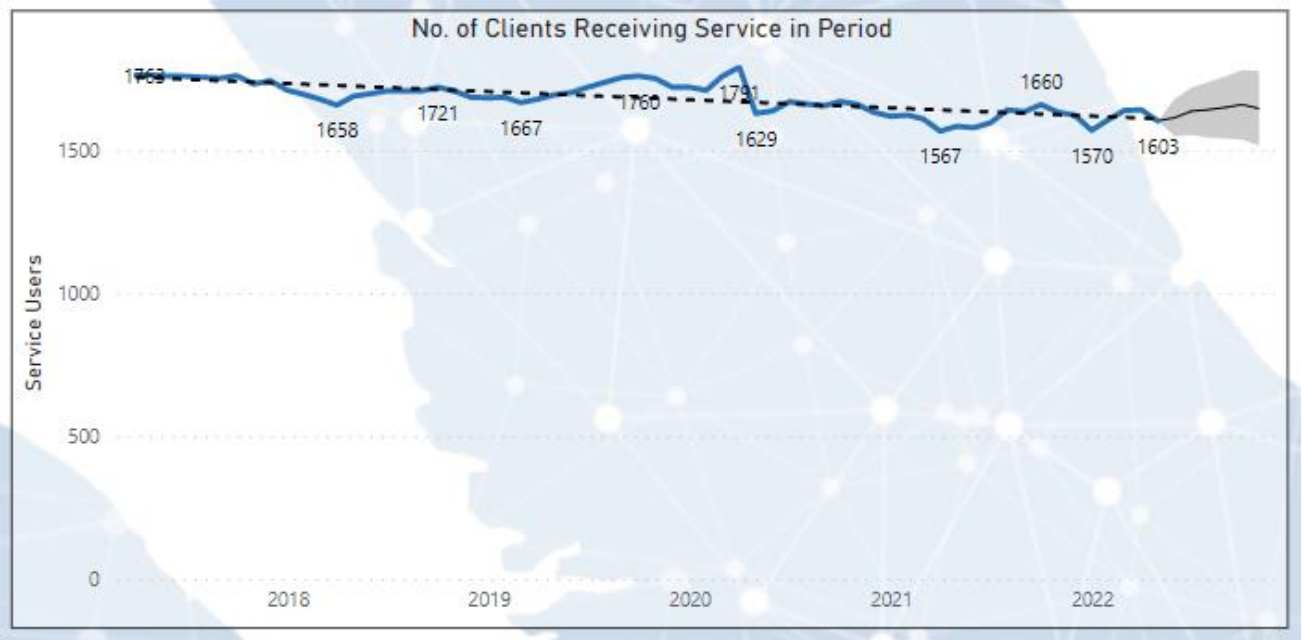
F. RESERVES

TABLE 5: 2022/23 Adult Social Care and Public Health – Reserves

Reserve Name	Value £	Total £
Public Health Ringfenced Grant	6,594,139	
Champs Innovation Fund	3,163,361	
Champs Covid-19 Contact Tracing Hub	3,893,628	
Project ADDER	871,478	
Better Care Fund	236,064	
Safeguarding Adults Board	106,119	
Adult Social Care & Public Health Total		**14,864,789**

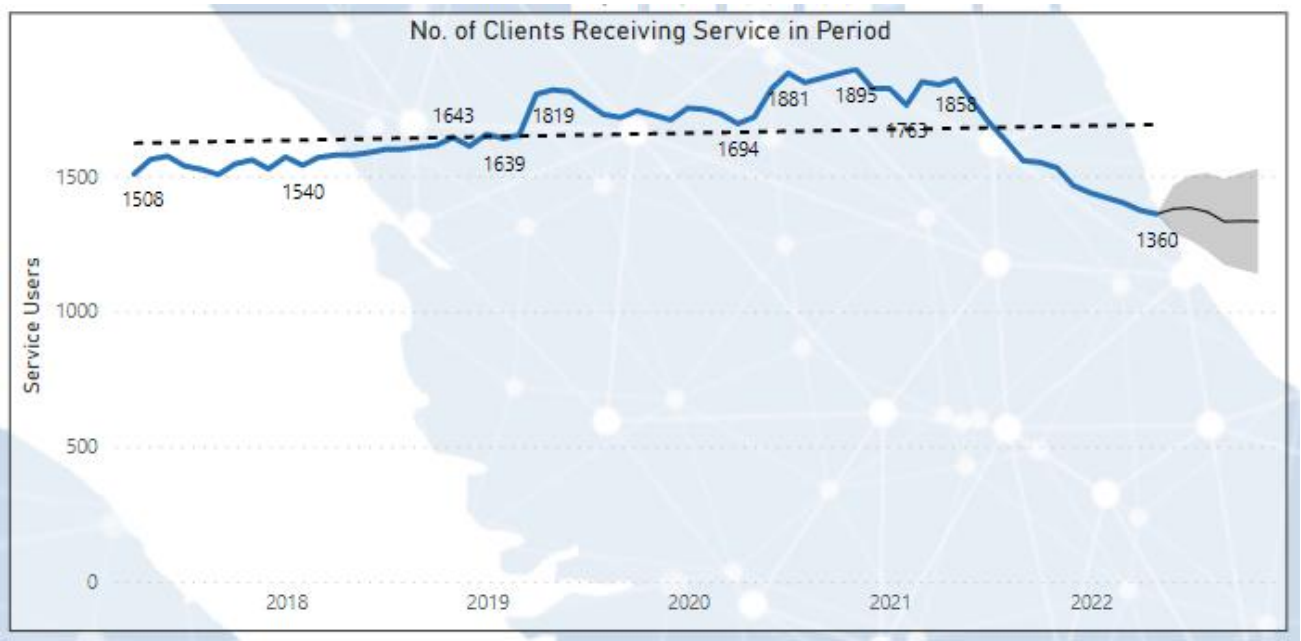
G. PERFORMANCE DATA

Residential/ Nursing Services



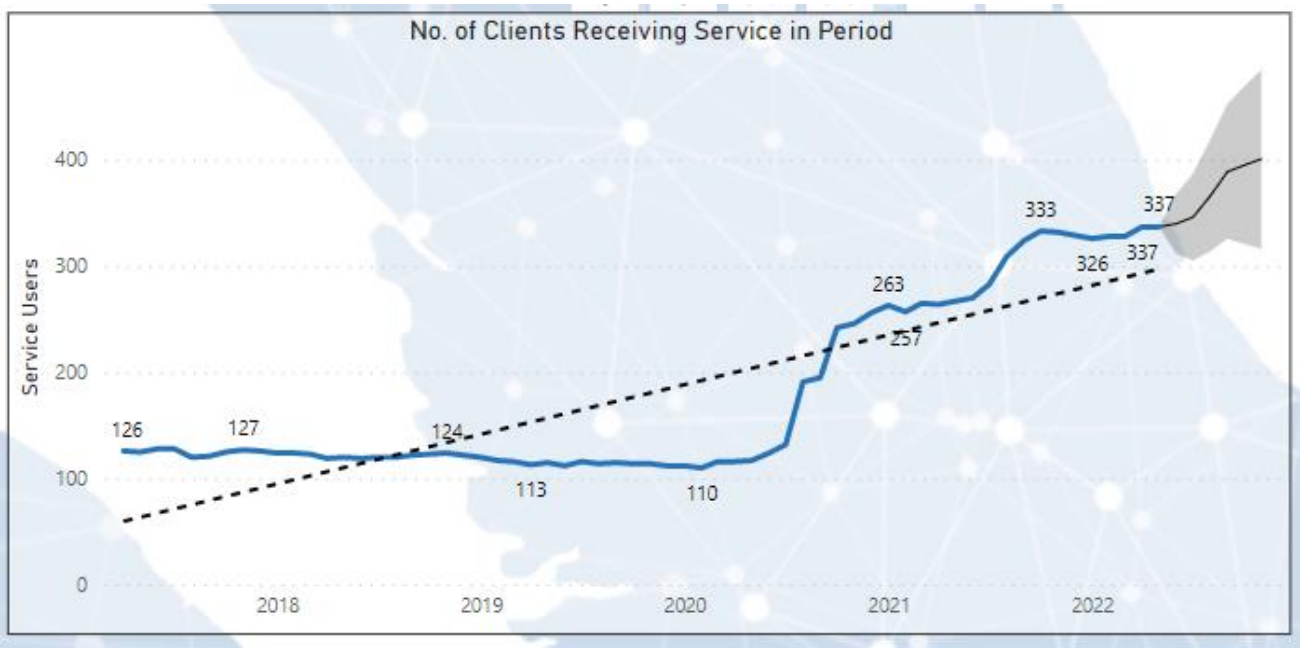
The table above identifies the number of clients accessing residential and nursing services between 2017 and 2022. The data shows client numbers reducing by 9% over this period, although there was a 2% increase during the financial year 2021/22. The impact of Covid-19 will be reflected within the activity shown, particularly against respite services which are still significantly lower than 2020.

Domiciliary Care Services



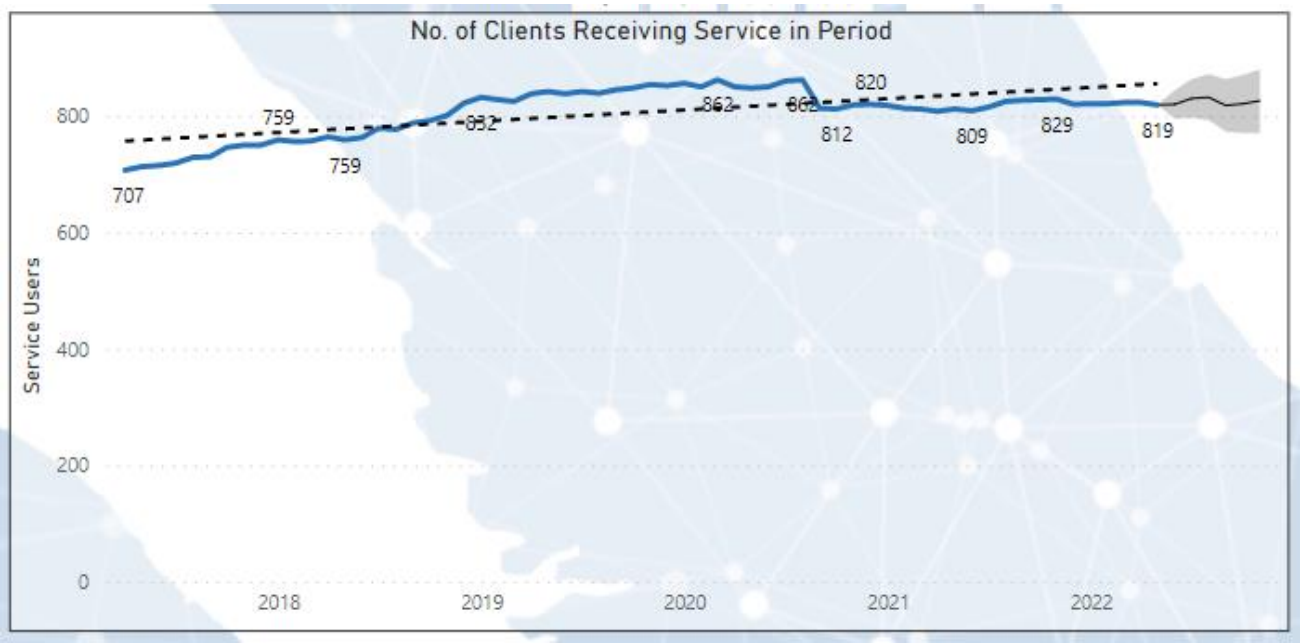
The table above identifies the number of clients accessing domiciliary care between 2017 and 2022. The data shows client numbers reducing by 10% (148 clients) over this period. The increase in extra care provision will account for some of this movement.

Extra Care Services



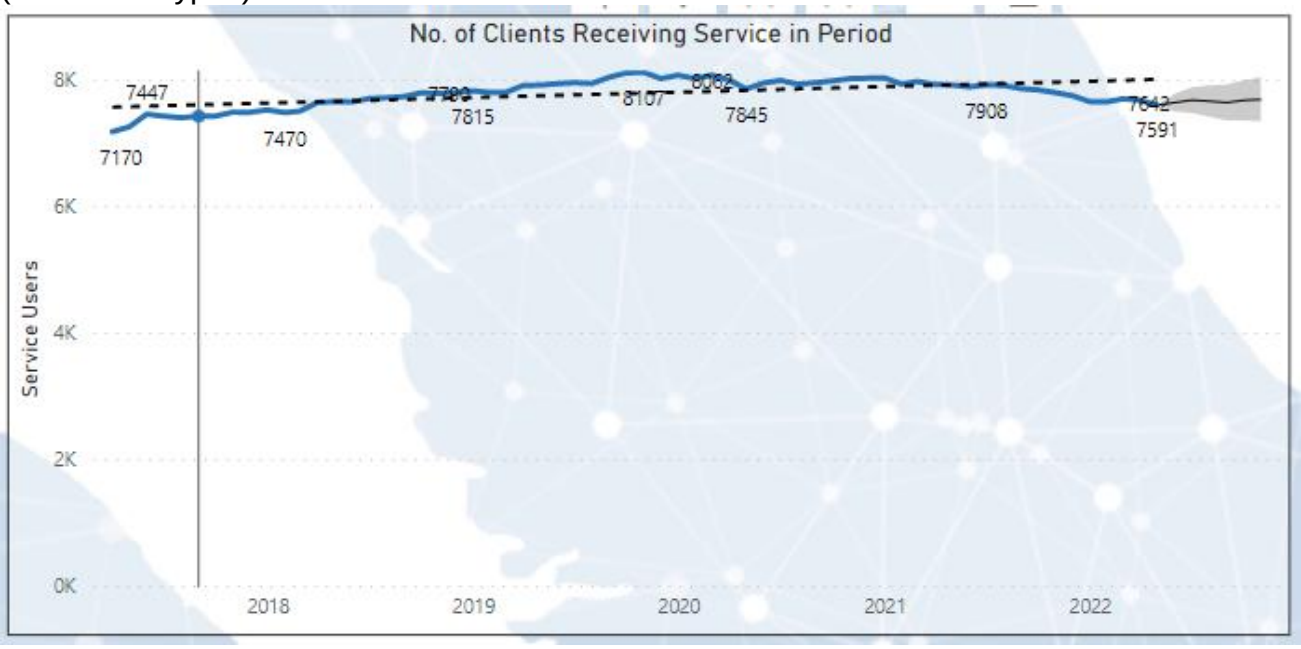
The table above identifies the number of clients accessing supported living services between 2017 and 2022. Investment in extra care services is reflected in the data with numbers increasing by 63% (211 clients) over this period.

Supported Living Services



The table above identifies the number of clients accessing supported living services between 2017 and 2022. The data shows client numbers increasing by 14% over this period.

All Current Services
(All service types)



The table above identifies the overall number of clients accessing services between 2017 and 2022. Overall client numbers have seen an increase of 6% over this period with a small reduction of 4% during the financial year 2021/22

Market Position Statement

Appendix D Committee Budget Details

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, in long term care home settings. We will continue to provide respite care for people including consideration of all options of supporting people in the community. We will 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 enable them to be more independent and manage risk.

Leading up to the new charging reform which comes into effect October 2023, the department is currently undertaking a market sustainability and fair cost of care exercise. The outcome of this work on fees rates following the exercise will be known late summer – government funding has been received to support this process. Consideration will be given to the potential impact on the cycle of fee rate engagement in future years.

The financial impact of the charging reform is, as yet, unknown. Work has already commenced to prepare the council for this major change in the way people who use services will be assessed and charged for their care and to determine the year on year financial impact. The charging reform includes the introduction of care accounts with a cap on the amount people pay towards their care, after which they may be entitled to Council funding, and a significant re-setting of the financial threshold below which people may be entitled to Council funding for their care. The financial impact of this reform will be significant for Councils.

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WIRRAL

ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Tuesday, 14 June 2022

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 Health Committee is requested 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. Alongside the written report a verbal update on key NHS performance data will be provided at the Committee meeting.

3.0 BACKGROUND INFORMATION

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

4.0 FINANCIAL IMPLICATIONS

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

5.0 LEGAL IMPLICATIONS

5.1 There are no legal implications arising from this report.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 There are none arising from this report.

7.0 RELEVANT RISKS

7.1 Information on the key risks faced by the organisation and Directorate and the associated mitigations and planned actions are included in the Corporate and Directorate Risk Registers. This report has no direct implications related to risk.

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. This report has no direct implications for equalities.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 There are no environmental and climate implications generated by the recommendations in this report.
The content and/or recommendations contained within this report are expected to have no impact on emissions of Greenhouse Gases.

11.0 COMMUNITY WEALTH IMPLICATIONS

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

REPORT AUTHOR: **Nancy Clarkson**
(Head of Intelligence)
email: nancyclarkson@wirral.gov.uk

APPENDICES

Appendix 1 Adult Social Care and Public Health Committee Performance Report

BACKGROUND PAPERS

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

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Public Health Committee	**3 March 2022**
Adult Social Care and Public Health Committee	**16 November 2021**
Adult Social Care and Public Health Committee	**13 October 2021**
Adult Social Care and Public Health Committee	**23 September 2021**
Adult Social Care and Public Health Committee	**29 July 2021**
Adult Social Care and Public Health Committee	**7 June 2021**
Adult Social Care and Public Health Committee	**2 March 2021**
Adult Social Care and Public Health Committee	**18 January 2021**
Adult Social Care and Public Health Committee	**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
11/05/2022

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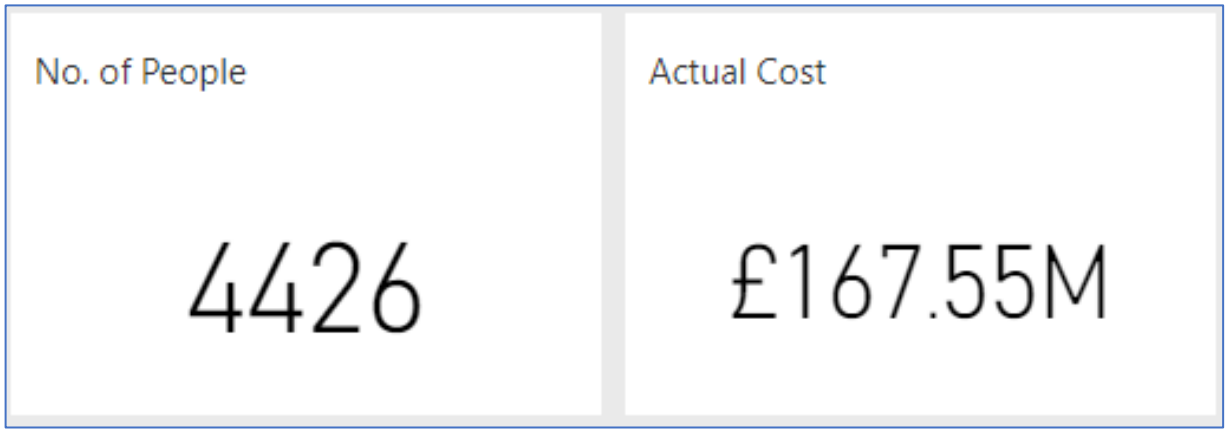
Table of Contents

1.0 Introduction

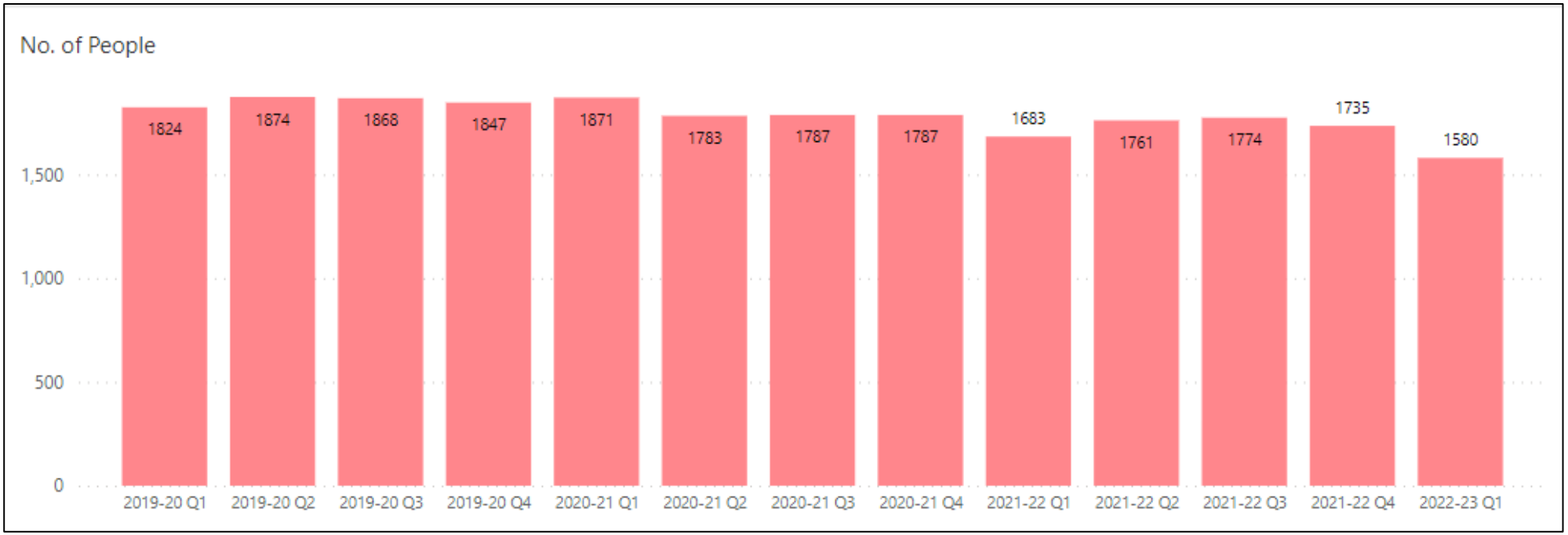
The Adult Care and Health Committee have requested a set of key intelligence related to key areas within Health and Care. This report supplies that information for review and discussion by members. If additional intelligence is required further development on reporting will be carried out.

2.0 Care Market – Homes

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



Data Source: ContrOCC.

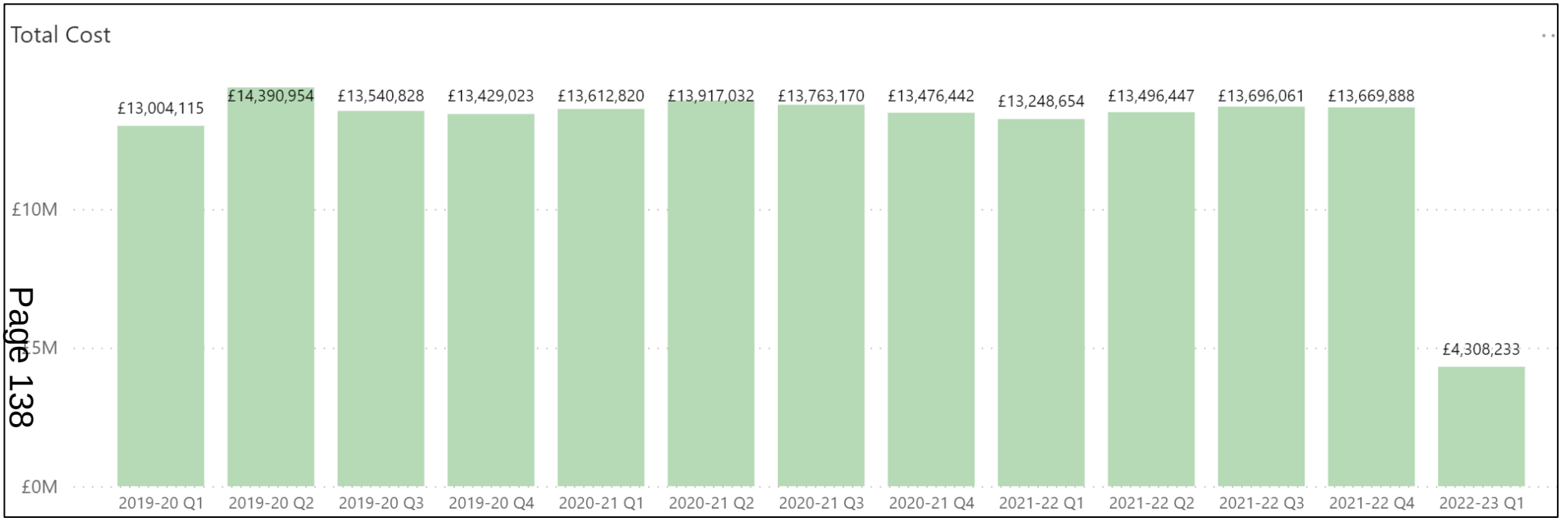


Data Source: ContrOCC.

Number of People Receiving Residential & Nursing Care

	2019-20	2020-21	2021-22	2022-23
April	1627	1671	1525	1580
May	1617	1566	1547	
June	1633	1605	1524	
July	1672	1605	1546	
August	1658	1630	1603	
September	1696	1601	1581	
October	1686	1616	1598	
November	1672	1626	1606	
December	1657	1573	1555	
January	1631	1569	1541	
February	1601	1575	1559	
March	1683	1576	1573	

Data Source: ContrOCC.



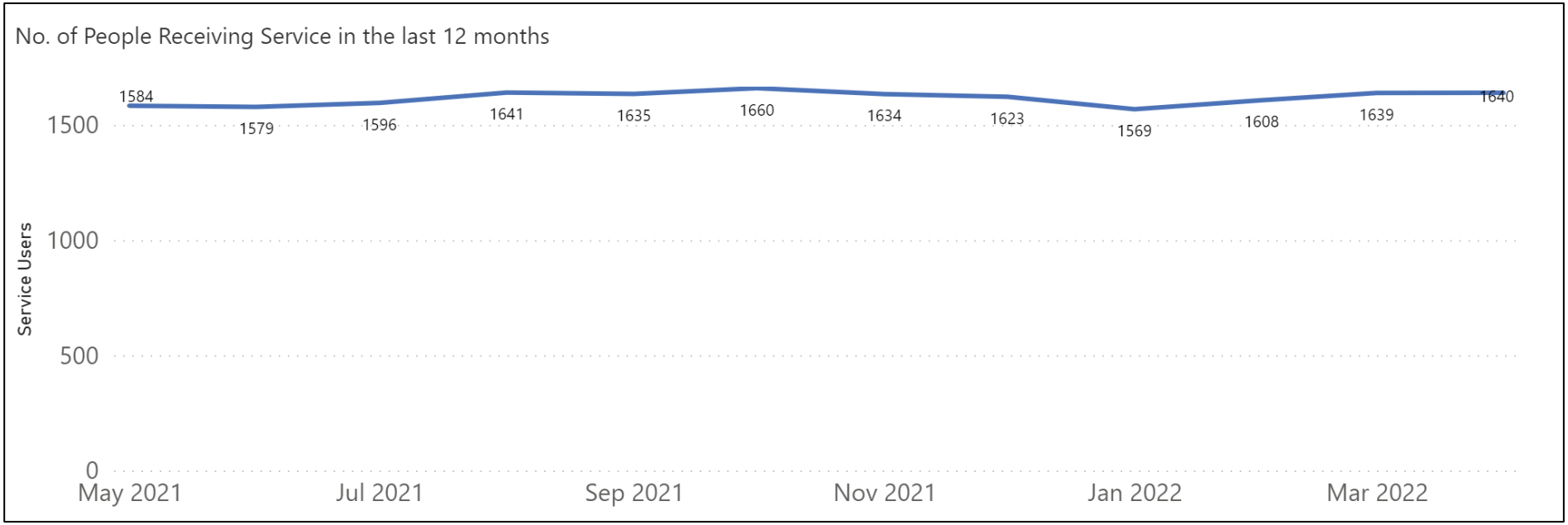
Data Source: ContrOCC.

Total Cost of Residential & Nursing Care

	2019-20	2020-21	2021-22	2022-23
April	£4,980,446	£4,262,065	£4,068,782	£4,308,233
May	£3,988,684	£4,154,993	£5,079,953	
June	£4,034,985	£5,195,762	£4,099,919	
July	£5,085,948	£4,264,897	£4,100,184	
August	£4,125,143	£5,369,875	£5,178,345	
September	£5,179,863	£4,282,261	£4,217,918	
October	£4,185,862	£4,249,620	£4,236,422	
November	£4,182,645	£5,322,565	£5,267,116	
December	£5,172,322	£4,190,985	£4,192,523	
January	£4,127,090	£4,155,502	£5,161,075	
February	£4,106,454	£4,158,689	£4,197,139	
March	£5,195,479	£5,162,250	£4,311,674	

Data Source: ContrOCC.

2.2 Residential and Nursing Care Over Time



Data Source: Liquid Logic.

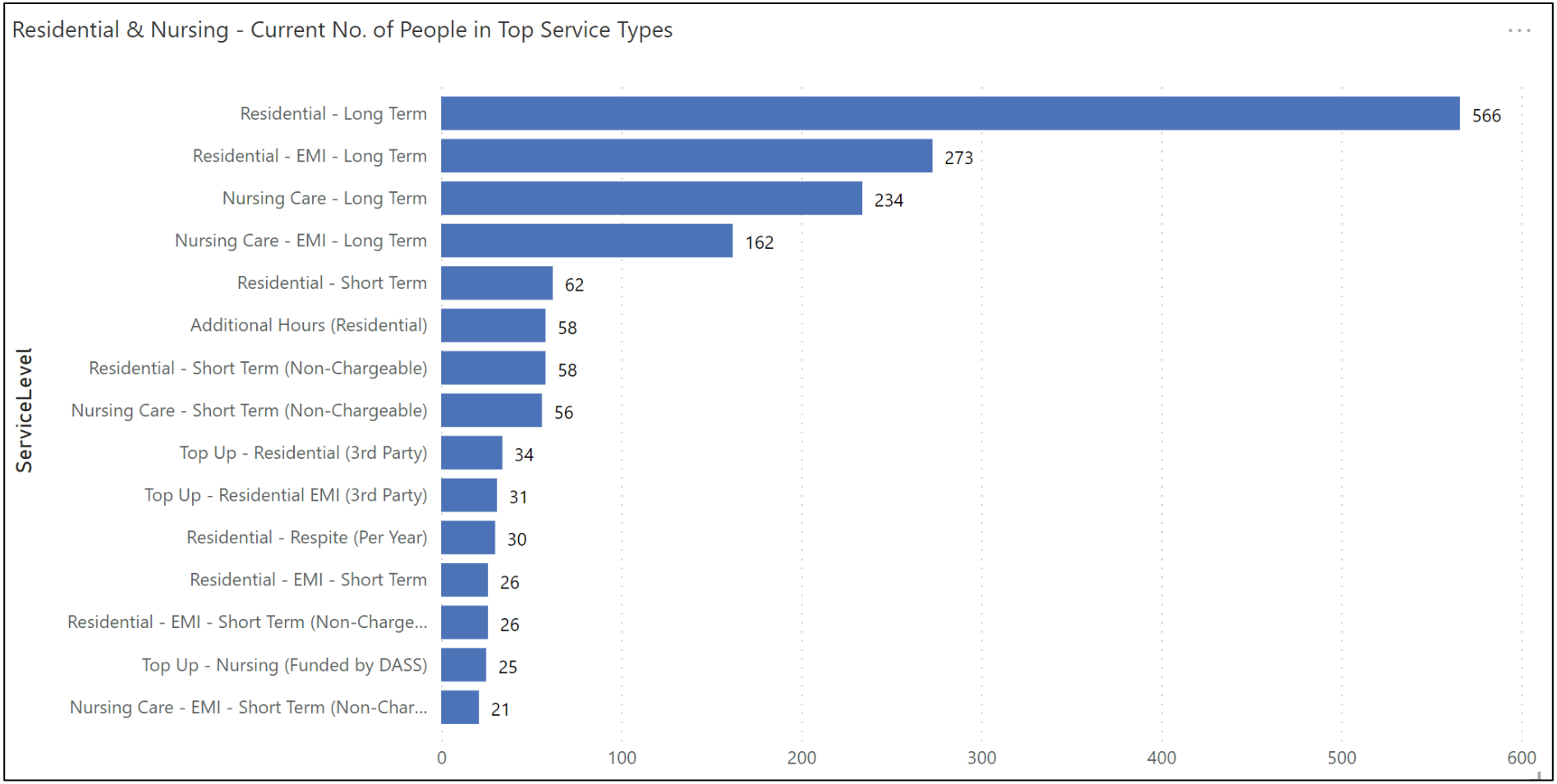
No. of People Receiving Service in Period

Year	January	February	March	April	May	June	July	August	September	October	November	December	**Total**
2022	1569	1608	1639	1640									**1868**
2021					1584	1579	1596	1641	1635	1660	1634	1623	**2201**
Total	**1569**	**1608**	**1639**	**1640**	**1584**	**1579**	**1596**	**1641**	**1635**	**1660**	**1634**	**1623**	**2495**

Data Source: Liquid Logic.

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

2.3 Residential and Nursing – Current People by Service Type



Data Source: Liquid Logic.

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

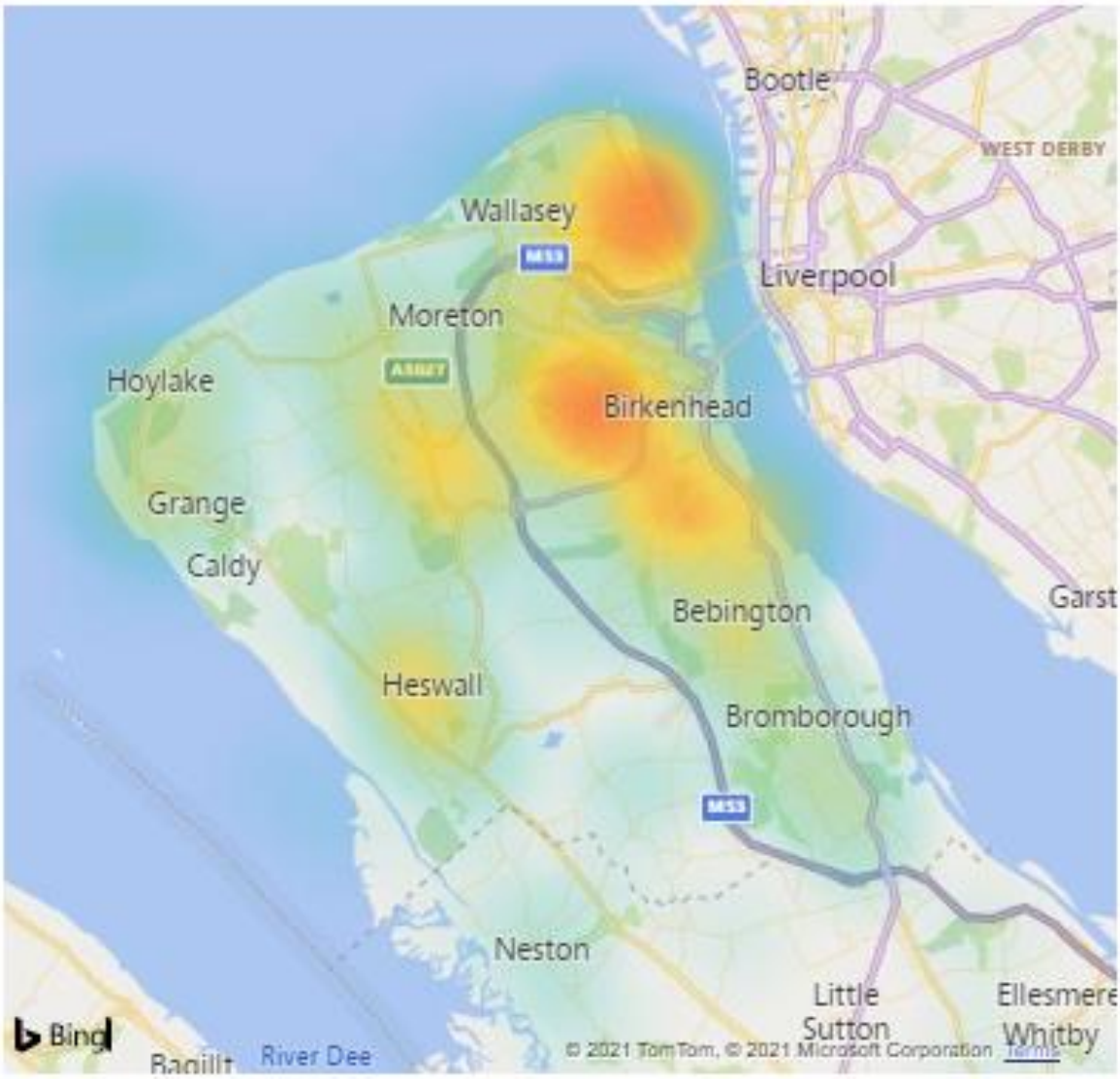
ServiceLevel	No. of People
Residential - Long Term	566
Residential - EMI - Long Term	273
Nursing Care - Long Term	234
Nursing Care - EMI - Long Term	162
Residential - Short Term	62
Additional Hours (Residential)	58
Residential - Short Term (Non-Chargeable)	58
Nursing Care - Short Term (Non-Chargeable)	56
Top Up - Residential (3rd Party)	34
Top Up - Residential EMI (3rd Party)	31
Residential - Respite (Per Year)	30
Residential - EMI - Short Term	26
Residential - EMI - Short Term (Non-Chargeable)	26
Top Up - Nursing (Funded by DASS)	25
Nursing Care - EMI - Short Term (Non-Chargeable)	21
Total	**1513**

Data Source: Liquid Logic.

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

2.3 Residential and Nursing – People Location

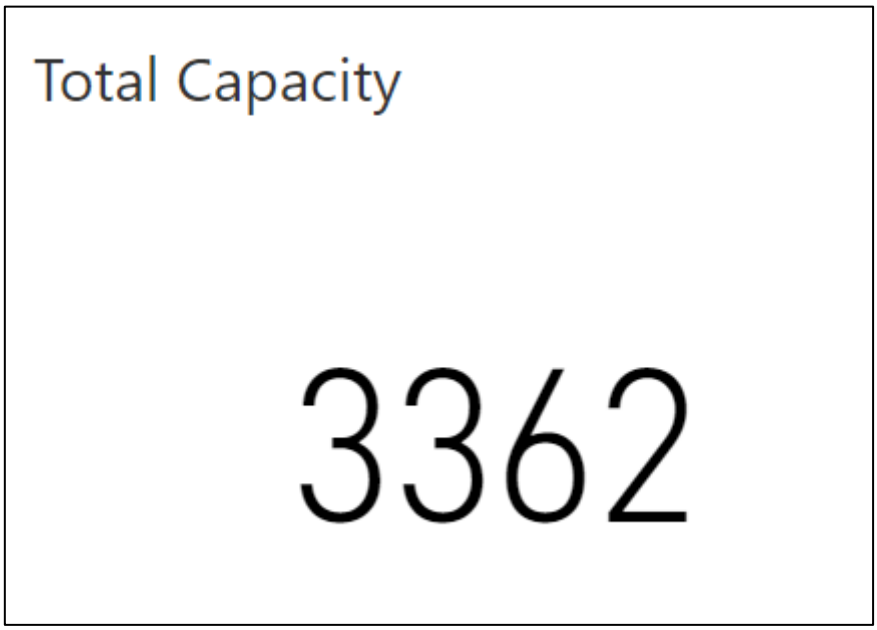
Care Home Location

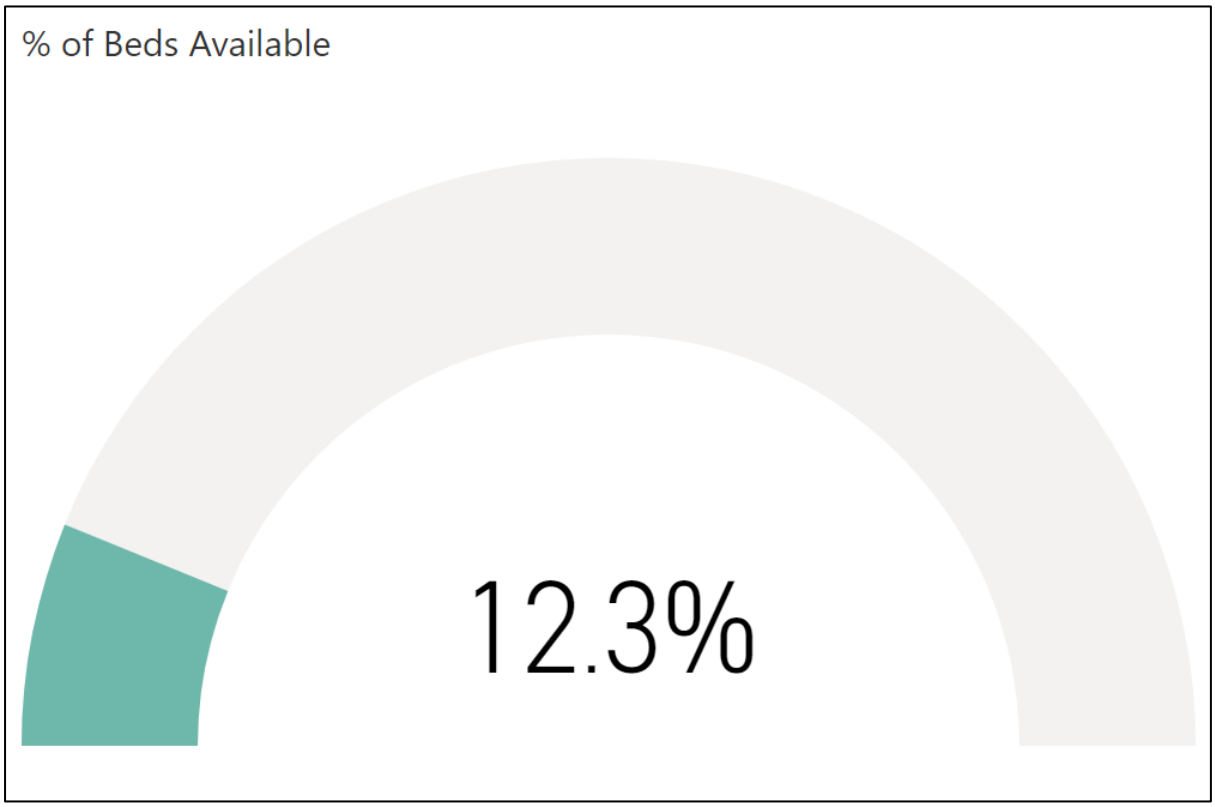


The heat map shows the care home locations.

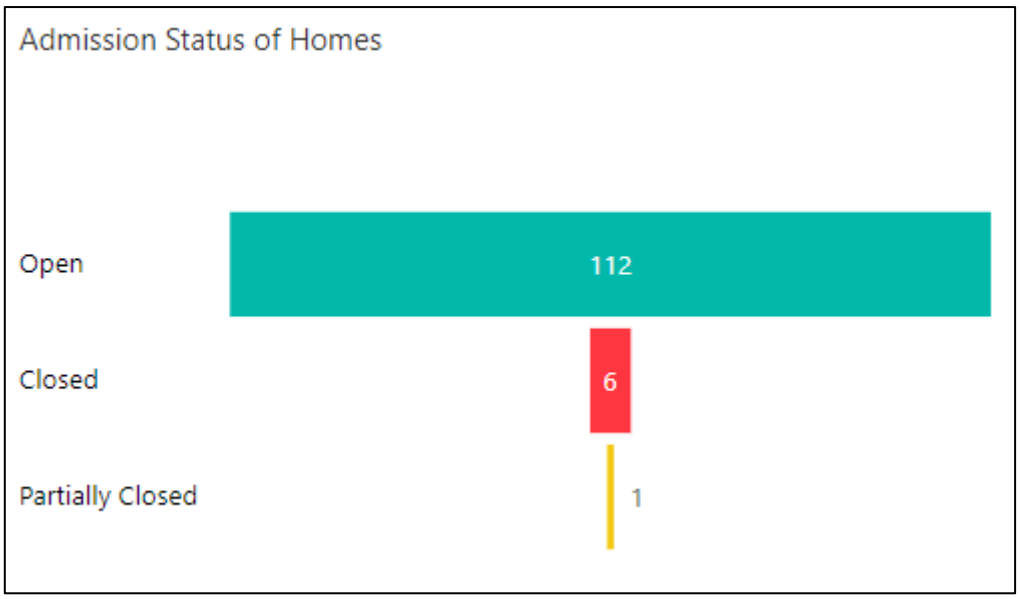
Data Source: Liquid Logic.

2.4 Care Homes – Current Vacancy Rate





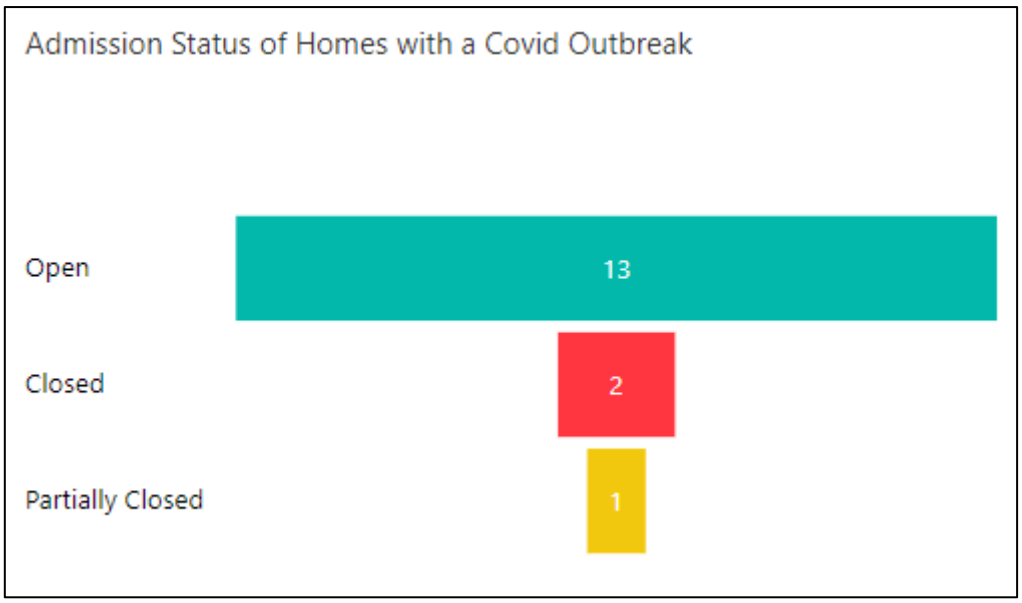
Data Source: NHS Capacity Tracker.
There is a capacity of 3362 places in care homes with a current vacancy rate as at 06/05/2022 of 12.3%.



Admission Status of Homes

Status	No of Homes
Open	112
Closed	6
Partially Closed	1
Total	**119**

The number of care homes which are Open, Closed and Partially Closed on 10/05/2022.



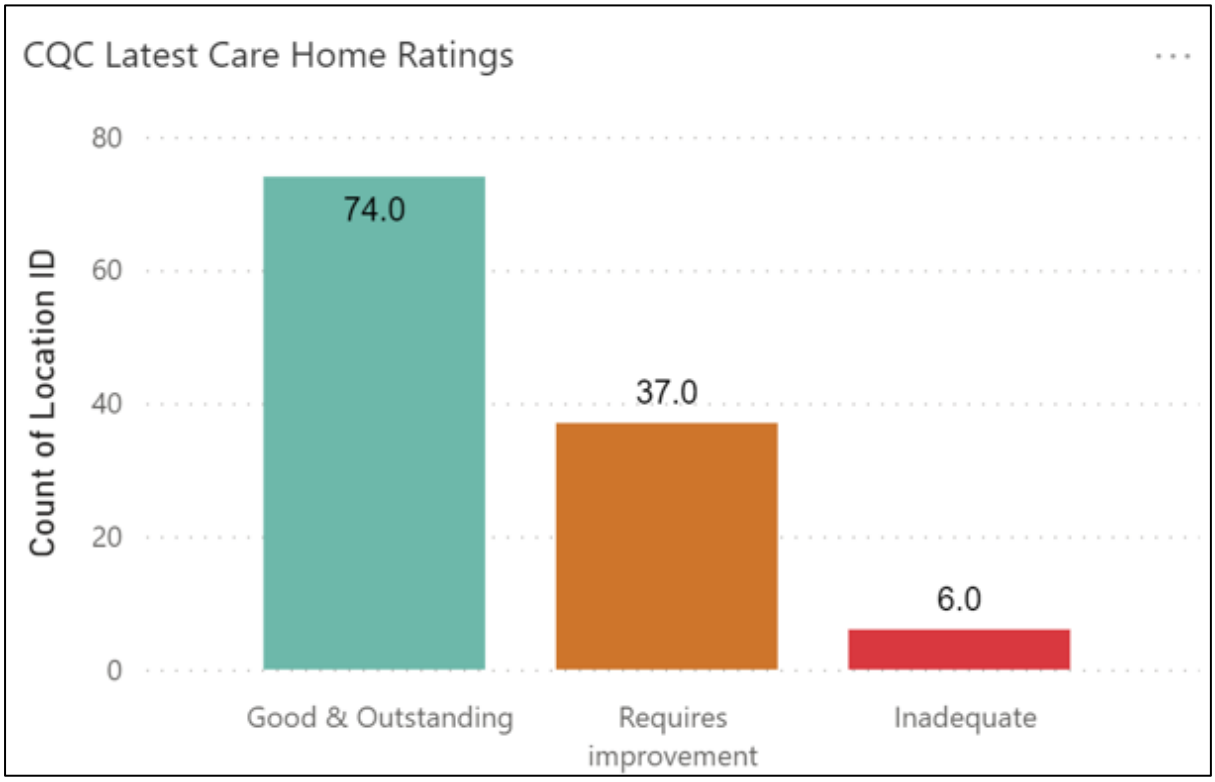
Admission Status of Homes with a Covid Outbreak

Status	No of Homes
Open	13
Closed	2
Partially Closed	1
Total	**16**

The number of care homes with a Covid outbreak which are Open, Closed and Partially Closed on 10/05/2022.

Data Source: NHS Capacity Tracker.

2.5 Care Homes – Care Quality Commission Inspection Ratings



CQC Latest Care Home Ratings

Rating	Number of Homes
Good & Outstanding	74
Requires improvement	37
Inadequate	6
Total	**117**

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

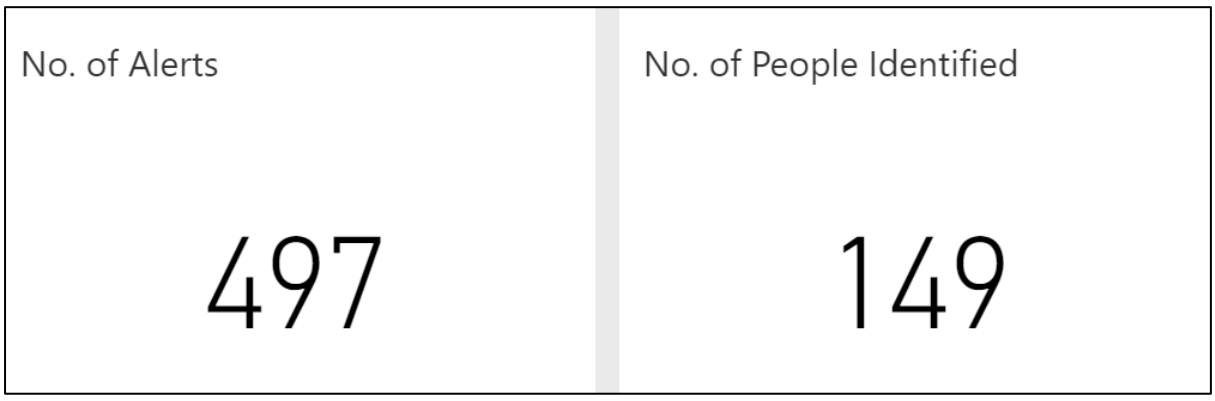
The number of long-term residential care home placements has increased slightly which may be due to system pressure in the acute trust and the recruitment and retention pressures and reduced capacity in the Domiciliary Care Market. Vacancy rates in care homes are at a reduced level compared to previous reports, at a level that still demonstrates sufficient capacity. The number of Inadequate rated homes has again decreased since January. The Quality Improvement Team continue to work with care homes to aim to reduce the number of homes with a rating of Inadequate or Requires Improvement. The number of homes closed to admissions in line with infection control measures continues at a decreased level.

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

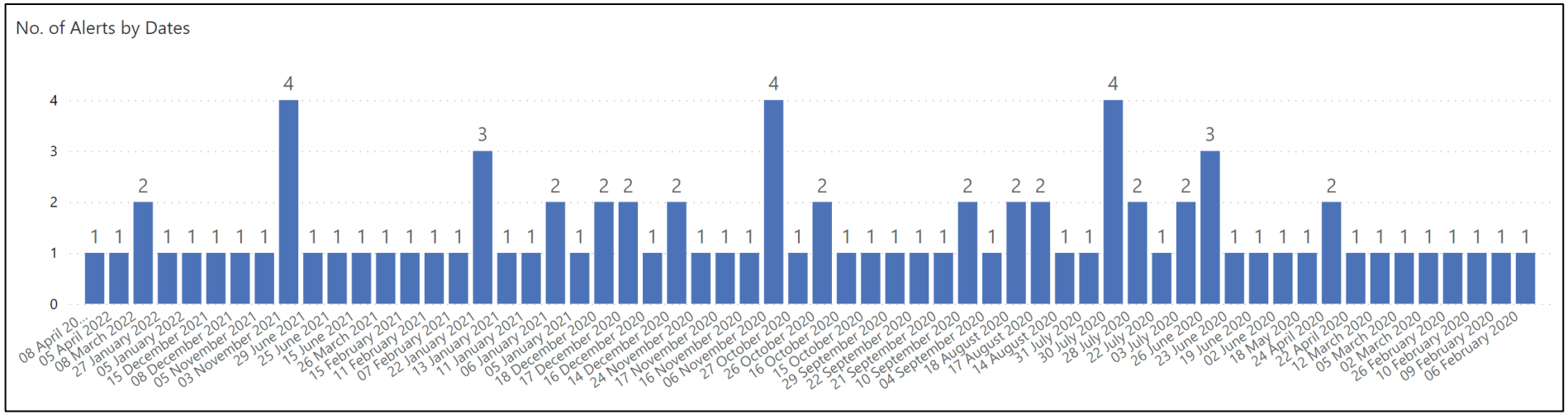
The intention of this regulation is to specify a range of events or occurrences that must be notified to CQC so that, where needed, CQC can take follow-up action. Providers must notify CQC of all incidents that affect the health, safety and welfare of people who use services.
The Contracts Team receives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



Data Source: ContrOCC.

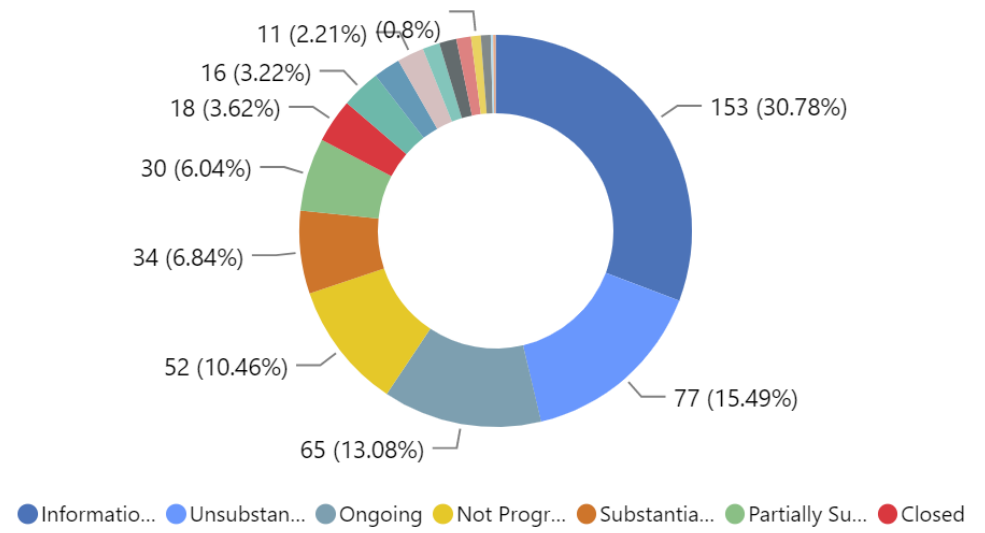


Data Source: ContrOCC.

No. of Alerts by Dates

Date	No. of Alerts
08 April 2022	1
05 April 2022	1
08 March 2022	2
27 January 2022	1
05 January 2022	1
15 December 2021	1
08 December 2021	1
05 November 2021	1
03 November 2021	4
29 June 2021	1
25 June 2021	1
15 June 2021	1
26 March 2021	1
15 February 2021	1
11 February 2021	1
07 February 2021	1
22 January 2021	3
13 January 2021	1
11 January 2021	1
06 January 2021	2
05 January 2021	1
18 December 2020	2
17 December 2020	2
16 December 2020	1
14 December 2020	2
24 November 2020	1
17 November 2020	1
16 November 2020	1
06 November 2020	4
27 October 2020	1
26 October 2020	2
16 October 2020	1
15 October 2020	1
29 September 2020	1
22 September 2020	1
21 September 2020	1
10 September 2020	2
04 September 2020	1
18 August 2020	2
17 August 2020	2
14 August 2020	1
31 July 2020	1
30 July 2020	4
28 July 2020	2
22 July 2020	1
03 July 2020	2
Total	**497**

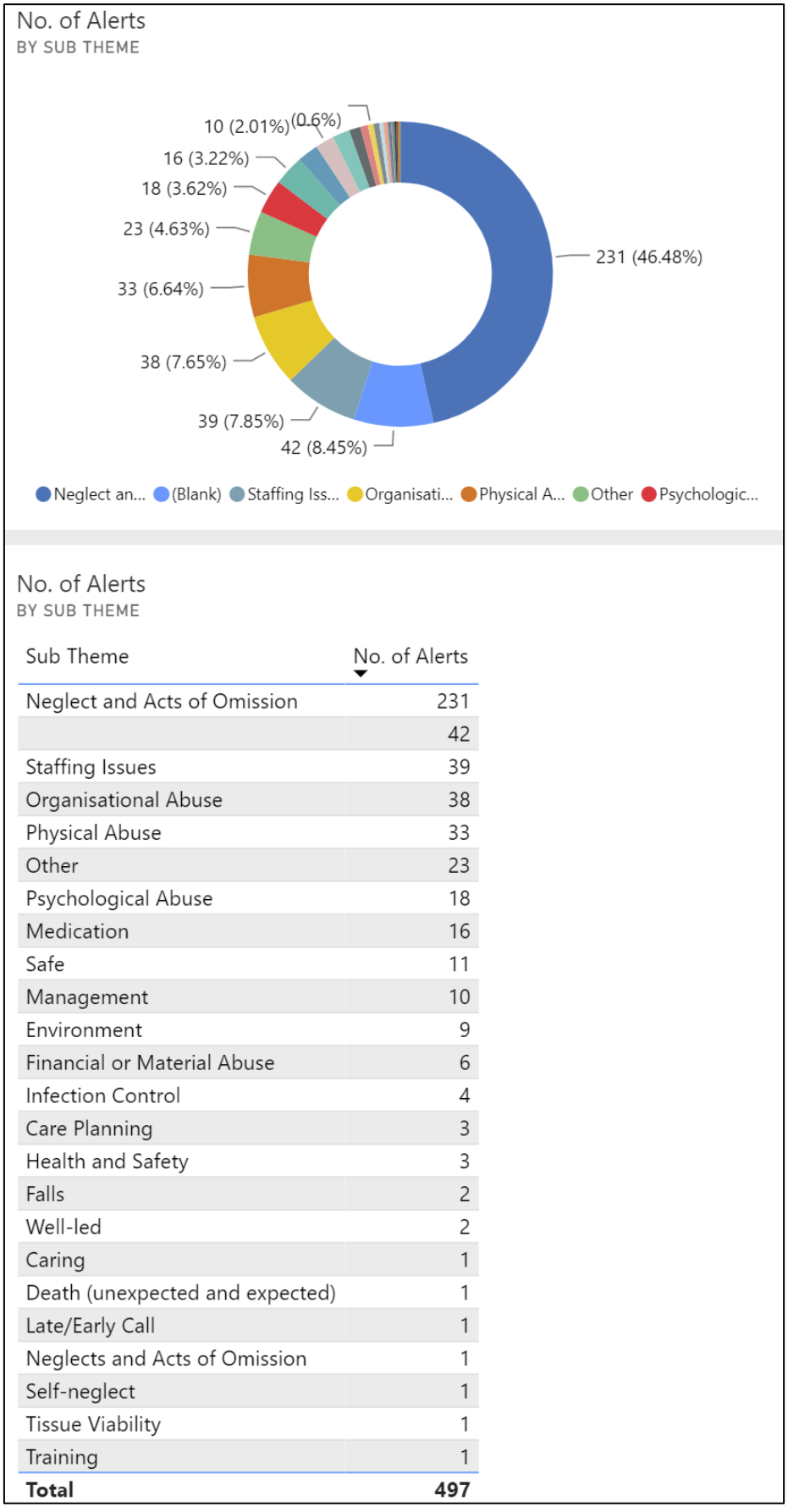
No. of Alerts
BY OUTCOME



No. of Alerts
BY OUTCOME

Outcome	No. of Alerts
Information Only	153
Unsubstantiated	77
Ongoing	65
Not Progressed	52
Substantiated	34
Partially Substantiated	30
Closed	18
Partially Substantiated with Action Plan	16
Investigated - No further action	11
Warning Notice	11
Closed with Recommendations	7
Inconclusive	7
Substantiated with Action Plan	6
	4
Notice of Proposal	4
Notice of Decision	1
Unsubstantiated with Action Plan	1
Total	**497**

Data Source: ContrOCC.



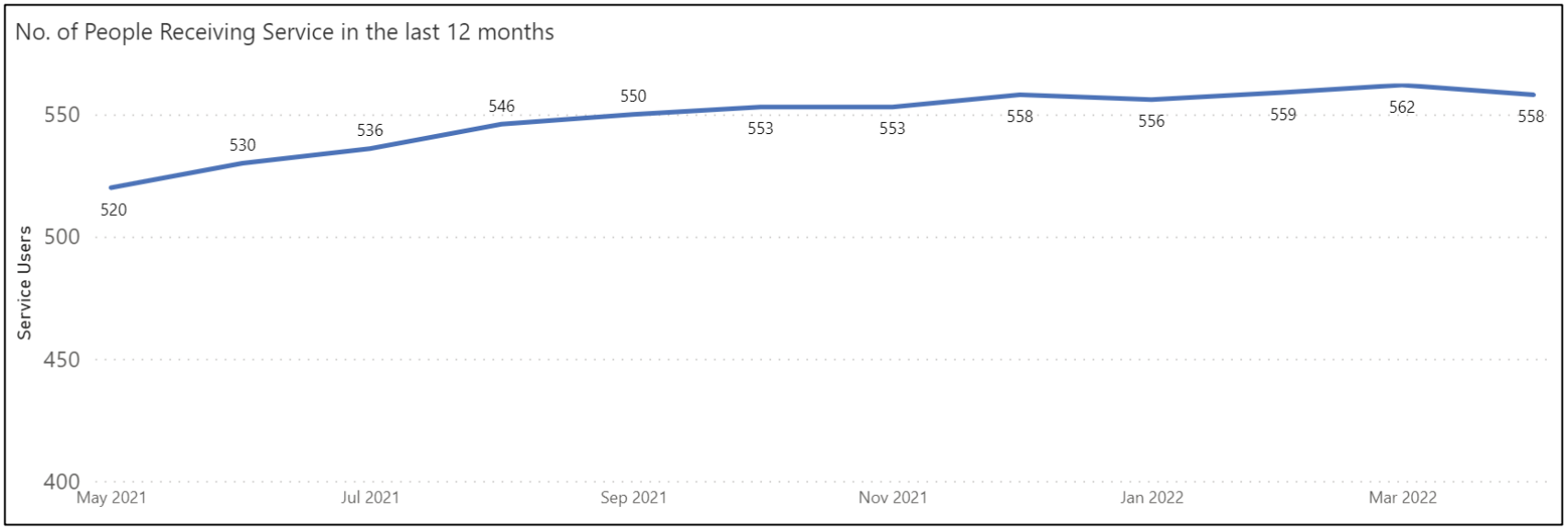
No. of Alerts
BY SUB THEME

Sub Theme	No. of Alerts
Neglect and Acts of Omission	231
	42
Staffing Issues	39
Organisational Abuse	38
Physical Abuse	33
Other	23
Psychological Abuse	18
Medication	16
Safe	11
Management	10
Environment	9
Financial or Material Abuse	6
Infection Control	4
Care Planning	3
Health and Safety	3
Falls	2
Well-led	2
Caring	1
Death (unexpected and expected)	1
Late/Early Call	1
Neglects and Acts of Omission	1
Self-neglect	1
Tissue Viability	1
Training	1
Total	**497**

Data Source: ContrOCC.

3.0 Direct payments

3.1 Direct Payments – Number of People Receiving a Service



Data Source: ContrOCC.

No of People Receiving Service in the last 12 months

Year	January	February	March	April	May	June	July	August	September	October	November	December	**Total**
2022	556	559	562	558									**580**
2021					520	530	536	546	550	553	553	558	**604**
Total	**556**	**559**	**562**	**558**	**520**	**530**	**536**	**546**	**550**	**553**	**553**	**558**	**635**

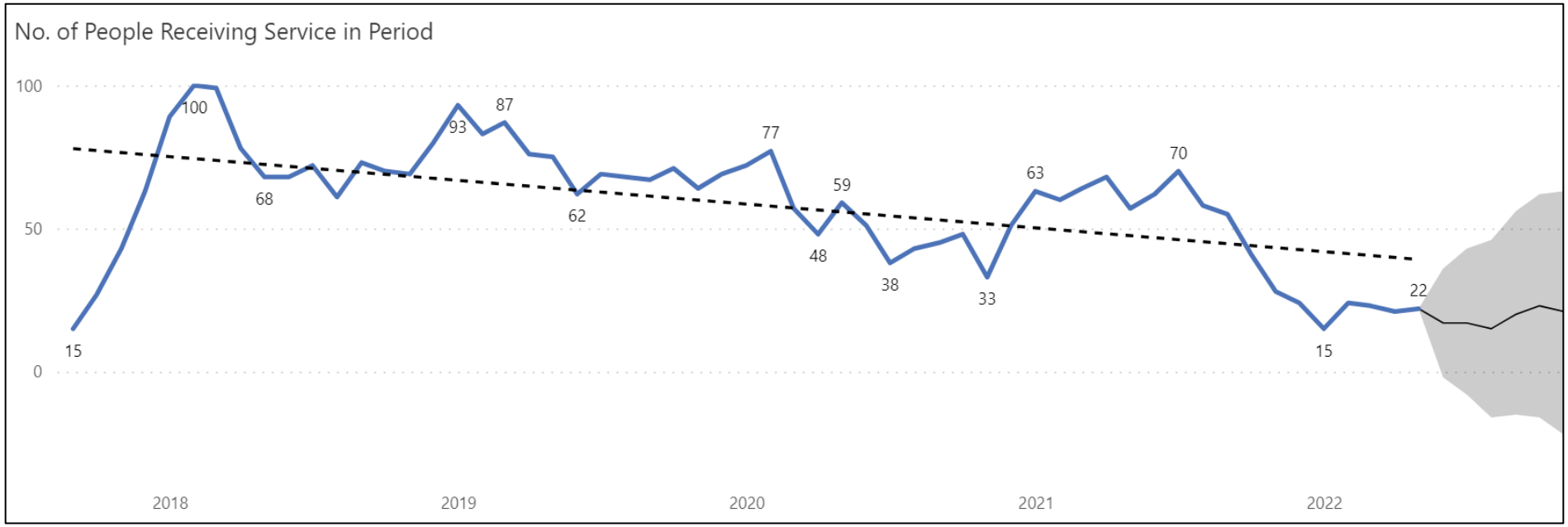
Data Source: ContrOCC.

The chart and table show the number of people receiving a direct payment in the last 12 months. Data is updated monthly. The current number of people receiving direct payments as at 10/04/22 is 558.

There has been a small increase in the number of people who arrange their support with a Direct Payment since April 2021. The increase returns the figures to a similar level as the end of 2021 and does not demonstrate a significant movement in numbers of people receiving 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 Discharge to Assess – Number of People (since September 2017)



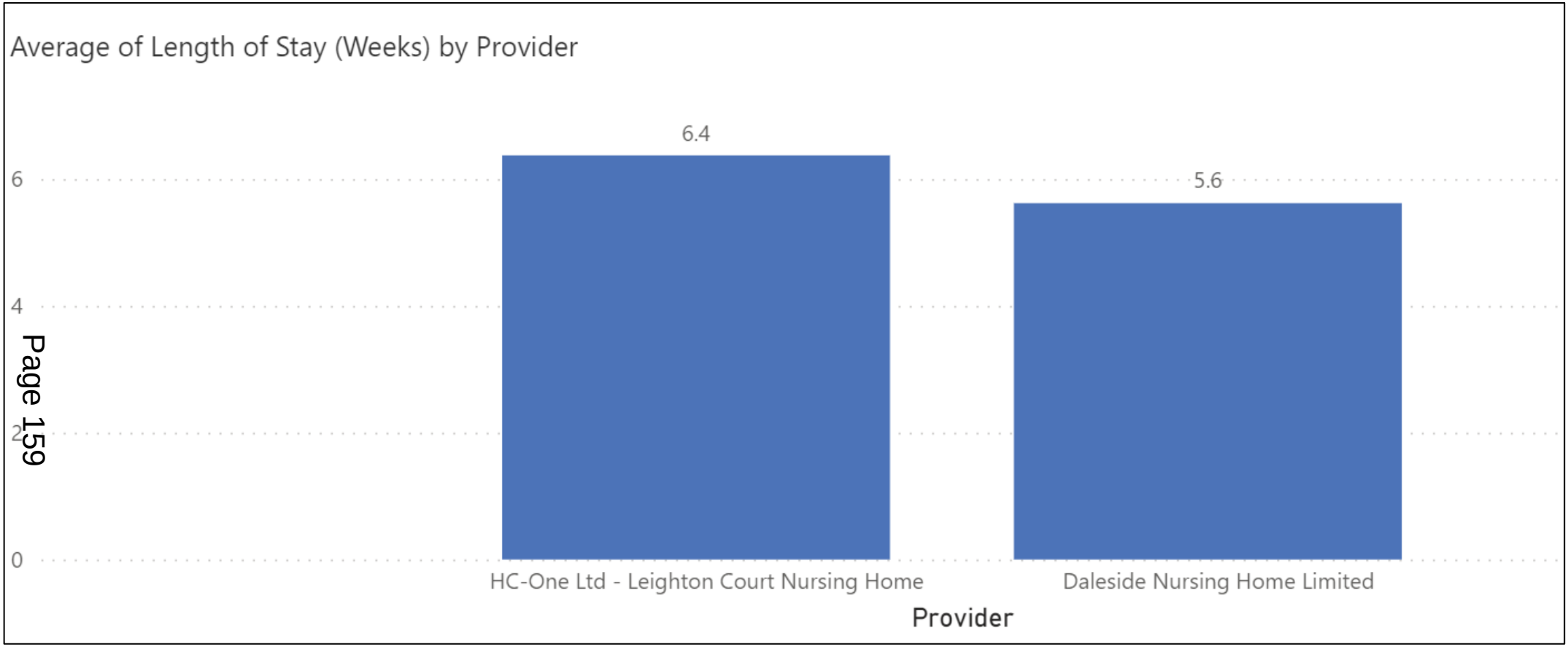
No. of People Receiving Service in Period

Month	2017	2018	2019	2020	2021	2022	**Total**
January		102	108	87	84	22	**22**
February		112	100	87	78	30	**30**
March		110	106	65	81	29	**29**
April		93	95	58	83	28	**28**
May		79	88	74	71	29	**29**
June		82	75	61	76		**76**
July		82	84	47	83		**83**
August		79	82	50	72		**72**
September	22	84	80	52	68		**68**
October	34	78	82	59	49		**49**
November	58	81	82	44	33		**33**
December	79	93	85	70	31		**31**
Total	**79**	**93**	**85**	**70**	**31**	**29**	**29**

Data Source: ContrOCC.

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

4.2 Discharge to Assess – Average Length of Stay

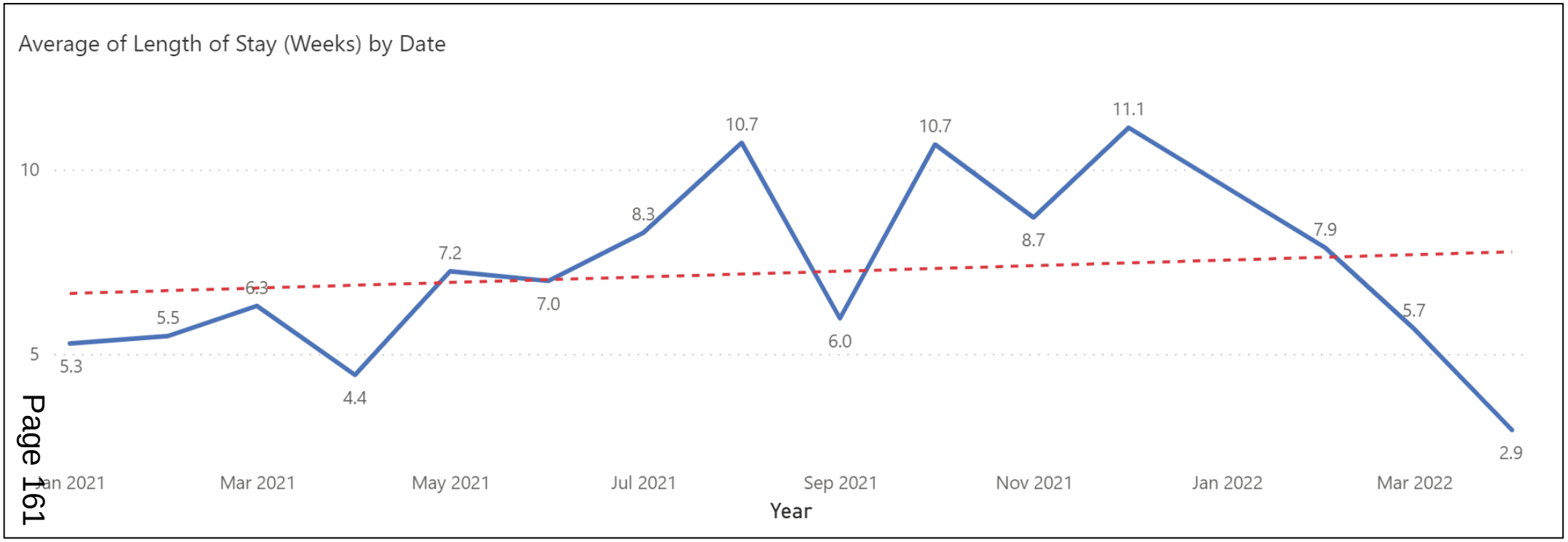


Data Source: ContrOCC.

Average Length of Stay (Weeks) by Provider

Provider	Average of Length of Stay (Week)
Daleside Nursing Home Limited	5.62
HC-One Ltd - Leighton Court Nursing Home	6.35
Total	**6.03**

Data Source: ContrOCC.



Data Source: Liquid Logic.

Average of Length of Stay (Weeks) by Date

Month	2021	2022	**Total**
January	4.58		**4.58**
February	5.05	7.88	**5.72**
March	7.39	5.69	**7.14**
April	5.91	2.94	**5.50**
May	7.38		**7.38**
June	6.65		**6.65**
July	8.05		**8.05**
August	8.76		**8.76**
September	5.88		**5.88**
October	8.84		**8.84**
November	8.70		**8.70**
December	11.13		**11.13**
Total	**6.67**	**5.92**	**6.62**

s

Data Source: Liquid Logic.
The average length of stay is shown since 2021

4.3 Discharge to Assess – Vacancy Rate

Table 1 - Actual Bed Days												
	Apr	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
Nursing (Covid-19 Block Bed)	41	7	0	0	0	0	0	0	0	0	0	0
Residential (Covid-19 Block Bed)	60	9	0	0	0	0	0	0	0	0	0	0
Transfer to Assess	2069	2210	2021	2260	2190	2027	1586	831	154	62	56	53
Discharge to Assess - Residential EMI	0	0	0	0	0	0	7	80	105	201	125	167
Discharge to Assess - Nursing	0	0	0	0	0	0	130	159	314	424	466	594
Total	**2170**	**2226**	**2021**	**2260**	**2190**	**2027**	**1723**	**1070**	**573**	**687**	**647**	**814**
Table 2 - Commissioned Bed Days												
	Apr	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
Nursing (Covid-19 Block Bed)	38	7	0	0	0	0	0	0	0	0	0	0
Residential (Covid-19 Block Bed)	60	7	0	0	0	0	0	0	0	0	0	0
Transfer to Assess	2820	2914	2820	2914	2914	2773	1368	869	112	0	0	0
Discharge to Assess - Residential EMI	0	0	0	0	0	0	31	191	248	248	224	248
Discharge to Assess – Nursing	0	0	0	0	0	0	682	660	682	682	616	682
Total	**2918**	**2928**	**2820**	**2914**	**2914**	**2773**	**2081**	**1720**	**1042**	**930**	**840**	**930**
Table 3 - % Occupancy												
	Apr	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
Dalside	45%	63%	65%	73%	61%	54%	67%	51%	35%	81%	56%	67%
Elderholme	92%	75%	85%	92%	82%	79%	91%	68%	8%			
Grove House	75%	83%	74%	67%	66%	64%						
Leighton Court	83%	81%	70%	81%	87%	95%	85%	63%	67%	71%	85%	95%
Summerfields	79%	75%	61%	79%	90%	74%	77%	35%				
Windy Knowe Nursing Home	100%	100%										
Total	**74%**	**76%**	**72%**	**78%**	**75%**	**73%**	**83%**	**62%**	**55%**	**74%**	**77%**	**88%**

No commissioned beds

Data Source: WCFT.

In addition to the D2A service provided by NHS Community Health and Care Trust at the Clatterbridge Intermediate Care Centre, there are currently 30 temporary D2A beds within the independent care home sector.

Days Occupied in Week, Number of people
BY YEAR, MONTH

Year	Number of people	Days Occupied in Week
2021	**567**	**2,866.00**
May	85	419.00
June	64	309.00
July	54	281.00
August	89	408.00
September	66	346.00
October	77	412.00
November	73	379.00
December	59	312.00
2022	**272**	**1,403.00**
January	61	321.00
February	73	371.00
March	57	314.00
April	81	397.00
Total	**839**	**4,269.00**

Data Source: ContrOCC and Liquid Logic.

Occupancy Level by Date and Provider

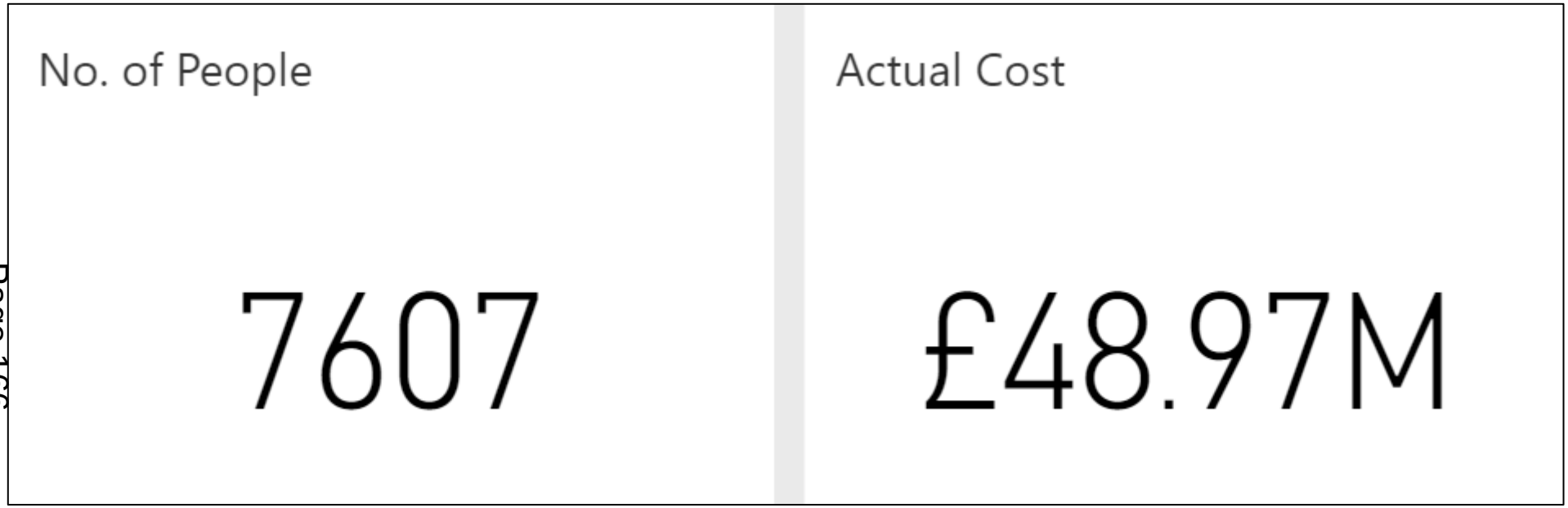
Date - Week Commencing	Vacancies Rate	Service
18 April 2022	50%	Tree Vale Limited Acorn House
11 April 2022	25%	Summer Fields
11 April 2022	100%	Tree Vale Limited Acorn House
04 April 2022	25%	Summer Fields
04 April 2022	100%	Tree Vale Limited Acorn House
28 March 2022	71%	Tree Vale Limited Acorn House
21 March 2022	29%	Tree Vale Limited Acorn House
14 March 2022	14%	Summer Fields
14 March 2022	79%	Tree Vale Limited Acorn House
07 March 2022	25%	Summer Fields
07 March 2022	50%	Tree Vale Limited Acorn House
28 February 2022	11%	Summer Fields
28 February 2022	50%	Tree Vale Limited Acorn House
21 February 2022	50%	Tree Vale Limited Acorn House
14 February 2022	57%	Tree Vale Limited Acorn House
07 February 2022	50%	Tree Vale Limited Acorn House
17 January 2022	7%	Tree Vale Limited Acorn House
10 January 2022	50%	Tree Vale Limited Acorn House
03 January 2022	50%	Tree Vale Limited Acorn House
27 December 2021	93%	Tree Vale Limited Acorn House
20 December 2021	100%	Tree Vale Limited Acorn House
13 December 2021	14%	Summer Fields
13 December 2021	79%	Tree Vale Limited Acorn House
06 December 2021	25%	Summer Fields
06 December 2021	71%	Tree Vale Limited Acorn House
29 November 2021	11%	Summer Fields
29 November 2021	50%	Tree Vale Limited Acorn House
22 November 2021	79%	Tree Vale Limited Acorn House
15 November 2021	29%	Tree Vale Limited Acorn House
08 November 2021	43%	Tree Vale Limited Acorn House
01 November 2021	11%	Summer Fields
01 November 2021	43%	Tree Vale Limited Acorn House
25 October 2021	7%	Summer Fields
25 October 2021	7%	Tree Vale Limited Acorn House
18 October 2021	7%	Summer Fields
18 October 2021	100%	Tree Vale Limited Acorn House
11 October 2021	100%	Tree Vale Limited Acorn House
27 September 2021	50%	Tree Vale Limited Acorn House
20 September 2021	6%	Abbeyfield Lear House
20 September 2021	50%	Tree Vale Limited Acorn House
13 September 2021	5%	Abbeyfield Lear House
13 September 2021	50%	Tree Vale Limited Acorn House
06 September 2021	50%	Tree Vale Limited Acorn House
30 August 2021	14%	Tree Vale Limited Acorn House
02 August 2021	29%	Tree Vale Limited Acorn House
26 July 2021	50%	Tree Vale Limited Acorn House
19 July 2021	21%	Tree Vale Limited Acorn House
05 July 2021	36%	Tree Vale Limited Acorn House
28 June 2021	14%	Tree Vale Limited Acorn House
21 June 2021	50%	Tree Vale Limited Acorn House
14 June 2021	93%	Tree Vale Limited Acorn House
07 June 2021	71%	Tree Vale Limited Acorn House
31 May 2021	36%	Tree Vale Limited Acorn House
24 May 2021	50%	Tree Vale Limited Acorn House
17 May 2021	50%	Tree Vale Limited Acorn House

Data Source: ContrOCC and Liquid Logic.

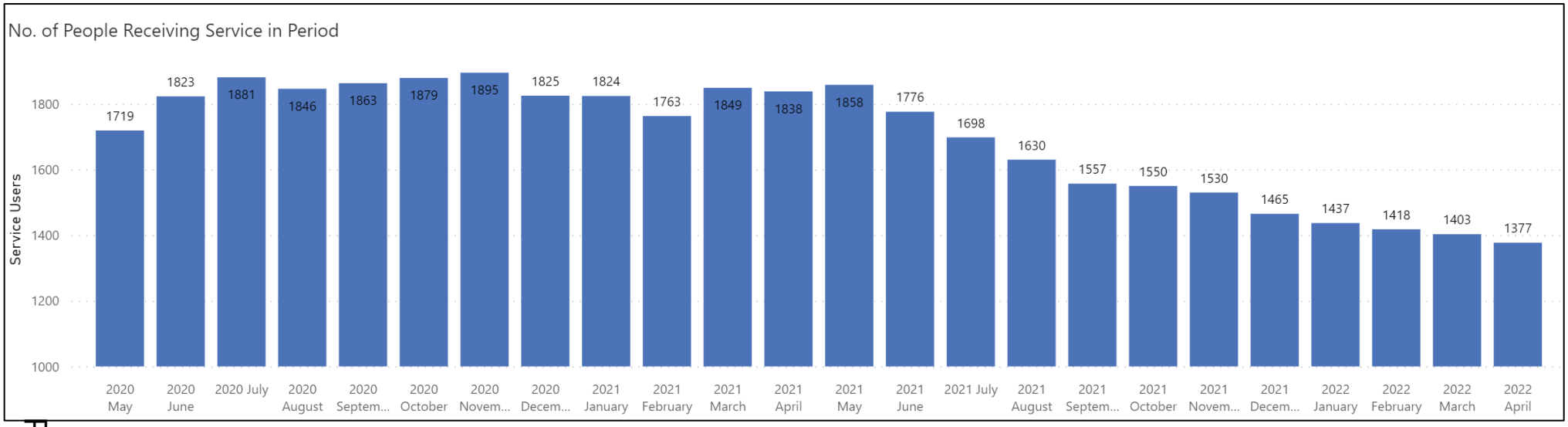
Short Breaks services provide valuable support to people and their carers. It is usual to have fluctuating occupancy levels between short stay bookings.

5.0 Care Market – Domiciliary Care and Reablement

5.1 Domiciliary Care – Number of People and Cost (since 01/04/2019)



Data Source: ContrOCC.

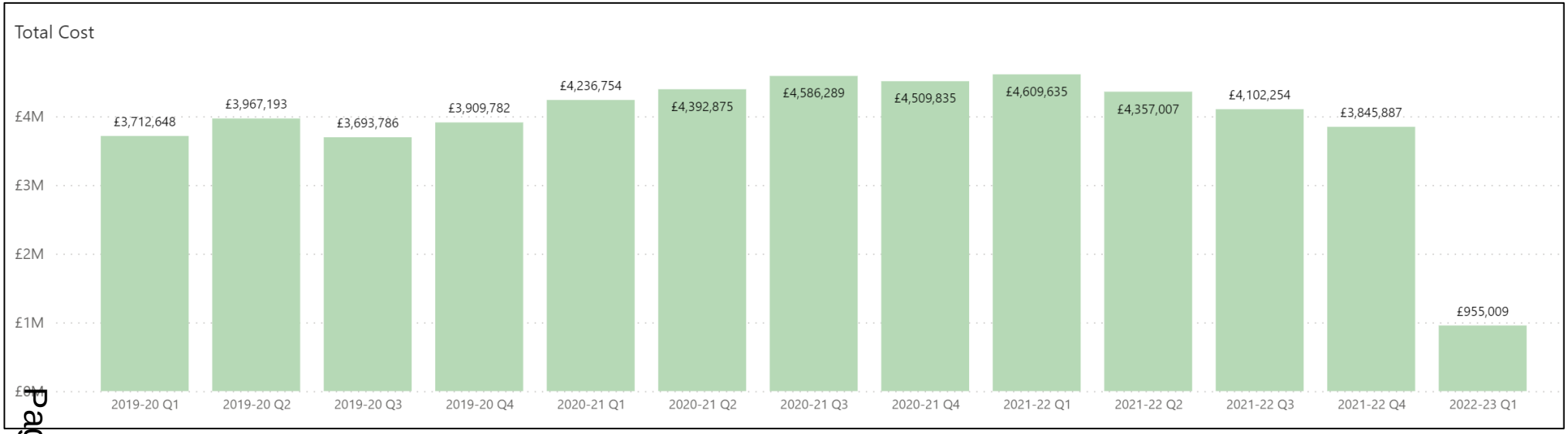


Data Source: ContrOCC.

No. of People Receiving Service in Period

Month	2020	2021	2022	**Total**
January		1824	1437	**3759**
February		1763	1418	**3590**
March		1849	1403	**3484**
April		1838	1377	**3313**
May	1719	1858		**4513**
June	1823	1776		**4525**
July	1881	1698		**4496**
August	1846	1630		**4368**
September	1863	1557		**4278**
October	1879	1550		**4193**
November	1895	1530		**4076**
December	1825	1465		**3909**
Total	**3381**	**3676**	**1730**	**5607**

Data Source: ContrOCC.



Data Source: ContrOCC.

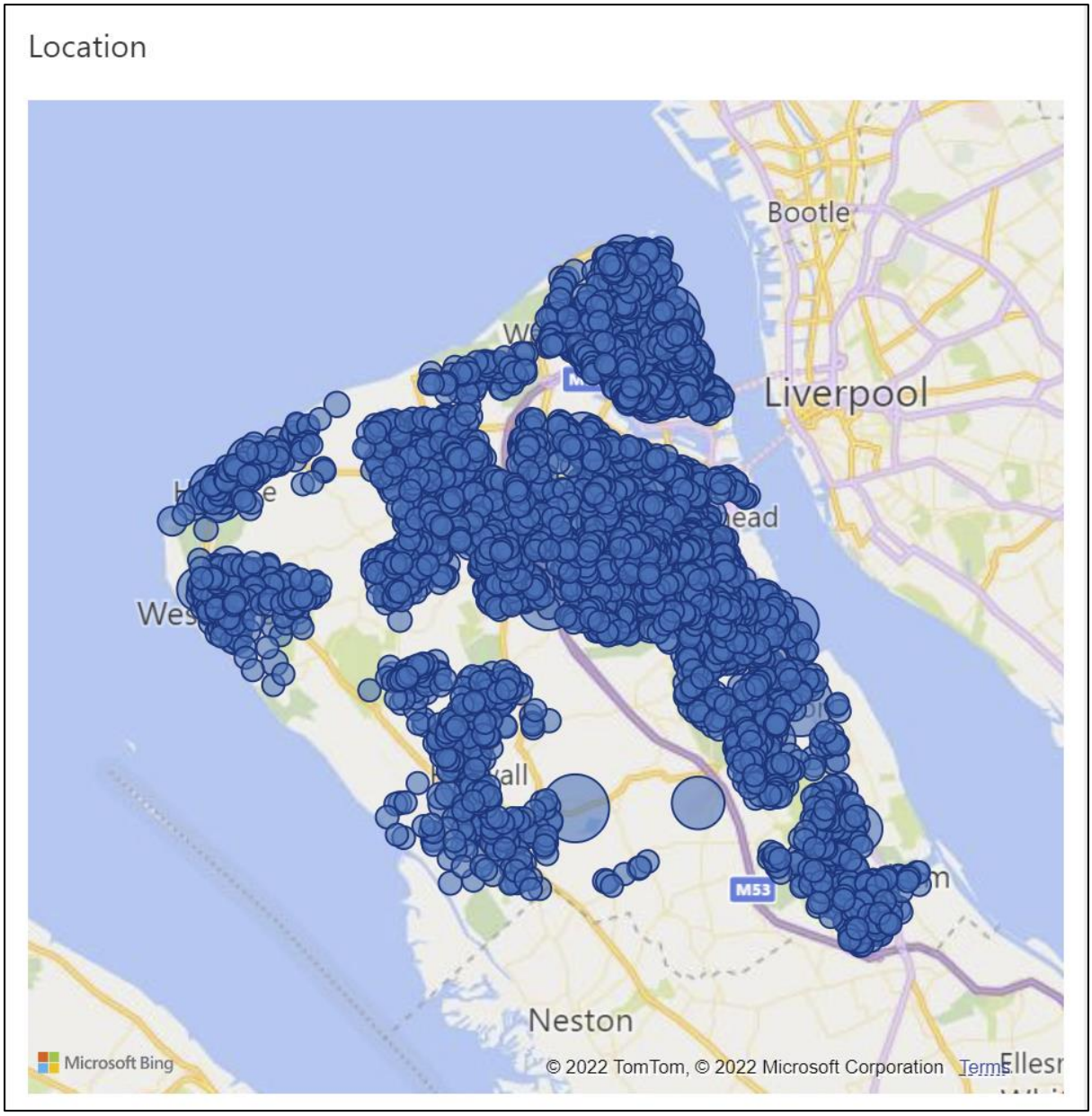
Total Cost of Domiciliary Care

	2019-20	2020-21	2021-22	2022-23
April	£1,422,220	£1,294,911	£1,401,628	£955,009
May	£1,145,145	£1,324,502	£1,782,332	
June	£1,145,283	£1,617,341	£1,425,675	
July	£1,422,050	£1,325,557	£1,403,926	
August	£1,134,831	£1,697,053	£1,669,977	
September	£1,410,313	£1,370,265	£1,283,104	
October	£1,131,754	£1,411,435	£1,286,208	
November	£1,152,327	£1,789,347	£1,610,855	
December	£1,409,705	£1,385,507	£1,205,190	
January	£1,148,043	£1,390,153	£1,490,884	
February	£1,157,019	£1,390,680	£1,202,384	
March	£1,604,721	£1,729,003	£1,152,619	

Data Source: ContrOCC.

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.
The number of people receiving Domiciliary Care continues to be at a decreased level .This has been widely reported as being due to challenges with recruiting and retaining sufficient staff numbers. Work is taking place with the provider sector to support and to increase capacity.

5.2 Domiciliary Care – Locations of People Receiving Domiciliary Care



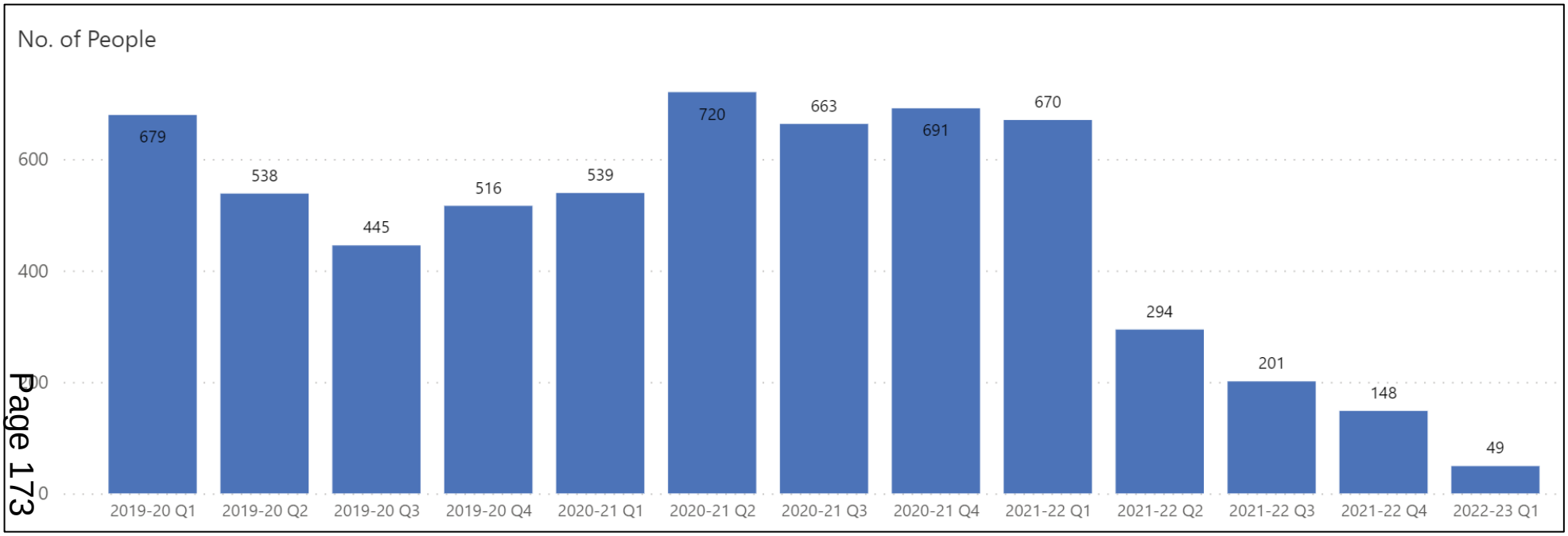
Data Source: ContrOCC.

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

The aim of these services is to ensure that people are supported to regain their optimum independence and mobility following an episode of ill-health. The data is shown from 1 April 2019.

Data Source: ContrOCC.

5.4 Reablement – Number of People



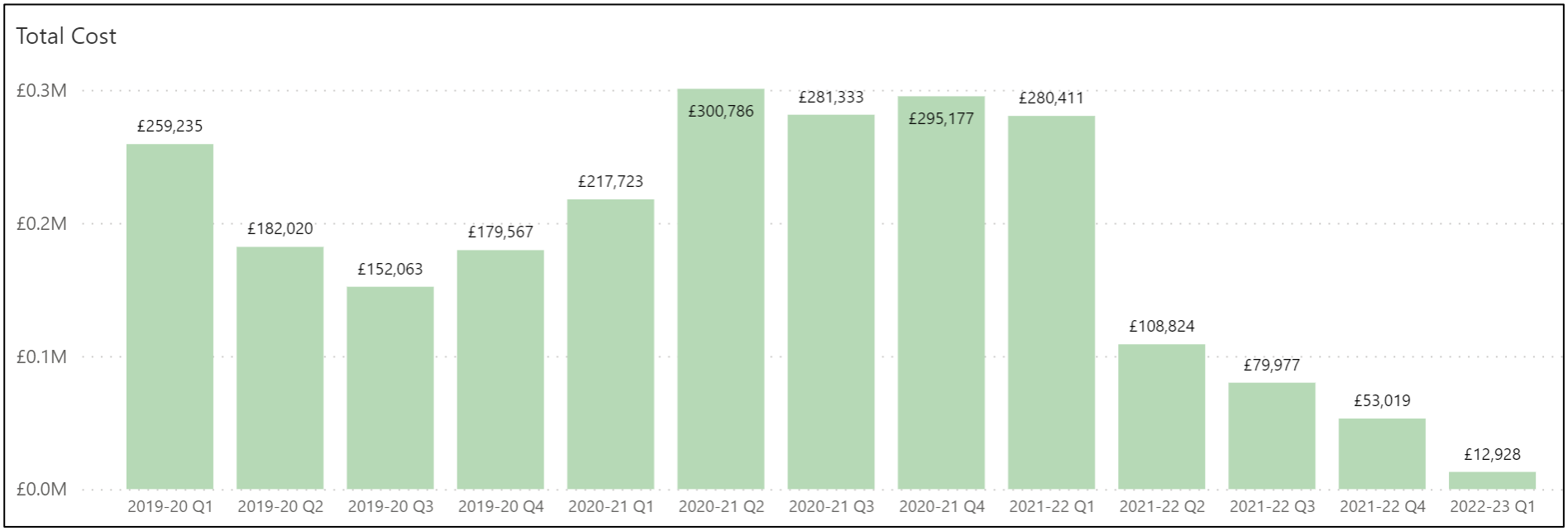
Data Source: ContrOCC.

Number of People Receiving Reablement Care

	2019-20	2020-21	2021-22	2022-23
April	378	172	358	49
May	333	218	381	
June	314	353	260	
July	299	355	184	
August	219	366	140	
September	234	321	85	
October	207	323	95	
November	221	378	121	
December	226	285	81	
January	271	311	81	
February	258	319	76	
March	258	379	59	

Data Source: ContrOCC.

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



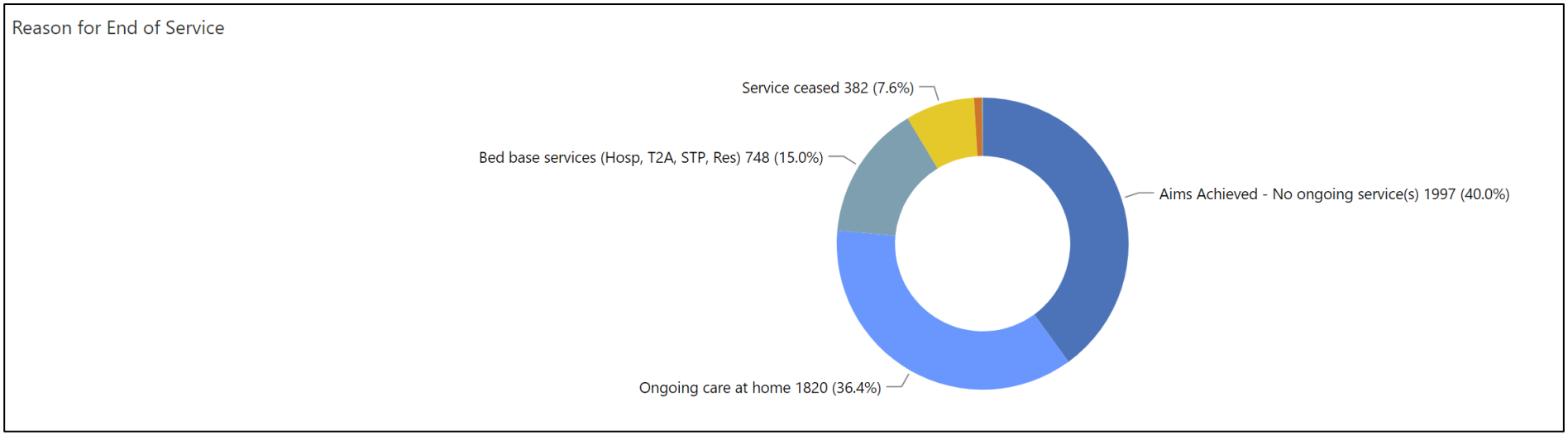
Data Source: ContrOCC.

Total Cost of Reablement Care

	2019-20	2020-21	2021-22	2022-23
April	£105,013	£44,633	£90,508	£12,928
May	£81,412	£63,083	£124,306	
June	£72,810	£110,006	£65,598	
July	£73,926	£99,763	£52,718	
August	£50,702	£113,362	£39,255	
September	£57,393	£87,661	£16,850	
October	£45,611	£83,799	£25,093	
November	£48,272	£115,144	£34,488	
December	£58,180	£82,390	£20,397	
January	£56,180	£84,025	£19,005	
February	£61,188	£96,013	£19,724	
March	£62,200	£115,139	£14,289	

Data Source: ContrOCC.

5.5 Reablement – End Reasons of Care Packages

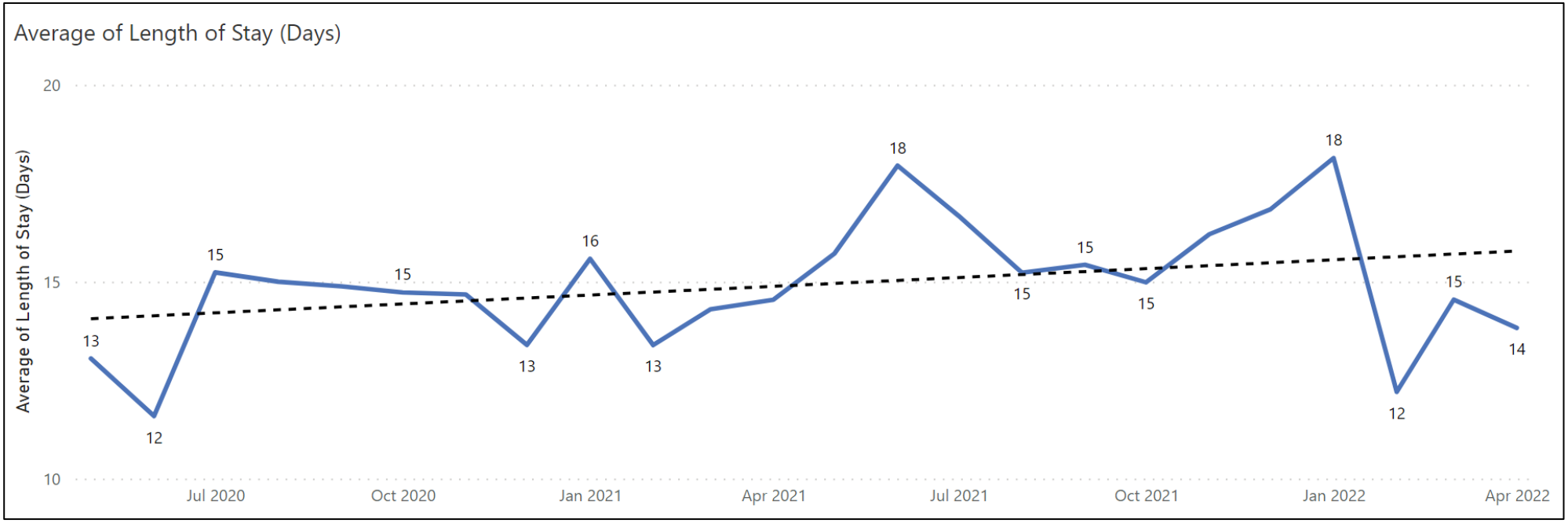


Reason for End of Service

Reason for End of Service	No. of People
Aims Achieved - No ongoing service(s)	1997
Ongoing care at home	1820
Bed base services (Hosp, T2A, STP, Res)	748
Service ceased	382
Change to timetabled units	44
	3
Total	**4153**

Data Source: Liquid Logic.

5.6 Reablement – Length of Stay



Data Source: ContrOCC.

Average of Length of Stay (Days)

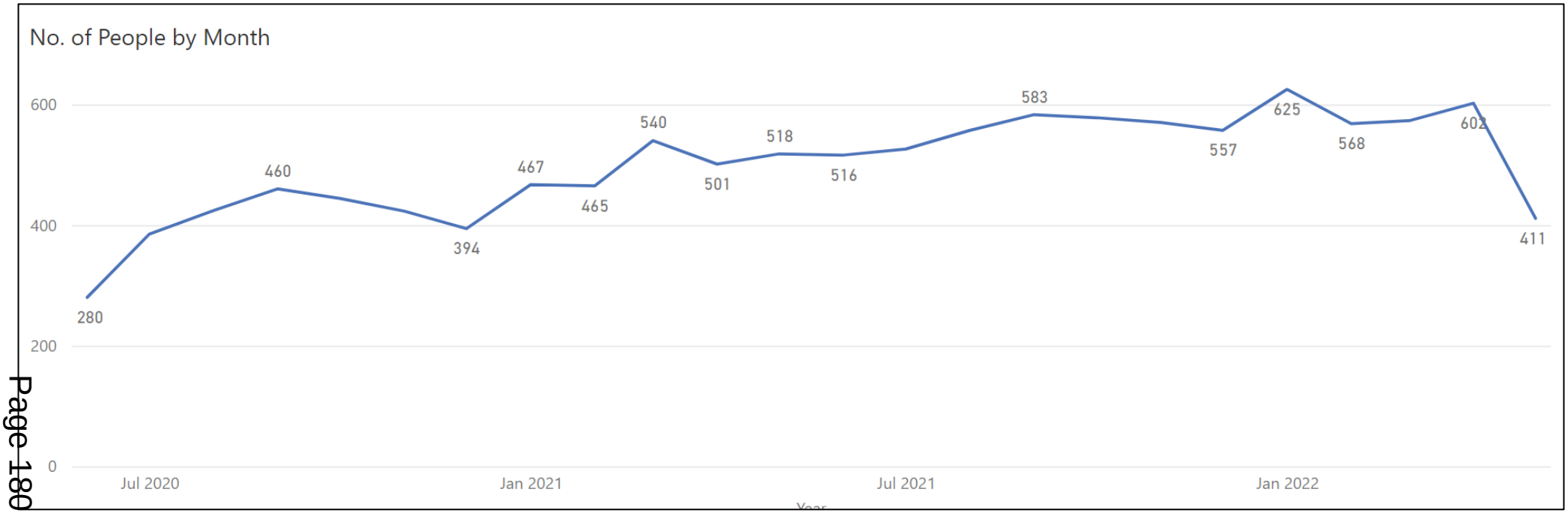
Month	2020	2021	2022	**Total**
January		16	18	**16**
February		13	12	**13**
March		14	15	**14**
April		15	14	**14**
May	13	16		**15**
June	12	18		**15**
July	15	17		**16**
August	15	15		**15**
September	15	15		**15**
October	15	15		**15**
November	15	16		**15**
December	13	17		**14**
Total	**14**	**15**	**15**	**15**

Data Source: ContrOCC.

The above table shows the number of people receiving Reablement services since 01/05/2020, month on month.

Reablement services are short term to support people to regain independence and to reduce reliance on longer term care services. The number of people receiving a service has reduced by 39.5% since January, which has been widely reported as owing to staffing issues and we are investigating this further.
The average length of stay has decreased slightly yet remains at similar levels as the over the last two years.

5.7 Brokerage – Packages by Number of People and Providers



Data Source: Liquid Logic.

No. of People by Month

Year	January	February	March	April	May	June	July	August	September	October	November	December	**Total**
2020						280	385	424	460	444	423	394	**2151**
2021	467	465	540	501	518	516	526	557	583	578	570	557	**3624**
2022	625	568	573	602	411								**1396**
Total	**1068**	**1010**	**1089**	**1079**	**909**	**785**	**901**	**963**	**1030**	**1007**	**980**	**938**	**6002**

Data Source: Liquid Logic.

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

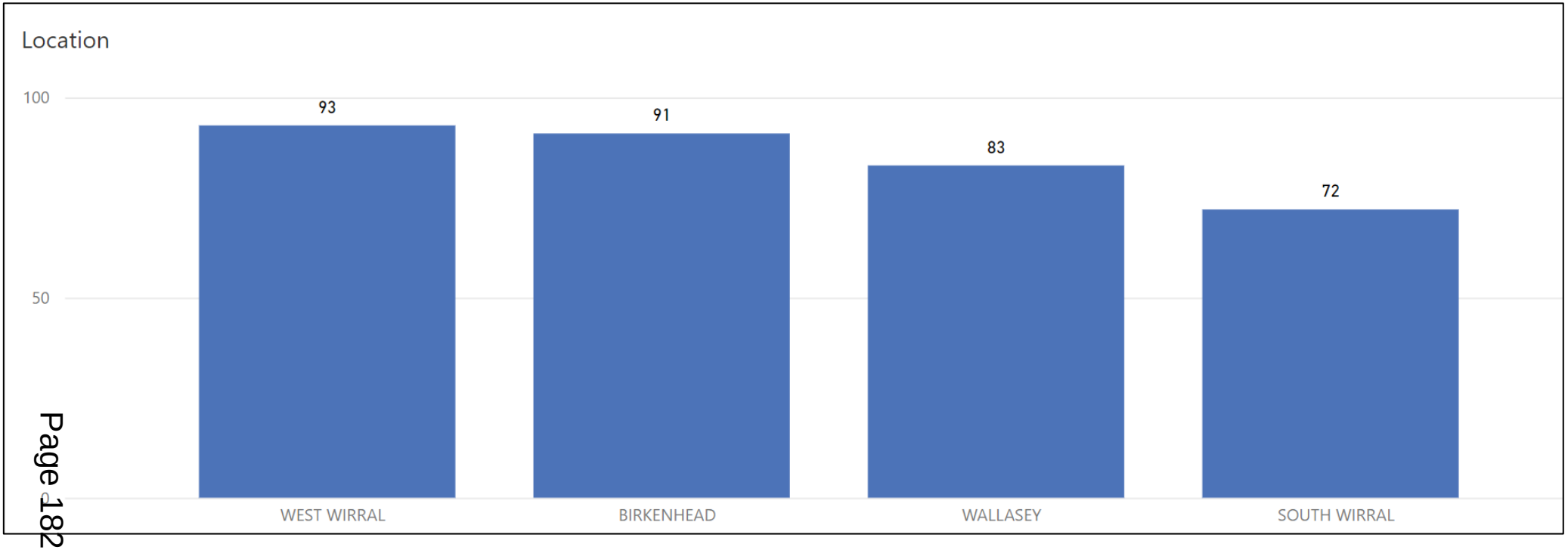
Number of People Waiting for Package

Days Live Group	No. of People
1 to 2 Weeks	54
2 to 3 Weeks	42
48hrs to 1 Week	46
Less than 48hrs	19
Over 3 Weeks	178
Total	**339**

Average No. of Packages Accepted per Week

72.2

Data Source: Liquid Logic.



Data Source: Liquid Logic.

Location

Location	No. of Clients
WEST WIRRAL	93
BIRKENHEAD	91
WALLASEY	83
SOUTH WIRRAL	72
Total	**339**

Data Source: Liquid Logic.

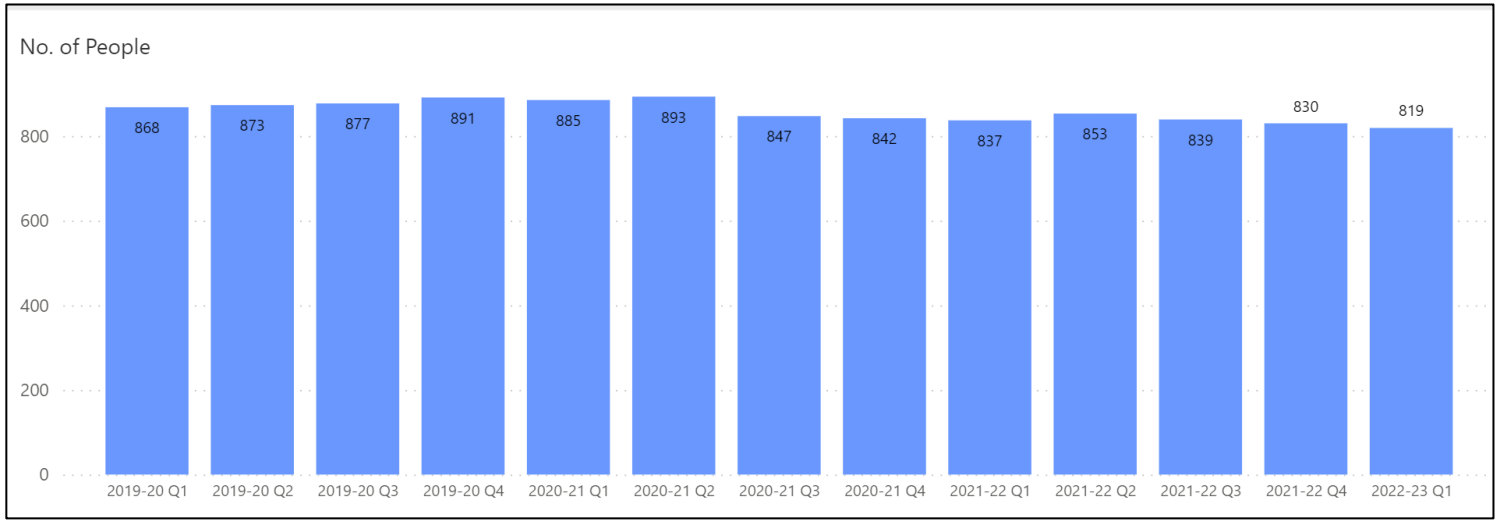
The data shows the high level of activity in the domiciliary care sector and delays in arranging care and support. The data includes people who may be wanting to change their care provider.

6.0 Care Market – Specialist (Supported Living)

6.1 Cost (since 01/04/2019)

No. of People	Actual Cost
1179	£109.32M

Data Source: ContrOCC.

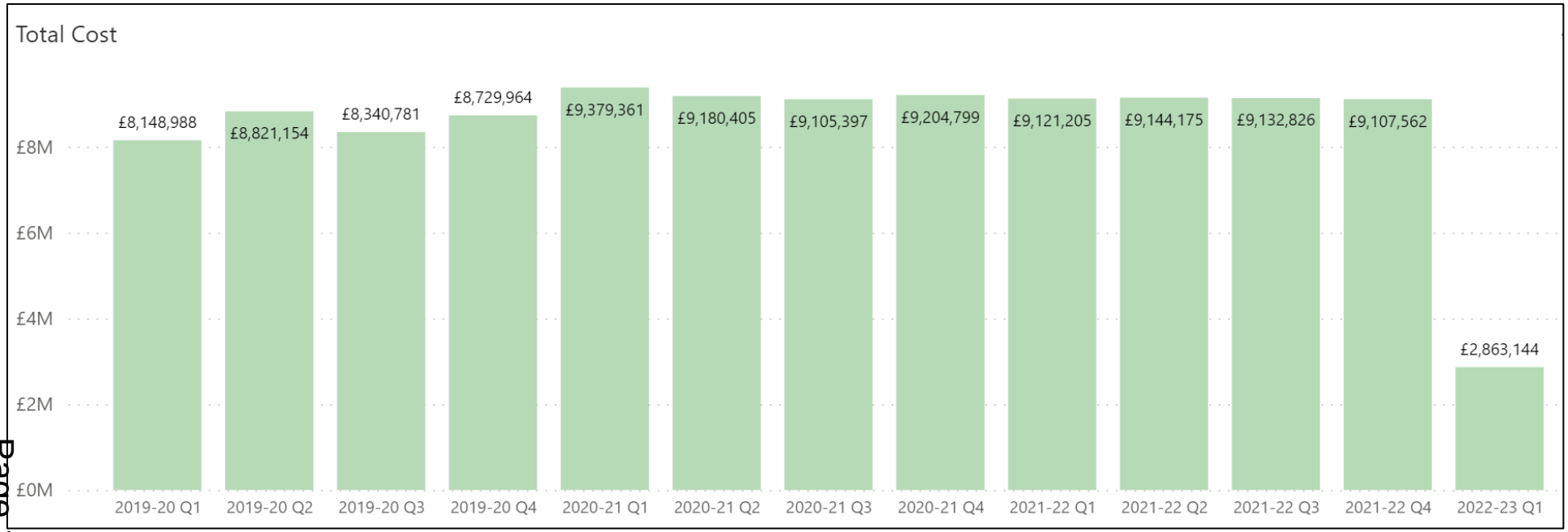


Data Source: ContrOCC.

Number of People Receiving Supported Living

	2019-20	2020-21	2021-22	2022-23
April	846	861	818	819
May	847	859	823	
June	848	863	819	
July	850	866	825	
August	847	867	829	
September	857	818	822	
October	857	817	823	
November	856	826	828	
December	857	827	818	
January	861	823	818	
February	860	821	819	
March	874	820	819	

Data Source: ContrOCC.



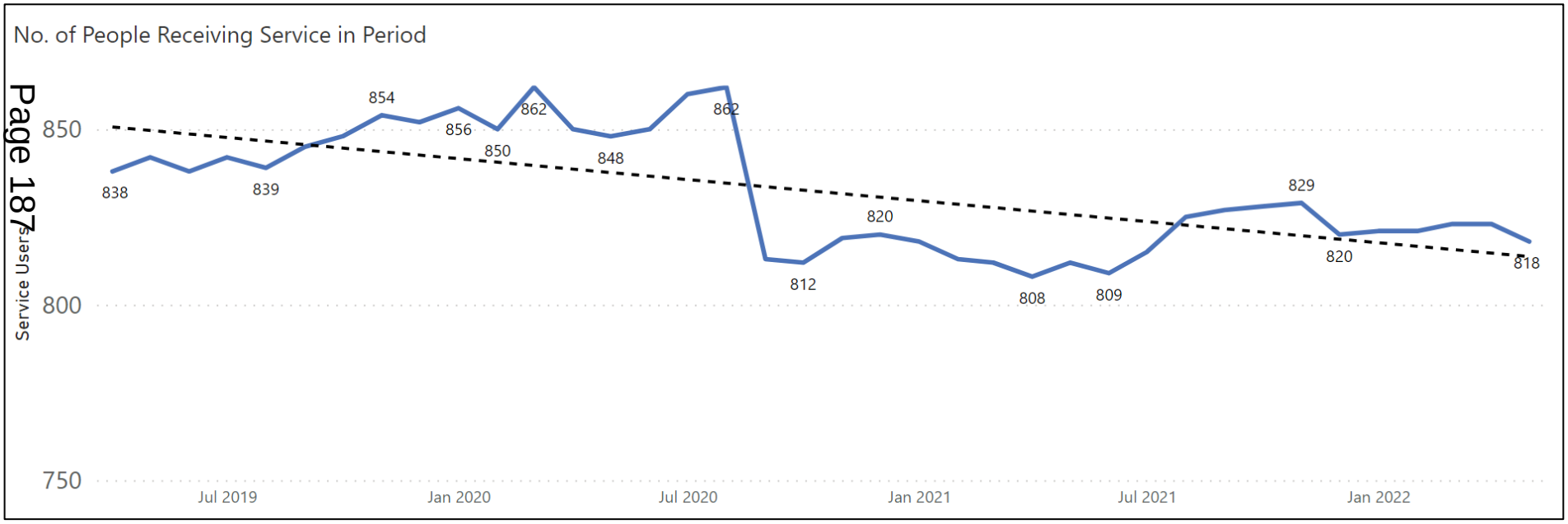
Data Source: ContrOCC.

Total Cost of Supported Living

	2019-20	2020-21	2021-22	2022-23
April	£3,145,401	£2,908,094	£2,823,698	£2,863,144
May	£2,499,717	£2,919,123	£3,502,186	
June	£2,503,871	£3,552,144	£2,795,322	
July	£3,150,355	£2,881,612	£2,799,971	
August	£2,516,822	£3,512,659	£3,521,395	
September	£3,153,978	£2,786,133	£2,822,808	
October	£2,561,958	£2,765,872	£2,799,298	
November	£2,567,338	£3,512,328	£3,533,356	
December	£3,211,485	£2,827,197	£2,800,171	
January	£2,641,499	£2,830,830	£3,499,728	
February	£2,671,873	£2,829,826	£2,803,869	
March	£3,416,592	£3,544,143	£2,803,964	

Data Source: ContrOCC.

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



Data Source: ContrOCC.

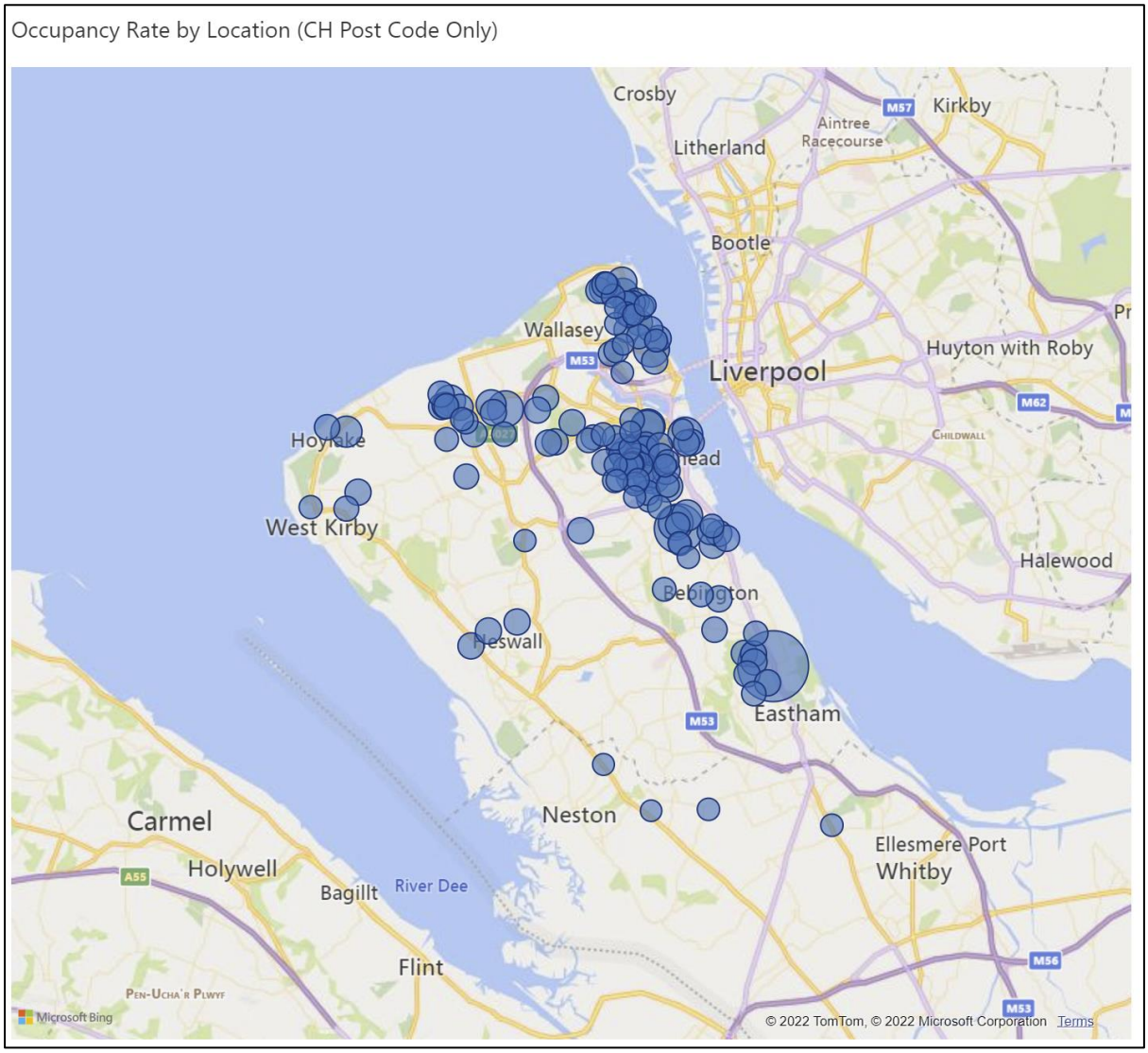
No. of People Receiving Service in Period

Month	2019	2020	2021	2022	**Total**
January		856	818	821	**1087**
February		850	813	821	**1078**
March		862	812	823	**1077**
April	838	850	808	823	**1176**
May	842	848	812	818	**1170**
June	838	850	809		**1078**
July	842	860	815		**1082**
August	839	862	825		**1089**
September	845	813	827		**1094**
October	848	812	828		**1093**
November	854	819	829		**1095**
December	852	820	820		**1091**
Total	**928**	**982**	**922**	**842**	1178

Data Source: ContrOCC.

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

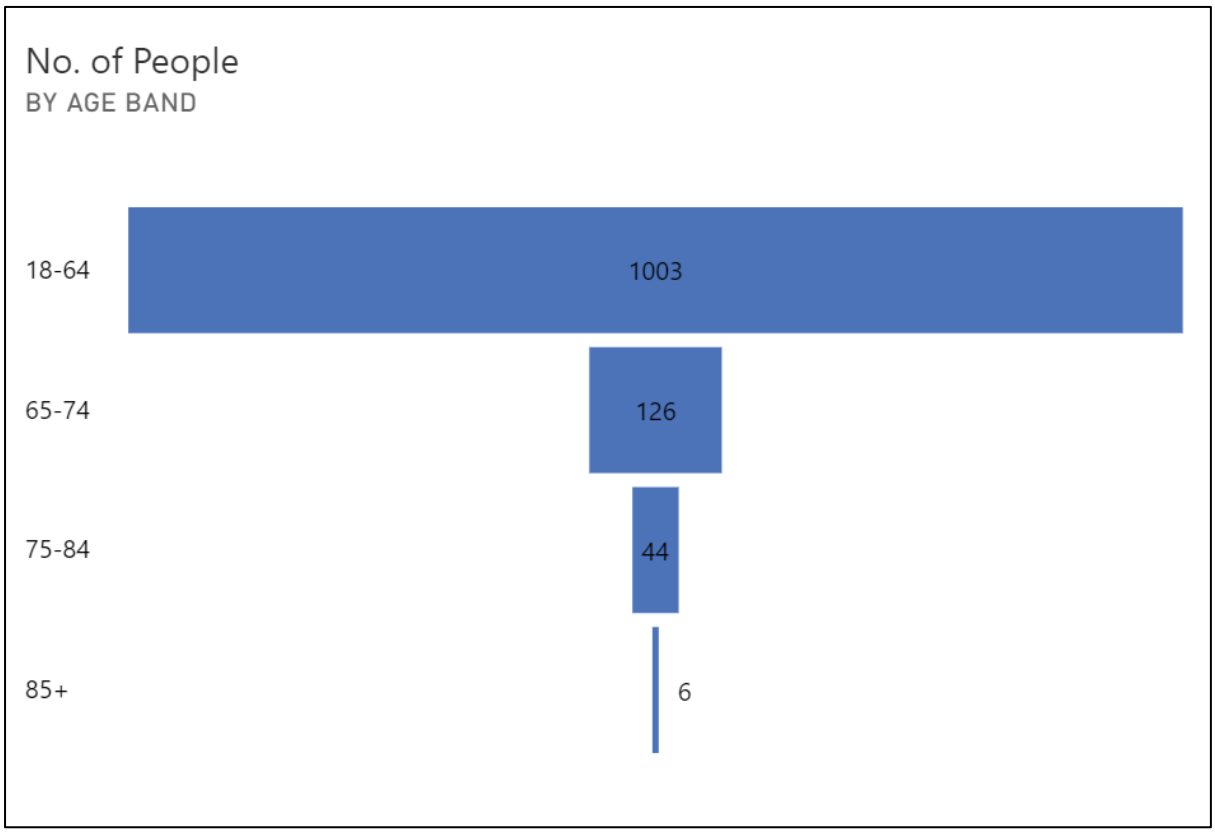
6.3 Supported Living – People Locations



Data Source: ContrOCC.

The above map shows the occupancy rate for Supported Living.

6.4 Supported Living – Demographics



Adults are between 18 and 64.

18-64	1003
65-74	126
75-84	44
Over 85	6

Data Source: ContrOCC.

The data shows a return to the number of people living in Supported Independent Living as the latter half of 2020.

7.0 Cheshire Wirral Partnership

7.1 Key Measures - monitored monthly

No	Description	Green	Amber	Red	Target	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	YTD From Aug	Comments
KPI 1	% of initial contacts through to completion of assessment within 28 days	>=80%	>=70% <=80%	<70%		93%	84%	80%	81%	93%	78%	86%	85%	86%	85%	70%	72%	80.8%	There are 0 people awaiting assessment, which is the same as last month.
	Total Assessments Completed within 28 Days					13	16	16	13	14	7	6	17	18	17	16	18	126	
	Total Completed Assessments					14	19	20	16	15	9	7	20	21	20	23	25	156	
KPI 2	% of safeguarding concerns (Contacts) initiated by CWP within 5 days (exc. EDT)	>=99%	<99% >=95%	<95%		89%	91%	100%	100%	95%	94%	95%	89%	91%	83%	95%	98%	93%	
	Total Safeguarding Concerns Completed within 5 Days					47	83	79	26	63	65	86	51	50	39	62	44	486	
	Total Safeguarding Concerns Completed					53	91	79	26	66	69	91	57	55	47	65	45	521	
KPI 3	% of safeguarding enquiries concluded within 28 days	>=80%	<80% >=60%	<60%		93%	72%	97%	82%	86%	81%	87%	86%	63%	100%	93%	88%	84%	Currently 16 active enquiries of which 6 have breached the 28 target.
	Total Safeguarding Enquiries Completed within 28 Days					27	13	29	14	12	17	26	19	12	13	14	7	134	
	Total Safeguarding Enquiries Completed					29	18	30	17	14	21	30	22	19	13	15	8	159	
KPI 4	% of individuals who have had an annual review completed	>= 70%	<70% >= 60%	<60%		69%	69%	69%	65%	67%	67%	69%	68%	68%	66%	63%	98%	98%	There are 11 people who have not been reviewed for 2+ years which is an increase of 2 from last month.
	Forecast Total Reviews					817	814	813	765	789	786	809	794	787	771	734	1124	1,124	
	Total Reviews Required					1178	1173	1174	1173	1175	1174	1173	1168	1162	1168	1168	1144	1,144	
KPI 5	% of care packages activated (in Liquidlogic) in advance of service start date (exc. Block services)	>= 65%	<65% >=50%	<50%		33%	38%	53%	32%	27%	46%	23%	37%	32%	36%	35%	38%	34%	
	Total number of care packages activated in advance of start date					38	26	50	33	21	47	27	21	23	24	34	42	272	
	Total number of care packages activated					114	69	94	102	77	102	118	57	73	66	96	110	801	
KPI 6	% of adults with a learning disability who live in their own home or with their family	>88%	<88% >= 80%	<80%		79%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	82%	80%	
						410	431	428	435	429	428	428	428	428	430	430	413	3,849	
						518	539	537	542	535	533	533	533	534	536	535	505	4,786	

Data Source: CWP.

8.0 WCFT

8.1 Key Measures - monitored monthly

No	Description	Green	Amber	Red	Target	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	YTD
KPI 1	% of initial contacts through to completion of assessment within 28 days	>=80%	<80% >= 70%	<70%	80%	91.3%	87.7%	89.8%	85.6%	83.9%	76.3%	81.9%	82.1%	80.7%	77.0%	76.2%	73.4%	73.4%
	Total Assessments Completed within 28 Days					358	315	292	238	235	209	249	215	192	187	215	207	207
	Total Assessments Completed					392	359	325	278	280	274	304	262	238	243	282	282	282
KPI 1a	% of initial contacts through to completion of assessment within 28 days *(3 Conversations)*	>=80%	<80% >= 70%	<70%	80%						61.4%	71.0%	75.0%	73.7%	69.0%	58.5%	52.1%	52.1%
	Total Assessments Completed within 28 Days										27	22	30	14	20	24	25	25
	Total Assessments Completed *(3C's Process)*										44	31	40	19	29	41	48	48
KPI 2	% of safeguarding concerns (Contacts) completed within 5 Days	>=99%	<99% >=95%	<95%	99%	99%	99%	99.7%	98.7%	100%	100%	99.7%	99.0%	99.1%	99.7%	100%	99.5%	99.5%
	Total number of safeguarding concerns completed within 5 days					276	320	313	293	293	303	289	285	224	301	302	208	208
	Total number of safeguarding concerns completed					279	324	314	297	293	304	290	288	226	302	302	209	209
KPI 3	% of safeguarding enquiries concluded within 28 days	>=80%	<80% >=60%	<60%	80%	66%	76%	56%	67%	73%	60%	68%	39%	49%	49%	31%	42%	42%
	Enquiries Closed within 28 Days					48	42	38	43	41	34	28	20	24	23	17	18	18
	Total Enquiries Closed					73	55	68	64	56	57	41	51	49	47	54	43	43
	Total New Enquiries					58	70	74	45	60	68	51	58	40	40	46	20	20

No	Description	Green	Amber	Red	Target	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	YTD
KPI 4	% of individuals who have had an annual review completed	>=70%	<70% >=60%	<60%	70%	60%	60%	55%	55%	55%	54%	55%	55%	54%	55%	55%	55%	55%
	Total number of reviews forecast to be completed					3657	3630	3325	3306	3291	3242	3280	3271	3248	3276	3284	3253	3,253
	Total number of people in receipt of a long term service on 1st April					6095	6050	6046	6010	6005	5991	5976	5973	5961	5932	5932	5914	5,914
KPI 5	% of care packages activated (in Liquidlogic) in advance of service start date (exc. Block Services)	>=65%	<65% >=50%	<50%	65%	64%	60%	60%	47%	50%	50%						69%	69%
	Q3 NW Avg.					585	474	385	368	325	341						578	578
						914	789	642	775	653	676						843	843
KPI 6	% of adults with a learning disability who live in their own home or with their family	>=88%	<88% >=70%	<70%	88%	94%	93%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%
	Total number of people aged 18-64 with a learning disability living in their own					376	437	443	447	443	451	455	456	454	459	460	439	439
	Total number of people aged 18-64 with a learning disability in receipt of a long					400	468	472	475	473	480	485	485	483	488	490	465	465
KPI 7	% of older people who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	>=83%	<83% >=81%	<81%	83%	85.7%	86.9%	80.0%	84.5%	84.4%	91.3%	96.0%	87.0%	100.0%	82.6%	85.7%	100%	100.0%
	Total number of people at home 91 days post discharged from hosptial into a					42	53	56	49	38	21	24	20	16	19	12	11	11
	Total number of people discharged from hospital into a reablement service					49	61	70	58	45	23	25	23	16	23	14	11	11

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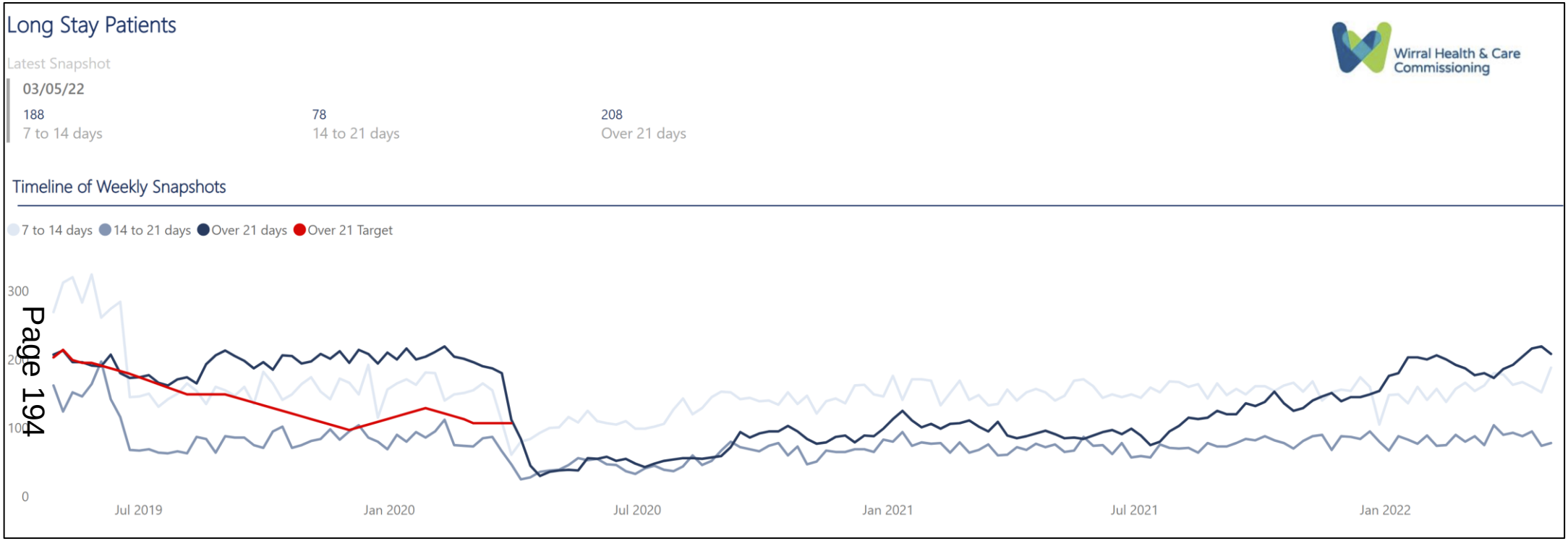
Data Source: WCFT.

The performance data indicates that there has been a slight reduction in people receiving responsive and timely services. There is also a decrease in the % of safeguarding enquiries completed within 28 days and the number of people receiving an annual review of their care and support needs remains an unmet target. It is to be expected that the 3 conversations KPI would be Red as timescale for completion is not the best measure of the impact of this approach.
A service review WCFT and CWP is 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.

- The three series did not all move in a similar direction from 04/30/2019 to 05/03/2022, with Over 21 days rising the most (0.48%) and 14 to 21 days falling the most (52%).
- 7 to 14 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 76.08 across all 158 periods.
- The minimum value was 25 (04/07/2020) and the maximum was 197 (06/04/2019).
- 14 to 21 days improved by 52% over the course of the series but ended on a bad note, increasing in the final period.
- The largest single decline on a percentage basis occurred in 04/07/2020 (-47%). However, the largest single decline on an absolute basis occurred in 06/11/2019 (-55).
- The largest net improvement was from 06/04/2019 to 04/07/2020, when 14 to 21 days improved by 172 (87%). This net improvement was more than two times larger than the overall movement of the entire series.
- Contrasting with the overall decrease, the largest net growth was from 04/07/2020 to 03/22/2022, when 14 to 21 days increased by 79 (316%).
- 14 to 21 days experienced cyclicality, repeating each cycle about every 39.5 periods. There was also a pattern of smaller cycles that repeated about every 31.6 periods.
- 14 to 21 days had a significant positive peak between 05/07/2019 (124) and 08/06/2019 (63), rising to 197 in 06/04/2019. However, 14 to 21 days had a significant dip between 04/30/2019 (162) and 06/04/2019 (197), falling to 124 in 05/07/2019.
- 14 to 21 days was lower than 7 to 14 days over the entire series, lower by 77.97 on average. 14 to 21 days was less than Over 21 days 94% of the time (lower by 59.53 on average).

For Over 21 days:

- Average Over 21 days was 135.61 across all 158 periods.
- The minimum value was 30 (04/21/2020) and the maximum was 219 (02/11/2020 and 04/26/2022).
- Over 21 days increased by 0.48% over the course of the series but ended with a downward trend, decreasing significantly in the final period.
- The largest single increase on a percentage basis occurred in 05/26/2020 (+47%). However, the largest single increase on an absolute basis occurred in 08/20/2019 (+28).
- The largest net growth was from 04/21/2020 to 04/26/2022, when Over 21 days rose by 189 (630%).
- Contrasting with the overall increase, the largest net decline was from 02/11/2020 to 04/21/2020, when Over 21 days decreased by 189 (86%).
- Over 21 days experienced cyclicality, repeating each cycle about every 52.67 periods. There was also a pattern of smaller cycles that repeated about every 39.5 periods.
- Over 21 days had a significant dip between 02/11/2020 and 06/09/2020, starting at 219, falling all the way to 30 at 04/21/2020 and ending slightly higher at 58.

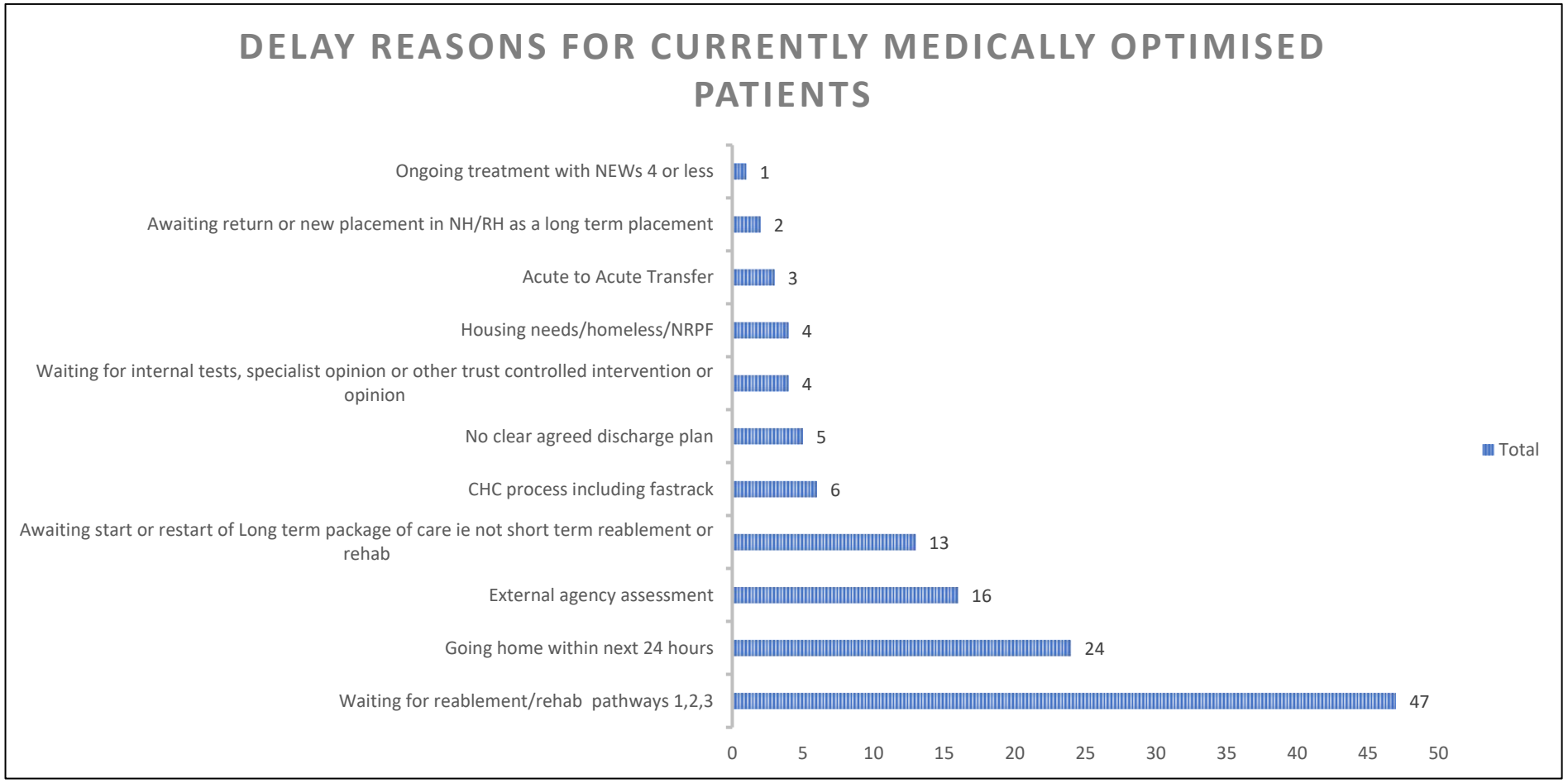
- Over 21 days was most closely correlated with 14 to 21 days, suggesting that as one (Over 21 days) increases, the other (14 to 21 days) generally does too, or vice versa.
- Over 21 days was greater than 14 to 21 days 94% of the time (higher by 59.53 on average).

For 7 to 14 days:

- Average 7 to 14 days was 154.06 across all 158 periods.
- The minimum value was 61 (03/31/2020) and the maximum was 324 (05/28/2019).
- 7 to 14 days decreased by 30% over the course of the series but ended on a bad note, increasing in the final period.
- The largest single decline occurred in 06/25/2019 (-49%).
- The largest net improvement was from 05/28/2019 to 03/31/2020, when 7 to 14 days fell by 263 (81%). This net improvement was more than three times larger than the overall movement of the entire series.
- Contrasting with the overall decrease, the largest net growth was from 03/31/2020 to 05/03/2022, when 7 to 14 days increased by 127 (208%).
- 7 to 14 days experienced cyclicality, repeating each cycle about every 39.5 periods. There was also a pattern of bigger cycles that repeated about every 79 periods.
- 7 to 14 days was higher than 14 to 21 days over the entire series, higher by 77.97 on average. 7 to 14 days was greater than Over 21 days 61% of the time (higher by 18.44 on average).

Data Source: NHS.

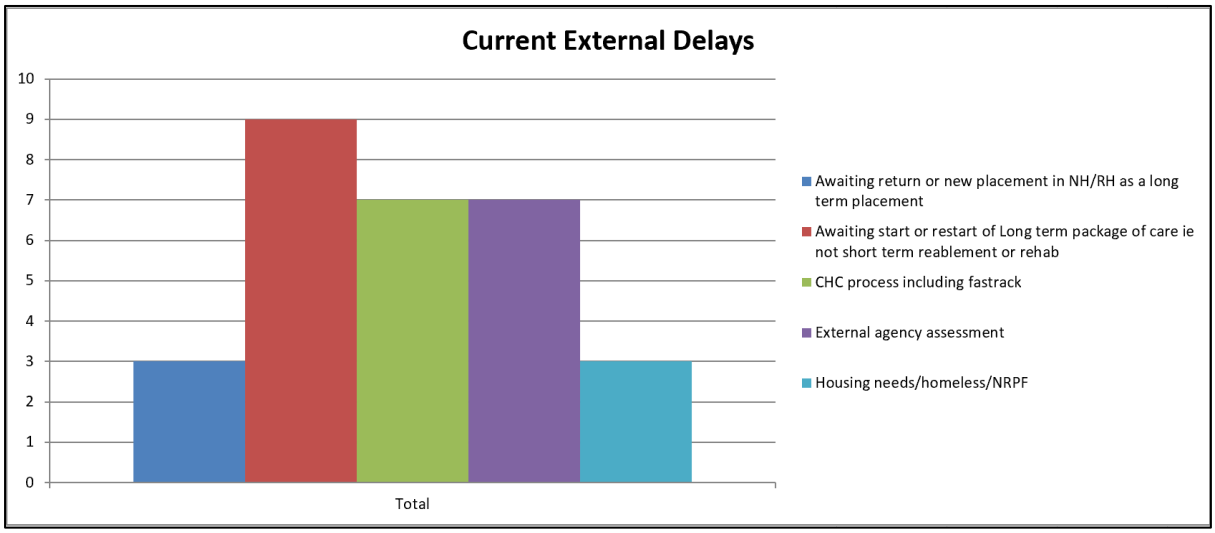
9.2 Delay Reasons for Medically Optimised Patients (Sum of 21 days)



Row Labels	Sum of Over21days
Waiting for reablement/rehab pathways 1,2,3	47
Going home within next 24 hours	24
External agency assessment	16
Awaiting start or restart of Long term package of care ie not short term reablement or rehab	13
CHC process including fastrack	6
No clear agreed discharge plan	5
Waiting for internal tests, specialist opinion or other trust controlled intervention or opinion	4
Housing needs/homeless/NRPF	4
Acute to Acute Transfer	3
Awaiting return or new placement in NH/RH as a long term placement	2
Ongoing treatment with NEWs 4 or less	1
Grand Total	**125**

Data Source: NHS.

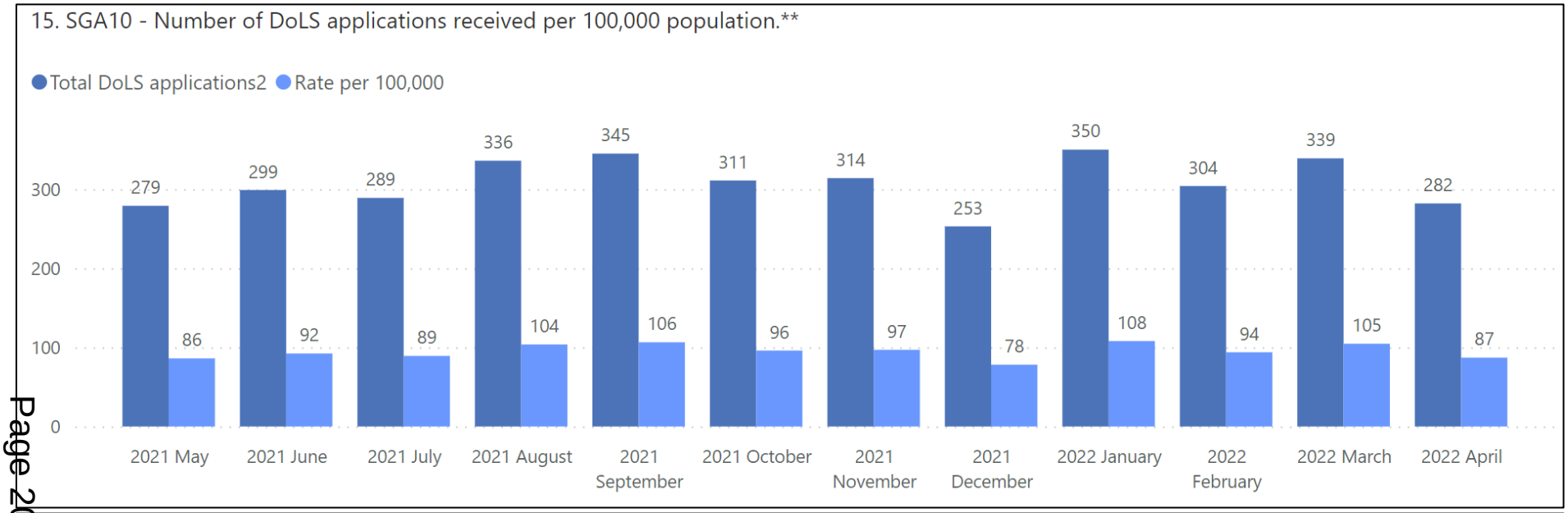
9.3 Current External Delays



Current External Delays	
Awaiting return or new placement in NH/RH as a long-term placement	3
Awaiting start or restart of Long-term package of care i.e. not short term reablement or rehab	9
CHC process including fastrack	7
External agency assessment	7
Housing needs / Homeless / NRPF	3

Data Source: NHS.

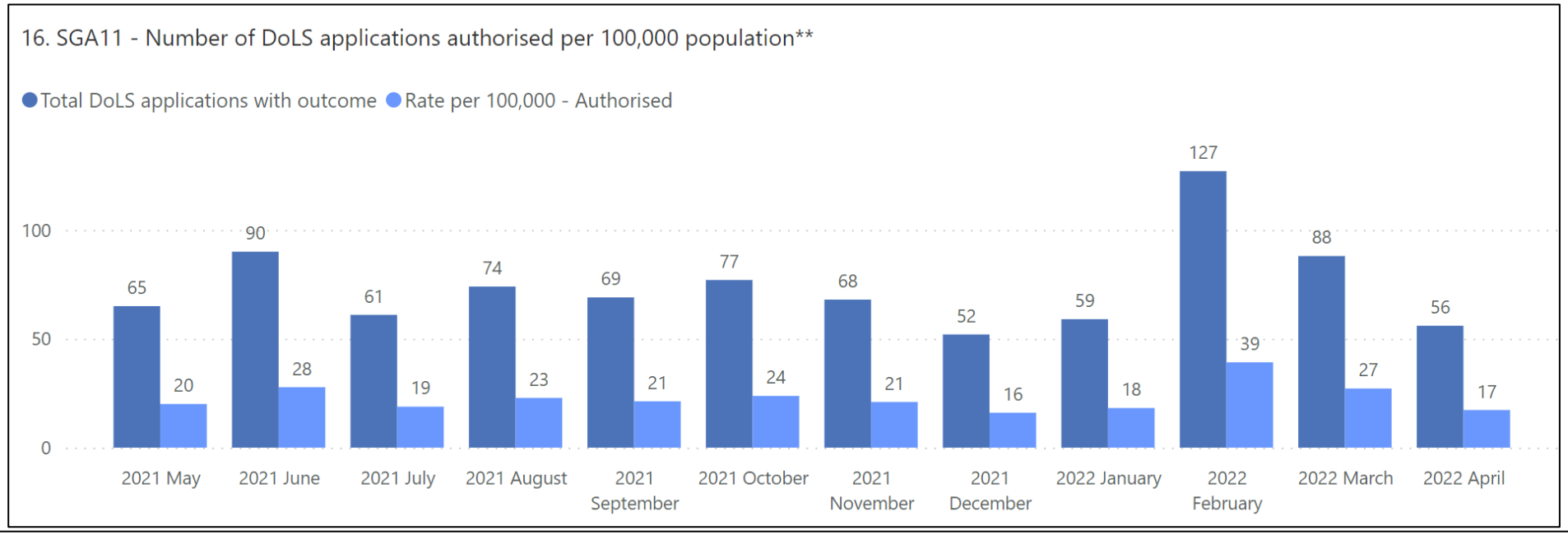
10.0 Deprivation of Liberty Safeguards (DOLS)



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

Quarter	Q1		Q2		Q3		Q4		**Total**	
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	**Count of applications**	**Rate per 100,000**
2019	638	196.91	1034	319.14	893	275.62			**2565**	**791.67**
2020	824	254.32	1067	329.32	1019	314.51	834	257.41	**3744**	**1,155.56**
2021	872	269.14	970	299.38	878	270.99	833	257.10	**3553**	**1,096.60**
2022	282	87.04					993	306.48	**1275**	**393.52**
Total	**11137**	**3,437.35**	**8346**	**2,575.93**	**8190**	**2,527.78**	**8290**	**2,558.64**	**11137**	**3,437.35**

Data Source: Liquid Logic.



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

Status	Granted									
Quarter	Q1		Q2		Q3		Q4		Total	
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	**Count of applications**	**Rate per 100,000**
2018										
2019	351	108.33	342	105.56	304	93.83	161	49.69	**1158**	**357.41**
2020	232	71.60	374	115.43	321	99.07	222	68.52	**1149**	**354.63**
2021	215	66.36	205	63.27	197	60.80	206	63.58	**823**	**254.01**
Total	**2567**	**792.28**	**2421**	**747.22**	**2276**	**702.47**	**2513**	**775.62**	**3130**	**966.05**

Data Source: Liquid Logic.

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WIRRAL

ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Tuesday, 14 June 2022

REPORT TITLE:	**DISABLED FACILITIES GRANT**
REPORT OF:	**DIRECTOR OF CARE AND HEALTH**

REPORT SUMMARY

This report sets out the performance of the Home Adaptation Team for the year 2021/22 and highlights any trends in performance, obstacles that have been encountered and any remedial action taken to address this, as well as an update on new initiatives and successes.

The work of the Home Adaptations Service contributes to the objectives of the Wirral Plan, namely working to provide happy, active and healthy lives for all, with the right care, at the right time to enable residents to live longer and healthier lives and contributing towards the Sustainable Environment by targeting Home Energy Checks where major adaptations have been delivered.

This is not a key decision.

RECOMMENDATION/S

The Adult Social Care and Public Health Committee is recommended to note the performance of the Home Adaptations Service in 2021/22.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 The Adult Social Care and Public Health Committee is recommended to note and comment on the performance information provided, which is reported at the Joint Health and Care Commissioning Executive Group (JHCCEG) on a quarterly basis. The performance measures were set out in an SLA agreed in 2019 and illustrate the work/progress being undertaken as outlined in this report on those programmes that meet the Council's legal obligations under the Disabled Facilities Grant and the wider Better Care Fund (BCF) Objectives.

2.0 OTHER OPTIONS CONSIDERED

2.1 The report could have been provided as a briefing note to member or via a workshop, however the Director of Care and Health felt it was important that Members were aware of the work that is being done to enable disabled residents to remain living independently in their homes.

3.0 BACKGROUND INFORMATION

3.1 This report sets out the year end performance of the Home Adaptation Service for Quarters 1 - 4 2021/22 and highlights any trends in performance, obstacles that have been encountered and any remedial action taken to address this, as well as an update on new initiatives and successes,

3.2 Reporting includes, as per the Service Level Agreement, for expenditure against the main Disabled Facilities Grant (DFG) and Rapid Adaptation Grant (RAG) which are reported quarterly as per Table 1 below. This shows the cumulative spend is £3,225,142 with Major Disabled Facilities Grants (DFGs) and Rapid Adaptation Grants (RAGs) current expenditure representing over 64% of the total DFG spend for 2021/22.

3.3 The wider programme of works has not changed since the budget was set as it was reported to JHCCEG in September 2021, with the actual spend outlined below as a cumulative total for Qs1-4 combined.

3.4 A small underspend will be rolled into 2022/23 due to committed works that didn't complete in 2021/22 but will complete in 2022/23 and a return of £734,000 from Adult Social Care at year end that was not required.

Table 1 Expenditure Profile

Work Programme	Budget Allocation	Spend at end of Q4
Total DFG Expenditure, of which – a) Major Adaptations DFG/RAG/TCAG and Discretionary funding	Total £3,475,000	Total £3,225,142 of which a) £2,895,363

b) Minor Adaptation – Including Hospital Discharge and Major/Minor works requiring fabrication		b) £329,779
Occupational Therapist Support (12 months)	£49,921	£49,921
Staff recharges	£457,119	£404,355
Prevention Activity - Heating and Repair	£250,000	£328,057
Willowtree Children's Residential Care	£728,613 (Commitment carried forward from 20/21)	£636,791
Funding for Increased Accessibility including Sheltered/Supported Schemes	£863,083 (Including commitment carried forward from 20/21)	£374,474
Total	**£5,823,736**	**£5,018,740***

*Figures provisional to be confirmed at year end

DFG and Rapid Adaption Grants Performance

3.4 Appendix 1 shows the performance for quarters 1 – 4 2021/22 for the Adaptations Service which forms the basis of the Key Performance Indicators (KPI) agreed. This report also highlights and updates for information the other work which is ongoing in relation to the pooled funding and innovative approaches to increasing both the supply and accessibility of accommodation, all which have previously been reported and supported by the Joint Health and Care Commissioning Executive Group (JHCCEG).

3.5 There continues to be a robust performance in the processing of DFG applications despite having to manage the impacts of Covid-19. For Major DFG's, 100% have completed within the KPI target (12 months from approval) and the Service has also exceeded its target of 2550 adaptations (Major and Minor) delivered by the Service per year with a total for Q1-4 21/22 of 2750.

3.6 Regarding the performance of Rapid Adaptation Grants completed within the 50 days, the Team continues to identify issues that are current barriers to the service and are actively addressing these. Performance this year has been affected by contractor capacity issues but through project and contract management this has seen an increase in contractor capacity with has seen better performance in Quarter 2 and further improvement in Q3. The Council's lifting solutions contractor continues to experience significant difficulties with its suppliers manifesting in delays with lift and associated parts delivery and installation leading to a drop off in the number of cases delivered within target in Q4. However, the Council continues to work with the Lifting Solutions contractor to overcome these issues with the aim of improving performance over the next few months while the contract is re-tendered. This exercise will be used as an opportunity to improve the offer and its delivery. The Rapid Adaptation Team has also changed processes with its continuous service improvement approach, which has seen a significant increase in spend on these grants this year.

3.7 The performance for Minor Grants in Quarters 1-4 (grab rails and stair rails) has continued the robust performance seen in the previous year. Minor works grants for Hospital discharge cases have remained strong over the year with a slight drop off in Q4 due to staff absences but the 90% target for non-urgent grants has been exceeded.

3.8 In the case of Major/Minors, (prefabricated and specialist rails and equipment) performance has increased from 68% in the second quarter to 92% in Q4. Following a service restructure, we have been able to review and alter processes as well as closer monitoring the performance of this work which has increased considerably over the last 2 Quarters.

Time Critical Adaptation Grant (TCAG)

3.9 During 2021/22 the Service received 50 referrals for TCAG assistance which aims to fast track more significant adaptations for those who are receiving end of life care, or those who would otherwise be unable to be discharged from hospital. Of the 50 cases, 23 were Motor Neurone Disease (MND) cases, 22 Palliative Care and enabling 5 Discharge from Hospital or other settings. Works required have ranged from assisting a client to have their ground floor accommodation remodelled so they can live on one level, or by building an extension, install of a vertical lift, ramp etc through to the more common adaptation provision of a stairlift and/or level access shower.

3.10 The Service continues to receive more referrals than anticipated. Over the first 12 months 12 cases were completed and 9 are with contractors for delivery, 5 are receiving support with rehousing and 15 cases were closed (closed mostly due to client passing away or the client or property owner refusing works). 9 cases are at application stage, and none are awaiting an OT (Occupational Therapist) assessment. Clients are sometimes unable to come to terms with their end-of-life diagnosis until they are too ill for adaptations to be beneficial. The Adaptations Service continue to work closely with the MND Association through the Counselling and MND Key Worker with the aim of starting a conversation regarding adaptations with the clients they are working with much sooner following diagnosis; and encourage vulnerable clients to accept appropriate adaptations ahead of known need to avert crisis point. There has been some development of this aim and increased understanding around communication of appropriate scheme options with clients and their families at an early stage through training and review of cases in progress in partnership with the Major Adaptations Team Leader. This work will continue to be developed and refined throughout the next 12 months with the aim of reducing the number of cases that were closed due to owners refusing works and refining the offer so clients can be assisted sooner in their diagnosis.

3.11 The Adaptation Service has also established closer links with Wirral Hospice St John's in relation to palliative care cases with a view to improving/establishing referral routes, promoting the service and developing improvement around supporting clients and their families as much as possible. This work will continue to be developed over the coming year.

Children's Cases

3.12 It is recognised that Children's Adaptation needs are often complex and wide-ranging around care, adaptation, health, therapy, equipment and the scheme's required to meet these needs are significant, wide ranging and difficult to deliver in relation to existing property footprint, layout, occupancy demands and availability of suitable alternative accommodation.

3.13 Delays in scheme delivery can be experienced for multiple reasons for example due to client expectations, clarity around client need from OTs and changing adaptations needs over time, feasibility assessment as part of options appraisal, landlord consent, wider client need recognition and associated funding packages, timely communication with a wide range of partners and temporary decant requirements which can prove challenging with the scarcity of readily available adapted accommodation.

3.14 Work has been ongoing over the last 3 years in relation to improving case progression and identifying appropriate funding packages at the front end in partnership with Children's Services, the Health Trust and Register Providers (landlords) with the establishment of a Multi-Disciplinary Team (MDT) however further work is required before optimum delivery is achieved.

3.15 Over the next 12 months the MDT will be reviewing its Terms of Reference and it is envisaged that a working group is established to work on case detail ahead of feeding into the MDT for decision making.

3.16 Also the Adaptation Service will be continuing to establish closer working relationships and partnership working with Children's OT Services, to support developing more efficient referral pathways, processes and more consistent communication messages to clients to further improve the customer journey. Initial workshop meetings will be undertaken in the first Quarter of 2022/23.

3.17 **Overall service outputs for Qs 1-4**: -

- 946 application requests were made,
- 492 applications approved (RAG– 356, DFG – 136)
- 475 Adaptations meeting delivery time scales from approval (RAG–342 and DFG – 133)
- 940 cases were completed when the client was at home
- 9 cases when clients were in a Hospital / Community Care setting.

3.18 **Additional Projects currently on site or in development include:**

- 170 accessible homes were delivered, with Alpha Living replacing baths with level access showers in 164 of their apartments. In addition, Wirral Methodist Housing Association are also due to start building six, one bed accessible bungalows which are due to complete in 2022/23.

- In addition to the above units being delivered, there are two further developments which are in the final design stage which will deliver a further 14 new accessible homes during 2022/23 and 2023/24. These homes will consist of one and two bed bungalows and ground floor apartments (one of the bungalows will be able to

accommodate for bariatric cases). The Housing Investment team continue to look for opportunities for additional accessible homes with Registered providers.

- Prevention activity under Heating and Repair work was higher than predicted with 59 completed at year end and a further 16 approved. The original envisaged spend, was reduced from £350,000 in Q2 to £250,000, however the actual spend was £328,057 due to an end of year focus on completing as many cases as possible.

- Works to extend the accommodation at the Willowtree Resource Centre to provide adapted provision for both residential and short break respite care for disabled children is completed.

- The additional OT that has been in post to support the increase in work and backlog of cases arising from the pandemic is due to expire in Q4 and a replacement has been identified so that this post can continue for a further 12 months as current demand for the service remains high. The additional Agency OT post in place to cover a staff absence has been extended to July 2022.

4.0 FINANCIAL IMPLICATIONS

4.1 A total of £5,018,740 Better Care Fund Grant was spent in 2021/22 which included an in-year allocation of £4,723,627 which was all spent and a small carry over from the previous year of projects that completed in 2021/22. The underspend from 2021/22 has been carried forward to 2022/23.

5.0 LEGAL IMPLICATIONS

5.1 Better Care Funding for Disabled Facilities Grants is passported through to Housing Services to deliver Disabled facilities grants and wider activity that supports the BCF Outcomes. This activity is essential in supporting and maintaining sustainable and healthy communities and supports Wirral Council's long-term vision.

5.2 Disabled Facility Grants are a mandatory form of assistance that the Council must offer to disabled residents to enable them to live independently within their home as prescribed in the Housing Grants, Construction and Regeneration Act 1996. The Council can also offer wider assistance to disabled residents providing it meets the objectives of the Better Care Fund using its powers under the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 to help improve the homes of disabled Wirral residents, supporting them to live independently and safely. The Regulatory Reform Order (RRO) gives the Council the power to adopt a Housing Assistance Policy to improve homes in the community across the Wirral Borough to provide financial assistance in a way which best suits local circumstances and the financial resources available.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 The Home Adaptations Service was restructured in September 2021 and most staff are now in place to enable the service to meet the significant demands that have been growing year on year. The service will shortly be moving to a new IT software provider which is likely to impact on service delivery although plans are in place to reduce disruption to a minimum over the next 6 months whilst staff are becoming familiar with the new system.

7.0 RELEVANT RISKS

7.1 An assessment by an Occupational Therapist is the first step to determining what adaptations are required to meet a client's needs. The waiting time for an OT Assessments had slipped significantly during the Covid Pandemic to around 5 months but with an extra staffing resource, improved in Q1 of 2021/22. The satisfactory progress that had been achieved has been set back by long term staff absences in Q3 and Q4 which is being addressed by a temporary Agency OT solution. An experienced Agency OT has now been appointed and commenced assessments in mid-March; we are now starting to see an increase in overall assessments undertaken by the Service, which should continue into 22/23.

7.2 As reported earlier in the report, work undertaken by the new Client Liaison Officers, who undertake proactive contact with customers and their families to progress cases have been successful, but the TCAG have been more resource intensive than envisaged. Intensive support for these end-of-life cases have identified the need for additional capacity to enable the appropriate delivery support from application stage through to completion of the works as well as support to find alternative accommodation where properties can't be adapted. The Council's recruitment panel have authorised the recruitment of an additional temporary Client Liaison Officer to support this, as well as the appointment of a 2-year fixed term Technical Officer.

7.3 The dedicated planning officer allocated for priority DFG cases that require planning consents has not provided all the envisaged improvements yet as the team have been hindered by backlogs within the planning service and their introduction of a new IT system. This work will continue to be closely monitored by the new to post Major Adaptations and Agency Team Leader who is working on this as a priority. Further work has been undertaken by the Adaptation Service and Planning to develop the desired fast track approach; this work and its effectiveness will continue to be monitored as it beds in in 2022/23.

8.0 ENGAGEMENT/CONSULTATION

8.1 The Council's Draft Interim Home Adaptations Assistance Statement was published on the internet earlier this year for consultation and will be reported at the Economy & Regeneration Committee as part of the Council's overall Financial Assistance Policy update later this year.

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 (EIA) is a tool to help Council services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision or activity.

9.2 The work of the Home Adaptation Service is captured in the EIA that was completed for Wirral's Housing Strategy 2016 – 2026 Microsoft Word - Housing Strategy 2016 - 2026 EIA (wirral.gov.uk) and is still valid and no changes to this document are required as a result of this report.

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

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 The Home Adaptations Service is currently working with the Energy Savings Trust and Foundations, the Government Advisory Body for Home Adaptations, to ensure that all properties subject to a major adaptation, also have an energy assessment and receive advice on how to manage their energy bills and how they can increase the energy efficiency of their homes. This project is due to complete in October 2022.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 The Council works with the Chamber of Commerce to promote local builders to carry our home adaptations to build community wealth within Wirral.

REPORT AUTHOR: **Emma Foley**
Senior Manager, Strategic Housing Services
telephone: 0151 691 8198
email: emmafoley@wirral.gov.uk

APPENDICES

Appendix 1 - Adaptations Service Performance for 2021/22 Quarters 1-4

BACKGROUND PAPERS

Disabled Facility Grants (DFG) Guidance for LAs in England - 28 March 2022

https://www.gov.uk/government/publications/disabled-facilities-grant-dfg-delivery-guidance-for-local-authorities-in-england

People at the Heart of Report: Adult Social Care Reform December 2021

https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper/people-at-the-heart-of-care-adult-social-care-reform#correction-slip

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
N/A	

Item Summary	System Support Target	Performance				Supporting Narrative
		Q1	Q2	Q3	Q4	
% Of full application i.e., with all relevant documentation and consents received to approval	Up to 10 days	**100% - DFG 100% - HAG**	**100% - DFG 100% - HAG**	**100% - DFG 100% - HAG**	**100% - DFG 100% - HAG**	Robust performance and activity being delivered.
% Of full applications with all relevant documentation and consents not approved	In excess of 10 days	**0%**	**0%**	**0%**	**0%**	Robust performance and activity delivered
% Of none-means tested (Rapid Adaptation Grants) completed	Up to 50 days	**70%**	**85%**	**92%**	**83%**	Continued improvement in performance from Q1 and of the 17% not in target this was due to client and/or property owner application delays or Council was unable to contact client, discovery, and removal of asbestos, contractor capacity & SL contractor supplier parts & manufacture delays.
% of full means tested DFG completed including full extensions which could be awaiting building control/planning consent etc.	Maximum 12 months from approval – As per DFG legislation	**97%**	**100%**	**100%**	**100%**	Continued robust performance all Works completed within 12 months of approval

%/Number of adaptations that have been completed Major/Minor	Quarterly target 637.5) Major 100%, Minor (Hospital Discharge (HD)) 100% Minor (non-urgent) 90% & Major/minor 100%	**677** **Major 100%** **Minor (HD) 100%** **Minors' Non-urgent 100%** **Major/ minor 67%**	**709** **Major 100%** **Minor (HD) 99%** **Minors' Non-urgent 97%** **Major/ minor 68%**	**652** **Major 100%** **Minor (HD) 100%** **Minor Non-urgent 98.3%** **Major/ minor 90%**	**712** **Major 100%** **Minor HD 95%** **Minor Non-urgent 99%** **Major/ minor 92%**	Q4 total 712 with an annual total of 2750 therefore exceeding annual target of 2550. Robust performance on Major Adaptations DFG Strong performance in minor HD at 95% slight drop off due to staff absence & continued strong performance of non-urgent exceeded 90% target. Major/Minor sustained significant improvement in performance from Q1&2 but slightly below demanding target see below
%/Number of adaptations **not** completed within the agreed timescales (Major/Minor)	Number &% Quarterly report	**Major/minor 33%** **Minor (HD) 0%** **Minors Non-Urgent 0%** **- Major 0%-**	**Major/ minor 32%** **Minor (HD) 1%** **Minors Non-Urgent 3%** **- Major 0%-**	**Major/ minor 10%** **Minor (HD) 0%** **Minor Non-Urgent 1.7%** **- Major 0%**	**Major/ minor 8%** **Minor HD 5%** **Minor Non-Urgent 1%** **Major 0%**	Major/Minors performance has significantly improved from Q1&2; however, some schemes discovered to be not feasible on delivery, continued impact of reduced contractor's capacity, and high demand for the service (see above) Minors HD – **Strong performance but slight drop off due to staff absence** Minors Non-urgent – Strong performance most cases exceeding target were due to client choice on install date.

Table 2 Performance/KPIs

WIRRAL

ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

14th June 2022

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

REPORT SUMMARY

This report provides the Committee with an update on key areas of development in relation to Wirral's COVID-19 response and delivery of the Local Outbreak Management Plan, as well as the Wirral Plan 2021 - 2026.

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

RECOMMENDATION/S

The Adult Social Care and Public Health Committee is recommended to note the contents of the report and the progress made to date in the continued COVID-19 response, and the wider emerging health protection priorities and plans to protect the health of Wirral residents.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 This report gives an overview of how Wirral Council will continue to work with partners to Keep Wirral Well and protect residents from the impact of COVID-19, and other health protection threats.

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 and protect Wirral residents from other infectious diseases and environmental hazards. 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 Delivery of Wirral's Local Outbreak Management Plan

In May 2020, Wirral published its initial Local Outbreak Management Plan in response to the COVID-19 pandemic.

The Local Outbreak Management Plan sets out how we 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.

The Local Outbreak Management Plan was updated throughout the various phases of the pandemic, highlighting the progress made to date along with a revised strategy for how the Council and local partners will continue to protect our communities from the impacts of COVID-19 as well as the wider effects on the health, wellbeing and livelihoods of Wirral residents. The plan can be found on the Wirral Council website: Wirral Local Outbreak Management Plan.

A summary of key progress against these priority actions outlined within the Local Outbreak Management Plan is provided in Appendix 1 of this report.

3.2 Learning to Live Safely and Fairly with COVID-19

The Prime Minister's announcement on 21 February 2022 set out how we will live safely with COVID-19. With the Government's plan for removing the remaining legal restrictions, the focus is to protect people most vulnerable to COVID-19 and maintain resilience, with the following objectives:

- Living with COVID-19 – moving to managing COVID-19 through advice and guidance, enabling people to make choices and assess individual risk.

- Protect those at high risk from COVID-19 – focus on protecting people and settings at high risk from COVID-19, ensuring we control outbreaks in vulnerable settings and supporting delivery of antivirals.
- Resilience and contingency – deliver effective surveillance to monitor the epidemiology and detect/assess new variants, retaining a proportionate test, trace, data, logistics and skills infrastructure to be able to scale up in the event of future COVID-19 wave.

A national Contingency framework is anticipated to inform and guide the ongoing response and plans for future surge preparedness. Locally, work is ongoing to review and update our continued local response to:

- Shift the focus from breaking every chain of transmission to protecting those most vulnerable and at risk.
- Manage COVID-19 locally as part of a wider all hazards approach, using existing health protection frameworks.
- Ensure we retain local capacity and contingency capabilities to deal with future uncertainty and a range of scenarios for the pandemic.

3.3 Wirral's Local Outbreak Management: priorities for a local response:

- To continue COVID-19 outbreak management in high-risk settings to reduce the risk to vulnerable people within these settings. This will include working proactively with such settings to reduce the risk of importation and spread of COVID-19.
- To support COVID-19 outbreak investigation and management in other settings when needed to protect public health, alongside other respiratory illnesses.
- To support a range of settings to reduce the risk of, and to manage, COVID-19 outbreaks as part of usual practice, now including COVID-19 alongside other respiratory illnesses.
- Community engagement to support public health messaging and behaviour change including working with local partners, employers and with vulnerable people in their community through tailored and targeted communication. This includes continuing to promote positive behaviours that can reduce the transmission of respiratory and other viruses.

3.4 Wirral Health Protection Board

As we move into the next phase of the pandemic and out of emergency response mode the Outbreak Control cell has been stood down and we have re-established the Wirral Health Protection Board. The multi-agency Health Protection Board will be responsible for the oversight of health protection arrangements in Wirral and provide assurance to the Health and Wellbeing Board that there are safe, effective, integrated arrangements and plans in place across the borough to protect the health of the population and to reduce health inequalities.

The scope of health protection issues to be considered by the Board include:

- The prevention and control of infectious diseases including COVID-19;
- Increasing vaccination uptake (COVID-19, Flu and wider immunisation programmes);
- Tackling antimicrobial resistance (AMR);
- Reducing healthcare associated infections;
- Improving infection prevention and control
- Strengthening preparedness and emergency planning;
- Protecting Wirral communities from environmental hazards (air quality, contaminated land, climate change).

3.5 Wirral's Health Protection Service

COVID-19, alongside the threat of other infectious diseases, requires a resilient local approach that is flexible and adaptable. There is a need locally for contingency and winter planning, local surge capacity and assurance around business continuity, involving collaboration with internal and external specialist services and partners as one Health Protection Service.

Work is underway to review, re-shape and transition the existing Local Outbreak Hub to a Health Protection Delivery Service by September 2022, supporting and building upon Living Safely and Fairly with Covid-19 and wider public health priorities. Further details of this new service will be brought to a future committee.

The Local Outbreak Hub has already started working beyond the direct COVID-19 response across the wider Wirral health protection priorities, examples of work undertaken to date is included within Appendix 2.

4.0 FINANCIAL IMPLICATIONS

4.1 The delivery of the Local Outbreak Management Plan has been funded via national grant funding with the prime funding source being the Contain Outbreak Management Fund (COMF). During the period of June 2020 to March 2022, Wirral was allocated a total of £14,784,032, £6,817,546 of which was received in March 2021.

In addition to COMF, Wirral has received funding for the delivery of Targeted Community Testing. The total for the financial year 2021-2022 was £2,331,187. On 21st February 2022, the Government announced that the Community Testing programme would conclude from 31st March 2022.

To date, oversight of the funding for the local outbreak response took place at the COVID-19 Outbreak Strategic Control Cell. A COMF Working Group was then established in late 2021 to steer further investment to support local communities.

In late December 2021, it was announced that previously received COMF allocations could be carried forward to be used during 2022-2023. No additional funding has been provided for the budget year 2022-2023.

Overview of COMF Spend, 2020 - 2022

Contain Outbreak Management Fund Areas of Spend	Planned Spend
Hub Operations	£3,175,107
Community Engagement	£3,679,932
Infection Prevention Control Service	£555,106
Communications	£517,974
Supporting Educational Settings	£475,695
Supporting Housing & Homeless Services	£795,910
Regional Test and Trace Hub	£390,246
Vaccination & Testing	£382,294
Intelligence	£209,646
Renewal & Resilience	£4,602,122
TOTAL	**£14,784,032**

5.0 LEGAL IMPLICATIONS

5.1 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, sits 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 UK Health Security Agency (formerly Public Heath 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. The Council continues to engage with a wide range of stakeholders regarding the future local health protection response.

9.0 EQUALITY IMPLICATIONS

9.1 Wirral Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. An Equality Impact Assessment is a tool to help council services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision or activity. Equality considerations were a key component of the actions noted in 3.5 of this report, however there are no further direct equality implications arising.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

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

11.0 COMMUNITY WEALTH IMPLICATIONS

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

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

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

REPORT AUTHOR: **Julie Webster**
Director of Public Health
Wirral Council
juliewebster@wirral.gov.uk

APPENDICES

Appendix 1 - Wirral Response to COVID-19
Appendix 2: Wider Health Protection Work

BACKGROUND PAPERS

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
Adult Social Care and Public Health Committee	29th July 2021
Adult Social Care and Public Health Committee	23rd September 2021
Adult Social Care and Public Health Committee	13th October 2021
Adult Social Care and Public Health Committee	16th November 2021
Adult Social Care and Public Health Committee	25th January 2022
Adult Social Care and Public Health Committee	3rd March 2022

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Appendix 1: Local Outbreak Management Plan Priorities, Progress to Date and Future Plans, June 2022

Local Outbreak Management Plan Priorities
1) Effective Surveillance *Ensure access to timely local data and intelligence to inform local activity to prevent and manage outbreaks.*
Daily multi-agency surveillance meetings continue to be held locally in order to understand the epidemiology of current situations and to appropriately direct prevention and control measures, community engagement activity and target communications. Although some aspects of the UK Health Security Agency (UKHSA) Situational Explorer Portal have been withdrawn following changes nationally, we continue to use daily case data and local intelligence to identify likely transmission hotspots and multiple cases at high-risk settings. Regular OIRR (Outbreak Identification and Rapid Response) review around this data continues to be undertaken on a daily basis to identify organisations that may require local support. We continue to utilise a local surveillance system to capture timely local outbreak data and provide support to a variety of settings through Wirral's Outbreak 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 – with the system scope now broadened to capture details of other infections alongside COVID-19. The Hub's prioritisation criteria continues to be reviewed in response to changes in national legislation and changes in guidance, to ensure capacity is well utilised and directed to support the highest risk settings. Wirral has also been involved in a number of pilot developments around the Microsoft Dynamics system, including utilisation of the platform for vaccine tracing and welfare support. In collaboration with Wirral CCG colleagues, we have also utilised local intelligence to allow us to identify inequalities in vaccination uptake which has allowed further targeted engagement to take place. This process has proved particularly valuable in supporting social care settings to encourage staff vaccination. We will continue to ensure soft intelligence and community engagement feedback is reviewed in conjunction with quantitative data to direct resources appropriately.
2) Engagement and Communication *Build trust and participation through effective community engagement and communication.*
Colleagues across the Council's intelligence, engagement and communications continue to meet monthly to plan and review activity, examining data, setting parameters for engagement and feeding back insight to inform local and targeted communications messaging. These meetings are also attended by NHS Wirral CCG and third sector representatives to ensure a whole system approach to community engagement.

Wirral's Community Champions network has enlisted 721 local people, with recent improvements to the regular newsletter meaning that it is now easier for the Champions to access and utilise COVID-19 resources.

An evaluation of the Community Champions programme was initiated in Summer 2021, facilitated by Hitch Marketing, as part of the LGA behavioural science project evaluating the effectiveness of the Council's Community Champions role in affecting behaviour change. As COVID-19 restrictions came to an end in April 2022, the programme was reviewed, and a final survey was circulated to the network of Champions to gain insight on their thoughts as well as communicating the long-term goal to continue to build relationships and networks across the borough. 104 Community Champions responded, with some incredibly valuable and positive feedback about the impact of the programme to date. A follow up survey will also be promoted to the general public around behaviours relating to COVID-19. More information on the Community Champions Programme can be found here: Keep Wirral Well during COVID-19 | www.wirral.gov.uk

3) Higher-Risk Settings, Communities and Locations
Identify and support high risk workplaces, locations and communities to prevent and manage outbreaks.

The Local Outbreak Hub continues to work closely with local partners to prevent and manage outbreaks in high-risk settings with a robust daily review process and use of local intelligence to proactively target settings at higher risk of outbreaks.

The Hub works in close partnership with Wirral Intelligence Service and community Infection Prevention and Control (IPC) colleagues to ensure positive cases at health and social care settings are identified and supported at the earliest opportunity. In addition to daily case management meetings which act as an opportunity to discuss cases with IPC colleagues, the Hub team continue to support IPC by providing guidance and advice to domiciliary care providers across the Borough.

The Hub School Support service continues to work with Children's Services to provide dedicated support for educational settings in managing COVID-19. Due to recent changes in national guidance resulting in reduced demand, the telephone school support line was stood down on 11th May 2022 – however support continues to be available to educational settings through a monitored mailbox. Since the start of the new school term in September 2021, 532 advice requests and case notifications from educational settings have been managed by the COVID-19 Hub (as at 19/05/22); with the team assisting school settings with a range of support measures from additional controls, to helping reduce transmission, to testing advice. Special Educational Needs and Disabilities (SEND) Schools continue to be supported via the UKHSA escalation process.

The Hub's engagement team continue to meet regularly with stakeholders from across the borough, attending Council meetings as well as partner forums such as the Youth Collective Forum and Digital Enablement and Choice Group to gain insight and promote key messages.

Having undertaken proactive work with businesses and other organisations in early 2022, the Hub's Prevention and Control team have built strong relationships with several local employers and close contact businesses. This proactive support and advice has enabled these organisations to continue to work safely and autonomously, with a number still contacting the Hub to request additional support where required.

There is a co-ordinated 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 continue to 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.

4) Supporting vulnerable and underserved communities
Proactively support individuals and communities, ensuring services across test, trace, isolate and support systems are accessible and meet the diverse needs of our local communities.

We have maintained excellent community links with over 100 local community groups and organisations throughout the pandemic. The Humanitarian partnership established at the outset of the pandemic has proven extremely valuable in connecting people and providing support for our clinically extremely vulnerable residents. The COVID-19 Humanitarian Cell continues to operate as the Community, Voluntary and Faith Sector Forum – maintaining a focus on how individuals and communities can continue to be supported whilst 'Living with COVID-19'.

The COVID-19 Hub's Engagement Team has continued to focus on digital enablement for those members of the community who are excluded, working with voluntary, community, faith and social enterprise representatives as well as the health sector to deliver a joined up digital support offer. We continue to work with under-represented and disproportionately impacted groups to promote and ensure ease of access to health and social care support. The team of Black and Ethnic Minority Link workers are proactively supporting our local ethnic minority communities and working with local leaders to tackle vaccine hesitancy and promote key messages around health protection.

We plan to maintain communication with our clinically extremely vulnerable residents and continue to ensure that they can access a wide range of support where required. In addition to this, we will be conducting a comprehensive asset mapping exercise of all local areas to ensure that Wirral Infobank (https://www.wirralinfobank.co.uk/) contains most relevant and up to date information for residents to access for support.

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 rollout of the COVID-19 vaccination programme in Wirral.

As of 18th May 2022, 84.6% of the eligible population of Wirral had received the 1st dose of the vaccine, with 80.5% having received both doses. 82.8% have received their booster vaccine (Eligible numbers for the booster vaccine include all residents aged 18+ who are more than 3 months from the date of their 2nd vaccination).

To ensure the vaccine is targeted and uptake is maximised in areas of deprivation and groups at increased risk of illness and mortality actions are coproduced based on local and national data, insight and evidence. The plans continue to reflect the needs of the local community, the socially excluded and socio-economically disadvantaged and those with protected characteristics. Collaboration will continue with key partners to continue to offer first, second dose and booster vaccination to all eligible residents. Broader efforts to increase overall uptake across all cohorts will include walk in appointments and targeted communications as part of the NHS 'Evergreen' offer.

The Public Health team are working with NHS partners and other Council colleagues to develop a regular planned outreach vaccination programme, building on the learning from the summer outreach and pop-up vaccination clinics. These will take place in settings such as retail, sport and leisure, with walk-in vaccinations available. Sessions will take place at varying times and days to ensure a flexible offer for residents. Outreach will be continuously evaluated to ensure that plans are meeting the needs of the borough. Targeted communications and engagement are underway through the Council, CCG and partners, including engagement in local areas in advance of the pop-up sessions to market the offer to local people.

The Council has worked in collaboration with Wirral CCG to establish a vaccine tracing programme to provide enhanced support to Primary Care Networks (PCNs) from the Local Outbreak Hub Team. The Hub have received training to support the follow up with eligible patients who are recorded as being unvaccinated and to target those unvaccinated residents who are most vulnerable. This programme is a 'call and follow up' model, with patients prioritised by cohort, and a holistic wellbeing approach to calls being implemented. The Hub team have been able to make direct bookings for patients, as well as providing further information and guidance to those who are nervous about receiving the vaccine – in addition to identifying and resolving access barriers.

The Council-led programme went 'live' on 4th April 2022, with a project team, including CCG and social prescribing leads, established to oversee the mobilisation and roll out of the pilot. Vaccine Tracing calls are currently being prioritised by vulnerability – starting with those patients who are 65+ with long term conditions and co-morbidities, focusing initially on the 5 wards with lowest vaccination uptake. This is a complex cohort of patients.

In April 2022, 2,021 people were called by the team with 1,280 of these calls answered. Of the answered calls, 21 patients made an appointment over the

phone for a vaccination, 39 agreed to book themselves or attend a walk-in clinic and 8 requested a home visit. Alongside this, 24 people requested further information on the vaccine or their own specific concerns and received support from the Hub team.

The following table summarises the COVID-19 vaccination uptake across staff working in Wirral's CQC registered care homes, as of 19th May 2022. Work is ongoing to continue to increase uptake for this cohort.

Total Staff 3806			Total Agency/Bank Staff 150		
1st Dose	2nd Dose	Booster	1st Dose	2nd Dose	Booster
3,728 98.0%	3,709 97.5%	1,981 52.0%	105 70.0%	100 66.7%	34 22.7%

6) Testing

Identify cases of COVID-19 by ensuring access to testing for those with and without symptoms and for outbreak management.

In February 2022, national government announced the conclusion of the Targeted Community Testing programme which had been operational since December 2020 in Wirral following the setup and handover from the military personnel. With the end of the national programme, funding and test kit supply on 31st March 2022, Wirral's Community Testing Service concluded, carrying out the last assisted asymptomatic tests and distributing home test kits to residents and communities from various locations.

Wirral's testing service has effectively managed local capacity for Lateral Flow and PCR testing for the most vulnerable and high-risk cohorts during a period of significant increased demand, helping to ensure essential workers were prioritised and to manage local supply, due to national shortage/delays. Care homes and NHS partners were supported by the Council's local testing service to supply required test kits to help keep staff and residents safe. Local large clusters and outbreaks were contained by a responsive local testing service, carrying out testing on location to help identify cases, and break chains of transmission.

Between December 2020 and March 2022, Wirral's Community Testing team have carried out 183,655 assisted tests and distributed 2,144,363 test kits – breaking the chains of transmission, reducing the spread of infection, and saving lives in the borough.

7) Contact Tracing

Effectively deploy local contact tracing to reduce the onward transmission of COVID-19.

Local Contact Tracing has now ceased as a result of changes in the national COVID-19 response and transition into the Living with COVID-19 plan, however

welfare calls to positive cases continue to be undertaken by the Local Outbreak Hub team.

All established local contact tracing governance and operational processes are documented as part of the Hub's Standard Operating Procedures (SOP) and could therefore be quickly and effectively re-implemented, in the event of a surge requirement in the future.

Wirral's contact tracing performance summary between October 2020 and March 2022 highlights the impact of the local team, with 77,746 (83.1%) of Wirral's total cases of COVID-19 completing their contact tracing journey.

8) Support for Self-Isolation

Ensure access to support, including where appropriate financial support, to ensure people who need to self-isolate can do so.

Despite changes to national legislation around contact tracing and self-isolation, the Local Outbreak Hub has continued to proactively support local people who are self-isolating because of a positive test, with case data shared through Wirral Intelligence Service (WIS). Practical support continues to be available for residents that are self-isolating via the Community Connectors.

In April 2022, 204 positive local cases were successfully contacted, with 40 people declaring a support need to the local contact tracing team – some cases were given direct advice and signposting around support to isolate with others being referred to the Community Connector Team. Of the 40 cases declaring a support need, 34 went on to receive assistance following triage, predominantly with shopping assistance, fuel support and prescription delivery.

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.

Local outbreak and consequence management processes are now well established and continue to reflect the increased transmissibility of the Omicron variant by triggering a multi-agency response where required in order to put actions into place as quickly as possible to control and manage the virus. These processes have been retained despite the change in national guidance and escalation processes to UKHSA contacts, the Department of Health and Social Care and North-West local authority colleagues are in place, to ensure we have the most effective 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 Local Outbreak Hub and local Environmental Health and Enforcement teams, to promote and support safe working practices across Wirral. We have monitored the operations and compliance of local businesses including responding to reports of non-compliance across hospitality, close contact services, supermarkets, retail, and other premises.

As legislation changes, we move to increased emphasis on personal responsibility and health and safety requirements, as well as the continued importance of a risk-based approach to learning to live and operate safely during COVID-19 and being prepared to adjust plans if necessary.

Council Health and Safety, HR, Enforcement, Licensing and Communications teams, as well as wider partners continue to work with the Local Outbreak Hub to promote awareness for residents, staff, businesses, community groups, around the importance of maintaining up to date health and safety risk assessments that are regularly reviewed, to ensure safe working environments.

11) Governance, accountability, and resourcing

Establish robust governance structures for decision making with clear accountability and effective resource use.

We will continue to actively participate across the Liverpool City Region and Cheshire & Merseyside forums to work collaboratively, and share learning and best practice, as requirements of the COVID-19 response have evolved.

Plans are in place for the Wirral COVID-19 Hub to be retained until September 2022, with a restructured Health Protection service in place post-September in order to build resilience in our experienced and established local teams. We plan to keep our local capacity and capabilities under constant review, as well as continuing daily intelligence monitoring and taking a flexible and agile approach, to ensure we have a sustainable local system throughout the next phase of the pandemic.

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Appendix 2: Wider Health Protection Work

Below are examples of the proactive and preventative work undertaken to date by the Wirral Outbreak Hub team beyond the direct COVID-19 response, across the wider Wirral health protection priorities.

Vaccine Tracing

Vaccine Tracing calls are being carried out by the team. Line lists are provided to the team prioritised by vulnerability – starting with those patients who are 65+ with long term conditions and co-morbidities, focusing initially on the 5 wards with lowest vaccination uptake.

Supporting Environmental Health colleagues in undertaking Alternative Enforcement Strategy AES (Food Hygiene Project)

This project aims to focus specialist environmental health resources on those food businesses which present the greatest risk by utilising Hub colleagues to undertake inspection questionnaires for completion with low-risk businesses over the telephone. As of the 27th May the team have undertaken 246 AES interventions with low-risk food businesses. This has ensured that local businesses have the most up to date information about food handling operations therefore reducing the number of on-site inspections that may need to take place.

Kinder Chocolate / Salmonella Outbreak

Creating joint working opportunities, the team are providing support to Environmental Health by undertaking spot checks of local food premises in respect of the Salmonella Typhimurium outbreak associated with Kinder Chocolate. The Food Standards Authority (FSA) are suggesting that there may still be products on the shelves in retail shops which should have been withdrawn/recalled.

Nationally children have been unwell and some hospitalised as a result of the outbreak and the FSA are therefore asking that we undertake checks within retail premises. The team have visited nearly 300 local businesses and found recalled products within 64 of these premises. Following the visit the product was removed from sale.

TB Project, “Not Every cough is Covid”

Since April 2022, the hub team are carrying out this project in order to raise awareness of TB, including advising on the common symptoms and the actions to prevent, control and treat the infection. This involves contacting hostels and high-risk housing settings as well as third sector organisations, who support vulnerable people who may be more at risk of contracting TB. An initial email is sent out to managers of settings to introduce the project and give an overview of TB which is then followed up by a call from the team to complete a pro forma to gather further information on the setting and their current knowledge and practices around TB.

Welfare calls

There is no longer a legal requirement for people with coronavirus (COVID-19) infection to self-isolate, however the public health advice is to stay at home and avoid contact with other people if you have any of the main symptoms of COVID-19 or a positive test result. In order to support and encourage Wirral residents to stay at home, the contract tracing team has been undertaking welfare calls. The service has been provided by the team since April 2021 and it has changed its scope to be in line with new 'Living with Covid' guidance.

Improving hydration to reduce avoidable urinary tract infections, inappropriate antibiotic prescribing and hospital admissions among local vulnerable residents.

Wirral CCG are high prescribers of antibiotics for urinary tract infection (UTI), while also having one of the highest (5th) UTI admissions rates in England. The team are working in partnership with Antimicrobial Stewardship Lead and Community Infection Prevention and Control team to deliver a Hydration project across Wirral. The aim is to increase awareness of dehydration and improve hydration, particularly among elderly people. Keeping hydrated is a simple way to decrease the risk of Urinary Tract Infections. The project is expected to be run during summer and target settings such as day centres, retirement houses and third sector organisations.

WIRRAL

ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Tuesday, 14 June 2022

REPORT TITLE:	**ADULT SOCIAL CARE – ANNUAL COMPLAINTS REPORT 2020/2021**
REPORT OF:	**DIRECTOR OF CARE AND HEALTH**

REPORT SUMMARY

It is a statutory requirement for the Council to produce an Annual Report about complaints made by, or on behalf of people who receive support or services from Adult Social Care. The Annual Report also provides a mechanism by which the Council can monitor the quality and effectiveness of our services.

This report provides an overview and analysis of all complaints received during the reporting period 1 April 2020 to 31 March 2021 including:

- Numbers of complaints received
- Key themes
- Responding to complaints (including performance data against statutory requirements)
- Overview of complaints escalated to the Local Government and Social Care Ombudsman

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

This report supports the delivery of the Wirral Plan 2021-2026 and is linked to the following themes of the Plan:

- Brighter Futures
- Safe and Pleasant Communities
- Active and Healthy Lives

The report will be shared on the Council's website for the public to view.

RECOMMENDATION/S

The Adult Social Care and Public Health Committee is recommended to consider the contents of the Annual Complaints Report (Appendix 1) relating to statutory Adult Social Care service delivery.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 Members are asked to note the contents of the report. The Report will be shared on the Council's website for the public to view, which is a statutory requirement.

2.0 OTHER OPTIONS CONSIDERED

2.1 Not to produce an annual complaints report. However, it is a statutory requirement to do so.

3.0 BACKGROUND INFORMATION

3.1 The Report is attached as Appendix 1. The report provides an overview and analysis of all complaints received during the reporting period 1 April 2020 to 31 March 2021 including:

- Numbers of complaints received
- Key themes
- Responding to complaints (including performance data against statutory requirements)
- Overview of complaints escalated to the Local Government and Social Care Ombudsman

3.2 The report also describes the process followed for complaints made about commissioned Care Providers, as there are different routes for complainants to consider when raising their concerns.

4.0 FINANCIAL IMPLICATIONS

4.1 There are no financial implications arising from the report.

5.0 LEGAL IMPLICATIONS

5.1 It is a statutory requirement for the Council to produce an Annual Complaints Report.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 There are no resource implications arising from the report.

7.0 RELEVANT RISKS

7.1 There is the potential risk of media interest from publishing the report. At the time of writing, there are no known risks associated to this report.

8.0 ENGAGEMENT/CONSULTATION

8.1 There has been no reason to engage/consult as part of this report.

9.0 EQUALITY IMPLICATIONS

9.1 The report has no direct equality implications.

9.2 The appendix may not be suitable to view for people with disabilities, users of Assistive Technology or mobile phone devices. Please contact the report author if you would like this document in an accessible format.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 There are no environment or climate implications arising from the report.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 Effective and well monitored Adult Social Care services have an overall positive impact on the people of Wirral.

REPORT AUTHOR: ***Jen Millward***
(Interim Complaints Resolution and Information Manager – Adult Social Care)
Telephone: (0151 666 4810)
E-mail: jennymillward@wirral.gov.uk

APPENDICES

Appendix 1 Adult Social Care – Annual Complaints Report 2020/2021

BACKGROUND PAPERS

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, which places a requirement on the Local Authority to produce and make available an Annual Report can be accessed using the link below:
https://www.legislation.gov.uk/uksi/2009/309/pdfs/uksi_20090309_en.pdf

Complaints and Compliments about Adult Social Services - https://www.wirral.gov.uk/about-council/complaints/complaints-about-adult-social-services

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Public Health Committee – Annual Complaints Report 2019/20	18 January 2021
Adult Care and Health Overview and Scrutiny Committee – Annual Complaints Report 2018/19	21 January 2020
Adult Care and Health Overview and Scrutiny Committee – Annual Complaints Report 2017/18	27 November 2018

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Adult Social Care

Annual Complaints Report

April 2020 - March 2021

Contents **Page No:**

1. Executive Summary

1.1 It is a statutory requirement to produce an Annual Report about complaints made by, or on behalf of people who receive support or services from Adult Social Care. This Annual Report also provides a mechanism by which the Council can monitor the quality and effectiveness of services.

1.2 This report provides an overview and analysis of all complaints received by the Council's Adult Social Care Complaints Team during the reporting period 1 April 2020 to 31 March 2021; including a summary of identified issues. Comparisons from the previous reporting period, i.e. from 1 April 2019 to 31 March 2020, have been included where available.

1.3 The report will be published on the Council's website, and made available to managers and staff, elected members, residents, and inspection bodies.

1.4 Under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, it is a statutory requirement to produce an Annual Report which provides information on the quantity of the complaints received and the performance of the complaint's response.

1.5 The regulations advise that each complaint will be acknowledged within 3 days and complainants will be informed of the expected timescale at the outset. In all cases complaints should be dealt with expediently however, some complaints of a more complex nature will require more time to investigate and resolve. The maximum amount of time allowed to deal with any complaint is six months. Investigations will be conducted in an impartial, reasonable and proportionate manner. Full regard will be taken of the desired outcomes of the complainant. Where mistakes have been made, we will acknowledge them, apologise, and seek to rectify the situation, by a prompt, appropriate and proportionate remedy.

1.6 Complaints should be managed effectively at all stages of the procedure by having clear and straightforward systems in place to capture them. Processes for making a complaint should be readily accessible to all clients, and decisions taken as quickly as possible. Where fault is found, lessons learnt should be recorded and shared with the relevant service area. This will allow for any necessary improvements to be made. We also seek to use our intelligence to work with operational teams to reduce the level of dissatisfaction occurring.

1.7 In June 2017, the Council formally integrated some of its Adult Social Care assessment and support planning services with Wirral Community Health and Care NHS Foundation Trust (WCHC). This resulted in some Council staff like Social Workers and Care Navigators moving over to work for WCHC. In August 2018, the second phase of integration took place and the remaining Adult Social Care assessment and support planning services formally transferred to Cheshire and Wirral Partnership NHS Foundation Trust (CWP). Following both stages of integration, complainants now have the option to raise their complaint with either the Council or the relevant NHS Trust. These significant changes have had an impact on the level of complaints made to the Council in relation to Adult Social Care.

1.8 The complaints shared directly with the relevant NHS Trusts are reported to the Council through contractual meetings and inform practice improvement in the same way, had they been received by the Council. There is a requirement for our Social Work colleagues in WCHC and CWP to produce Annual Reports detailing the numbers of complaints received and how they were managed. Copies of these reports are available by request directly from our NHS partners.

1.9 From March 2020, the Council opted to pause/close some services which allowed staff to assist with pressures caused by the pandemic. The Complaints Team remained operational throughout this difficult time.

2. Background – Statutory Complaints Procedure

2.1 A complaint is defined as any expression of dissatisfaction about the exercise of Adult Social Care functions that requires a response. Complaints that are made orally and can be resolved on the same working day may be excluded from the procedures; all other complaints are dealt with through the complaints policy.

2.2 Complaints must be made by an eligible person. An eligible person is either:

i. a person who receives services or may be eligible to receive services
ii. a person who is affected, or likely to be affected by the action, omission or decision of the Department, or;
iii. a person with sufficient interest or consent acting on behalf of a person described in (i) & (ii).

2.3 A complaint must be made within 12 months of the event complained about or from the time the complainant became aware of the concern. This timeframe may be extended at the discretion of the Complaints Manager, if the complainant is able to demonstrate a good reason as to why the concerns have not been raised at an earlier stage.

2.4 Commissioned services are services provided by an external company or voluntary agency on behalf of the Council. Complaints about commissioned services can be made direct to the Council or to the Provider. Complaints made to the Provider can subsequently be referred to the Council for consideration if the complainant is not satisfied. If the Provider escalates a complaint through its internal complaints procedure, the complainant (if dissatisfied) can then forward their complaint direct to the Local Government and Social Care Ombudsman (LGSCO). It is relevant to note that the Council may have no knowledge of the complaint until contact from the LGSCO is received.

Stage One – Local Resolution Stage

2.5 This stage provides the opportunity for managers and staff who have responsibility for the case to try and resolve issues of dissatisfaction at a local level, as early as possible. The Complaints Team provides support and guidance to both the complainant and the service manager, to help achieve early resolution. Where failings have been identified, the Team will work to ensure that matters are

put right quickly with lessons learned captured, feeding this intelligence back into the relevant service areas to ensure improvements are made. The timescale for resolving these complaints is 25 working days. Dependent on the complexity of the complaint, the Complaints Team will arrange a meeting with the complainant and a senior officer to explore the concerns raised.

Local Government and Social Care Ombudsman (LGSCO) Stage

2.6 If a complainant remains dissatisfied after receiving a response to their complaint, they can forward their complaint to the Ombudsman. A complainant can access the LGSCO at any point; but the service normally provides the Council with the opportunity to process the complaint through the statutory procedure before dealing with the complaint. The LGSCO has a two staged approach to complaints received. The first being the Enquiry Stage, whereby the Ombudsman review the complaint and request some initial information (Council's final response letter and any other key information) usually with a timescale of 3/4 days. Following a review, the LGSCO then either escalate the complaint to an Investigation Stage or close the complaint. The reasons for closure may include, a late referral (i.e. over 12 months old) or that they are satisfied the Council has managed the complaint. If the LGSCO has chosen to investigate the complaint, the timescale for responding to the investigation is usually 28 calendar days, which the Council is required to adhere.

3. How to make a complaint

3.1 It is recognised that making a complaint can be a stressful experience. The Complaints Team seek to minimise this stress and wish to make it as easy as possible to make a complaint. The Team encourage any client who has a concern to first speak to a member of staff in the relevant service area. If the problem can be solved on the spot there is no need for the issue to go through the formal complaints process. However, if the complaint cannot be dealt with immediately or the client wishes to have a formal response, they can do so:

- By email - dasscomplaints@wirral.gov.uk
- By telephone – 0151 666 4810
- In person
- By letter to the:

Complaints Resolution and Information Team (Adult Social Care), Wirral Council, PO Box 290, Brighton Street, Wallasey, Wirral, CH27 9FQ

Full details can be found at:
http://www.wirral.gov.uk/about-council/complaints/complaints-about-adult-social-services

4. Advocacy

4.1 Advocacy, in its broader sense, is about empowering people to make sure that their rights are respected. It is also paramount that individual's views and wishes are fully considered and reflected in decision-making about their own lives. In general, where clients or carers wish to use an advocate, the Council has commissioned an organisation called Ncompass. This company provides free, confidential and independent advocacy to people who use care and community services in Wirral. Alternatively, people can contact a relevant disability or carers organisation for assistance; such as Age UK, Learning Disability Experience or Carers UK. The Complaints Team will advise complainants of the option of advocacy support. The Team can also make direct referrals for advocacy on cases which it is felt would benefit from such support (consent would be required).

5. Confidentiality

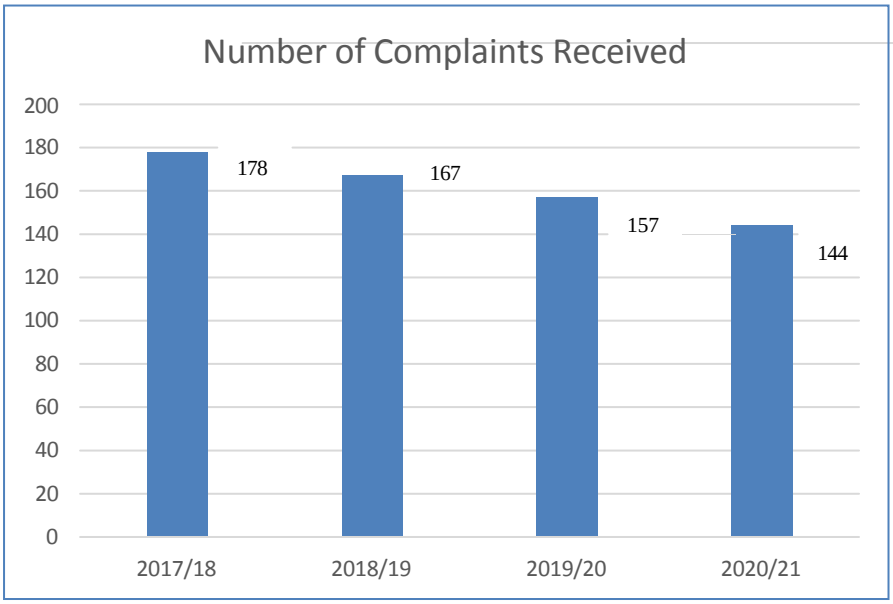
5.1 The Council recognises every complainant's right to confidentiality, requiring adherence to the following principles:

- Information given by the complainant must only be used for the purpose intended
- Information should only be shared between agencies on a need-to-know basis
- Information about the complaint and the complainant should be recorded only where it contributes to the resolution of the complaint
- Information used for monitoring, review and analysis purposes should never be presented in a way that identifies individual complainants.
- Personal data is protected under the Data Protection Act 1998 and General Data Protection Regulations 2018, and clients have a right to see the information the Council holds about them

6. Complaints logged in 2020/21

6.1 Over the course of the year, the Team formally logged 144 complaints.

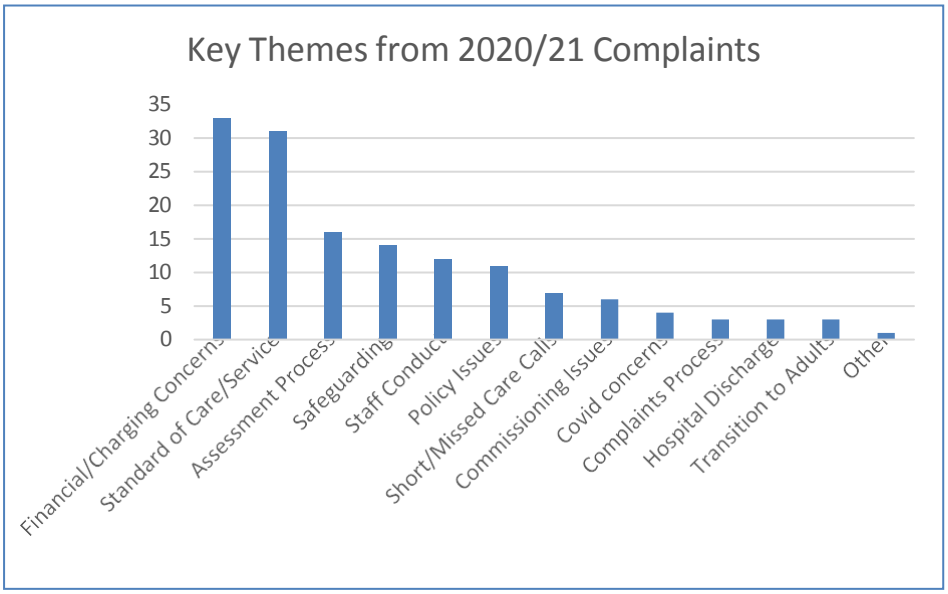
6.2 The total number of complaints registered in 2020/21 is slightly down from the number logged in the previous year (157). There was a noticeable drop in complaints made during April and May 2020, which coincides with the national lockdown imposed due to COVID-19. The table below illustrates the number of complaints received over the last four years:



6.3 Of the above complaints, 78% were acknowledged within the first 3 days.

6.4 Each year the team receive a wide range of concerns and issues. During 2020/21 almost 50% of complaints received were about commissioned services, including Care Homes, Domiciliary Care Agencies, Supported Living providers and Assistive Technology.

6.5 A more detailed analysis of the issues complained about, illustrated in the table below identified the key themes which emerged during 2020/21:



6.6 As referenced in reports from the last three years, the Team continues to receive a large volume of complaints about financial concerns, as reflected in the graph above. The key financial concerns shared involve disputed invoices, misunderstanding of charging implications of receiving care, lack of clear information on the charging process and backdated charges/invoices. In addition

to this, we continue to see a rise in complaints about the quality/standard of care, whereby the complainant is asking for the charges to be waived.

6.7 Of the complaints received, 91% were resolved at the Local Resolution Stage by the Complaints Team and did not progress to the Local Government and Social Care Ombudsman. This is a similar position to the previous year.

Who are our complainants and how do they contact us?

6.8 The majority of complaints came from family members raising concerns about their loved ones (60%). We also received complaints directly from 17 clients (12%). As discussed in Section 4, Advocacy is available to assist clients with making a complaint. During 2020/21 we received 15 complaints from Advocates about our clients, which had increased from 6 complaints the previous year. The remaining 28% of complaints were shared by concerned 3rd parties, friends/neighbours of the client, Solicitors, MP/Local Councillor's, and the Care Quality Commission (CQC).

6.9 As to be expected, most complaints were shared via email, although the manner in which complaints are made continues to be varied as shown in the breakdown of the number of complaints below:

- Emails 110
- Letters 11
- Telephone 23

7. Responding to Complaints

7.1 Timescales for responding to complaints are not statutorily prescribed, however they must be as short as reasonably possible to allow for effective consideration. Guidelines are in place to determine what a reasonable timeframe is in most circumstances. Our target is to respond to 70% of complaints within 25 working days and an expectation that all complaints are fully responded to within 6 months.

7.2 The average time to respond to complaints was 62 working days. This has increased from the previous year when the average time was 51 days. However, only 52% of complaints were closed within 25 days, which falls below the expected target of 70%. In addition to this, 13% of complaints exceeded the 6 month timescale. This percentage has increased from last year and falls below the target of 100%. Whilst every effort has been made to respond to complaints in a timely manner, investigations have been reliant on input from both Social Work colleagues and commissioned services who continued to work on the frontline during the pandemic.

7.3 In terms of the timescales, the Team believe the complexities of the complaints does have a clear impact on timescales. For the most serious complaints, a formal investigation is undertaken by the Complaints Team which involves an in-depth review of the case files and may also involve interviews taking place with the Social Work Team, Providers, Care Workers and other relevant colleagues.

For complaints which require formal investigation, the timescale of 25 working days is mostly exceeded.

7.4 A comparison of performance over previous years is shown below:

Response information	Performance					Target
	2016/17	2017/18	2018/19	2019/20	**2020/21**	
Average Days to Respond	65	104	46	51	**62**	
Percent of complaints to be responded to within 25 days (from 2014-2017 15 working days)	22%	24%	47%	53%	**52%**	70%
Percentage complaints fully responded to within 6 months	91%	76%	94%	94%	**87%**	100%

7.5 Over the course of the year 50% of complaints were either fully or partially upheld. For any complaints which were upheld in anyway, appropriate apologies were made, and relevant action taken.

8. Complaints about Commissioned Care Providers

8.1 As discussed earlier, approximately half of complaints received were about commissioned packages of support. Complaints about commissioned services can be made to the Provider in the first instance. They may then be referred to the Complaints Team if the complainant is not satisfied with the response. Complainants may wish to approach the Complaints Team in the first instance, which is also acceptable.

8.2 In such cases were the Council's Adult Social Care Complaints Team lead on the complaint, Providers will be expected to assist with the investigation. Dependent on the severity and scope of the concerns raised, Providers may be asked to:

- investigate the complaint and provide a detailed draft response to the complainant, which the Complaints Team will review to ensure it is appropriate and addresses the concerns raised
- provide evidence to support the complaints process i.e. care plans, daily record sheets, weight management charts, call time logs etc
- attend a meeting with the Complaints Team to discuss the complaint
- attend a complaints interview during which a formal statement will be taken

All complainants will receive a formal written response to their complaint from the Council.

8.3 It is relevant to note that Registered Care Providers are contractually obliged to inform the Council about complaints shared directly with them. Providers are expected to submit a Quarterly Report to the Council's Adult Social Care Contracts

Team. The Quarterly Report includes the number of complaints received, the outcome reached and also confirmation that the complaint was managed in line with the Providers procedure. The Contracts Team consider this information as part of ongoing contractual compliance checks.

8.4 The Care Quality Commission (CQC) also review complaints received by the Provider as part of the inspections it undertakes.

9. Listening to Users of Services and Learning from Complaints

9.1 Complaints are valuable to the service. As well as providing an efficient and effective way for users of public services to get their issues addressed, they also offer a chance to gain an accurate picture of the level and quality of service offered from the perspective of the user. They provide feedback on service delivery and provide a means for the user to have an input into the continuous improvement of the service.

9.2 The Complaints Team continue to work alongside the Council's Adult Social Care Professional Standards Team and have developed a close link to the Principal Social Worker. Relevant actions arising from complaints are shared between the two teams and any learning is built into practice audits and instilled within both professional development and training moving forward. This link is pivotal to ensure we improve processes and use this intelligence as part of the learning process.

10. Training and Development

10.1 Training on complaint handling, customer care, data protection and General Data Protection Regulations (GDPR) can be accessed through the Council's Website. The Complaints Team is available to support and advise staff; to ensure that best practice is followed during complaint investigations and to provide targeted training with individual members of staff and managers on request.

11. Local Government and Social Care Ombudsman (LGSCO) Complaints

11.1 We received 20 complaints from the Ombudsman in the past year, of which:

- 3 were considered to be Invalid or Incomplete
- 4 were referred back to the Council for local resolution
- 1 was closed after initial enquiries
- 12 were upheld

11.2 There is a small rise in complaints being upheld from previous years; no Public Reports were issued against Adult Social Care.

11.3 In terms of Remedy and Compliance Outcomes for 2020/21, the Council was 100% compliant with all recommendations noted by the Ombudsman.

Jen Millward - Interim Complaints Resolution and Information Manager (Adult Social Care)
March 2022

WIRRAL

ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Tuesday, 14 June 2022

REPORT TITLE:	**CHESHIRE AND WIRRAL COMMUNITY MENTAL HEALTH TRANSFORMATION**
REPORT OF:	**DIRECTOR OF OPERATIONS/DEPUTY CHIEF EXECUTIVE CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST**

REPORT SUMMARY

The report provides the background and a summary of the activity undertaken within Cheshire and Wirral as of, 25th May 2022 in respect of delivering the NHS Long Term Plan ambitious targets for community mental health:

By 2023/24:

- A new, inclusive community-based offer based on redesigning mental health services around Primary Care Networks that integrates primary and secondary care, VCSE, and local authority services and improves access to psychological therapies for those with SMI;
- Improving access and treatment for adults and older adults with a diagnosis of 'personality disorder', eating disorders, and those in need of mental health rehabilitation ' as part of wider action to improve support for 370k adults with SMI per year by 23/24;
- Delivering an annual six-point comprehensive physical health check and follow up interventions as required to people with severe mental illness;
- Providing employment support to people with severe mental illness via the Individual Placement and Support programme;
- Ensuring timely access and quality of care for people supported by Early Intervention in Psychosis.

This matter affects all wards. It is not a key decision.

RECOMMENDATION/S

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

1) Scrutinise the proposed change and consider its impact on the local community and health service users.
2) Support requests for ‘one-system’ (do once, do well) working where appropriate.
3) To support and champion the vision as detailed in the report.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 Significant background work has been undertaken to ensure that the Community Mental Health (CMH) Transformation programme meets the ambitions of the NHS Long Term Plan and most importantly local population needs. The programme involves the work of many organisations (and patients and carers too) wanting change for others.

1.2 A request for one-system support and working to the Adult Social care and Public Health Committee is bound by the concept, that there is *"no health, without mental health".*

1.3 The Community Mental Health Framework outlines a range of functions that should be considered across communities to address the needs of people. These include:

- Advocacy services and advice on finance, housing, and social care
- Assessment, advice, and consultation for Mental Health Problems
- Community Assets (Libraries, faith groups, leisure and social)
- Co-ordination and delivery of care
- Employment, Education and Training services
- Evidence based interventions for Mental Health Problems, including psychological, pharmacological, and NICE-recommended psychological therapies for people with severe mental illness
- High quality coproduced, personalised care and support planning
- Digital information and online resources
- Specific support groups

1.4 All these services are embedded elsewhere within adult social care and public health, together we can do once, and do well.

2.0 OTHER OPTIONS CONSIDERED

2.1 The transformation of community mental health services is a requirement within the NHS Long Term Plan; therefore, no other options have been considered.

3.0 BACKGROUND INFORMATION

Our vision is for individuals to be at the heart of all that we do, shaping care and opportunities around the needs in the community. We will strive to prevent mental health crises and ensure that anyone in need has access to the right care at the right time.

Cheshire and Wirral Community Mental Health and Wellbeing Alliance is the co-produced name and subsequent 'branding' that has been co-produced by all members of the partners working together in Cheshire and Wirral to design and deliver community mental health transformation.

For extended background information, please refer to Appendix 2.

3.1 The DRAFT core model for community mental health

People who use services are at the centre of the Cheshire & Wirral community mental health vision

We recognise that communities, friends, and family are the most important part of peoples support networks and that preventative support services should be easily available where people live and include those important to them – building on people's strengths and resources.

General Practitioners are often the first port of call for people experiencing mental health issues. The Cheshire and Wirral vision supports the development of Primary Care Networks/Neighbourhoods with integrated multidisciplinary mental & physical health support systems in place, backed up by our community connector programmes and strong links to social prescribing, psychological support services, social care, housing and VCSE organisations.

For extended information about the draft core model and descriptors, please refer to Appendix 3.

4.0 FINANCIAL IMPLICATIONS

4.1 From 2019/20 onwards, all local systems were expected to:

- Stabilise and bolster current core community services
- Meet the fixed deliverables for SMI physical health checks, IPS and EIP
- Prepare their local systems for mobilisation of new integrated primary and community model using central/transformation funding which every STP/ICS will receive from 2021/22 to 2023/24

4.2 The LTP also outlines the preparatory work that should be completed for the mobilisation of the new integrated primary and community model including:

- Completing a self-assessment against the principles set out in The Community Mental Health Framework for Adults and Older Adults
- Strengthening local relationships between primary care (especially emerging PCNs), secondary mental health care including children and young people's mental health services, local authorities and voluntary services, and co-designing plans with communities
- Joint workforce planning, allowing for new roles and peer support workers
- Releasing existing staff to take advantage of training opportunities in psychological therapies for people with SMI
- Considering opportunities to join up with plans for Provider Collaboratives to manage specialised commissioning budgets for adult eating disorder inpatient care

4.3 In accordance with the deliverables identified above the NHS Long Term plan has identified cumulative funding to deliver the transformation of services across Cheshire and Wirral as folows:

- 2021/22 £2,404,442
- 2022/23 £5,853,000
- 2023/24 £7,235,554 (expected value)

5.0 LEGAL IMPLICATIONS

5.1 At the time of writing, May 2022, there are no legal implications presented within this report. Further to the completion of phase 4 public engagement during July 2022, consideration will be given to any legal implications arising from this transformation programme.

5.2 The Adult Social Care and Public Health Committee is charged to undertaken responsibility for the Council's responsibilities for scrutiny as stated in the Health Social Care Act 2006, including to be consulted on and respond to substantial changes to local health service provision, including assessing the impact on the local community and health service users.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 There are no resource implications presented by this report, however it should be noted that in line with the investment through the NHS Long Term plan there are several additional roles being created which will benefit the population of Wirral

7.0 RELEVANT RISKS

7.1 **Risk:** All risks are being managed through the operational and strategic programme board with appropriate risk mitigation plans to ensure delivery.

7.2 **Concerns:** It should be noted that this is a significant transformation project across multiple agencies which will require capacity and capability to deliver which may impact resources across services.

8.0 ENGAGEMENT/CONSULTATION

8.1 A full programme of engagement activities have been undertaken commencing from phase 1, with CWP colleagues in 2019, to the most recent phase 3 public engagement in January 2022. Each round of activity has been co-produced with the Expert by Experience Team members, who have also co-facilitated sessions.

During July 2022 the final stage of public engagement will take place across Cheshire and Wirral. The phase 4 round of engagement will take the format of a market stall roadshow whereby guests will be invited to 'walk through' the draft model to talk to clinicians and providers of services, to get an understanding of how

the proposed transformed services will work and to have an opportunity to add additional comments and suggestions.

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. The CMH Transformation Team is working with Business Intelligence teams within CWP, Wirral CCG and Cheshire CCG to create Transformation Data Packs at 'place-based' level. The Data Packs include a full range of demographic data to ensure that service transformation is delivered in a way that does not discriminate anyone and supports inclusion at every opportunity.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 The Wirral Plan includes five themed areas. One of which is focused on creating a 'Sustainable Environment', which outlines the Council's ambitions and priorities for tackling the climate emergency. These are based on developing and delivering action plans that will improve the environment for Wirral residents. The performance report will include information on key areas where environment and climate related outcomes are delivered.

10.2 No direct implications.

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

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 Community mental health transformation has at its heart, the support for people within their own communities. With this brings VCSE services to deliver that support, the very people who know and understand their communities the best. During 2021/22 Cheshire and Wirral were proud to launch their Community Assets funding, awarding over £450k to local VCSE organisations, who demonstrated that they were able to meet the mental health needs of their communities, in creative and sustainable ways.

11.2 This investment also goes back into supporting the local infrastructure and local jobs. While grant based, these organisations are working side-by-side as part of one-system working and as part of a coached community of practice.

REPORT AUTHOR: **Emma Leigh**
Programme Lead Community Mental Health Transformation
email: emmaleigh@nhs.net

APPENDICES

Appendix 1 - The Community Mental Health Framework for Adults and Older Adults
Appendix 2 – Community Mental Health Transformation Background Information
Appendix 3 - Community Mental Health Transformation Draft Model of Care

BACKGROUND PAPERS
Alliance Engagement Report February 2022

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

NHS

The Community Mental Health Framework for Adults and Older Adults

The Community Mental Health Framework for Adults and Older Adults

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Prepared by: NHS England and NHS Improvement and the National Collaborating Central for Mental Health

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact us by emailing england.adultmh@nhs.net.

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- given regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

This Framework was commissioned by NHS England in 2017. It has been developed by the National Collaborating Centre for Mental Health (NCCMH) in partnership with a large Expert Reference Group drawn from a range of disciplines and professions across health, social care, the VCSE sector, community groups, and users and carers. The NCCMH also benefited from the contributions of a team of National Advisors, and a service user and carer reference group. A full list of members appears in the fuller implementation guide, which will be published on the Royal College of Psychiatrists' website (https://www.rcpsych.ac.uk/improving-care/nccmh/). The NCCMH also drew on expert advice and support from NHS Arm's Length Body policy leads and other stakeholders. NHS England, NHS Improvement and the NCCMH are grateful to all who have contributed to the development of this Framework.

Contents

1. Introducing this Framework

1.1 A new place-based community mental health model

Community mental health services have long played a crucial yet under-recognised role in the delivery of mental health care, providing vital support to people with mental health problems closer to their homes and communities since the establishment of generic community mental health teams (CMHTs) for adults 30 years ago. However, the model of care is now in need of fundamental transformation and modernisation.

This Framework provides an historic opportunity to address this gap and achieve radical change in the design of community mental health care by moving away from siloed, hard-to-reach services towards joined-up care and whole population approaches, and establishing a revitalised purpose and identity for community mental health services. It supports the development of Primary Care Networks, Integrated Care Systems (ICSs) and personalised care, including how these developments will help to improve care for people with severe mental illnesses.

This is why community mental health services are at the heart of the NHS Long Term Plan.[a] One of its key objectives is to develop "new and integrated models of primary and community mental health care [which] will support adults and older adults with severe mental illnesses".[d,e] The NHS Mental Health Implementation Plan 2019/20 – 2023/24[f] describes our overall approach to delivering these models and the

Context

The NHS Long Term Plan describes a:

> "new community-based offer [that] will include access to psychological therapies, improved physical health care, employment support, personalised and trauma-informed care, medicines management and support for self-harm and coexisting substance use… and proactive work to address racial disparities."

Local areas will be:

> "supported to redesign and reorganise core community mental health teams to move towards a new place-based, multidisciplinary service across health and social care aligned with primary care networks."

In line with the Clinically-led Review of NHS Access Standards,[b] **four-week waiting times** for adult and older adult CMHTs will be tested with selected local areas, as part of wider testing of these new models in 2019/20 and 2020/21, supported by over £70 million new funding.

In parallel, the Independent Review of the Mental Health Act[c] has called for "a reinvigoration of our community services", which is what this Framework and the Long Term Plan seek to deliver.

a https://www.longtermplan.nhs.uk/

b https://www.england.nhs.uk/publication/clinical-review-nhs-access-standards/

c https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/778897/Modernising_the_Mental_Health_Act_-_increasing_choice__reducing_compulsion.pdf

d This objective will need to align with the development of community-based "Ageing Well" models of integrated care for older people with frailty and multimorbidity, which were also announced in the Long Term Plan. Please note that this Framework covers adults including older adults with *functional* mental health problems, who may have *coexisting* cognitive issues, or dementia, as well as other coexisting health issues such as frailty or substance use. There is a separate pathway for dementia care. This pathway can be found in the implementation guide for dementia care (https://www.england.nhs.uk/mental-health/dementia/implementation-guide-and-resource-pack-for-dementia-care/).

e For more information about providing better care for people with co-occurring mental health and substance use needs, see Public Health England's Better Care for People with Co-occurring Mental Health, and Alcohol and Drug Use Conditions (https://www.gov.uk/government/publications/people-with-co-occurring-conditions-commission-and-provide-services).

f https://www.longtermplan.nhs.uk/publication/nhs-mental-health-implementation-plan-2019-20-2023-24/

major new Long Term Plan investment over the next 5 years that will support delivery, reaching almost £1 billion[a] extra per year by 2023/24.[b]

This Framework (described in more detail in Section 3) sets out how the vision for a new place-based community mental health model can be realised, and how we can modernise community mental health services to shift to whole person, whole population health approaches. In particular, we want to drive a renewed focus on people living in their communities with a range of long-term severe mental illnesses, and a new focus on people whose needs are deemed too severe for Improving Access to Psychological Therapies (IAPT) services but not severe enough to meet secondary care "thresholds", including, for example, eating disorders and complex mental health difficulties associated with a diagnosis of "personality disorder".[c]

> *People with mental health problems want to live a good life, and it is the job of mental health services to help them do that.*
>
> Isaac Samuels – Person with Lived Experience

We also want to ensure that the provision of NICE-recommended psychological therapies is seen as critical in ensuring that adults and older adults with severe mental illnesses can access evidence-based care in a timely manner within this new community-based mental health offer, to give them the best chance to get better and to stay well – as service users have so often told us they would like.

Funding and preparation

In 2019/20, as set out in the NHS Operational Planning and Contracting Guidance,[d]

> "Long term Plan funding for mental health will start to flow into clinical commissioning group (CCG) baselines and they must, in association with sustainability and transformation plans (STPs) and ICSs, commission services that deliver improved services set out in the plan such as community mental health teams for people with Severe Mental Illness."

Additional 2019/20 CCG[e] baseline funding must be used to "stabilise and bolster core adult and older adult community mental health teams and services for people with the most complex needs". Alongside this, preparatory work needs to be undertaken "for the mobilisation of a new integrated primary and community model".

The assurance statements to accompany the Planning Guidance[f] clarify that this preparation "should include strengthening local relationships between primary care, secondary care, local authorities and VCSE services, developing understanding of local need through information and data (such as the NHS England and NHS Benchmarking Network community mental health services stocktake), and early workforce planning".

Further expectations are set out in the NHS Mental Health Implementation Plan 2019/20 – 2023/24, which confirms that from 2021/22 to 2023/24, all STPs/ICS will receive a fair share of central/transformation funding to develop and deliver new models of integrated primary and community care. This central/transformation funding will be in addition to the continuous uplifts in all CCGs' baseline funding for adult and older adult community mental health from 2019/20 to 2023/24, rising to a total of almost £1 billion extra funding per year in cash terms by 2023/24.

a In cash terms.
b https://www.longtermplan.nhs.uk/publication/nhs-mental-health-implementation-plan-2019-20-2023-24/
c https://www.mind.org.uk/media/21163353/consensus-statement-final.pdf
d https://www.england.nhs.uk/wp-content/uploads/2018/12/nhs-operational-planning-and-contracting-guidance.pdf
e See Abbreviations for definitions of all abbreviations used in this document.
f https://www.england.nhs.uk/wp-content/uploads/2019/02/Annex-B-guidance-for-operational-and-activity-plans-assurance-statements-v2.pdf

Implementing this Framework will break down the current barriers between: (1) mental health and physical health, (2) health, social care, voluntary, community and social enterprise (VCSE) organisations and local communities, and (3) primary and secondary care, to deliver integrated, personalised, place-based and well-coordinated care.

Through the adoption of this Framework, people with mental health problems will be enabled to:

1. **Access mental health care where and when they need it**, and be able to move through the system easily, so that people who need intensive input receive it in the appropriate place, rather than face being discharged to no support
2. **Manage their condition or move towards individualised recovery on their own terms**, surrounded by their families, carers and social networks, and supported in their local community
3. **Contribute to and be participants in the communities** that sustain them, to whatever extent is comfortable to them.

This Framework will support CCG planning as well as the development of the 5-year strategic plans of STPs and ICSs, as outlined in the Long Term Plan, the NHS Operational Planning and Contracting Guidance[a] and the NHS Mental Health Implementation Plan 2019/20 – 2023/24.[b]

It will enable healthcare providers and commissioners, STPs, ICSs, Primary Care Networks and people who use and have experience of services to work together to deliver a model that **reinvigorates community provision** and fully utilises the resources of the wider community.

For information on how to deliver change in line with this Framework please go to Section 3.

1.2 The importance of community

Community, whether it is a geographical location, or a group in which people find or place themselves, provides a context for people's lives.

This Framework locates community mental health services in the centre of the community, as the central pillar of mental health care, allowing all other services in the mental health care system to function more effectively.

Social determinants, availability of services, assets and other resources have a direct bearing on the level of mental health problems in a community. A key aspect of effective mental health care is ensuring that all communities can **maximise the support they provide to people who need it** and therefore address local population needs.

1.3 Addressing inequalities in mental health care

This Framework and related resources[c] will help local systems address inequalities in mental health care. Such inequalities add another layer of disadvantage for particular groups as set out in the Independent Review of the Mental Health Act. There is a strong legal, economic and ethical case for combating these inequalities, and the NHS Long Term Plan has signalled the need for local systems to undertake "proactive work to address racial disparities". Strengthening relationships with local community groups and the VCSE will support the adoption of more rights-based care based on greater choice and engaging early with communities to address inequalities.

When improving mental health care, there can be no quality without equality.

Jacqui Dyer MBE, Black Thrive

a https://www.england.nhs.uk/wp-content/uploads/2018/12/nhs-operational-planning-and-contracting-guidance.pdf
b https://www.longtermplan.nhs.uk/publication/nhs-mental-health-implementation-plan-2019-20-2023-24/
c https://www.rcpsych.ac.uk/improving-care/nccmh/care-pathways/advancing-mental-health-equality

Specifically, the Long Term Plan is committed to taking "a more concerted and systematic approach to reducing health inequalities and addressing unwarranted variation in care". For example, the life expectancy of people with severe mental health problems can be up to 20 years less than the general population. By 2023/24, the NHS Long Term Plan commits that at least 390,000 people with severe mental health problems will have their physical health needs met.

See Annex A for service-led examples of positive practice in advancing mental health equality.

1.4 The purpose of this Framework

1.4.1 Local collaboration

In this context, health and social care commissioners will collaborate with all providers on a sustainably-funded partnership basis – that is, without recurrent short-term tendering cycles and complex contract management processes. This will help to make the use of existing resources more efficient, combined with substantial additional Long Term Plan resources directed into community-based services according to agreed local priorities, including greater investment in prevention and early intervention.

1.4.2 Meeting people's needs in the community

People with mental health problems will be supported to live well in their communities, to maximise their individual skills, and to be aware and make use of the resources and assets available to them as they wish. This will help them stay well and enable them to connect with activities that they consider meaningful, which might include work, education and recreation.[a]

In this Framework, close working between professionals in local communities is intended to **eliminate exclusions** based on a person's diagnosis or level of complexity (see Annex B) and **avoid unnecessary repeat assessments and referrals**. In the more flexible model envisaged by this Framework, **care will be centred around an individual's needs** and will be stepped up or down based on need and complexity (see Annex A), and on the intensity of input and expertise required at a specific time.

This Framework will be applicable to people irrespective of their diagnosis. This includes but is not limited to those with:

- coexisting frailty (likely in older adults)
- coexisting neurodevelopmental conditions
- eating disorders
- common mental health problems, such as anxiety or depression
- complex mental health difficulties associated with a diagnosis of "personality disorder"[b]
- co-occurring drug or alcohol-use disorders, and other addiction problems, including gambling problems
- severe mental illnesses such as psychosis or bipolar disorder.

As the NHS Long Term Plan makes clear, there is a need for particular attention to be paid to improvements in care for young adults aged 18–25, and older adults. While need rather than age should be the determining factor of where and how people are cared for, staff with particular expertise in caring for people within these age groups should be readily available. Any necessary transitions should be managed carefully and safely with specific support in place for users, carers and families.

a Information and ideas are available in this Rethink Mental Illness report: https://www.rethink.org/media/2249/building-communities-that-care-report.pdf

b https://www.mind.org.uk/media/21163353/consensus-statement-final.pdf

It is envisaged that instead of sitting in entirely separate teams, dedicated services or functions will “plug into” a new core model through agreed in-reach or liaison arrangements and shared care, providing rapid, evidence-based clinical input when appropriate and specialist clinical expertise when needed, thus helping to **maximise continuity of care**.

Currently, these capacities are mainly located in secondary care teams, whose effectiveness in serving the wider population, beyond a small number of people with the highest levels of need, is often restricted by resource limitations and commissioning arrangements that lead to lower caseload numbers and an inward-looking approach.

For a full description of this Framework see the full implementation guidance.[a]

Key aims

People with mental health problems will be enabled as active participants in making positive changes rather than passive recipients of disjointed, inconsistent and episodic care. Delivering good mental health support, care and treatment in the community is underpinned by the following six aims:

1. Promote mental and physical health, and prevent ill health.
2. Treat mental health problems effectively through evidence-based psychological and/or pharmacological approaches that maximise benefits and minimise the likelihood of inflicting harm, and use a collaborative approach that:
   - builds on strengths and supports choice; and
   - is underpinned by a single care plan accessible to all involved in the person’s care.
3. Improve quality of life, including supporting individuals to contribute to and participate in their communities as fully as possible, connect with meaningful activities, and create or fulfil hopes and aspirations in line with their individual wishes.
4. Maximise continuity of care and ensure no “cliff-edge” of lost care and support by moving away from a system based on referrals, arbitrary thresholds, unsupported transitions and discharge to little or no support. Instead, move towards a flexible system that proactively responds to ongoing care needs.
5. Work collaboratively across statutory and non-statutory commissioners and providers within a local health and care system to address health inequalities and social determinants of mental ill health.
6. Build a model of care based on inclusivity, particularly for people with coexisting needs, with the highest levels of complexity and who experience marginalisation.

a https://www.rcpsych.ac.uk/improving-care/ncaph/care-pathways/community-framework

2. The case for change

2.1 Stagnation and fragmentation

CMHTs have long taken a central role in the delivery of mental health services, but their development has stagnated over many years. Recent focus has been on specialist teams introduced in response to the National Service Framework or primary care and assessment teams. The creation of these separate specialist teams has, in most places, led to fragmentation and discontinuity of care.

Nonetheless, there are some encouraging developments around the country, with services demonstrating innovative ways of working that result in care that is responsive, cohesive and efficient (see the examples of positive practice in Annex A). In general, few community mental health services are able to make the most of community resources. In part this is a result of an historical lack of policy focus to help define a clear identity and function along with associated resources. This is now being addressed through this Framework and the Long Term Plan.

2.2 Barriers and variation

When multiple services provide care, multiple assessments can be common. This is distressing for the person, increases the chance of drop out, delays treatment and is a poor use of resources. This in turn puts pressure on primary care services as people with legitimate care needs are excluded from mental health teams as they do not fit rigid service specifications or meet often arbitrary thresholds.

2.3 The Care Programme Approach (CPA)

The CPA has had a central role in the planning and delivery of secondary care mental health services for almost 30 years. The principles underlying the CPA are sound and there has been some excellent work over the years in implementing and in improving it. However, from early on, doubts were raised about its utility – principally, that it attempted to unite a model of resource allocation with one of clinical care delivery and planning, and that it created a two-tier system in which a person is either "on" or "off" CPA. Its role has been further complicated by its close association with risk management. A number of attempts have been made to evaluate its impact but have failed to provide convincing evidence for its effectiveness.

The CQC[a] recently reported that "there is a large variation in the proportion of people on the CPA between trusts, which suggests that there are systematic differences in how trusts individually interpret and apply the CPA policy", with figures that "ranged across trusts from a low of 3% of respondents on the CPA to a high of 73%" among a sample of service users from different mental health trusts who responded to their annual community mental health survey.

This Framework therefore proposes replacing the CPA for community mental health services, while retaining its sound theoretical principles based on good care coordination and high-quality care planning.

2.4 Improving access to appropriate care

Some triage services now manage referrals in secondary care and direct people to specialist teams, but this can make processes more complex. Across the system, some waiting times are increasing, there are long waiting lists for psychological therapies from many secondary care providers, and services lack resources and a single, strategic approach that can improve clinical and cost effectiveness.

a https://www.cqc.org.uk/sites/default/files/20161115_cmhfs_statistical_release.pdf

If initial support, care and treatment are lacking, people's health can deteriorate (particularly in those with more severe problems) making them likely to go on to require more intensive or acute support. This may increase the pressures on other mental health services, where inpatient and community-based urgent and emergency services face high demand.

Use of the Mental Health Act has risen significantly over the past 10 years, and people in many parts of the country are still placed outside of their home area due to lack of local service capacity. At the same time, over many years, there has been a reduction in services for people who need longer-term care in the community as the focus has shifted to specialist, often time-limited services. NHS England and NHS Improvement have established programmes of work to address these pressures.[a]

Moreover, assessment under the Care Act 2014 can be difficult to access and is often not integrated with other assessments. Not having such an assessment can mean that people cannot access personalised support and housing, advocacy, welfare advice and employment support. This in turn can increase the risk of poorer mental health.

2.5 Moving between services

Over 50% of referrals to CMHTs come from sources other than primary care, including other community or inpatient teams, social care or self-referral. When people's care moves between teams, typically over 20% of them do not reach the new team. This may be due to complicated referral and transition processes, or a lack of the most appropriate support in one place to address multiple needs.

Transitions are a particular issue for young people moving into adult mental health services – a proportion of whom never receive care and support from adult services – and people moving from general adult services to those for older people.

People who have co-occurring drug and/or alcohol-use disorders and mental health needs can also experience discontinuities in their care. This can often be due to a lack of skills or competences, meaning that they can be excluded from drug and alcohol services due to their mental health problems, or excluded from mental health services due to their drug and alcohol problems. This is why this Framework's principle of inclusivity is important; embedding expertise and building skills that provide support for co-occurring drug and/or alcohol-use disorders is a key element of NHS England's Long Term Plan ambition to create "a new community-based offer". People with this expertise should take the lead in establishing formal links and partnerships with statutorily local authority-commissioned drug and alcohol services.

a NHS England and NHS Improvement have committed to ending the use of out of area placements (OAPs) for adults and older adults requiring non-specialist acute inpatient mental health care by 2021. Over the past year there has been a joint, clinically-led support programme in place to assist local areas with the delivery of this ambition; data on OAPs are reported regularly and locally developed plans and trajectories have been agreed (https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/out-of-area-placements-oaps).

NHS England is currently working with NHS Improvement and a number of local systems around the country to develop learning about what good local mental health rehabilitation pathways look like and how to implement them safely and sustainably. This learning will be used to support further local improvements in line with the Long Term Plan. The overarching aim is to ensure that people can be supported in the most appropriate setting for their needs and in their local community where possible. There will also be close alignment with NHS Improvement's Getting It Right First Time (GIRFT) programme, which has a new workstream focused on mental health rehabilitation (https://gettingitrightfirsttime.co.uk/medical-specialties/mental-health/).

3. This Framework and what it can deliver

3.1 The structure of the new Framework

3.1.1 At the local ("neighbourhood") and wider community level

This Framework sets out a new approach in which place-based and integrated mental health support, care and treatment are situated and provided in the community. This will be for people with any level of mental health need. It will enable **more and higher-quality care to be provided at a local community level** (of 30,000 and 50,000 people, the population of a Primary Care Network's geographical footprint) by ensuring that care takes place in the context of people's lives, and supports them to live better within and as part of their communities. It has a strong focus on the needs of people with severe mental health problems, including those who have coexisting physical health problems.

It is likely that economies of scale mean that more targeted, intensive and longer-term **input for people with more complex needs will be provided at the wider community or "place" level** (of around 250,000–500,000 people[a]).

3.1.2 The core community mental health service

This Framework proposes a core community mental health service, which will bring together what is currently provided in primary care for people with less complex as well as complex needs with that provided by secondary care CMHTs and in residential settings (including supported housing and care homes).[b]

It should be built around existing GP practices, neighbourhoods and community hubs – elements that make up the new Primary Care Networks.

The configuration of each team will be determined by each local area, based on its population's needs (see Section 4.4 on workforce).

The NHS Long Term Plan's commitment to create **new and integrated models of primary and community mental health care** will see a major expansion in the adult and older adult community mental health workforce. Over time, these models will see a significant proportion of community mental health staff become integrated within primary care, to provide better support to patients and the primary care workforce. This will build on the successful work co-locating some IAPT workers in primary care, and will be led by mental health trusts in partnership with Primary Care Networks.

Primary Care Networks are the fundamental building blocks of ICSs and they will embed mental health care – including for people with the most severe and enduring illnesses – within them.

The overall approach will be tested using targeted central transformation funding over the next 2 years. However, NHS England expects that, as a minimum, all local systems start by using new CCG baseline funding starting from 2019/20 by expanding CMHTs and aligning them with Primary Care Networks. Further expectations are set out in the NHS Mental Health Implementation Plan 2019/20–2023/24.

a This is merely indicative, and the footprint may be greater depending on the nature of the service and local need.

b Mental health support for people in care homes will be provided as part of the national roll-out of the Enhanced Health in Care Homes (EHCH) model. Where appropriate, this will be done through shared-care approaches with relevant community multidisciplinary teams at Primary Care Network-level and/or community mental health services to ensure consistent access to older people's mental health care. During 2019 and 2020, NHS England will develop a national service specification to support the implementation of a vanguard model for EHCH. Please see chapter 1 of the NHS Long Term Plan and the five-year framework for GP contract reform 2019 (https://www.england.nhs.uk/wp-content/uploads/2019/01/gp-contract-2019.pdf) for further information on the national roll-out of EHCH.

Each area will need to ensure that they have processes in place that will bring together the different facets of community care and deliver better mental health outcomes for the local population by ensuring that:

- People can have a good-quality **assessment** at whatever point they present
- **Interventions** for mental health problems are readily available and accessible at the location most appropriate to people's needs
- Care can be stepped up where or when more **specialist care** is required, and stepped down, in a flexible manner without the need for cumbersome referrals and repeated assessments
- There are effective links with **community assets** to support and enable people to become more embedded within their community and to use these assets to support their mental health.

At a wider level this will be based on the work of STPs/ICSs and Health and Wellbeing Boards, and informed by the content of local Joint Strategic Needs Assessments. The involvement of service users, families and carers is critical in the co-design and co-delivery[a] of new local approaches.

3.1.3 Functions of community mental health provision

To effectively address the needs of people with a range of mental health needs, there should be key functions located in communities, and delivered from within this Framework's place-based and integrated model.

This would promote better outcomes for the individual and provide access to the following:

- advocacy services
- assessment, advice and consultation for mental health problems
- community assets (for example, libraries, leisure and social activities, and faith groups)
- coordination and delivery of care
- effective support, care and treatment for co-occurring drug and alcohol-use disorders
- employment, education, volunteering and training services
- evidence-based interventions for mental health problems, including psychological and pharmacological treatments, and NICE-recommended psychological therapies for people with severe mental illnesses[b]
- help and advice on finances (including benefits)[c]
- high-quality, co-produced, personalised care and support planning[d]
- housing and social care services
- physical health care
- services enabling access to mental health information and online resources
- specific support groups (such as older adult groups, hearing voices groups, or problem-specific support groups, for example for diabetes or depression)

a https://www.rcpsych.ac.uk/improving-care/nccmh/other-work/coproduction

b NHS England & NHS Improvement have established a national and regional programme to increase access to psychological therapies for people with psychosis, bipolar disorder and complex mental health difficulties associated with a diagnosis of "personality disorder". This includes supporting the establishment of regional and local clinical leadership and, in partnership with Health Education England, major new investment in training courses for staff working in community mental health services.

c See the Whose Job is it Anyway report (2017) (https://www.moneyandmentalhealth.org/wp-content/uploads/2017/10/Whose-Job-is-it-Anyway-Report-spreads.pdf) and the Citizens Advice Putting advice where people need it most web page (2018) (https://wearecitizensadvice.org.uk/putting-advice-where-people-need-it-most-de70f7ba70a7).

d https://www.england.nhs.uk/wp-content/uploads/2019/04/universal-personalised-care.pdf

- support that takes into account frailty, mobility issues and sensory impairments, and helps people live independently.

3.1.4 Mental health services for people with more complex needs

These services will be part of the same system of care and have close links with local communities, plugging in and providing consultation and advice to the new "core" model, but will have the expertise and capacity to deliver care to people with more complex needs. This should include crisis and inpatient care, where links should be seamless, and specialist residential care or dedicated community eating disorder services. In all care for complex needs, the principle of continuity remains critical. It should also include intensive and assertive support, long term care, and support for those who may be at risk of exclusion from their community, including:

- people leaving the criminal justice system or people with multiple vulnerabilities frequently in contact with the police
- rough sleepers
- socially excluded people
- those with very complex needs, such as people with disabling psychotic disorders or people with disabling complex mental health difficulties associated with a diagnosis of "personality disorder".

Stepping up people's care and support to this level, or stepping it down to that provided in the local community, should be straightforward and seamless so that people who use services, their carers and families do not feel and experience any gaps or boundaries.

3.1.5 Accessing care

In this Framework, there will be a "no wrong door" approach to accessing care. People with the full range of mental health problems will be able to access support, care and treatment in a timely manner and from wherever they seek it, whether from their GP, from a community service, through online self-referral, other digital means or another route. People with the highest levels of need and complexity will have a coordinated and assertive community response.

Social prescribing

Through social prescribing,[a] the range of support available to people in the community will "widen, diversify and become accessible across the country", as set out in the Long Term Plan and NHS England's Universal Personalised Care publication.[b]

Individual placement and support (IPS)

The NHS is on track to meet its Five Year Forward View for Mental Health commitment to support up to 20,000 people with severe mental illness to find and retain employment by 2020/21. The NHS Long Term Plan builds on this, so that the NHS will support an additional 35,000 people a year – a total of 55,000 people per year by 2023/24. Based on over 20 years of research, the IPS employment model is internationally recognised as the most effective way to support people with mental health problems to gain and keep paid employment.

Physical health care for people with severe mental illness

NHS England has a programme to improve physical health care for people with severe mental illness, including early intervention, to avoid development of preventable disease. Resources and information are available on the NHS England website.[c] The Long Term Plan has a commitment to expand this further and this Framework supports these ambitions by setting out principles of integration between primary and secondary care and mental and physical health care.

a https://www.england.nhs.uk/personalisedcare/social-prescribing/
b https://www.england.nhs.uk/wp-content/uploads/2019/01/universal-personalised-care.pdf
c https://www.england.nhs.uk/mental-health/resources/smi/

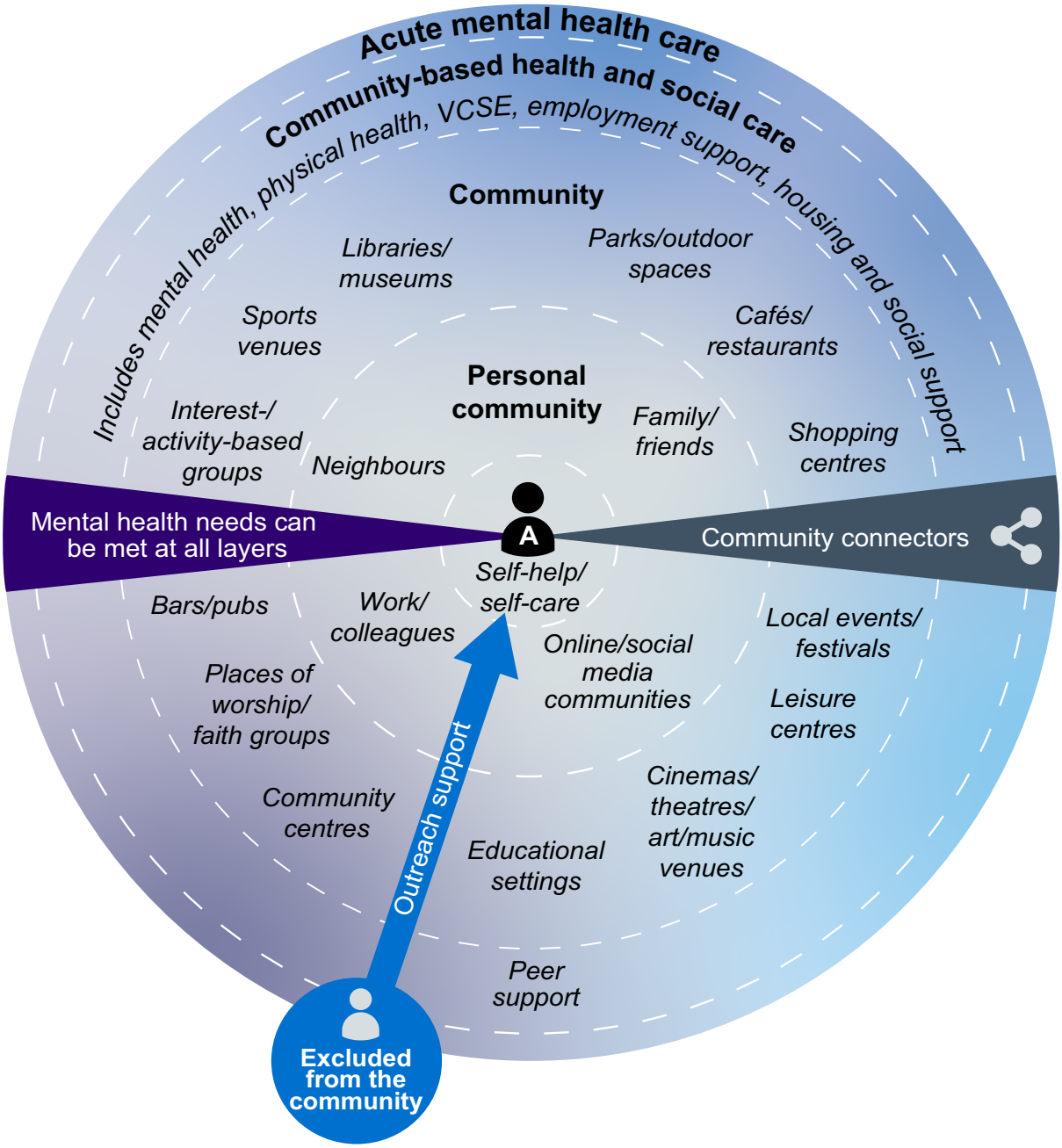
People's support systems would include some or all of what is in the diagram below, with mental health services focusing on delivering any additional support, as well as evidence-based interventions including psychological therapies.

3.2 Functions of community mental health services in this Framework

3.2.1 Assessment and interventions

In this Framework, assessment is biopsychosocial and forms part of the integrated team approach to assessment. Most importantly, assessment is a collaborative process, not only among mental health team members but also with the person and their families, carers and support network. It relies on communication and respect between individuals – especially professionals from different backgrounds and settings – and a mutual understanding about the approach to assessment.

Assessment can be undertaken by different members of the core community mental health service at the point at which a person seeks access, though staff must be suitably qualified



and experienced. It will vary according to the needs of the individual and the complexity of their problem(s). Assessment can be a relatively brief initial contact in which an understanding of the person's current problems and a shared view of an intervention have been developed and agreed with them. The intervention itself may comprise a simple, short advice session that enables the person to obtain help for themselves, or perhaps no further help will be required. Digital technologies, such as mobile applications, may be used.

However, for a significant proportion of people there will be an intervention detailed in an agreed personalised care and support plan, developed mutually (subject to the person's capacity). For people with less complex problems, care plans will be brief and uni-professional, and may set out, for example, a psychological therapy course (for example, dialectical behaviour therapy, or DBT), support to join a community group, help in resolving a difficulty at work, or initiation of a treatment with medication and subsequent follow-up.

For people with more complex problems, the assessment will be more comprehensive, and may require multidisciplinary input (in the case of older adults living with frailty, for example), and interventions are also likely to be multi-professional in nature.

As set out in the **Long Term Plan**, in a place-based integrated service, available interventions should include access to psychological therapies, improved physical health care, employment support, personalised and trauma-informed care,[a] medicines management and support for self-harm and co-occurring drug or alcohol-use disorders.

3.2.2 Coordinating and planning care

A key component of this Framework is setting out a method for coordination of care that will replace the CPA and enable high-quality, personalised care and support planning[b] in line with the NHS England Comprehensive Model of Personalised Care.[c]

Under this Framework, every person who requires support, care and treatment in the community should have a co-produced and personalised care plan that takes into account all of their needs, as well as their rights under the Care Act, and Section 117 of the Mental Health Act when required.

The level of planning and coordination of care will vary, depending on the complexity of their needs. For people with more complex problems, who may require interventions from multiple professionals, one person will have responsibility for coordinating care and treatment. This coordination role can be provided by workers from different professional backgrounds. The Triangle of Care[d] can facilitate the greater involvement of carers, whose expertise should be central. Adopting improved whole family approaches as pioneered within social care[e] can increase the effectiveness of planning.

The care plan will include timescales for review, which should be discussed and agreed with the person and those involved in their care at the outset. Digital technologies can be used to maximise the interoperability of plans, and to allow users to manage their care or record advance choices.

This Framework subsumes the important aspects of the CPA for community mental health services, including care planning and care coordination, and reframes them in a system that will work for everyone, will focus on improved outcomes and will deliver place-based integrated mental health care to people

a https://www.centreformentalhealth.org.uk/sites/default/files/2019-04/CentreforMH_EngagingWithComplexity.pdf
b https://www.england.nhs.uk/ourwork/patient-participation/patient-centred/planning/
c https://www.england.nhs.uk/personalisedcare/comprehensive-model-of-personalised-care/
d https://carers.org/article/triangle-care
e https://local.gov.uk/sites/default/files/documents/care-act-and-whole-family-6e1.pdf

whatever their level of need. This Framework envisages a shift away from risk assessments and ineffective predictive approaches to safety planning and "positive risk taking", with staff supported by managers and to do so under progressive, partnership clinical governance arrangements.

3.2.3 Community connection

This Framework largely builds on existing skills and expertise (see Section 4.4 on workforce); however, a specific "community connector" or "social prescribing link worker" role might need to be created (or the functions of that role carried out by, for example, peer support workers, recovery coaches or care coordinators).

Part of everyone's role is to work with their community. For example, local authorities have developed community asset-based approaches and the core skills of social workers include identifying and connecting people to their social networks and communities. Community connectors/social prescribing link workers, however, will work closely with the whole spectrum of community services and the local VCSE sector. The key functions of this role are to be familiar with the local resources and assets available in the community, vary the support provided, based on needs, and assess a person's ability and motivation to engage with certain community activities.

See positive practice examples of community connection in Annex A.

3.3 Benefits of this Framework

For people who work in mental health care, the benefits of this Framework are linked to the benefits for service users. There will be less administration and bureaucracy because within an integrated system there will be fewer referrals.

This Framework uses the term **community connector** to describe the role that might otherwise be known as a **social prescribing link worker**, **wellbeing advisor** or **care navigator**. While NHS England favours the term "social prescribing link worker", the title varies, and can be determined locally when these roles are created, but the core elements will remain the same. NHS England has committed to fund the recruitment and training of over 1,000 social prescribing link workers to be in place by the end of 2020/21, rising further by 2023/24.

This integration should result in more time in direct contact with service users, which will comprise joined-up, ongoing, personalised care and support, and access to the right care at the right time for them and for their families and carers, including freeing up time to deliver evidence-based care such as psychological therapies. People with mental health problems will have fewer assessments, will not be required to repeat their histories, and will not fall through the gap between services. Moreover, they will be supported to live as well as possible in their communities.

This Framework will support staff to use their professional judgement, which will increase autonomy, foster innovation and enable partnerships to be built across health and social care. For the primary care workforce, there will also be significant benefits. They will be better supported to care for people with mental health problems, increasing their skills and knowledge, and better able to access expert mental health clinical advice rapidly or even immediately. Their referrals will not be rejected and they will not have to wait for responses from mental health services. Fewer primary care appointments will be needed by people seeking mental health support and there will also be fewer people who attend GP practices frequently with unmet mental health needs.[a]

a https://www.rcpsych.ac.uk/improving-care/nccmh/care-pathways/community-framework

4. Implementation

Implementing this Framework, which involves triple integration of mental health, physical health and social care, will take time, requiring careful joint working across STP/ICS geographies by providers, commissioners, local authorities, local VCSE organisations, service users and carers, and the local community. Some components are already being implemented in certain areas, though not in a systematic way, so testing of these new models in selected areas will seek to address this.

Implementation will be an iterative process. The new models mentioned in the Long Term Plan, which this Framework describes in more detail, will be tested in those areas in receipt of new NHS England transformation funding in 2019/20 and 2020/21, and the learning will be fed back within regions and across the country. This testing phase is an opportunity for commissioners and service providers to work closely in setting out a vision for better mental health care that all ICSs can bring about. The experiences of service users and carers will be an essential part of the evaluation process.

The NHS Mental Health Implementation Plan 2019/20–2023/24[a] confirms that from 2021/22 to 2023/24, all STPs/ICS will receive a fair share of central/transformation funding to develop and deliver new models of integrated primary and community care; this central/ transformation funding will be in addition to the continuous increase in all CCGs' baseline funding from 2019/20 to 2023/24.

Throughout the implementation process, commissioners and providers should ensure that there are protocols in place for maintaining high-quality care and ensuring patient safety.

4.1 Developing a place-based model of community mental health care

The King's Fund has published ten design principles[b] and NHS England has published guidance on integrated care.[c] Using these as guidance, organisations can collaborate to manage the common resources available to them. The Framework proposed here applies the collaborative model to the delivery of community mental health care. In this case, providers include VCSE organisations, the local authority and other providers of social care, as well as statutory primary and secondary healthcare providers.

4.2 Leadership and governance

The first and most important step in implementing this Framework will be initiated by a group of leaders with a shared vision, who can drive change and establish strong relationships. The leaders should be experienced clinicians, commissioners, practitioners, managers and people who have used and have experience of services, who can work effectively across organisational and professional boundaries.

Sound clinical governance under this Framework is critical to its successful implementation within systems that promote cross-professional and organisational safety and learning approaches. Agreed governance structures will be required for the effective operation of all services in this Framework, including the development of systems and processes to support the integration of primary care, secondary care mental health, social care, VCSE organisations and housing and community services.

a https://www.longtermplan.nhs.uk/publication/nhs-mental-health-implementation-plan-2019-20-2023-24/
b https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/Place-based-systems-of-care-Kings-Fund-Nov-2015_0.pdf
c https://www.england.nhs.uk/integratedcare/

The component bodies of the mental health governance structure will need to establish robust links with, and be overseen by, STPs/ICSs and develop a joint common vision. They should then agree principles and key outcomes for local systems.

Representation should include:

- CCGs
- local authorities, including:
  - social services
  - drug and alcohol services
  - education
  - housing and employment
  - public health
- mental health services
- physical health services
- primary care, including Primary Care Network representatives
- service users and carers
- VCSE organisations.

These bodies will be responsible for the design, delivery and strategic development of new models of community mental health care. This design will include the implementation of systems for reviewing performance and outcomes at all levels (system, service, individual service user) to enable a focus on the quality of community mental health care provision as well as timely access.

Integration of commissioning processes at the local system level will facilitate collaborative working by providers, leading to improved patient outcomes and experience.

One way of achieving this is through multi-year **alliance contracting**. An overarching contract across organisations means that each member organisation is contractually mandated to achieve the same objectives. Members of the alliance could co-produce a set of shared values and agree a local vision and principles for the community mental health service, which would ensure a focus on priorities (for example, continuity of care and trusted assessments). Local partners agreeing a multi-year alliance contract with in-built flexibility could also help to focus efforts on the quality of care and help smaller VCSE organisations to operate on a surer, sustainable basis.

The Local Government Association and NHS Clinical Commissioners have developed guidance[a] on how to best achieve integrated commissioning. NHS England has developed a practical guide[b] on leading large scale change and the Health Foundation has published a learning report[c] setting out lessons from the new care models programme.

Support for implementation of this Framework

NHS England will put in place implementation support when testing new models in line with this Framework to ensure that new models operate effectively. Additionally, in 2019/20, NHS England will begin supporting local systems to improve the quality of care planning, working across its mental health and personalised care programmes.

a https://www.local.gov.uk/sites/default/files/documents/25.70_Integrated%20Commissioning%20for%20Better%20Outcomes_final.pdf
b https://www.england.nhs.uk/wp-content/uploads/2017/09/practical-guide-large-scale-change-april-2018-smll.pdf
c https://www.health.org.uk/sites/default/files/SomeAssemblyRequired.pdf

Long Term Plan implementation and resourcing to test the model in 2019/20 and 2020/21

NHS England and NHS Improvement are investing over £70 million new Long Term Plan funding to test new models and 4-week waiting times in the following 12 STPs/ICSs over the next 2 years, covering all 7 NHS regions in England:

- Cambridgeshire and Peterborough
- Cheshire and Merseyside
- Frimley
- Herefordshire and Worcestershire
- Hertfordshire and West Essex
- Humber, Coast and Vale
- Lincolnshire
- North East London
- North West London
- Somerset
- South Yorkshire and Bassetlaw
- Surrey Heartlands

4.3 Infrastructure

Systems need to be in place to be able to routinely collect good-quality outcomes data, including people's experience of care. Digital tools, such as an online personal clinical record owned by users, can be used for self-reporting. When introducing outcome measures, consider:

- the rationale (why outcomes are being collected and in what context)
- the opportunity cost (balancing the value of the data against the time taken to collect it)
- whether the measure is at the individual, service or system level.

STPs/ICSs should also consider integrated, system level outcomes and indicators that are meaningful to the range of provider organisations involved. Evaluation of the first wave of model test sites will provide insights into what activity, experience and outcome measures can be developed and collected, and how. The Long Term Plan includes a commitment to ensuring that IT systems are integrated so that (with people's permission) clinical records can be shared and accessed by the whole multidisciplinary team and other agencies.[a]

For examples of positive practice in infrastructure and data, see Annex A.

4.4 Workforce

The full range of staff in multidisciplinary services within each local community should collaborate to deliver effective mental health care. The starting point for this workforce would be staff currently working in secondary care community mental health services. However, to realise the joined-up approach this Framework sets out, these teams would fully integrate their working with other local services, including Primary Care Networks, employment and housing support staff, key VCSE organisations in the area and social support services. Care will be planned and delivered across this wider partnership.

While this list is not exhaustive, key roles in local place-based, multidisciplinary services could include:

- administrative staff
- clinical psychologists
- mental health nurses
- mental health pharmacists
- occupational therapists
- primary care staff
- psychiatrists
- psychological therapists
- social workers and other local authority workers (for example, housing support workers and debt advisors)

a Further information on digital transformation relating to the Long Term Plan can be found in chapter 7 of the NHS Long Term Plan Implementation Framework (https://www.longtermplan.nhs.uk/wp-content/uploads/2019/06/long-term-plan-implementation-framework-v1.pdf), and in the NHS Mental Health Implementation Plan 2019/20–2023/2024 (https://www.longtermplan.nhs.uk/publication/nhs-mental-health-implementation-plan-2019-20-2023-24/).

- support workers
- team managers.

Services should also make full use of newer roles, including:

- community connectors/social prescribing link workers
- paid peer support workers/experts by experience.

Having a collaborative and integrated approach to delivering care also means that skills and competences can be shared across multiple disciplines.

The perfect mental health service exists – it just isn't all in one place.

Tony Russell, founder: Positive Practice in Mental Health

Abbreviations

CCG	Clinical commissioning group
CMHT	Community mental health team
CPA	Care Programme Approach
CQC	Care Quality Commission
EHCH	Enhanced Health in Care Homes
IAPT	Improving Access to Psychological Therapies [primarily for adults with depression and anxiety disorders]
ICS	Integrated Care System
IPS	Individual placement and support
OAP	Out of area placement
STP	Sustainability and Transformation Partnership
VCSE	Voluntary, community and social enterprise

Annex A: Positive practice examples

Addressing inequalities in mental health

Black Thrive[a] – Lambeth, London

Liverpool Advice on Prescription in Primary Care[b] – Liverpool

Project Future[c] – Haringey, London

Psychology in Hostels Project[d] – South London and Maudsley NHS Foundation Trust

Rainbow Alliance[e] – Leeds and York Partnership NHS Foundation Trust

SIFA Fireside[f] – Birmingham

Innovative ways of working

The Life Rooms[g] – Mersey Care NHS Foundation Trust

Pathfinder Clinical Service[h] – Pathfinder West Sussex, Sussex Partnership NHS Foundation Trust

PRISM (Primary Care Mental Health Service)[i] – Cambridgeshire and Peterborough NHS Foundation Trust

St Peter's Medical Centre[j] – Sussex Partnership NHS Foundation Trust

Westminster Older Adults Integrated Community Mental Health and Home Treatment Team[k] – Central and North West London NHS Foundation Trust

Community connection

Certitude Lower Road Forensic Service[l] – Lewisham, London

Community Restart (Restart Social Inclusion Service)[m] – Lancashire Care NHS Foundation Trust

Connecting People Intervention[n] – University of York

The Pod[o] – Coventry

Westongrove Partnership (Care Navigator pilot)[p] – Aylesbury, Buckinghamshire

Infrastructure and data

Healthlocker[q] – South London and Maudsley NHS Foundation Trust (Global Digital Exemplar)

PRISM (Primary Care Mental Health Service)[i] – Cambridgeshire and Peterborough NHS Foundation Trust

a https://www.blackthrive.org.uk/
b http://www.southliverpoolcab.org.uk/index.php/en/about-us/2012-04-22-07-19-05/advice-on-prescription-project
c http://www.mindinharingey.org.uk/project-future.asp#.XPfVXohKiUl
d http://positivepracticemhdirectory.org/archive/psychology-hostels-project-lambeth/
e https://www.leedsandyorkpft.nhs.uk/get-involved/rainbow-alliance/
f https://www.sifafireside.co.uk/
g https://liferooms.uk/
h https://www.pathfinderwestsussex.org.uk/about-us
i https://www.cpft.nhs.uk/Documents/Miscellaneous/Prism%20leaflet%20Feb%202018.pdf
j https://www.stpetersmedicalcentre.co.uk/practice-information/
k https://www.cnwl.nhs.uk/service/westminster-older-people-community-mental-health-team/
l https://www.certitude.london/
m https://www.lancashirecare.nhs.uk/Community-Restart
n https://connectingpeople.net/
o http://www.coventry.gov.uk/thepod
p https://www.england.nhs.uk/blog/plotting-the-right-path-with-care-navigators/
q https://www.slam.nhs.uk/patients-and-carers/patient-information/healthlocker

Annex B: Complexity of mental health problems within this Framework

Complexity

The term “complexity” is used to capture the different requirements for services that people with mental health problems have, ranging from “less complex” to “complex” and to “more complex”. People may move between levels of complexity as their needs change.

Diagnosis alone does not always give a clear indication of complexity. For example, a person with a psychotic disorder may function very well and need limited help and support in managing their condition, whereas a person with chronic depression and diabetes may have more complex needs that require the support of a specialist multidisciplinary mental health team.

Complexity is cumulative and influenced by the following factors:

- nature, duration and severity of mental health problems (including comorbidity and neurodevelopmental disorders)
- co-occurring drug and alcohol-use disorders
- problems associated with ageing, such as frailty
- nature, duration and severity of coexisting physical health problems
- availability and quality of personal and social support and networks
- associated functional impairment
- effectiveness of current or past treatment and/or support
- services’ ability to engage with people and be accessible.

Appendix 2 – Community mental health transformation background information

The NHS Long term Plan provides an opportunity for us to design and implement new models of integrated primary and community care for adults and older adults with severe mental illnesses, incorporating care for people with eating disorders, mental health rehabilitation needs and complex mental health difficulties associated with a diagnosis of a 'personality disorder', among other, and they will be built around Primary Care Networks (PCN).

1.1 In Cheshire and Wirral Partnership (CWP) NHS Foundation Trust, adults with a variety of differing mental health needs are managed by a variety of community mental health services. Across the Trust footprint there are several primary and secondary care mental health services, including IAPT, Primary Care Mental Health Community Services for adults and Older Adults with Serious Mental Ill-health (SMI), organic disorders and eating disorders, but there is significant variation in the service offered across the trust for people with personality disorders and a lack of a community rehabilitation service. Additionally, there is variation, in place, of the services offered by CWP due to commissioning arrangements, i.e. IAPT in Wirral is provided by one of our partners Insight Healthcare.

1.2 Each service has their own pathways, thresholds and entry criteria and these pathways may not always link together in a way that allows a seamless transition for the person accessing the service. Instead people are sometimes 'handed off' through being discharged and referred into different teams as their needs change and can end up stranded between thresholds and criteria. Services remain 'deficit focussed' and it is recognised that there is room for improvement in moving towards a strengths-based model focussed on interventions and outcome focussed care.

1.3 The community teams continue to have traditional multi-disciplinary input and there is a need to incorporate new evidence around peer support input, social prescribing and focus on improving quality of life. Transition out of services back to primary care (GPs) can seem challenging, with people accessing services and general practices reporting that they sometimes struggle to get support once a discharge from community mental health has happened.

1.4 As a result of this there has been some role development (Additional Role Reimbursement Scheme – ARRS) in primary care networks (PCN) in an attempt to manage this lack of support. However, the primary care workforce does not always have the level of expertise or capacity to support MH provision within communities. Because of the way services have been developed we sometimes see "silo working" across health and social care and the third sector. This can make it difficult for people to navigate and understand, particularly if they are unwell or distressed.

1.5 There are currently a number of challenges in the functioning of Community Mental Health Teams, based on feedback from staff; variation in assessment to treatment timeframes, people receiving multiple assessments, most stable patients being looked after by the most skilled practitioners, use of workforce skills and capacity and consistent interventions and outcomes for patients.

1.6 In 2018, NHS England commissioned the development of a new vision for community mental health services. This was developed by a multi-agency expert reference group working with the Royal College of Psychiatrists National Collaborative Centre for Mental Health. After a year of deliberation and research this group delivered their findings to NHS England, who identified nearly a billion pounds nationally to fund it via a four-year programme outlined in the NHS Long Term Plan.

1.7 The programme is now in its 3rd year of a four-year programme to transform our community mental health services in Cheshire and Wirral in line with this vision. Funding is received from NHSE and local commissioners to enable us to achieve this as indicated in section 4 below.

1.8 The Cheshire and Wirral Community Mental Health (CMH) Transformation Programme Team has been working to develop a new modern vision for community mental health services in the Cheshire and Wirral area.

1.9 The transformation work being undertaken locally uses the community mental health framework criteria developed by NHS England, including the subsequent 'Roadmap for implementation' but has been locally shaped by our Expert by Experience co-production partners, mental health professionals, local VCSE leaders and via learning from local engagement sessions.

1.10 In Cheshire and Wirral, the work is being led by a multi-agency Transformation Team (led by Cheshire and Wirral Partnership NHS Foundation Trust), that includes local Experts by Experience, mental health professional Clinical Leads, local VCSE organisations, Local Authorities and is supported by Rethink Mental Illness.

<u>Co-production</u>

One of the key principles of the new model for CMH for Cheshire and Wirral is that every aspect of it should be co-produced with people who use services and people who live locally in the community. In Cheshire and Wirral, the CMH Transformation Team have been very fortunate to be advised and supported by a group of Expert by Experience leaders and by a range of voluntary sector experts and leaders via our expanding Voluntary Sector Alliances.

Partnership working

This transformation involves a range of partners, who are working together to deliver a fully integrated community-based model of personalised care and support for people with severe mental illness:

1.11 In addition to local partners, we have also taken on learning from other areas and organisations undergoing CMH transformation

Examples of this are:

- Implementing the Dialog plus outcomes framework developed by East London Foundation Trust
- Developing a primary care mental health system with advice from Cambridge and Peterborough and Coventry and Warwickshire Transformation partnerships
- Developing a voluntary sector alliance based on advice from colleagues in Somerset, Newcastle, and Durham
- Developing our engagement project with information and ideas from Manchester, Leeds, and Newcastle transformation programmes.

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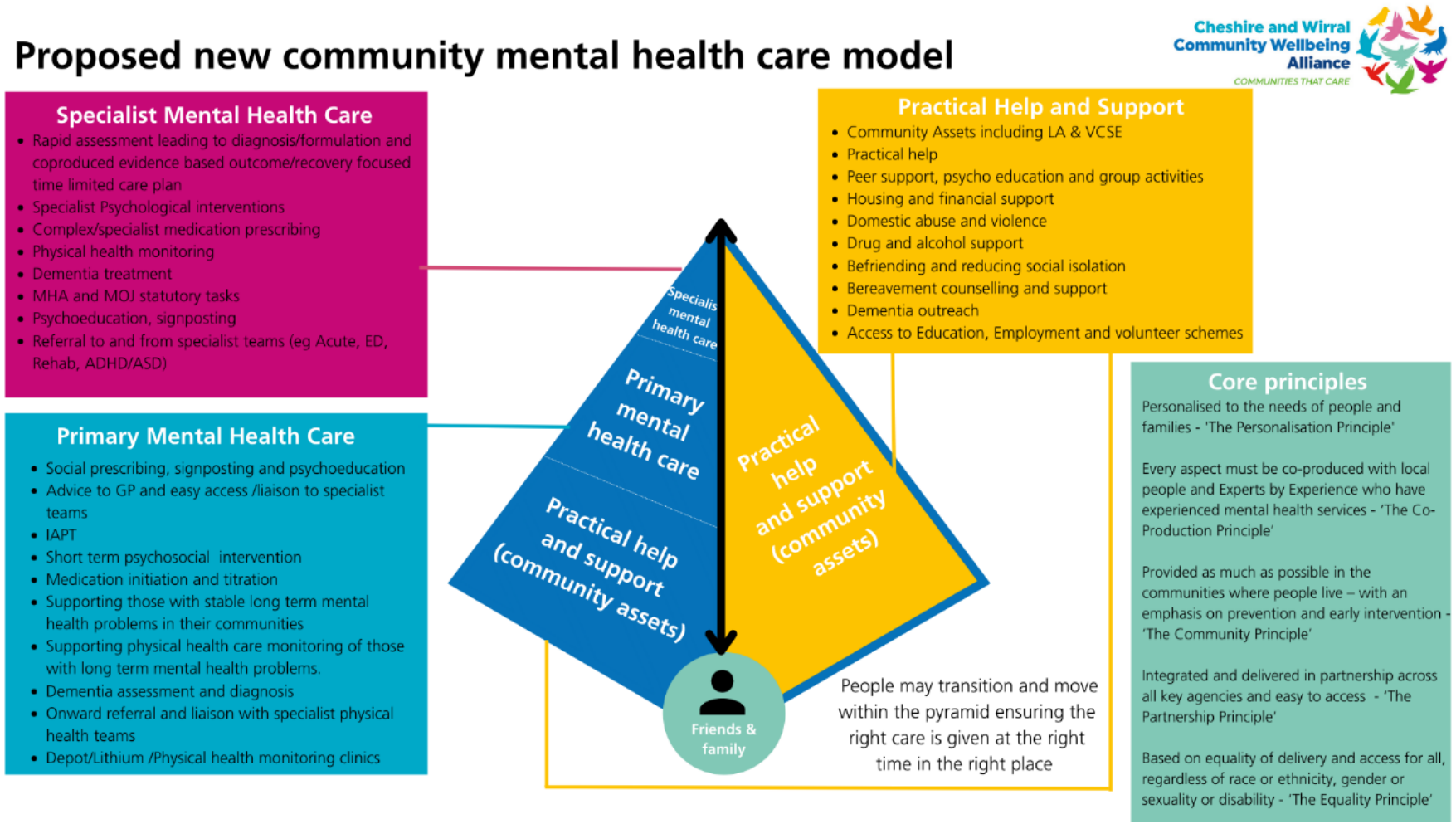
Appendix 3 – Community Mental Health Transformation Draft Model of Care

This diagram is a visual representation of our emerging Core model and our vision for how we would like services to work in future:



1.0 The structure and core values underpinning the model are:

- People who use services are at the centre of the Cheshire & Wirral community mental health vision
- We recognise that communities, friends, and family are the most important part of peoples support networks and that preventative support services should be easily available where people live and include those important to them – building on people's strengths and resources.
- General Practitioners are often the first port of call for people experiencing mental health issues. The Cheshire and Wirral vision supports the development of Primary Care Networks/Neighbourhoods with integrated multidisciplinary mental & physical health support systems in place, backed up by our community connector programmes and strong links to social prescribing, psychological support services, social care, housing and VCSE organisations.

1.1 <u>Accessibility</u>

Gathered around these key services are a range of community support agencies and specialist mental health services that people should be able to access easily when needed, or that are needed to support people's recovery and good mental wellbeing. These will include:

- Community Mental Health Teams: CMHTs based much more in the communities they serve, with an emphasis on prevention and recovery-based support.

- Rehabilitation service: The Community Rehab Service is being developed within the workstreams as a Mental Health Intensive Support Team – working with people in long term inpatient care and supporting their return to the community when possible in partnership with housing and social care agencies.

- Complex Needs Service: Developed to support people who have the most complex mental health issues and intensive need for support. Supportive, trauma informed interventions to help improve people's lives. Backed up by specialist psychological and social care support where needed

- Eating Disorders Service: A new specialist support service for adults (and young people in transition to adult services). Based on the latest therapeutic support and evidence-based research.

- Older Peoples Services: The CMH Transformation Team are developing the older peoples services with the social care and VCSE providers who deliver services to this group and in line with the NHSE “15 Aspects to Consider When Designing Community Mental Health Services to Meet the Needs of Older Adults”.

- Social Care and Housing support: The core model sees social care, housing and public health as key partners working alongside Primary and Secondary NHS services and VCSE partners to provide mental health support in the community.

1.2 A place-based approach

The Cheshire and Wirral commitment is that these services should be based ‘at place’ or within the communities that people live and work in. This will require a fundamental change to delivering mental health and social care services in local community hubs and primary care centres.

1.3 A personalised approach

This model is based on the idea of person-centred assessment, care planning and support. Over many years, both Social Care and the NHS have developed different ways of trying to ensure that people feel choice and control in their own mental health care and support. Some of the ways that the CMH Transformation Team will develop this personalised approach are via:

- Social Prescribing
- Social Care Direct Payments and Personal Budgets
- NHS Personal Health Budgets
- Personalised Care Planning and support

1.4 Dialog Model

Currently the CMH Transformation team are looking at the Dialog model (https://www.elft.nhs.uk/dialog) developed by East London NHS Trust as a way of improving our care planning and introducing a person-centred

outcomes framework. There is further work being undertaken to ensure that social care assessment criteria under the care act and s117 aftercare is included or linked.

1.5 Local Authorities

Local Authorities and the VCSE and community providers that they commission provide a substantial amount of core services for people with mental health issues living in the community. LAs also have key statutory responsibilities under the Care Act, Mental Health Act and Mental Capacity Act. LAs have responsibility for community Public Health services, which includes physical health and drug and alcohol services. LAs have many years of experience of providing asset-based community support initiatives and personalised care and support. The link to local democracy is also vital in this project.

1.6 Community Green Spaces

Local Authority responsibilities for local community green spaces, housing, planning, advice etc is an essential part of the CMH transformation programme.

1.7 Access to modern, evidence based, interventions

One of the aims of this transformation project is to ensure that people have access to the psychological, medical, social, and practical interventions that they need when they need it. For example:

- Psychological interventions: in our engagement sessions, people told us that they needed easy access, good quality, psychological intervention with low waiting lists to deal with mental health issues effectively.

- Social Care interventions: Many people have health issues that are affected by their social situations. In mental health this is described as a Bio/Social/Psychological approach – where the social determinants of life (housing, work, family, environment, leisure etc) are as important as treatment and diagnosis. This is a key part of our core model.

- Mental Health Interventions: the mental health interventions that are currently provided have been mapped against the new core model. This has shown where our services have areas of strengths but has also demonstrated where colleagues require more training and access to new

skills to be able to provide increased access to the types of interventions that will lead to greatest impact.

1.8 Communities that Care

The Cheshire and Wirral model has a particular focus on agencies working together with communities to support people to live a full and meaningful life and provide the best chance to improve wellbeing and quality of life in the longer term. This approach 'Care Communities' that combines the following:

- Local primary care
- Specialist mental health care
- Physical health care
- Social care
- Housing support
- Employment support
- Debt and financial advice support
- Volunteering and other activities
- Community Interest activities – access to green space and leisure
- Peer support (people with lived experience working within services)

1.9 A primary care-led approach to mental health

There are 24 Primary Care Networks (neighbourhoods/Care Communities) across Cheshire and Wirral who will be working together as a key part of this service in April 2023.

The aim is to work across these groups to ensure that there is a consistent and stable mental health offer in each area. This will include access to psychological therapies and the development of new roles working to strengthen the bridge between primary and secondary care and ensure easy access to both services.

The transformation of services will also see the adoption a multi-disciplinary approach to primary care mental health support – ensuring that there is access to personalised social care and advice services when needed.

1.10 The role of VCSE Alliances and community groups

The voluntary and community sector has a vital and important role in the CMH Transformation within Cheshire and Wirral. Working with Rethink Mental Illness, three VCSE-led Alliances in Cheshire East, Cheshire West and Wirral

are being developed. Each Alliance will be independent with a Terms of Reference, agreed membership and Governance process.

Each Alliance will act as a 'VCSE voice' working in partnership alongside NHS and LA colleagues. A VCSE Alliance can ensure that the voluntary and community groups have a joint voice in local planning and developments. The Alliance can work to respond to need e.g. developing the approach to primary care or improving community provision in an area. A VCSE Alliance ensures that smaller organisations get a voice and that community resources are distributed more equitably.

In Wirral, the CMH Transformation Team is supported by Wirral Healthwatch and the Community Voluntary Sector.

To see how a well-established VCSE alliances can work, please go to https://openmentalhealth.org.uk/

WIRRAL

ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Tuesday, 14 June 2022

REPORT TITLE:	**APPOINTMENT TO STATUTORY COMMITTEES, SUB-COMMITTEES AND PANELS AND APPOINTMENT OF MEMBER CHAMPION FOR DOMESTIC ABUSE**
REPORT OF:	**DIRECTOR OF LAW AND GOVERNANCE**

REPORT SUMMARY

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

The report contributes to the Active and Healthy Lives Wirral Plan 2021-2026 Priority.

The report affects wards. It is not a key decision.

RECOMMENDATION/S

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

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

(2) appoint a Member Champion for Domestic Abuse.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 Policy and Services Committees are required to appoint the membership of various panels, statutory / advisory committees and sub-committees, which fall under their remit at the start of each Municipal Year.

1.2 The role of a Member Champion is to become a focus for the Council and Committee, partners, stakeholders and communities in order to:

i. Raise the profile of that highlighted area of the Council and Committee's functions, and in conjunction with the relevant Member(s), officers and partner(s), support community engagement activities and other related publicity campaigns;
ii. Liaise with members, public sector partners and other stakeholders to promote key initiatives (as appropriate and required);
iii. Act as an advocate for that highlighted area of the Council and Committee's functions and be required to familiarise themselves with related matters.
iv. Seek out and share best practice from other areas of the UK;
v. Periodically present reports to the members of their Committee or other committees (as necessary and requested) setting out the actions taken and how those actions have contributed to the success and promotion of that highlighted area of the Council and Committee's functions;
vi. Present, as appropriate, research papers and suggest new initiatives and ideas relating to highlighted area of the Council and Committee's functions for consideration by the Committee(s) or Council.

1.3 To enable the Joint Strategic Commissioning Board Sub-Committee to exercise delegated authority on behalf of the Council in respect of pooled funding arrangements with the NHS.

2.0 OTHER OPTIONS CONSIDERED

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

2.2 The Joint Strategic Commissioning Board Sub-Committee could consist of a different number of Members on a politically proportionate balance.

3.0 BACKGROUND INFORMATION

The Discharge from Guardianship by Wirral Council under the Mental Health Act 1983 Panel

3.1 The Discharge from Guardianship by Wirral Council under the Mental Health Act 1983 Panel was retained during 2021/2022 with full delegated authority.

3.2 The Committee is asked to appoint three or more members and named deputies from the Adult Social Care and Public Health Committee, as necessary, to serve on the Discharge from Guardianship by Wirral Council under the Mental Health Act 1983 Panel for the 2022/23 municipal year.

Appointment of Members to the Joint Strategic Commissioning Board Sub-Committee

3.3 A Sub-Committee of three (3) or more members of the Adult Social Care and Public Health Committee, subject to politically balance, to sit in common or jointly with representatives of the National Health Service and to exercise delegated authority on behalf of the Council in respect of:

(a) pooled funding arrangements with the NHS or other governmental bodies;
(b) the place based health and care arrangements as may be provided for by legislation; and
(c) such other commissioning, strategic design quality and performance of health and care services across the Borough of Wirral, including the outcomes and quality of those services,

within the terms of reference of the Adult Social Care and Public Health Committee, that the Committee may from time to time determine shall be the responsibility of the Sub-Committee.

Appointment of Member Champion for Domestic Abuse

3.6 Member Champions associated with the pledges of the Wirral Plan were created in 2015 to support Cabinet Portfolio holders and were brought to an end in 2019.

3.7 Champions for three specific areas, prompted by the involvement of outside agencies and requests, have existed for several years in respect of an Armed Forces Champion, Heritage Champion and the Domestic Abuse Champion.

3.8 With the introduction of the committee system, some roles will automatically continue or be subsumed into the chairing role, such as the Armed Forces Champion being the Mayor and the Risk Champion being the Chair of Audit and Risk Management Committee.

3.9 The Adult Social Care and Public Health Committee is asked to appoint a Member Champion for Domestic Abuse.

4.0 FINANCIAL IMPLICATIONS

4.1 No allowance or other remuneration shall be paid to Member Champions for performing the role.

4.2 Whilst expenses may be met for engagements with outside bodies or public occasions as approved by the relevant lead officer or the Committee, there are no direct financial implications to as a result of these recommendation.

5.0 LEGAL IMPLICATIONS

5.1 Under Section 23 of the Mental Health Act 1983 as amended an order for discharge can be made in respect of a patient who is subject to guardianship by the responsible clinician, by the Local Social Services Authority or by the nearest relative of the patient. Should an individual who is subject to Guardianship request that the Local Social Services Authority exercise its power to discharge a Guardianship Order this function must be exercised by three or more Members of the authority.

5.2 There is a requirement under the Council's Constitution to appoint a Member Champion for Domestic Abuse.

5.3 The Health and Care Act 2022 sets out the requirement for joint arrangements between the Local Authority and the Integrated Care Board.

6.0 RESOURCE IMPLICATIONS: ICT; STAFFING AND ASSETS

6.1 There are none arising directly from this report.

7.0 RELEVANT RISKS

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

7.2 All relevant risks have been considered and the below working arrangements approved by Council;

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

8.0 ENGAGEMENT / CONSULTATION

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

9.0 EQUALITIES IMPLICATIONS

9.1 There are none arising directly from this report.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 There are none arising directly from this report.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 There are none arising directly from this report.

REPORT AUTHOR: **Dan Sharples**
Democracy Business Manager
telephone: 0151 666 3791
email: Danielsharples@wirral.gov.uk

APPENDICES

N/A

BACKGROUND PAPERS

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

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Public Health Committee **Council** **Adult Social Care and Public Health Committee** **Council** **Council** **Council**	**7 June 2021** **26 May 2021** **13 October 2020** **28 September 2020** **14 May 2019** **15 May 2018**

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WIRRAL

ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Tuesday, 14 June 2022

REPORT TITLE:	**JOINT HEALTH SCRUTINY**
REPORT OF:	**DIRECTOR OF LAW AND GOVERNANCE (MONITORING OFFICER)**

REPORT SUMMARY

In response to the proposed establishment of Integrated Care Systems in England under the Health and Care Act 2022, Chief Executives across Cheshire and Merseyside agreed to progress work to establish a standing Cheshire and Merseyside Joint Health Scrutiny Committee for an initial period 18 months with to Knowsley Borough Council as the lead local authority.

A Joint Health Scrutiny Working Group was established to draft the necessary documentation for the Standing Joint Health Scrutiny Committee, and the protocol for the Committee is attached at Appendix 1. As part of the work, it was proposed that the existing protocol for local Joint Health Scrutiny Committees be amended to accord with the new standing Joint Health Scrutiny Committee, and the revised protocol is attached at Appendix 2.

This report seeks the Committee's adoption of the two protocols for the establishment of Joint Health Scrutiny Committees, and nominations to serve on the Committees.

RECOMMENDATION/S

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

(1) adopt the Cheshire and Merseyside Integrated Care System Joint Health Scrutiny Committee protocol.

(2) adopt the revised Joint Health Scrutiny Committee protocol.

(3) authorise the Monitoring Officer as proper officer to carry out the wishes of the Group Leaders in allocating Members to membership of the Joint Health Scrutiny 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.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 To ensure that Wirral Council is able to engage in effective Overview and Scrutiny of the Integrated Care System at a Cheshire and Merseyside Level.

2.0 OTHER OPTIONS CONSIDERED

2.1 Not to adopt the Joint Health Scrutiny Protocols. This would mean that Wirral Council would not be able to appoint to and engage in the Joint Health Scrutiny Committee.

3.0 BACKGROUND INFORMATION

Cheshire and Merseyside Integrated Care Services Joint Health Scrutiny Committee

3.1 In response to the proposed establishment of Integrated Care Systems in England under the Health and Care Act 2022, a briefing note was considered by Cheshire and Merseyside Chief Executives on 13 December 2021 outlining a number of recommended actions to ensure that joint health scrutiny arrangements in Cheshire and Merseyside are fit to meet the challenge of the new statutory Integrated Care System (ICS) arrangements.

3.2 At the time of consideration it was anticipated that actions would need to be taken prior to April 2022 to meet the government's anticipated timescale for transition to Integrated Care Systems. However, the government confirmed on 24 December 2021 that the transition to ICS arrangements would take place no earlier than July 2022. At the time of writing, the Health and Care Bill remains subject to parliamentary approval.

3.3 An officer working group was established to develop a protocol for the Standing Joint Health Scrutiny Committee, which has met on a fortnightly basis to agree the arrangements for the establishment of the Joint Health Scrutiny Committee. The Working Group has drafted a Joint Committee Arrangements document (Attached as Appendix 1) to outline how the standing joint committee will operate. The main features of the document are as follows:

- Funding – working group consensus was that a flat rate of £10,000 be paid by each authority (18 months)
- Membership – working group agreed that each authority should nominate 2 representatives to serve on Committee.
- Political balance – working group recognised the need to ensure that membership had to reflect the aggregate political balance across the nine authorities. This would be subject to annual calculation and would require compromise between the authorities to secure balance on each occasion.
- Joint Committee remit – This would just cover the ICS responsibilities exercised at Cheshire and Merseyside level plus any proposals for changes in

health services that not only impact all nine areas but was also considered to be a substantial change by each of the nine.

3.4 The Working Group has also taken the opportunity to review and update the existing Joint Health Scrutiny Protocol (Attached at Appendix 2) to ensure that the framework for the operation of joint health scrutiny committees regarding substantial developments and variations of the health service across Cheshire and Merseyside was consistent with the arrangements for the new standing committee. Whilst it is anticipated that the Health and Care Act will remove the right of scrutiny to refer to the Secretary of State, the latest guidance indicates that any changes to these powers would not come into effect until 2023 at the earliest.
The proposed revisions relate to:

- Quorum – an increase to one third from one quarter to guarantee appropriate level of attendance.
- Political balance – to align the provisions within the protocol with those proposed to be adopted for the Standing Joint Committee.

3.5 The Joint Health Scrutiny Working Group will continue to meet over the coming weeks to progress other work in preparation for the Standing Joint Committee. This work includes drafting the procedure rules that the Committee will consider at its first meeting.

3.6 All elected members in the authorities will be entitled to serve on the joint committee other than executive members and those elected members appointed to serve on ICS bodies (e.g. on the Cheshire and Merseyside Health and Care Partnership). Each of the authorities nominating representatives to serve on the Joint Committee will be expected to do so in accordance with the political balance that applies in their respective authorities, adjusted to take account of the overall political balance across the nine authorities. The allocation of seats by both area and party based on two members per authority to secure overall political balance within Cheshire and Merseyside requires Wirral Council to appoint one Labour Councillor and one Conservative Councillor.

Joint Health Scrutiny Arrangements

3.6 The Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 came into effect on 1 April 2013 revising existing legislation regarding health scrutiny.

3.7 Ultimately the regulations place a requirement on relevant scrutiny authorities to reach a view on whether they are satisfied that any proposal that is deemed to be a substantial development or variation is in the interests of the health service in that area, or instead, that the proposal should be referred to the Secretary of State for Health. Where such proposals impact on more than one local authority area, each authority's health scrutiny arrangements must consider whether the proposals constitute a substantial development or variation or not. The regulations place a requirement on those local authorities that agree that a proposal is substantial to establish, in each instance, a joint overview and scrutiny committee for the purposes

of considering it. As a result a protocol has been established to deal with the proposed operation of such arrangements for the local authorities of Cheshire and Merseyside and is attached at Appendix 1 to the report.

3.8 Following the proposed establishment of the Standing Cheshire and Merseyside Joint Health Scrutiny Committee for all 9 authorities and the accompanying protocol, the existing protocol for Joint Health Scrutiny for between 2 and 8 authorities has been amended in order that it is in line with the new protocol. The revised protocol is attached at Appendix 2 and a summary of changes is listed at 3.9.

3.9

Section	**Change**
	References throughout the document to the right of scrutiny to refer to the Secretary of State will be retained for this year. Whilst it is expected that the new legislation will remove these powers, the latest guidance from CFGS indicated that any changes would not come into effect until 2023.
Section 4, Principles	Wording added to the last bullet point to reference 'impact on health staff' as a consideration.
Section 6.3, Membership	The inclusion of arrangements for achieving political balance in line with the arrangements for the new standing committee which will be politically balanced across all nine authorities. In practical terms this would mean that a calculation of political balance across all participating authorities would need to be carried out prior to any joint committee consisting of between 2 and 8 authorities. Membership would need to reflect the collective political balance of the participating areas. This would place the onus on the lead authority to do this calculation in each case.
Section 6.5, Quorum	Quorum to be 1/3 of the membership instead of ¼, in line with the Standing Joint Health Scrutiny protocol
Section 6.7, Nomination of a Chair	The Chair being nominated from the host / lead authority be removed from the protocol in line with the Standing Joint Health Scrutiny protocol
Section 8	Reference to Scrutiny of the Cheshire and Merseyside Integrated Care System and the standing Joint Health Scrutiny Committee

3.10 The procedure for appointing members and declaring changes as 'substantial' are detailed within the protocol at Appendix 2.

3.11 Political Group Leaders are asked to appoint three members to the Joint Health Scrutiny Committee, politically balanced to accord with Wirral Council's proportionality. However, there is a requirement for the joint committee itself to be politically balanced, therefore depending on which other authorities are part of the Joint Committee, the members Wirral need to appoint may not accord with the political balance of the Council. Under these circumstances, Political Group Leaders would be asked to re-appoint based on the required political makeup of the Joint Committee.

4.0 FINANCIAL IMPLICATIONS

4.1 Appointment to the Joint Scrutiny Committee does not include entitlement to a Special Responsibility Allowance but travel and subsistence is covered by the Members' Allowances Scheme.

4.2 To support the Joint Health Scrutiny Committee, it is intended that a temporary Scrutiny Manager be appointed at a cost of £90k with each authority contributing £10k.

5.0 LEGAL IMPLICATIONS

5.1 Under The Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 local authorities are required to establish a joint scrutiny committee for the purpose of considering consultations by a relevant NHS body or provider of NHS funded Services where such proposals impact on more than one local authority area and where more than one authority agrees that the proposal is a substantial development or variation to the health service in that area.

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 By not appointing Members to the Joint Health Scrutiny Committee, the views of Wirral Council and its residents will not be represented although changes will affect Wirral residents as much as in other authority's areas.

8.0 ENGAGEMENT/CONSULTATION

8.1 Officers across all 9 authorities in Cheshire and Merseyside have been involved in the development and updating of the Joint Health Scrutiny protocols.

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 This report requires the Committee to adopt a working protocol therefore there are no direct equality implications.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 There are no direct environment and climate implications.

11.0 **COMMUNITY WEALTH IMPLICATIONS**

11.1 There are no direct Community Wealth implications.

REPORT AUTHOR: **Dan Sharples**
telephone: 0151 666 3791
email: danielsharples@wirral.gov.uk

APPENDICES

Appendix 1: Protocol for the Standing Joint Health Scrutiny Arrangements for Cheshire and Merseyside
Appendix 2: Protocol for Establishment of Joint Health Scrutiny Arrangements for Cheshire and Merseyside

BACKGROUND PAPERS

Protocol for Establishment of Joint Health Scrutiny Arrangements for Cheshire and Merseyside
Wirral Council's Constitution

SUBJECT HISTORY (last 3 years)

Council Meeting	**Date**
Partnerships Committee	13 January 2021 29 June 2021

CHESHIRE AND MERSEYSIDE INTEGRATED CARE SYSTEM JOINT HEALTH SCRUTINY COMMITTEE

JOINT COMMITTEE ARRANGEMENTS DOCUMENT

Interpretation

In this document the following expressions shall have the following meanings:

- the following local authorities are referred to singularly as 'Authority' and together as 'the Authorities'

    a) Cheshire East Council;
    b) Cheshire West and Chester Council
    c) Halton Borough Council
    d) Knowsley Borough Council;
    e) Liverpool City Council;
    f) St. Helens Borough Council;
    g) Sefton Borough Council;
    h) Warrington Borough Council;
    i) Wirral Borough Council;

- the "Cheshire and Merseyside (ICS) Joint Health Scrutiny Committee" means the Joint Health Scrutiny Committee established by the Authorities to hold to account and scrutinise the work of the Integrated Care System at Cheshire and Merseyside level;

- the "Secretariat" means the financial, administrative, scrutiny and other officer support to the Joint Committee;

- the "Host Authority" means the council which hosts the Secretariat at the relevant time;

- the "Joint Committee Arrangements Document" means this document, as amended from time-to-time;

- the "Rules of Procedure" means the rules of procedure as agreed by the Joint Committee from time to time;

- "the Act" means the National Health Service Act 2006

- the "2013 Regulations" means the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

The conduct of the Joint Committee and the content of this document shall be subject to the relevant legislative provisions, in particular Sections 244 and 245 of the Act (as amended) as well as the 2013 regulations, and in the event of any

conflict between the relevant legislative provisions/ regulations and this Joint Committee Arrangements Document, the requirements of the legislation/ regulations will prevail.

1. Background

1.1 The Health and Care Act 2022 confirms new structural arrangements for health governance through the formal establishment of Integrated Care Systems (ICSs) for specific geographical areas. ICSs will comprise:

1.1.1 an Integrated Care Board (ICB) in which will be vested statutory responsibilities and duties related to arranging for the provision of relevant hospital and health services for its area; and

1.1.2 an Integrated Care Partnership (ICP) which is a joint committee established by the ICB and the Authorities within the ICS area. The ICP is primarily charged with setting the strategic framework (an Integrated Care Strategy) for its area within which the ICB, NHS England and the Authorities, will be expected to exercise their respective functions to meet the area's assessed needs.

1.2 In Cheshire and Merseyside:

1.2.1 The ICS is known collectively as NHS Cheshire and Merseyside ICS.

1.2.2 The ICB is known as NHS Cheshire and Merseyside ICB

1.2.3 The ICP is known as the Cheshire and Merseyside Health and Care Partnership.

1.3 Under Section 245 of the Act and Regulation 30 of the 2013 Regulations, two or more Authorities may form a joint health scrutiny committee and arrange for relevant health scrutiny functions to be exercised by that joint committee.

1.4 In 2014, all nine Cheshire and Merseyside Authorities gave their approval to a "Protocol for Establishment of Joint Health Scrutiny Arrangements for Cheshire and Merseyside". This protocol was developed in accordance with the Act and the 2013 Regulations. Substantively it provides a framework for the mandatory establishment of ad hoc joint committees where 2 or more of the authorities deem a service change proposal to be a substantial variation in those services. Nevertheless, the protocol, in accordance with legislation, provides for the establishment of discretionary joint health scrutiny arrangements, where deemed appropriate, with the scope to review and scrutinise any matter relating to the planning, provision and operation of the health service.

1.5 In the context of the establishment of the statutory ICS arrangements for Cheshire and Merseyside, it has been deemed appropriate to establish a standing joint health scrutiny committee which will have the opportunity to take on the Authorities' collective statutory responsibility to oversee and scrutinise the operation of the ICS at Cheshire and Merseyside Level:

1.6 The Authorities by being parties to this Joint Committee Arrangements Document signify their agreement to its terms. Each Authority and each Member of the Joint Committee established under the terms of this document must therefore comply with its provisions.

1.7 The Joint Committee must have regard to the relevant legislation, including the Local Government Act 1972, regulations related to health scrutiny and to any statutory guidance issued in this respect.

2. Functions of the Joint Committee

2.1 The functions of the Joint Committee — to be known as the "Cheshire and Merseyside Integrated Care System Joint Health Scrutiny Committee"— are to be exercised with a view to supporting the effective planning, provision, and operation of health services at Cheshire and Merseyside level. This will include promoting transparency in how the ICS fulfils its responsibilities within Cheshire and Merseyside.

2.2 The overarching role of the Joint Committee is to scrutinise the work of the ICS in the discharge of its statutory responsibilities and functions at Cheshire and Merseyside level in order to support their effective exercise and, where appropriate to make reports or recommendations to the ICS.

2.3 In specific terms the Joint Committee's role will include the duties/ functions set out below:

- To be consulted and provide feedback on the development of an integrated care strategy for Cheshire and Merseyside;

- To review and scrutinise any matter relating to the planning, provision and operation of the health service at Cheshire and Merseyside level only;

- To be consulted by a relevant NHS body (e.g. NHS Cheshire and Merseyside Integrated Care Board) on any service change proposals that has previously been deemed by all nine authorities to constitute a substantial variation in services.

- To consider the merits of any service change proposals that have been deemed to be a substantial variation in services by all nine authorities and to exercise the collective statutory responsibilities of the authorities in relation to responding to such consultation by the proposer.

3. Operating Arrangements

3.1 Knowsley Borough Council shall act as the Host Authority and arrange for the necessary officer support in doing so. In this respect Knowsley Borough Council will be provide the Secretariat.

3.2 The Joint Committee initially shall be made up of 18 elected members in accordance with the provisions of the current Joint Health Scrutiny Protocol.

4. Council Membership

4.1 All elected members in the authorities will be entitled to serve on the joint committee other than executive members and those elected members appointed to serve on ICS bodies (e.g. on the Cheshire and Merseyside Health and Care Partnership)

4.2 Each of the authorities nominating representatives to serve on the Joint Committee will be expected to do so in accordance with the political balance that applies in their respective authorities, adjusted to take account of the overall political balance across the nine authorities.

4.3 The allocation of seats by both area and party for 2022/ 2023 based on two members per authority is therefore as follows in order to secure overall political balance within Cheshire and Merseyside:

Authority	Labour	Liberal Democrat	Conservative	Green	Ind	Total
Cheshire East	1				1	2
Cheshire West and Chester	1		1			2
Halton	2					2
Knowsley	1			1		2
Liverpool	1	1				2
St. Helens	1				1	2
Sefton	1	1				2
Warrington	1		1			2
Wirral	1		1			2
Total	**10**	**2**	**3**	**1**	**2**	**18**

4.4 The allocation of elected member places on the Joint Committee will be reviewed on an annual basis, ordinarily in the period following the date of the

municipal elections. In years where municipal elections do not take place, the review will need to have taken place by 15 May in that year.

4.5 Taking into account the outcome of such a review, Elected Members will be appointed by their respective Authorities in accordance with the constitutional procedures applicable in those Authorities. In any event, each Authority will ordinarily be expected to appoint their representatives no later than 31 May in each year.

4.6 The term of office of each Authority representative appointed shall be a period of 1 year or until 31 May of the following year, whichever is the earlier. This term of office is however subject to the appointed Member remaining as an Elected Member during the term of office. In the event of a Joint Committee Member ceasing to be an elected member during the course of their term of office as a Joint Committee Member, their entitlement to serve on the Joint Committee will also cease at that point.

4.7 Each appointment may be renewable on an annual basis, subject to the decision of the respective Authority and the continuing entitlement of the appointee to serve on the Joint Committee.

5. Elected Members – Resignation or Removal from the Joint Committee

5.1 An Authority may decide, in accordance with its procedures, to remove one of its Members from the Joint Committee at any time prior to conclusion of that Member's term of office, and upon doing so shall give written notice to the Secretariat of the change in its Member.

5.2 An Elected Member representative may resign from the Joint Committee at any time by giving notice to his or her appointing council who will inform the Secretariat.

5.3 In the event that any Elected Member resigns from the Joint Committee, or is removed from the Joint Committee by his or her Authority, the Authority shall immediately take the appropriate constitutional steps to nominate and appoint an alternative Member to the Joint Committee, in accordance with the agreed Joint Committee arrangements.

5.4 Where an Elected Member fails to attend meetings of the Joint Committee over a six-month period or for 3 consecutive meetings then the Secretariat shall recommend to the relevant Authority that due consideration is given to removing the member from the appointment to the Joint Committee and the appointment of a replacement member from that Authority.

5.5 Where it becomes clear that an Elected Member has ceased to represent the political group for which they were nominated by their respective Authority, either through withdrawal of the whip, suspension, or expulsion from the

relevant group, that Member shall be immediately removed from the Joint Committee's Membership. In these circumstances, the relevant Nominating Authority will be obliged to take the appropriate steps, including liaison with the relevant political group, to nominate, at the earliest opportunity an alternative Member to the Joint Committee, in accordance with the allocation of seats at paragraph 4.3 above, so as to ensure the Joint Committee appropriate political balance is maintained.

6. Financial Arrangements

6.1 The funding provided by the authorities collectively to support the work of the Joint Committee will be received by the Host Authority.

6.2 Each Authority will pay directly any expenses claimed by its own nominated representatives in the course of their duties on the Joint Committee.

6.3 The Host Authority will establish an independent remuneration panel to consider whether a Special Responsibility Allowance (SRA) should be paid to the Chairperson of the Joint Committee or any other Joint Committee Member, and if so, what the level of that SRA should be. If the Authorities subsequently decide, based on the recommendations of the independent remuneration panel that an SRA will be paid, the Authorities will be required to reach agreement on how the costs of the SRA will be apportioned between them.

6.4 The financial arrangements for the Joint Committee will be reviewed each year by the Authorities. If in subsequent years, the Joint Committee considers that the funding available to support its activities is insufficient to support it in carrying out its functions, it may make a request to the Authorities to approve additional funding. If additional funding is approved, the Authorities will decide how, the additional costs will be apportioned between them.

7. Promotion and Support of the Joint Committee

7.1 The Joint Committee shall be promoted and supported by the Host Authority and the Secretariat through:

(a) The inclusion of dedicated webpages on the work of the Joint Committee, with the publication of meeting agendas; minutes; and papers where those papers are public, in line with the rules of procedure and legal obligations under the Local Government Act 1972. All reports and recommendations made, with responses from the ICS will be published. Information on member attendance and other publications will be included, as required on the webpages;

(b) Other relevant administrative, financial, legal, communications and scrutiny officer support as appropriate.

7.2 The costs of any additional promotion work identified above will be identified as part of financial arrangements to be agreed by the Authorities as set out in section 6 above.

7.3 The Joint Committee shall be promoted and supported by each Authority including:

(a) Ensuring that briefings take place on the work of the Joint Committee for members and officers at Authority level to ensure they are fully informed about relevant matters.

(b) Information on each respective website about the work of the Joint Committee and links to the main webpages.

(c) Sharing of information on the work of their respective designated statutory Health Scrutiny Committee in order to ensure that the work programme of the Joint Committee complements local scrutiny work and vice-versa.

(d) Co-operating to ensure that the Joint Committee, where appropriate, is provided with additional officer support for research, training and development or other areas of expertise.

7.4 The elected members on the Joint Committee will provide a communication channel between the Joint Committee and their respective appointing Authorities. They will report back to their Authority on the work of the Joint Committee as appropriate and provide support and guidance to their member colleagues and officers of their Authority.

8. Validity of Proceedings

8.1 The validity of the proceedings of the Joint Committee shall not be affected by a vacancy in the membership of the Joint Committee or a defect in appointment.

8.2 All Joint Committee members (including co-opted members) must observe their own authority's Members Code of Conduct and any related Protocols as agreed by the Joint Committee.

9. Review and Amendment of Joint Committee Arrangements

9.1 This Joint Committee Arrangements Document will normally be reviewed on an annual basis by all Authorities jointly.

9.2 Proposed changes to the Joint Committee Arrangements Document can only be made with the collective approval of all the Authorities in the ICS area.

9.3 The Joint Committee may propose amendments to the Joint Committee Arrangements document and any such proposals will be referred to the Authorities and will only be implemented if they are approved by all the Authorities.

APPENDIX B

PROTOCOL FOR THE ESTABLISHMENT OF JOINT HEALTH SCRUTINY ARRANGEMENTS IN CHESHIRE AND MERSEYSIDE

1. INTRODUCTION

1.1 This protocol has been developed as a framework for the operation of joint health scrutiny arrangements across the local authorities of Cheshire and Merseyside. It allows for:

- scrutiny of substantial developments and variations of the health service; and,
- discretionary scrutiny of local health services.

1.2 The protocol provides a framework for health scrutiny arrangements which operate on a joint basis only. Each constituent local authority should have its own local arrangements in place for carrying out health scrutiny activity individually.

2. BACKGROUND

2.1 The relevant legislation regarding health scrutiny is:

- Health and Social Care Act 2012,
- The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013; and
- *The Health and Care Act 2022 (subject to parliamentary approval)*

2.2 In summary, the statutory framework authorises local authorities to:

- review and scrutinise any matter relating to the planning, provision and operation of the health service; and,
- consider consultations by a relevant NHS commissioning body or provider of NHS-funded services on any proposal for a substantial development or variation to the health service in the local authority's area.

2.3 Ultimately the regulations place a requirement on relevant scrutiny arrangements to reach a view on whether they are satisfied that any proposal that is deemed to be a substantial development or variation is in the interests of the health service in that area, or instead, that the proposal should be referred to the Secretary of State for Health and Social Care. In instances where a proposal impacts on the residents of one local authority area exclusively, this responsibility lays with that authority's health scrutiny arrangements alone.

2.4 Where such proposals impact on more than one local authority area, each authority's health scrutiny arrangements must consider whether the proposals constitute a substantial development or variation or not.

The regulations place a requirement on those local authorities that agree that a proposal is substantial to establish, in each instance, a joint overview and scrutiny committee for the purposes of considering it. This protocol deals with the proposed operation of such arrangements for the local authorities of Cheshire and Merseyside.

3. PURPOSE OF THE PROTOCOL

3.1 This protocol sets out the framework for the operation of joint scrutiny arrangements where:

a) an NHS commissioning body or health service provider consults with more than one local authority on any proposal it has under consideration, for a substantial development/variation of the health service;

b) joint scrutiny activity is being carried out on a discretionary basis into the planning, provision and operation of the health service.

3.2 The protocol covers the local authorities of Cheshire and Merseyside including:

- Cheshire East Council
- Cheshire West and Chester Council
- Halton Borough Council
- Knowsley Council
- Liverpool City Council
- St. Helens Metropolitan Borough Council
- Sefton Council
- Warrington Borough Council
- Wirral Borough Council

3.3 Whilst this protocol deals with arrangements within the boundaries of Cheshire and Merseyside, it is recognised that there may be occasions when consultations/discretionary activity may affect adjoining regions/ areas. Arrangements to deal with such circumstances would have to be determined and agreed separately, as and when appropriate.

4. PRINCIPLES FOR JOINT HEALTH SCRUTINY

4.1 The fundamental principle underpinning joint health scrutiny will be co-operation and partnership with a mutual understanding of the following aims:

- To improve the health of local people and to tackle health inequalities;

- To represent the views of local people and ensure that these views are identified and integrated into local health service plans, services and commissioning;

- To scrutinise whether all parts of the community are able to access health services and whether the outcomes of health services are equally good for all sections of the community; and,

- To work with NHS bodies and local health providers to ensure that their health services are planned and provided in the best interests of the communities they serve, taking into account any potential impact on health service staff.

5. SUBSTANTIAL DEVELOPMENT/VARIATION TO SERVICES

5.1 Requirements to consult

5.1.1 All relevant NHS bodies and providers of NHS-funded services[1] are required to consult local authorities when they have a proposal for a substantial development or substantial variation to the health service.

5.1.2 A substantial development or variation is not defined in legislation. Guidance has suggested that the key feature is that it should involve a major impact on the services experienced by patients and/or future patients.

5.1.3 Where a substantial development or variation impacts on the residents within one local authority area boundary, only the relevant local authority health scrutiny function shall be consulted on the proposal.

5.1.4 Where a proposal impacts on residents across more than one local authority boundary, the NHS body/health service provider is obliged to consult all those authorities whose residents are affected by the proposals in order to determine whether the proposal represents a substantial development or variation.

5.1.5 Those authorities that agree that any such proposal does constitute a substantial development or variation are obliged to form a joint health overview and scrutiny committee for the purpose of formal consultation by the proposer of the development or variation.

5.1.6 Whilst each local authority must decide individually whether a proposal represents a substantial development/variation, it is only the statutory joint health scrutiny committee which can formally comment on the

[1] This includes NHS E&I and any body commissioning services to the residents of Cheshire and Merseyside, plus providers such as NHS Trusts, NHS Foundation Trust and any other relevant provider of NHS funded services which provides health services to those residents, including public health.

proposals if more than one authority agrees that the proposed change is "substantial".

5.1.7 Determining that a proposal is not a substantial development/variation removes the ability of an individual local authority to comment formally on the proposal and exercise other powers, such as the power to refer to the Secretary of State. Once such decisions are made, the ongoing obligation on the proposer to consult formally on a proposal relates only to those authorities that have deemed the proposed change to be "substantial" and this must be done through the vehicle of the joint committee. Furthermore the proposer will not be obliged to provide updates or report back on proposals to individual authorities that have not deemed them to be "substantial".

5.1.8 For the avoidance of doubt, if only one authority amongst a number being consulted on a proposal deem it to be a substantial change, the ongoing process of consultation on the proposal between the proposer and the remaining authority falls outside the provisions of this protocol.

5.2 Process for considering proposals for a substantial development/variation

5.2.1 In consulting with the local authority in the first instance to determine whether the change is considered substantial, the relevant NHS commissioning body / provider of NHS-funded services is required to:

- Provide the proposed date by which it requires comments on the proposals
- Provide the proposed date by which it intends to make a final decision as to whether to implement the proposal
- Publish the dates specified above
- Inform the local authority if the dates change[2]

5.2.2 NHS commissioning bodies and local health service providers are not required to consult with local authorities where certain 'emergency' decisions have been taken. All exemptions to consult are set out within regulations.[3]

5.2.3 In considering whether a proposal is substantial, all local authorities are encouraged to consider the following criteria:

- *Changes in accessibility of services:* any proposal which involves the withdrawal or change of patient or diagnostic facilities for one or more speciality from the same location.

[2] Section 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013
[3] Section 24 *ibid*

- *Impact on the wider community and other services:* This could include economic impact, transport, regeneration issues.

- *Patients affected:* changes may affect the whole population, or a small group. If changes affect a small group, the proposal may still be regarded as substantial, particularly if patients need to continue accessing that service for many years.

- *Methods of service delivery:* altering the way a service is delivered may be a substantial change, for example moving a particular service into community settings rather than being entirely hospital based.

- *Potential level of public interest:* proposals that are likely to generate a significant level of public interest in view of their likely impact.

5.2.4 These criteria will assist in ensuring that there is a consistent approach applied by each authority in making their respective decisions on whether a proposal is "substantial" or not. In making the decision, each authority will focus on how the proposals impacts on its own area/ residents.

6. OPERATION OF A STATUTORY JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

6.1 General

6.1.1 A joint health overview and scrutiny committee will be made up of each of the constituent local authorities that deem a proposal to be a substantial development or variation. This joint committee will be formally consulted on the proposal and have the opportunity to comment. It will also be able to refer to the Secretary of State for Health and Social Care if any such proposal is not considered to be in the interests of the health service.

6.1.2 A decision as to whether the proposal is deemed substantial shall be taken within a reasonable timeframe and in accordance with any deadline set by the lead local authority (see section 6.6), following consultation with the other participating authorities.

6.2 Powers

6.2.1 In dealing with substantial development/variations, any statutory joint health overview and scrutiny committee that is established can:

- require relevant NHS bodies and health service providers to provide information to and attend before meetings of the committee to answer questions

- make comments on the subject proposal by a date provided by the NHS body/local health service provider
- make reports and recommendations to relevant NHS bodies/local health providers
- require relevant NHS bodies/local health service providers to respond within a fixed timescale to reports or recommendations
- carry out further negotiations with the relevant NHS body where it is proposing not to agree to a substantial variation proposal; and
- where agreement cannot be reached, to notify the NHS body of the date by which it intends to make the formal referral to the Secretary of State.

6.2.2 A joint health overview and scrutiny committee has the power to refer a proposal to the Secretary of State if:

- the committee is not satisfied that consultation with the relevant health scrutiny arrangements on any proposal has been adequate
- it is not satisfied that reasons for an 'emergency' decision that removes the need for formal consultation with health scrutiny are adequate
- it does not consider that the proposal would be in the interests of the health service in its area.

6.2.3 Where a committee has made a recommendation to a NHS commissioning body/local health service provider regarding a proposal and the NHS body/provider disagrees with the recommendation, the local health service provider/NHS body is required to inform the joint committee and attempt to enter into negotiation to try and reach an agreement. In this circumstance, a joint committee has the power to report to the Secretary of State if:

- relevant steps have been taken to try to reach agreement in relation to the subject of the recommendation, but agreement has not been reached within a reasonable period of time; or,
- there has been no attempt to reach agreement within a reasonable timeframe.

6.2.4 Where a committee disagrees with a substantial variation and has either made comments (without recommendations) or chosen not to provide any comments, it can report to the Secretary of State only if it has:

- Informed the NHS commissioning body/local health service provider of its decision to disagree with the substantial variation and report to the Secretary of State; or,

- Provided indication to the NHS commissioning body/local health service provider of the date by which it intends to make a referral.

6.2.5 In any circumstance where a committee disagrees with a proposal for a substantial variation, there will be an expectation that negotiations will be entered into with the NHS commissioning body/local health service provider in order to attempt to reach agreement.

6.2.6 Where local authorities have agreed that the proposals represent substantial developments or variations to services and agreed to enter into joint arrangements, it is only the joint health overview and scrutiny committee which may exercise these powers.

6.2.7 A statutory joint health overview and scrutiny committee established under the terms of this protocol may only exercise the powers set out in 6.2.1 to 6.2.4 above in relation to the statutory consultation for which it was originally established. Its existence is time-limited to the course of the specified consultation and it may not otherwise carry out any other activity.

6.3 Membership

6.3.1 The participating local authorities must ensure that those Councillors nominated to a joint health overview and scrutiny committee produce a membership that reflects the overall political balance across the participating local authorities. However, political balance requirements for each joint committee established may be waived with the agreement of all participating local authorities, should time and respective approval processes permit.

6.3.2 A joint committee will be composed of Councillors from each of the participating authorities within Cheshire and Merseyside in the following ways:

- where 4 or more local authorities deem the proposed change to be substantial, each authority will nominate 2 elected members

- where 3 or less local authorities deem the proposed change to be substantial, then each participating authority will nominate 3 elected members.

  (Note: In making their nominations, each participating authority will be asked to ensure that their representatives have the experience and expertise to contribute effectively to a health scrutiny process)

Local authorities who consider change to be	**No' of elected members to be nominated from each**

'substantial'	**authority**
4 or more	2 members
3 or less	3 members

6.3.3 Each local authority will be obliged to nominate elected members through their own relevant internal processes and provide notification of those members to the lead local administrative authority at the earliest opportunity.

6.3.4 To avoid inordinate delays in the establishment of a relevant joint committee, it is suggested that constituent authorities either arrange for delegated decision-making arrangements to be put in place to deal with such nominations at the earliest opportunity, or to nominate potential representatives annually as part of annual meeting processes to cover all potential seat allocations.

6.5 Quorum

6.5.1 The quorum of the meetings of a joint committee shall be one third of the full membership of any Joint Committee, subject to the quorum being, in each instance, no less than 3.

6.5.2 There will be an expectation for there to be representation from each authority at a meeting of any joint committee established. The lead local authority will attempt to ensure that this representation is achieved.

6.6 Identifying a lead local authority

6.6.1 A lead local authority should be identified from one of the participating authorities to take the lead in terms of administering and organising a joint committee in relation to a specific proposal.

6.6.2 Selection of a lead authority should, where possible, be chosen by mutual agreement by the participating authorities and take into account both capacity to service a joint health scrutiny committee and available resources. The application of the following criteria should also guide determination of the lead authority:

- The local authority within whose area the service being changed is based; or
- The local authority within whose area the lead commissioner or provider leading the consultation is based.

6.6.3 Lead local authority support should include a specific contact point for communication regarding the administration of the joint committee. There will be an obligation on the key lead authority officer to liaise appropriately with officers from each participating authority to ensure the smooth running of the joint committee.

6.6.4 Each participating local authority will have the discretion to provide whatever support it may deem appropriate to their own representative(s) to allow them to make a full contribution to the work of a joint committee.

6.7 Nomination of Chair/ Vice-Chair

The chair/ vice-chair of the joint health overview and scrutiny committee will be nominated and agreed at the committee's first meeting.

6.8 Meetings of a Joint Committee

6.8.1 At the first meeting of any joint committee established to consider a proposal for a substantial development or variation, the committee will also consider and agree:

- The joint committee's terms of reference;
- The procedural rules for the operation of the joint committee;
- The process/ timeline for dealing formally with the consultation, including:
    - the number of sessions required to consider the proposal; and,
    - the date by which the joint committee will make a decision as to whether to refer the proposal to the Secretary of State for Health and Social Care – which should be in advance of the proposed date by which the NHS commissioning body/service provider intends to make the decision.

6.8.2 All other meetings of the joint committee will be determined in line with the proposed approach for dealing with the consultation. Different approaches may be taken for each consultation and could include gathering evidence from:

- NHS commissioning bodies and local service providers;
- patients and the public;
- voluntary sector and community organisations; and
- NHS regulatory bodies.

6.9 Reports of a Joint Committee

6.9.1 A joint committee is entitled to produce a written report which may include recommendations. As a minimum, the report will include:

- An explanation of why the matter was reviewed or scrutinised.
- A summary of the evidence considered.

- A list of the participants involved in the review.
- An explanation of any recommendations on the matter reviewed or scrutinised.

The lead authority will be responsible for the drafting of a report for consideration by the joint committee.

6.9.2 Reports shall be agreed by the majority of members of a joint committee and submitted to the relevant NHS commissioning body/health service provider or the Secretary of State as applicable.

6.9.3 Where a member of a joint health scrutiny committee does not agree with the content of the committee's report, they may produce a report setting out their findings and recommendations which will be attached as an appendix to the joint health scrutiny committee's main report.

7. DISCRETIONARY HEALTH SCRUTINY

7.1 More generally, the Health and Social Care Act 2012 and the 2013 Health Scrutiny Regulations provide for local authority health scrutiny arrangements to scrutinise the planning, provision and operation of health services.

7.2 In this respect, two or more local authorities may appoint a joint committee for the purposes of scrutinising the planning, provision and operation of health services which impact on a wider footprint than that of an individual authority's area.

7.3 Any such committee will have the power to:

- require relevant NHS commissioning bodies and health service providers to provide information to and attend before meetings of the committee to answer questions.
- make reports and recommendations to relevant NHS commissioning bodies/local health providers.
- require relevant NHS commissioning bodies/local health service providers to respond within a fixed timescale to reports or recommendations.

7.4 Ordinarily, a discretionary joint committee will not have the power to refer an issue to the Secretary of State for Health and Social Care. However, please note section 8.3 below.

7.5 In establishing a joint committee for the purposes of discretionary joint scrutiny activity, the constituent local authorities should determine the committee's role and remit. This should include consideration as to whether the committee operates as a standing arrangement for the purposes of considering all of the planning, provision and operation of health services within a particular area or whether it is being

established for the purposes of considering the operation of one particular health service with a view to making recommendations for its improvement. In the case of the latter, the committee must disband once its specific scrutiny activity is complete.

7.6 In administering any such committee, the proposed approach identified in sections 6.3 – 6.9 (disregarding any power to refer to the Secretary of State) of this protocol should be followed, as appropriate.

8. SCRUTINY OF CHESHIRE AND MERSEYSIDE INTERGRATED CARE SYSTEM

8.1 Further to this protocol and in particular section 7 above, the nine local authorities have agreed to establish a discretionary standing joint health scrutiny committee in response to the establishment of the Cheshire and Merseyside Integrated Care System.

8.2 A separate Joint Scrutiny Committee Arrangements document has been produced in line with the provisions of this protocol to outline how the standing joint committee will operate.

8.3 In summary, the "Cheshire and Merseyside Integrated Care System Joint Health Scrutiny Committee" has the following responsibilities:

- To scrutinise the work of the Integrated Care System in relation to any matter regarding the planning, provision and operation of the health service at footprint level only; and
- To consider the merits of any service change proposals that have been deemed to be a substantial variation in services by all nine authorities.

9. CONCLUSION

9.1 The local authorities of Cheshire and Merseyside have adopted this protocol as a means of governing the operation of joint health scrutiny arrangements both mandatory and discretionary. The protocol is intended to support effective consultation with NHS commissioning bodies or local health service providers on any proposal for a substantial development of or variation in health services. The protocol also supports the establishment of a joint health overview and scrutiny committee where discretionary health scrutiny activity is deemed appropriate.

9.2 The protocol will be reviewed regularly, and at least on an annual basis to ensure that it complies with all current legislation and any guidance published by the Department of Health and Social Care.

WIRRAL

ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Tuesday, 14 June 2022

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

REPORT SUMMARY

The Adult Social Care and Public 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 Public Health Committee is attached as Appendix 1 to this report.

Following the adoption of a revised Constitution by Council on 25 May 2022, the Terms of Reference for Committees were updated so that the agenda of any Committee or Sub-Committee shall only include those items of business that require a decision, relate to budget or performance monitoring or which are necessary to discharge their overview and scrutiny function. The Committee is therefore asked to consider whether any items for future consideration on its work programme need to be reviewed to comply with the revised Constitution. It is proposed that issues on the existing work programme that are for information purposes only can be considered via other means, such as briefing notes or workshops.

RECOMMENDATION

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

(1) note and comment on the proposed Adult Social Care and Public Health Committee work programme for the remainder of the 2022/23 municipal year.

(2) review its items for future consideration on the work programme in light of the revised Constitution.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 To ensure Members of the Adult Social Care and Public 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 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 Public Health Committee is responsible for the Council's adult social care and preventative and community based services. This includes the commissioning and quality standards of adult social care services, incorporating responsibility for all of the services, from protection to residential care, that help people live fulfilling lives and stay as independent as possible as well as overseeing the protection of vulnerable adults. The Adult Social Care and 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.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 This report is for information to Members and there are no direct community wealth implications.

REPORT AUTHOR: **Polly Price**
telephone: Tel: 0151 666 3336
email: pollyprice@wirral.gov.uk

APPENDICES

Appendix 1: Adult Social Care and Public Health Committee Work Programme

BACKGROUND PAPERS

Wirral Council Constitution
Forward Plan
The Council's transformation programme

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

WORK PROGRAMME 2022/2023

KEY DECISIONS

Item	Approximate timescale	Lead Departmental Officer
CVF Business Case	September 22	Julie Webster / Nikki Jones
Addiction, Diversion, Disruption, Enforcement and Recovery (ADDER) Programme	September/October 22	Jessica Jeffreys
Community Connector Programme	September 22	Nikki Jones
Information and Advice	September 22	Nikki Jones

ADDITIONAL AGENDA ITEMS – WAITING TO BE SCHEDULED

Item	Approximate timescale	Lead Departmental Officer
Carers Services and Carers Strategy Review	July 22	Jayne Marshall / Carol Jones
Wirral Evolutions	July 22	Jason Oxley
Adults Safeguarding Report	Autumn 22	
Social Care Delivery Review (Social Work Arrangements)	October 22	Graham Hodkinson
Health and Wellbeing Strategy	November 22	Julie Webster
Dementia Care and Prevention (all member briefing)	TBC	TBC

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
Covid-19 Update	Each scheduled Committee	Julie Webster
Adult Social Care and Health Committee Work Programme Update	Each scheduled Committee	Daniel Sharples
Social Care Complaints Report	Annual Report – Jan	
Adults Safeguarding Board	Annual Report – July	Lorna Quigley
Public Health Annual Report	Annually	Julie Webster
Appointment of statutory committee and member champion for domestic abuse and joint health scrutiny	Annually	Dan Sharples
ICS Update	Each scheduled committee	Graham Hodkinson

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		Committee Team	
Spotlight sessions / workshops				
County Lines Action Update	Workshop		Tony Kirk	
Public Health Implications of 5G Roll Out	Workshop		Julie Webster	
Corporate scrutiny / Other				
Performance Reporting Review	TBC	TBC	TBC	
Written briefings				
Thorn Heyes (written briefing after partnerships in Feb)	TBC	Simon Garner		

Position statement – Refugees (written briefing)	TBC	Lisa Newman		
Adult social care Business Continuity Plans (briefing note)	TBC	Jayne Marshall		
Supported Living – Revised Model (briefing note)	TBC			

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