



## Adult Social Care and Public Health Committee

<b>Date:</b>	<b>Monday, 25 July 2022</b>
<b>Time:</b>	<b>6.00 p.m.</b>
<b>Venue:</b>	<b>Committee Room 1 - Wallasey Town Hall</b>

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Please note that public seating is limited, therefore members of the public are encouraged to arrive in good time.

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This meeting will be webcast at  
<https://wirral.public-i.tv/core/portal/home>

## AGENDA

- 1. WELCOME AND INTRODUCTIONS**
- 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 - 14)**

To approve the accuracy of the minutes of the meeting held on Tuesday 14<sup>th</sup> June 2022.

#### **5. PUBLIC QUESTIONS**

##### **Public Questions**

Notice of question to be given in writing or by email by 12 noon Wednesday 20<sup>th</sup> July 2022 to the Council's Monitoring Officer ([committeeservices@wirral.gov.uk](mailto:committeeservices@wirral.gov.uk)) and to be dealt with in accordance with Standing Order 10.

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, Wednesday 20<sup>th</sup> July 2022 to the Council's Monitoring Officer ([committeeservices@wirral.gov.uk](mailto:committeeservices@wirral.gov.uk)) and to be dealt with in accordance with Standing Order 11.

###### Petitions

Petitions may be presented to the 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 minutes) 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

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

##### **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. FUTURE HEALTH PROTECTION SERVICE (Pages 15 - 24)**

#### **SECTION B - BUDGET AND PERFORMANCE MANAGEMENT**

7. **CARERS SERVICES AND STRATEGY REVIEW (Pages 25 - 30)**
8. **INTEGRATED CARE SYSTEM (Pages 31 - 38)**
9. **WIRRAL EVOLUTIONS (Pages 39 - 54)**
10. **ADULT SOCIAL CARE AND PUBLIC HEALTH PERFORMANCE REPORT (Pages 55 - 128)**

#### **SECTION C - WORK PROGRAMME / OVERVIEW AND SCRUTINY**

11. **CWP DRAFT QUALITY ACCOUNT 2021/22 (Pages 129 - 168)**
12. **ESTABLISHMENT OF CHESHIRE AND WIRRAL PARTNERSHIP COMMUNITY MENTAL HEALTH TRANSFORMATION WORKING GROUP (Pages 169 - 174)**
13. **ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE WORK PROGRAMME (Pages 175 - 184)**

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.



## ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Tuesday, 14 June 2022

Present: Councillor Y Nolan (Chair)

Councillors I Camphor M Jordan  
A Davies S Mountney  
C Davies C O'Hagan  
T Elzeiny A Onwuemene  
P Gilchrist Jason Walsh

### 1 WELCOME AND INTRODUCTION

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 gave a statement in relation to the real living wage and clarified that Wirral Council offered the real living wage to all contractors.

### 2 APOLOGIES

No apologies for absence were received.

### 3 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	Personal interest by virtue of her employment in the NHS, her son's employment in the NHS and her involvement as a trustee for 'incubabies'
Councillor Clare O'Hagan	Personal interest by virtue of her employment in the NHS.
Councillor Jason Walsh	Personal interest by virtue of a family member's employment in the NHS
Councillor Ivan Camphor	Personal interest as a General Practitioner at Heatherlands Medical Centre, Medical Secretary for Mid-

	Mersey Medical Committee and a GP representative for Cheshire Mid-Mersey.
Councillor Angela Davies	Pecuniary interest in item 7 and item 15 by virtue of employment with CWP.
Councillor Tracy Elzeiny	Personal interest by virtue of her employment in the NHS.
Councillor Chris Davies	Personal interest by virtue of his role on the board of governors for Wirral University Teaching Hospital.

4 **MINUTES**

**Resolved – That the minutes of the meeting held on 3 March 2022 be approved and adopted as a correct record.**

5 **PUBLIC QUESTIONS**

No public questions, statements or petitions had been received.

6 **COMMISSIONING ACTIVITY QUARTER 2 2022/2023**

The Lead Commissioner, Integrated Services, introduced the report of the Director of Care and Health which gave members of the Adult Social Care and Public Health Committee an oversight of the commissioning activity for Quarter 2 of financial year 2022/2023.

It was reported that Wirral has 329 existing units of Older People Extra Care Housing Accommodation which had been developed as an alternative to residential care. The two new schemes at Green Heys and Spinnaker House increased the number of operational units to 485 by the end of 2023. The intention to achieve 725 units by 2026.

To ensure local demand could be met, it was outlined that the council would be entitled to 100% nomination rights on the first let of a property and 100% nomination rights for subsequent re-letting of void properties.

Members welcomed the report and progress and highlighted the benefits of Extra Care housing.

It was noted that to achieve the target, sites and a programme were needed.

In response to a member's query, officers clarified that tenders could not be excluded from providers solely because they did not pay the Real Living Wage.

**Resolved - That**

**(1) 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 be authorised.**

**(2) the Director of Care and Health be authorised to award the contract to the highest scoring tender within the approved budget following the tender process.**

## 7 ALL AGE DISABILITY

Due to a disclosable pecuniary interest, Councillor Angela Davies left the meeting for the duration of the consideration of the item.

The Director of Care and Health introduced the report which described the plans for an All Age Disability service review and transformation. The report outlined how the programme would contribute towards budget savings with a £1M efficiency target required for 2023/24. It was reported that a greater alignment of services and more creative responses to people's needs, and aspirations would likely lead to a reduction in future demand and in cost pressures relating to more expensive and intensive forms of care.

Wirral supported 1112 people with a Learning Disability with a funded package of care and support and had 133 working age young people with complex needs placed in long term care which was higher than expected and the Council aimed to change this and ensure a full range of services were in place to support people to live in their own homes and natural communities rather than care home settings.

It was reported that there was a particular focus around younger adults and ensuring that services were in place to support them as they enter adulthood, and it was recognised that these services could be improved significantly. The Review of All Age Disability would identify gaps in the services and help officers to understand what they are and how to meet them. The Review would entail working with families and where appropriate, collaborating with health colleagues about clinical areas that had been highlighted and were missing.

Members recognised that transitions between services were a concern, as the NHS had different ages at which children were considered adults depending on the service and that the transition should be seamless and service users should be unaware of the transition. A joint workshop with the Children, Young People and Education Committee was requested to explore this further.

On a motion by the Chair, seconded by Councillor Jordan, it was –

**Resolved -That**

**(1) the commencement of an All Age Disability review be approved.**

**(2) the approach to the review be approved and a further update report detailing progress made and the recommendations following the review be brought to the September Committee and a final report be brought to November Committee.**

**The Chair reported that an item that had previously been agreed to be included on the agenda had been omitted in error, therefore proposed that the National Substance Misuse Grant Funding Update be considered as an urgent item and that the order of business be altered to hear this item with the other key decisions. Resolved - that the urgent item of business be accepted, and the order of business be altered..**

**8 NATIONAL SUBSTANCE MISUSE GRANT FUNDING UPDATE**

The Director of Public Health introduced the report which provided the Adult Social Care and Public Health Committee with an update on the progress of delivery of three grant funded programmes which aimed to reduce the impact of substance misuse within the borough. The three programmes were: Wirral ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery) Accelerator programme; Inpatient detox funding and the Individual Placement Support (IPS) programme. The report outlined the Wirral ADDER programme plan for 2022/23, including underspend, and requested the committee to approve the planned use of funding.

In January 2021, the Government announced an additional £148m of funding to reduce drug related crime and health harm. Wirral was one of 12 areas to be highlighted to receive significant additional funding. It was reported that the main service, Wirral Ways to Recovery made very strong use of people in recovery and had apprentices, volunteers and recovery champions and emphasised a focus on healthcare rather than criminal justice.

A Member commented that they were pleased to see the change from using the criminal justice system to recovery and felt that changing attitudes were making a huge difference as well as collaborative working with the police.

**Resolved - That**

**(1) the progress in mobilising and delivering the three national grant funding programmes (Wirral ADDER accelerator programme, inpatient detox funding and individual placement support funding be endorsed.**

- (2) the proposal to utilise the predicted extension of the provision of additional funding to deliver the national drug strategy until the end of the 2024/25 financial year be approved.
- (3) the proposed utilisation of the ADDER programme grant for the 22/23 period (£1.4m) and proposed utilisation of the underspend carried forward from 2021/22 funded by Home Office and Office for Health Improvement and Disparities (OHID), formerly Public Health England be approved.
- (4) the payment of £106K of in-patient detox grant for 2021-22 to CGL/Wirral Ways to Recovery, as part of a contract variation, to re-imburse the additional expenditure on detox placements they have made this year to this amount be approved, in addition to their budgeted capacity due to it being accrued as part of delivering the Inpatient Detox Grant Programme.
- (5) the continuation of the Individual Placement Support Grant (£135,000) for 2022-23 be approved.

9 **ADULT SOCIAL CARE AND PUBLIC HEALTH CAPITAL AND REVENUE BUDGET MONITORING QUARTER 4**

The Director of Care and Health introduced the report which set out the financial monitoring information for the Adult Social Care and Public Health Committee and provided members with an overview of budget performance for this area of activity. The financial information in the report detailed the year-end revenue and capital outturn position as reported at quarter 4 2021/22.

It was outlined that the year-end position was aligned with forecast reports brought to Committee with the outturn position of £1.059m favourable against a budget of £113.6m. At the start of the previous financial year, £4.5m of savings had been identified and of this, £4.3m were achieved. The savings were primarily achieved through an ongoing review of care packages and more independent support available to people.

It was highlighted that COVID 19 funding and NHS support to discharges from hospital had reduced the pressure on the Council. The Council benefitted from £1.6m of funding from the Clinical Commissioning Group (CCG) and had been able to keep running costs relatively low which enabled the focus to be on support packages in the community.

**Resolved – That 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 be noted.**

10 **ADULT SOCIAL CARE AND PUBLIC HEALTH 2022/23 BUDGET MONITORING AND 2023/24 BUDGET SETTING PROCESSES**

The Director of Care and Health introduced the report which detailed how the 2022/23 budget would be monitored through the Committee system which allowed Policy and Services Committees to take ownership for their specific budgets. The report emphasised the need to stay within budget and the requirements which had been set out across the Council. It was outlined that budget reports would be brought to Committee on a quarterly basis and a monthly budget monitoring panel would monitor the progress.

The Director of Care and Health highlighted that social care legislation was due to change significantly in 2023 as a result of national funding reforms and work was being undertaken to understand the impact of those changes.

The Chair highlighted the impact that the cost of living crisis could have on the Council's budget performance.

**Resolved That –**

- (1) the process for in-year monitoring of the 2022/23 budget be noted.**
- (2) the 2023/24 budget setting process.**
- (3) a budget monitoring panel comprised of the Committee Chair and Spokespersons be established and appointed to, in line with section 3.12 of the report with sessions to be led by the relevant Director/Assistant Director.**
- (4) budget workshops as detailed in section 3.26 of the report be held, the outcome of which to be reported back to Committee in September 2022.**

11 **ADULT SOCIAL CARE AND PUBLIC HEALTH PERFORMANCE REPORT**

The Principal Social Worker and Safeguarding Lead introduced the report of the Director of Care and Health which provided a performance update in relation to Adult Social Care and Health. The report was designed based on discussions with Members through working group activity in 2020 and 2021.

It was reported that a new system had been implemented in the quality improvement team and a business plan was being produced to improve care homes across the borough. It was outlined that collaborative work with a provider called Partners for Change had been undertaken to change the

culture of social work to a more relationship therapeutic base, Phases 1 and 2 of the programme had been completed and showed promising results and developed a positive change in social care and work in Wirral.

In response to queries from members in relation to the limited number of people receiving reablement care, it was reported that the figures may have been affected by changes to hospital discharge protocols following the implementation of the Coronavirus Act 2020. A workshop to inform new members of the committee on performance data was proposed.

Following a discussion on the work being undertaken to develop business and improvement plans for the care homes who's Care Quality Commission rating was not good or outstanding, the Chair requested that the Committee remained appraised on the improvement process.

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

## 12 **DISABLED FACILITIES GRANT**

The Director of Regeneration introduced the report of the Director of Care and Health which set out the performance of the Home Adaptation Team for the year 2021/22 and highlighted trends in performance, obstacles that had been encountered and any remedial action taken to address this as well as an update on new initiatives and successes. Officers felt that it was a positive update and a good example of collaborative working that had been developed across the Committees and directorates.

The key performance indicators (KPI's) were set out in a service level agreement (SLA) in 2019 and covered a wide range of works from grab rails to larger extensions of the homes of disabled clients. Performance of delivery of adaptations during 21/22 was robust, particularly minor works and Disabled Facilities Grants (DFG) with 100% of targets hit and 2750 adaptations delivered. Time critical adaptation grants had been introduced for people with terminal diagnoses or those in hospital unable to return home, with the resources having to be increased to meet an increasing demand for the adaptations.

A discussion ensued with members querying the KPI target of 12 months from approval for the completion of major DFG's and whether this could be revised or improved to get DFG's completed earlier. It was outlined that this was a national target that Local Authorities were mandated to report on. The vast majority of jobs were rapid adaptation grants and the target for this was 50 working days from receipt of the application and were completed within target.

In response to queries from members regarding time critical adaptations it was outlined that this was something that was being constantly reviewed. The service was focussed on fast tracking applications and in instances where the

adaptation did not go ahead it was due to factors out of officers control. Attention was drawn to the appearance of the adaptations by the Chair who noted that they often looked clinical and could be distressing if it reminded clients of their time in hospital.

On a motion by the Chair, seconded by Councillor Gilchrist, it was –

**Resolved – That**

**(1) the performance of the Home Adaptations Service in 2021/22 be noted.**

**(2) A review of the current service level agreement and the KPI's that accompany it be undertaken by officers.**

**13 COVID-19 UPDATE**

The Director of Public Health introduced the report which provided 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.

It was reported that the National Contingency Framework for Living with Covid-19 was still to be published. The prevalence of Covid-19 was reported on with the Office for National Statistics reporting that 1 in 70 people in England were infected, and the Director of Public Health outlined that infection prevention control measures would be introduced to respond to various waves of infections.

**Resolved – That 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 be noted.**

**14 ADULT SOCIAL CARE COMPLAINTS ANNUAL REPORT**

The Principal Social Worker introduced the report of the Director of Care and Health which provided an overview and analysis of all Adult Social Care complaints received during the reporting period 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021. This included the number of complaints received, the key themes, responses to complaints including performance data against statutory requirements and an overview of complaints escalated to the Local Government and Social Care Ombudsman.



The Social Care Complaints Annual Report was a statutory requirement and provided a mechanism by which the Council could monitor the quality and effectiveness of the services provided. It was reported that there had been an 8% reduction in complaints across the year and almost 50% of complaints received were regarding commissioned services. The complaints team had worked closely with providers to ensure responses drafted were fully quality assured prior to release. The key themes of complaints were financial charging issues and standard of care and services, with outcomes from investigations into these two areas used to determine whether service improvements could be made.

During the reporting period, 91% of complaints were resolved by the local resolution stage. On average, 50% of complaints were fully or partially upheld and 20 complaints were escalated to the Ombudsman with 12 upheld. The council was 100% compliant with recommendations from the Ombudsman and no public reports were issued against the council.

A discussion ensued where members queried how the key themes of complaints were shared with staff and the lack of root cause analysis in the report. It was stated that the team were constantly reviewing the key themes and that a review was undertaken of the Revenue and Benefits service looking at policies and procedures. A new system had been implemented whereby the recommendations from the local ombudsman could be tracked, shared with the professional standards team who would then share this with front line colleagues. It was further outlined that around 30% of complaints are deemed as serious or complex and that these were assigned to trained complaints investigators who drilled down into the details of the complaint and compared the experience to what should have happened and so a root cause analysis was undertaken.

It was clarified following a member query that the reason only 7.4% of complaints had been responded to within 6 months was that a number of cases had stalled for various reasons such as information being with the coroner or the police. Another member noted that the word concluded would be more appropriate than responded to.

On a motion by Councillor Yvonne Nolan, seconded by Councillor Mary Jordan it was

**Resolved – That**

- (1) the contents of the Annual Complaints Report (Appendix 1) relating to statutory Adult Social Care service delivery be noted.**
- (2) complaint reviews, learning and impact on practice be included in future reports.**

## **CHESHIRE AND WIRRAL COMMUNITY MENTAL HEALTH TRANSFORMATION**

Due to a disclosable pecuniary interest in the item, Councillor Angela Davies left the meeting for the duration.

The Deputy Chief Executive of Cheshire and Wirral partnership (CWP) introduced the report which provided a background and summary of the activity undertaken within Cheshire and Wirral in respect of delivering the NHS Long Term Plan ambitious targets for community mental health. It was reported that on both a national and local scale, community mental health services needed to be modernised. The community transformation framework consisted of a new place based multi-disciplinary service which joined health and social care and community, voluntary and faith sector organisations. This aligned to the primary care network and broke down the artificial barriers between primary and secondary care and focussed not only on diagnosis but also the complexities that individuals presented with.

It was outlined that the transformation created opportunity for joined up care and a whole person approach which would ensure that individuals had access to mental health care when and where they needed it to help them to manage their own condition and move towards recovery on their own terms. The Cheshire and Wirral Community Wellbeing Alliance had been developed which was a representation of a range of partners that had come together to ensure that people across Wirral and Cheshire had good mental health support. Within Wirral, 34 organisations had joined the alliance and a number of grants had been awarded to build upon and enhance local community assets.

The community mental health transformation was a long term transformation programme which would span a number of years. It was recognised that there was still much more work to be done but CWP were pleased with the engagement of partners up to this point.

A discussion ensued with members querying the limited support for patients with mental health in the community and how to get from the current position to the service that is envisaged. The Deputy Chief Executive of CWP outlined that members had identified the core issues and reasons why the transformation programme was being implemented, there had been engagement with primary care networks across Wirral and CWP were keen to engage with primary care and the general public to ensure that the model was correct. It was reported that Health Education England had provided training and development around psychological interventions and CWP had linked in with education establishments for a pipeline of nurses, occupational therapists and other allied health professionals. It was recognised that services needed to modernise and transform and that there were national challenges around workforce.

The Committee was informed of services available to those in crisis who had threatened to commit suicide, a 24 hour crisis line that was open which was staffed by qualified nurses and practitioners and that there had been great feedback from this service. The police may also be involved to ensure that the individual is taken to a place of safety so that an assessment of needs could be undertaken and there was a crisis team that could go and support this process. It was highlighted that the long term transformation plan had a specific focus around suicide prevention.

In response to queries from members on the inclusive community based offer, it was reported that CWP had been working with third sector colleagues as those organisations could have greater connectivity in the community and could enhance inclusivity. CWP delivered services that were sensitive to peoples backgrounds, but it was accepted that some groups were higher risk, and assurance was given that the services could adapt to support.

The Chair urged the committee to remember that this was a transformation programme and suggested a task and finish group be set up to feed back into the consultation phase.

On a motion by the Chair, Seconded by Councillor O'Hagan it was

**Resolved That –**

- (1) the proposed change be scrutinised and the impact on the local community and health service users be considered.**
- (2) where appropriate, requests for “one-system” (do once, do well) be supported.**
- (3) the vision as detailed in the report be supported and championed.**
- (4) a task and finish group be established to provide feedback to the consultation phase.**

16 **APPOINTMENT TO STATUTORY COMMITTEES AND MEMBER CHAMPION FOR DOMESTIC ABUSE AND JOINT STRATEGIC COMMISSIONING BOARD SUB-COMMITTEE**

The Head of Legal Services introduced the report of the Director of Law and Governance which enabled 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.

It was clarified that the Discharge from Guardianship Panel comprised of 3 or more members and that political proportionality was not applied in the same way as Sub-Committees.

On a motion by Councillor O'Hagan, seconded by Councillor Walsh it was **Resolved – That**

**(1) the Monitoring Officer as proper officer be authorised to carry out the wishes of the Group Leaders in allocating Members to membership of the Statutory and Advisory Committees, 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) Councillor Yvonne Nolan be appointed as Member Champion for Domestic Abuse.**

## 17 **APPOINTMENT TO JOINT HEALTH SCRUTINY**

The Head of Legal Services introduced the report of the Director of Law and Governance which sought adoption of the two protocols for the establishment of Joint Health Scrutiny Committees, and nominations to serve on the Committees.

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 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 could be viewed in 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 was available in the document marked Appendix 2.

**Resolved – That**

**(1) the Cheshire and Merseyside Integrated Care System Joint Health Scrutiny Committee protocol be adopted.**

**(2) the revised Joint Health Scrutiny Committee protocol be adopted.**

**(3) the Monitoring Officer as proper officer be authorised to carry out the wishes of the Group Leaders in allocating Members to membership of the Joint Health Scrutiny Committees detailed**

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

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

The Committee was invited to consider its work programme so that it only included items of business that required a decision, relate to budget or performance monitoring or which were necessary to discharge their Overview and Scrutiny function, in line with the recently revised Constitution.

It was proposed that a Task and Finish Group to comment on the Cheshire and Wirral Partnership Community Mental Health programme be established and added to the work programme as well as a Performance workshop and a joint workshop with the Children, Young People and Education Committee on All Age Disability.

**Resolved – That**

- (1) the Adult Social Care and Public Health Committee work programme for the remainder of the 2022/23 municipal year be noted**

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## ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

MONDAY 25 JULY 2022

<b>REPORT TITLE:</b>	<b>FUTURE HEALTH PROTECTION SERVICE</b>
<b>REPORT OF:</b>	<b>DIRECTOR OF PUBLIC HEALTH</b>

### REPORT SUMMARY

This report provides the Committee with an update on plans to develop a local Health Protection response for Wirral, evolving from the Local Outbreak Hub model, established in response to the COVID-19 pandemic during 2020.

Wirral's existing Local Outbreak Hub is funded until 30<sup>th</sup> September 2022, by the Contain Outbreak Management Fund (COMF). The COMF grant will continue to fund the newly revised Health Protection Delivery Service for six months, from October 2022 until March 2023, when this funding stream will conclude.

This report seeks approval for the Core Public Health Grant to be used to fund the Health Protection Delivery Service for twelve months from April 2023 to March 2024, to ensure local resilience and continuity. The service will be evaluated throughout this period, to inform future plans.

The continuation of the local Health Protection Service will contribute to the Wirral Plan Aims, in particular 'Active and Healthy Lives', supporting Wirral residents and communities to live safely with COVID-19 and protect the health of communities from infectious diseases and environmental hazards.

The funding of Wirral's Health Protection Service from April 2023 to March 2024 is a key decision as the total budget impact for the Public Health Grant is £705,756 and it affects all wards.

### RECOMMENDATION

The Adult Social Care and Public Health Committee is recommended to approve the funding of Wirral's Health Protection Delivery Service from April 2023 to March 2024 through the core Public Health Grant in the sum of £705,756.

## **SUPPORTING INFORMATION**

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

- 1.1 This report provides an overview of the review, re-shape and transition of 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.

### **2.0 OTHER OPTIONS CONSIDERED**

- 2.1 Other options have been considered, including the extension of the existing service at the same scale, or the removal entirely of a local health protection delivery service. The preferred option is based upon key learning from the pandemic response. The proposal recommended is financially viable and can best respond to local needs and deliver locally agreed health protection priorities, agreed by the Wirral Health Protection Board. The preferred option will ensure we have ongoing capacity and resilience to enable us to live with COVID-19, continue to work with partners to Keep Wirral Well and protect residents from the impact of Covid-19 and other health protection threats.

### **3.0 BACKGROUND INFORMATION**

#### **3.1 Local Outbreak Hub**

- 3.1.1 In response to the COVID-19 pandemic, a Local Outbreak Hub was established in Summer 2020; a new workforce and structure was developed and implemented at speed during the emergency response phase of the pandemic to help locally manage Covid-19 and protect local communities.
- 3.1.2 The Hub structure has developed and flexed over the course of the last two years to meet changing local needs, operate within the national policy context and deliver Wirral's Local Outbreak Management Plan. The main hub functions included Contact Tracing, Prevention and Control, Business Support and Engagement. Staff are employed on fixed term contracts, most recently extended to 30<sup>th</sup> September 2022.
- 3.1.3 The team works with key council services including Adult Social Care, Environmental Health, Housing, Licensing, Neighbourhood Services and Trading Standards as well as local businesses and education settings and across the health system with Wirral NHS Community Trust's and Wirral University Hospital Trusts Infection and Prevention Control teams.
- 3.1.4 The Hub has operated as the key point of contact for managing outbreak situations in partnership with the sub-regional Cheshire and Merseyside Hub team, the UK Health Security Agency and the Health and Safety Executive. The Hub managed the local contact tracing system, leading on follow up of cases and close contacts identified by NHS Test and Trace but, who the national system had been unable to reach. As well as the day-to-day operations to tackle outbreaks, the Hub has worked with partners



across Wirral to engage with communities and residents, preventing the spread of COVID-19, and promoting vaccine uptake to ensure that the most vulnerable are supported.

### **3.2 Learning to Live Safely and Fairly with COVID-19**

- 3.2.1 UK Government policy changed from 24<sup>th</sup> February 2022, whereby much of the pandemic response to control the virus was removed. Contact tracing of cases ceased and the legal need to self-isolate was removed. Universal free community testing ceased from 31<sup>st</sup> March 2022.
- 3.2.2 Public Health teams have been encouraged to learn from the pandemic response, considering local requirements and health protection capabilities. Wirral's proposed Health Protection Service will ensure a continued sustainable local approach to living with COVID-19 can be delivered, ensuring future resilience through maintaining capacity that is flexible and adaptable to local needs as required. This will ensure we have sufficient, dedicated local resources and an ability to manage increased demand, for example, as new waves of the pandemic emerge and at key points in the calendar e.g. winter.
- 3.2.3 The proposed Health Protection Delivery Service will not duplicate effort but will work collaboratively with internal and external specialist services and partners. The Health Protection Delivery Service will work closely with Council services including Adult Social Care, Environmental Health, Trading Standards, Housing, Licensing, Health and Safety, and Neighbourhoods services, in the delivery of a preventative and responsive work programme. The Service will build on existing working relationships developed during the pandemic, including with external agencies such as the UK Health Security Agency and Infection Prevention and Control services.
- 3.2.4 To deliver the required outcomes, changes are proposed to the existing staffing structure and roles within the Local Outbreak Hub to form the new Health Protection Service. A summary of the roles within the Health Protection Service are included in Appendix 1, which will provide:
- Health Protection functions in a proactive and flexible approach to support, advise and guide Wirral settings and protect the health of Wirral communities.
  - A key interface for partners and stakeholders in developing and delivering health protection priorities.
  - A flexible and adaptable service with the ability to flex to changing requirements.
- 3.2.5 It is important to emphasise that we are still in the COVID-19 pandemic and are likely to experience further waves of infection. At the time of writing this report we are experiencing a further wave, with a national upturn in COVID-19 transmission. Office for National Statistics (ONS) surveillance data shows to the week ending 1<sup>st</sup> July there was an increase in the percentage of people testing positive for coronavirus (COVID-19) in England, Wales, Scotland and Northern Ireland likely caused by infections compatible with Omicron variants BA.4 and BA.5. In England, the estimated number of people testing positive for COVID-19 was 1,829,100 equating to 3.35% of the population or around 1 in 30 people. This increase in community transmission is also starting to translate to an increase in care home and community outbreaks, and an increase in COVID-19 patients admitted to hospital.

Coronavirus (COVID-19) Infection Survey, UK Statistical bulletins can be found here: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurveypilot/previousReleases>

The official UK government website for data and insights on coronavirus (COVID-19) can be found here: <https://coronavirus.data.gov.uk/> . This includes data on people testing positive for COVID-19, vaccination uptake, people admitted to hospital and deaths.

### 3.3 Health Protection Service Model

3.3.1 The objectives of Wirral's Health Protection Service are to:

- **Respond to outbreaks** and focus on preserving life and safeguarding the vulnerable.
- **Lead the prevention** programme as well as the control and management of communicable diseases – providing advice, support and guidance to communities and settings to Keep Wirral Well.
- **Promote protective behaviours in communities and settings**, across a broad range of Public Health priorities, initiatives, and projects.
- **Protect health and improve outcomes** by supporting delivery of effective action across wider Wirral Health protection priorities e.g. strengthening preparedness and emergency planning and protecting Wirral communities from environmental hazards.
- **Act as a single point of contact** for organisations, communities and businesses in relation to health protection issues and concerns.
- **Work within agreed operating protocols** with clear roles and responsibilities, regularly reviewed in the context of changing local, national and regional arrangements.

3.3.2 As we move into the next phase of the pandemic and out of emergency response phase the Outbreak Control Cell has stood down and we have re-established the Wirral Health Protection Board. The multi-agency Health Protection Board is responsible for the oversight of health protection arrangements in Wirral and providing 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 reduce health inequalities.

3.3.3 The multi-agency Wirral Health Protection board has a number of agreed priorities which will inform the workplan of the Health Protection Service. Guided by these priorities the emerging workplan for the service will include:

- 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.
- Deliver local activity to increase vaccination uptake (COVID-19, Flu and wider immunisation programmes); e.g., Vaccine tracing calls to encourage uptake of the COVID-19 vaccination.
- Support the delivery of the Wirral antimicrobial resistance (AMR) strategy and reduce the usage of antibiotics within the Borough, e.g., through work to

promote hydration and prevent urinary tract infections among vulnerable local residents.

- Support local work to strengthen preparedness and emergency planning, e.g., through activity to support delivery of local heatwave activities and winter preparedness. The service also provides capacity to support local future emergency responses.
- Protecting Wirral communities from environmental hazards e.g., food poisoning, air quality, contaminated land, and the climate change agenda.

3.3.4 The continued funding of the local Health Protection Service will contribute to the Wirral Plan Aims, in particular ‘Active and Healthy Lives’, supporting Wirral residents and communities to live safely with COVID-19 and protect the health of communities from infectious diseases and environmental hazards.

#### **4.0 FINANCIAL IMPLICATIONS**

4.1 The proposed Health Protection Delivery Service will be funded for eighteen months, from October 2022 to March 2024, utilising identified ring-fenced funding as outlined in the table below. Current national guidance outlines that Covid Outbreak Management Fund must be utilised during 2022-23 and cannot be carried forward. The service will therefore be funded by the Core Public Health Grant for the 2023-24. There are sufficient reserves within the public health grant to cover this expenditure.

<b>Period</b>	<b>Grant Funding</b>	<b>Total</b>
October 22 to March 23	Contain Outbreak Management Fund	£342,600
April 23 to March 24	Public Health Grant funding	£705,756
<b>Total</b>		<b>£1,048,356</b>

#### **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

5.2 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.

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

- 6.1 Costs relating to this decision are set out in Section 4 of this report, and ring-fenced grant funding has been identified. There are no additional resource requirements identified at this time in relation to this decision.

## **7.0 RELEVANT RISKS**

- 7.1 The key risk of not securing an ongoing health protection service is that we will not have the local capacity or resilience to support the management of future COVID-19 waves and over the winter period. This will have significant impacts upon both internal business continuity and also impact upon external partners and would increase the risk of poor outcomes and harm for local residents.
- 7.2 The service is proposed to be funded until March 2024, to ensure local resilience and continuity. The risk of extending for a shorter period is that we lose experienced staff due to the limited duration of their contracts. The service will be evaluated throughout this period, to inform future planning.

## **8.0 ENGAGEMENT/CONSULTATION**

- 8.1 The Council has and continues to engage with a range of partners and communities to understand local needs and gather insight in relation to local health protection requirements. The existing workforce is currently under formal consultation in regard to the new proposed service, as existing fixed term contracts are due to conclude in September 2022.

## **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 are key components of a local health protection service. There are no further direct equality implications arising as a result of this report. An Equality Impact Assessment for the Health Protection Delivery Service can be located at <https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments> .

## **10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS**

10.1 The proposed Wirral Health protection service provides local capacity to support local delivery of the Cool Wirral strategy and support Wirral Council to meet its climate target of being net carbon neutral by 2030.

## 11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 The response to the Covid-19 pandemic clearly demonstrates the importance of joined up approaches to strategy development and decision-making across the system and communities. During the pandemic, we saw the brilliance and dedication of the health and care workforce enhanced by the strengthening of existing, and development of new, partnerships.
- 11.2 The case for Community Wealth Building is stronger than ever, with the pandemic having a clear and significant impact on our residents, communities, and businesses. It is vital that everything we do at the Council contributes to the recovery and the development of a resilient and inclusive economy for Wirral.
- 11.3 Community Wealth Building in Wirral focuses on partnerships and collaboration, both within the Council and with external partners and stakeholders, including residents. The Council will work together with partners and residents to develop the place-based partnership arrangements in Wirral that meet the needs of the population, with a focus on reducing health inequalities.

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## APPENDICES

Appendix 1 – Health Protection Delivery Service Roles

## BACKGROUND PAPERS

Wirral Local Outbreak Management Plan (Revised August 2021) COVID-19 Response: Living with COVID-19: <https://www.gov.uk/government/publications/covid-19-response-living-with-covid-19>

## SUBJECT HISTORY (last 3 years)

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

<b>Adult Social Care and Public Health Committee</b>	<b>7<sup>th</sup> June 2021</b>
<b>Adult Social Care and Public Health Committee</b>	<b>29<sup>th</sup> July 2021</b>
<b>Adult Social Care and Public Health Committee</b>	<b>23<sup>rd</sup> September 2021</b>
<b>Adult Social Care and Public Health Committee</b>	<b>13<sup>th</sup> October 2021</b>
<b>Adult Social Care and Public Health Committee</b>	<b>16<sup>th</sup> November 2021</b>
<b>Adult Social Care and Public Health Committee</b>	<b>25<sup>th</sup> January 2022</b>
<b>Adult Social Care and Public Health Committee</b>	<b>3<sup>rd</sup> March 2022</b>
<b>Adult Social Care and Public Health Committee</b>	<b>14<sup>th</sup> June 2022</b>

## Appendix 1: Wirral Health Protection Delivery Service Roles

The Health Protection Delivery Service will consist of the following key roles:

<b>Roles</b>	<b>Purpose</b>
Team Leader	Managing the day-to-day functions of the Health Protection Team in a proactive and flexible approach to support, advise and guide Wirral settings. Recognising and dealing with situations as they arise and managing an effective response to any infectious disease outbreaks, prevention, control, and management.
Health Protection Officer	Flexible and dynamic multi-skilled role supporting delivery of all health protection priorities.
Quality Assurance Support Officer	To support systems development / implementation, business and project support, administration support to Incident Management Team meetings, records management, reporting, evaluation, and ensuring quality and assurance in accordance with the standard operating procedures for the service.
Health Protection Co-ordinator	Deputising as required, and providing support to the Team Leaders, developing projects, project management (documentation through to implementation) and policy implementation.
Environmental Health Officer (Public Health)	Providing Environmental Health support to the service working collaboratively with the wider Council Environmental Health Team, Health and Safety Team, and other specialist services to support health protection priorities.

The Health Protection Delivery Service will be supported by the wider Health Protection management and specialists within the Council's Public Health team.

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## ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

MONDAY 25 JULY 2022

<b>REPORT TITLE</b>	<b>AN UPDATE ON CARERS SERVICES AND DEVELOPMENT OF THE ADULT CARERS STRATEGY</b>
<b>REPORT OF</b>	<b>DIRECTOR OF CARE AND HEALTH</b>

### REPORT SUMMARY

The purpose of this report is to update members on Carers Services, and an update on the development of a new Wirral Adults Carers Strategy. It provides an update on changes nationally and locally that will have a direct influence on the strategic review.

This supports 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.

This is a not a key decision.

### RECOMMENDATION/S

The Adult Social Care and Public Health Committee is recommended to endorse the progress to date in developing the Carers Services and the Wirral Adults Carers Strategy, and request that the Director of Adult Care and Health brings a further report to the Committee in September 2022.

## **SUPPORTING INFORMATION**

### **1.0 REASONS FOR RECOMMENDATION/S**

- 1.1 Wirral, like the majority of Local Authorities, are reviewing their Carers Strategies post pandemic and following the publication of the Adult Social Care Reform White Paper, December 2021.
- 1.2 NHS England Northwest are developing a Cheshire and Merseyside Carers Strategy to align with the strategies of the Local Authorities.
- 1.3 The 2021 Census information will be available by Autumn 2022. Local Authorities will have updated information on the number of Carers in the area and other demographic data. The new Census information will be included in the Carers Strategy, once available.
- 1.4 The results of the Adult Social Care Carers Survey 2021 will be available in summer 2022 and will be used to inform the Carers Strategy.
- 1.5 The new contract for the Early Intervention and Prevention & Carers services (EIAP & Carers) went live on 1 March 2022, following a tendering exercise. A new set of performance monitoring has been produced to monitor quality and demand for early intervention and prevention support.
- 1.6 The term 'Carer' is defined in legislation, Care Act 2014 as an adult who provides or intends to provide care for another adult (an "adult needing care") but does not include care provided
  - i) under or by virtue of a contract, or
  - ii) as voluntary work (Sec 10(9)), unless the Local Authority considers that the relationship between the adult needing care and the adult providing or intending to provide care is such that it would be appropriate for the latter to be regarded as a carer, that adult is to be regarded as such (Sec 10(10)).

### **2.0 OTHER OPTIONS CONSIDERED**

- 2.1 Carers were expected to be an integral part of the white paper, taking this into account it was decided to wait for the publication of the Adult Social Care Reform. Development of a new Wirral Carers Strategy during 2021 prior to the publication of the Adult Social Care Reform was considered.
- 2.2 Not to produce a new Carers Strategy, this option would not be considered good practice.

### **3.0 BACKGROUND INFORMATION**

#### **3.1 Economic Value of Carers**

Based on research by Carers UK 2015, the estimated economical value of Carers is £132 billion in the UK, and the contribution made by Wirral Carers is £851 million per year. Recent research by Carers UK report that the value in 2020 is estimated at £193 billion per year across the UK.

## **3.2 Carers in Wirral**

- 3.2.1 According to the Census 2011 there were 40,340 adult Carers in Wirral, the equivalent of 1 in 8 of the population (12%). The Census 2021 data is due for publication by Autumn, and it is expected that there will be a considerable increase in numbers locally and across the UK.
- 3.2.2 Carers UK research, June 2022, revealed that one in five of the UK's adults (approximately 10.58 million people) are now supporting a relative, close friend or neighbour because of chronic illness, including mental ill health, dementia, disability or older age.
- 3.2.3 More care is being provided by Carers than before the pandemic. It is believed that the number of people providing substantial care (over 20 hours per week) has risen by 42% across the UK since October 2020, while the number providing more than 50 hours has increased by 30%.

## **3.3 Young Carers**

- 3.3.1 The 2011 Census reported that there were 748 self-reported 0 – 15-year-olds and 2,840 16 – 24-year-olds with caring responsibilities in Wirral. It is particularly difficult to predict the actual number of Young Carers because many young people who are providing care to an adult or having a significant input in to the care of a sibling, remain 'hidden' to professionals and in their communities. Research by Nottingham University, September 2018 reported that more than one in five children in England are providing care to a sick or disabled family member.
- 3.3.2 Barnardo's Action with Young Carers Wirral (part of the EIAP & Carers Services) are commissioned to provide Young Carers support services. Barnardo's have a delegated role to carry out the statutory Young Carers Assessment on behalf of the Local Authority and take a whole family approach to support Young Carers and their families.

## **3.4 Wirral Carers Strategy**

- 3.4.1 The review of the Wirral Carers Strategy has begun with engagement events held with service providers who work closely with Carers and the people they care for, and Carers themselves. The purpose of the events was to engage and gather Carers views on what is important to them and their aspirations for future support. The emerging themes from the focus groups are:

- Carers health and wellbeing, physical and emotional support
- Identification of Carers, particularly in primary care and hospital settings
- Isolation and loneliness
- Access to information and advice / CADT referrals for assessments
- Carers Groups
- Dementia
- Parent Carers support
- Emergency planning
- Information sharing across agencies
- Adult and Young Carer pathways

These themes will be incorporated into the strategy and will include the national directives and good practice guides for improved Carers support linking to:

- NICE Quality Standards 2021
- Adult Social Care Reform December 2021
- NHS Long-term plan 2019
- NHS commitment to Carers 2015

### **3.5 Carers Services**

3.5.1 Wirral Council acted as the lead commissioner to re-commission the jointly funded Early Intervention and Prevention & Carers contract (EIAP & Carers). The new contract was awarded to the incumbent provider, Wirral Health and Wellbeing CIC, and went live 1 March 2022. This is a 3-year contract, with an option to extend for an additional two 12 months.

3.5.2 The revised specification included an emphasis on the third sector to assist the social care and health sector organisations through improved identification and experience of Carers, and the people they care for, for instance, to access support available in the community, people being discharged from hospital, across primary care, and supporting Carers to access and understand the value of a Carers Assessment.

3.5.3 The Carers Grant, prior to March 2022, formed part of the EIAP & Carers contract. The budget for this has been brought back into the Council and is being administered under the delegated social work contracts, to focus on improving the offer to Carers following a Carers Assessment, a Carers Direct Payment can be offered to eligible Carers, in line with Care Act duties.

## **4.0 FINANCIAL IMPLICATIONS**

There are no financial implications arising from this report.

## **5.0 LEGAL IMPLICATIONS**

5.1 The Local Authority is bound by duty to meet the requirements of the Care Act 2014. The Children and Families Act 2014 is an amendment of the Children's Act 1989 (Sec 17ZA) that adds the relevant provisions relating to the duty to assess.

5.2 The Council has a statutory duty to carry out 'a carer's assessment of need for support' for Adults (over 18 years) by virtue of section 10 of the Care Act 2014 in circumstances where it appears that:

- i) a carer has a current need for support or is likely to do so in the future; and
- ii) what those needs are both now and in the future.

Similarly, the Council has a duty to carry out a 'young carer's needs assessment' if:

- i) it appears to the authority that the young carer may have needs for support,

or

- ii) the authority receive a request from the young carer or parent of the young carer to assess the young carer’s needs for support. (Section 17ZA Children Act 1989).

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

There are no resource implications arising from this report.

**7.0 RELEVANT RISKS**

- 7.1 A significant increase of the number of Carers undertaking the caring role, alongside an increase in the numbers of hours that are being provided by unpaid Carers will potentially impact on demand for support and services. Demand for access to the commissioned Carers Support service will be monitored.

Identifying Carers early helps to mitigate against Carer breakdown or crisis. The right to a Carers Assessment will be positively promoted. The Carer Assessment provides the Carer an opportunity to discuss whether they are willing and able to continue to provide care, their caring responsibilities, identify needs, as well as look at contingency planning to address their needs and put in place access to information and support to prevent Carer breakdown or crisis occurring. Carers can access a Carers Assessment online or by contacting Central Advice and Duty Team. The number of people accessing a Carers Assessment will be monitored.

- 7.2 The Council will not meet its Care Act duty if Carers’ needs are not taken into account.

**8.0 ENGAGEMENT/CONSULTATION**

- 8.1 Initial engagement has taken place with focus groups of Carers and provider services to assist to inform the content for the Carers Strategy. Wider public consultation will take place during July and August once the draft Carers Strategy has been developed.

- 8.2 Focus Groups held:

<b>Providers</b>	<b>Carers</b>	<b>Carers</b>
12 April 2022	12 April 2022	13 April 2022

**9.0 EQUALITY IMPLICATIONS**

- 9.1 Carers come from all areas of Wirral regardless of age, gender, sexual orientation, ethnicity, race, religion, or belief. Carers are entitled to be recognised for assisting to maintain the health and wellbeing of the people they care for and their contribution to the health and social care system.
- 9.2 Equality Impact Assessments will be completed at relevant stages of commissioning, and strategy developments.

## 10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 Commissioners will aim to minimise environmental impact through its commissioning process.
- 10.2 The content and/or recommendations contained within this report are expected to have insignificant impact on emissions of Carbon Dioxide.

## 11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 Improving support for Carers in Wirral, with the care they provide or outside of their caring role, will enhance the quality of life for those individuals, assist to reduce health inequalities and enable Carers to access, or remain in, education, employment, and take part in community and leisure opportunities.

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## APPENDICES

N/A

## BACKGROUND PAPERS

Wirral's Strategy for Carers 2014 – 17 [Caring for our Carers 2014 -17](#)  
Adult Social Care Reform White Paper – People at the Heart of Care, December 2021  
NHS Long-Term Plan  
Unseen and Undervalued – Carers UK November 2020  
Making Carers Visible, Valued and Supported – Carers UK 2022  
Valuing Carers – Carers UK 2015

## SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Public Health Committee	29 July 2021



## ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

MONDAY 25 JULY 2022

<b>REPORT TITLE:</b>	<b>INTEGRATED CARE SYSTEM</b>
<b>REPORT OF:</b>	<b>PLACE DIRECTOR (WIRRAL), CHESHIRE AND MERSEYSIDE INTEGRATED CARE BOARD</b>

### REPORT SUMMARY

The purpose of this report is to update on the development of the Integrated Care System (ICS), the impact on Wirral as a place and the establishment of the Integrated Care Board (ICB) working arrangements in the borough.

This report affects all wards. This is not a key decision.

### RECOMMENDATIONS

The Adult Social Care and Public Health Committee is recommended to note the report and agree to receive similar updates at future meetings.

## **SUPPORTING INFORMATION**

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

- 1.1 It is important to ensure that the Adult Social Care and Public Health Committee is engaged in the development of the Integrated Care System (ICS), the impact on Wirral as a place and the establishment of the Integrated Care Board (ICB) working arrangements in the borough. Regular updates will continue to be provided to keep Members informed of national, regional, and local progress.

### **2.0 OTHER OPTIONS CONSIDERED**

- 2.1 This report provides an update on the development of the ICS in Cheshire and Merseyside and the establishment of NHS Cheshire and Merseyside (the operating name of the ICB) on 1 July 2022. These arrangements are statutory under the provisions of the Health and Social Care Act 2022. NHS Cheshire and Merseyside will work in each borough of Cheshire and Merseyside, also referred to as places, through Place Partnership Boards and their supporting structures that will involve a wide range of partners in each borough, including Local Authorities.

### **3.0 BACKGROUND INFORMATION**

- 3.1 Partners across Wirral have a long history of working effectively together to agree and deliver shared outcomes. The Integrated Care System and the developmental Wirral Place Based Partnership will be inclusive, bringing together commissioners, providers and colleagues from social care, health, and the voluntary sectors.
- 3.2 Wirral's Place Based Partnership will build on the borough's Health and Wellbeing Strategy by developing the partnership strategy/priorities and associated outcomes for health and care across Wirral.
- 3.3 Wirral's Place Based Partnership will be responsible for the delivery of an integrated health and social care system through effective stakeholder collaboration and improved health and social care services to deliver better outcomes for the population of Wirral.
- 3.4 Officers from a range of health social care and voluntary organisations will attend Wirral's Place Partnership Board to work together to transform services across the health and social care system to deliver sustainable change with maximum benefits to communities, residents, and patients.

#### **Integrated Care System and Wirral Place Based Partnership – Update**

- **Establishing the New Integrated Care Board (ICB) for Merseyside and Cheshire**

- 3.5 NHS Cheshire and Merseyside, the ICB for Cheshire and Merseyside, came into being on 1 July 2022. The Chair of the ICB is Raj Jain and the Chief Executive is Graham Urwin.



- 3.6 The ICB will be responsible for implementing the overall NHS strategy in Cheshire and Merseyside, assigning resources, securing assurance, and ensuring partners that the right activities are focused on securing the best outcomes for our communities.
- 3.7 The ICB Constitution is heavily prescribed nationally to reflect the need for clear and consistent process on the management of NHS resources and decision making. However, specific choices are required in relation to the membership and size of the ICB including the number of executives, non-executives, and partner members.
- 3.8 NHS Cheshire and Merseyside held their inaugural Board meeting on 1 July 2022. The future meetings of the Board will be in public and will be held monthly, the meeting venues will move around Cheshire and Merseyside. Wirral will be hosting this meeting on 26 January 2023, probably in the Floral Pavilion.

- **Wirral Place Based Partnership Arrangements**

- 3.9 Integrated care is delivering better outcomes and experiences for residents, patients, and service users. Integration will involve providers collaborating, but also entail integration between commissioners, developing pooled budgets between the Council and NHS Cheshire and Merseyside. This will build upon and strengthen the existing relationships and approaches in Wirral.
- 3.10 Wirral's Place Based Partnership will drive a culture towards greater collaboration and joint working and build upon what partners have already worked hard to develop over the years. Governance arrangements will continue to develop over time, with the potential to develop into more formal arrangements as working relationships and trust increases.
- 3.11 The first meeting of the Wirral Place Based Partnership Board is due to take place before the end of July 2022. The Wirral Place Based Partnership Board will also incorporate Wirral Council and NHS Cheshire and Merseyside's NHS Act 2006 Section 75 and other joint decision-making arrangements through a Joint Strategic Commissioning Board Sub- Committee.
- 3.12 The governance arrangements to support the Place Based Partnership Board will be developed further over the coming weeks, in line with NHS Cheshire and Merseyside/Council requirements and local needs. It is anticipated that the Board will be supported by groups on quality and performance, primary care and finance and resources.
- 3.13 The membership of the Place Based Partnership Board is as follows:
- NHS Cheshire and Merseyside representative, the Place Director (Wirral) or their nominated representative.
  - A nominated representative from each of (i) Cheshire and Wirral Partnership NHS Foundation Trust, (ii) The Clatterbridge Cancer Centre NHS Foundation Trust, (iii) Wirral Community Health and Care NHS Foundation and (iv) Wirral University Teaching Hospitals NHS Foundation Trust.

- The statutory officers of Wirral Council (Chief Executive, Director of Adult Care and Health, Director of Children’s Services and Director of Public Health) and three Elected Members.
- Three representatives of Primary Care in Wirral, as least one of whom should not be a General Practitioner.
- Healthwatch Wirral.
- Two representatives from the voluntary, community, faith and social enterprise sector.

3.14 A Wirral Provider Partnership is being developed by health and care providers in Wirral. This will support the implementation of integrated care in Wirral and the delivery of key programmes of work.

• **NHS Cheshire and Merseyside Team in Place**

3.15 The employment responsibilities for people previously employed by NHS Wirral Clinical Commissioning Group (CCG) transferred to NHS Cheshire and Merseyside on 1 July 2022. The future operating model for NHS Cheshire and Merseyside is still in development, but the commitment remains that the majority of work will be conducted in place.

3.16 The Place Director (Wirral) was appointed on 3 March 2022 following an open, national recruitment process. They officially took up post on 1 July 2022. They will be supported by an experienced team that will report directly to them, as well as being able to draw upon experience and resources from the ICB central team. The ICB team in place will continue to build on the foundations set by NHS Wirral CCG of working together with Wirral Council and other partners to shape the future of the borough. The Place Leadership Team is funded by NHS Cheshire and Merseyside’s running cost allowance and is already operational.

**4.0 FINANCIAL IMPLICATIONS**

4.1 There are no direct financial implications arising from this report.

4.2 NHS Cheshire and Merseyside, the operating name of the ICB in Cheshire and Merseyside, took on as well as some of NHS England’s commissioning functions on 1 July 2022. It will be accountable for NHS spend and performance within the system and in each place. In 2022/23 the Place Director will be a budget holder, with the intention to move more delegated authority to them and place partners from 2023/24.

**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 NHS Cheshire and Merseyside will continue to work with each place to develop local teams and ensure the appropriate deployment of resources to support borough-based delivery.

## **7.0 RELEVANT RISKS**

- 7.1 Arrangements to assess and share risks and gains across providers will be fully established and supported by transparency around resource availability and allocation within the place.
- 7.2 The Council and the ICB will mitigate risks through working closely with partners to gain insight into all areas of risks to enable mitigating actions to be put in place.

## **8.0 ENGAGEMENT/CONSULTATION**

- 8.1 NHS Cheshire and Merseyside will work with system partners to continue to develop and update their communication plan to ensure that all key stakeholders are engaged as place arrangements develop.
- 8.2 Neighbourhood areas are the fundamental platform for engagement working with residents and providers of each neighbourhood. Design, delivery and improvement are shaped through co-production with communities.
- 8.3 Resident's voices will be embedded within neighbourhood and place arrangements driving priorities and ensuring public voice involvement in design and decision making. The Council and place partners will utilise existing networks for effective reach into communities.
- 8.4 The Wirral Place Based Partnership has Voluntary Sector representation, which is embedded in all elements of population planning, decision making and delivery. Voluntary Sector intelligence and insight will be collated, including wider community feedback, to ensure the Placed Based Partnership can hear from critical voices within different communities, escalate priority issues, and act on these issues.

## **9.0 EQUALITY IMPLICATIONS**

- 9.1 An initial Equality Impact Assessment has been completed and can be found - <https://www.wirral.gov.uk/sites/default/files/all/communities%20and%20neighbourhoods/Equality%20Impact%20Assessments/EIA%20since%202021/Children's%20Services/Equality%20Impact%20Assessment%20Integrated%20Care%20Partnership%20v2%20-%20May%202021.pdf>
- 9.2 An Equality Impact Assessment is a tool to help public services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision, or activity. The Equality Impact Assessment is reviewed regularly and will be updated in July 2022.
- 9.3 Wirral Council and NHS Cheshire and Merseyside have legal requirements to make sure their policies, and the way they carry out their work, do not discriminate against anyone. Plans will be underpinned by local population health and socio-economic intelligence. The Council and NHS Cheshire and Merseyside will work in partnership with local and regional partners to develop Place-based Partnership arrangements necessary to deliver improved outcomes in population health by tackling health inequality.

## 10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 There are no direct environmental or climate implications as a result of this report.
- 10.2 Wirral Council and NHS Cheshire and Merseyside are committed to carrying out their work in an environmentally responsible manner, and these principles will guide the development of the Place-based Partnership in Wirral.

## 11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 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.
- 11.2 Community Wealth Building in Wirral focusses on partnerships and collaboration, both within the Council and with external partners and stakeholders, including residents. The Council and NHS Cheshire and Merseyside will work together with partners and residents to develop the Wirral Place Based Partnership arrangements in Wirral that meet the needs of the population, with a focus on reducing health inequalities.

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### APPENDICES

None

### BACKGROUND PAPERS

- NHS Five Year Forward View (2014), <https://www.england.nhs.uk/five-year-forward-view/>
- NHS Planning Guidance (2017), <https://www.england.nhs.uk/publication/delivering-the-forward-view-nhs-planning-guidance-201617-202021/>
- NHS Long Term Plan (2019), <https://www.longtermplan.nhs.uk/>
- Designing Integrated Care Systems (ICSs) in England (2019), <https://www.england.nhs.uk/wp-content/uploads/2019/06/designing-integrated-care-systems-in-england.pdf>
- Integrating Care: Next steps to building strong and effective integrated care systems across England (2020), <https://www.england.nhs.uk/wp-content/uploads/2020/11/261120-item-5-integrating-care-next-steps-for-integrated-care-systems.pdf>
- *Integration and Innovation: working together to improve health and social care for all*, White Paper (2021), <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all>.
- *Legislating for Integrated Care Systems: five recommendations to Government and Parliament* (2021), <https://www.england.nhs.uk/publication/legislating-for-integrated-care-systems-five-recommendations-to-government-and-parliament/>

- NHS Planning Guidance (2021), <https://www.england.nhs.uk/operational-planning-and-contracting/>
- The Queen’s Speech 2021 – Background Briefing Notes, [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/985029/Queen s Speech 2021 - Background Briefing Notes..pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/985029/Queen_s_Speech_2021_-_Background_Briefing_Notes..pdf)
- *Integrated Care Systems: Design Framework and Guidance on the Employment Commitment* (2021), <https://www.england.nhs.uk/publication/integrated-care-systems-design-framework/>
- NHS People Plan 2020/2021, <https://www.england.nhs.uk/ournhspeople/>
- Thriving Places - September 2021 – Found at [Thriving Places: guidance on the development of place-based partnerships as part of statutory integrated care systems](#)
- Building strong integrated care systems everywhere ICS implementation guidance on effective clinical and care professional leadership - September 2021 - Found at [Building strong integrated care systems everywhere: ICS implementation guidance on effective clinical and care professional leadership](#)
- Building strong integrated care systems everywhere ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector- September 2021 - Found at [Building strong integrated care systems everywhere: ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector](#)
- Health and Care Act, 2022 - <https://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

### SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Public Health Committee	2 March 2021 7 June 2021 29 July 2021 8 September 2021 13 October 2021 3 March 2022
Health and Wellbeing Board	31 March 2021 16 June 2021 20 July 2021 29 September 3 November 2021 15 December 2021 9 February 2022 23 March 2022
Partnerships Committee	9 November 2020 13 January 2021 29 June 2021 28 September 2021 1 March 2022

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## ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

MONDAY 25 JULY 2022

<b>REPORT TITLE:</b>	<b>WIRRAL EVOLUTIONS</b>
<b>REPORT OF:</b>	<b>DIRECTOR OF CARE AND HEALTH</b>

### REPORT SUMMARY

This report is to update members on the progress being made with the transfer arrangements for Wirral Evolutions services into Wirral Borough Council (the Council) direct delivery. The Adult Social Care and Public Health Committee resolved at the 3 March 2022 meeting to transfer the services within six months of 1 of April 2022 and delegated to the Director of Care and Health to make the necessary arrangements to insource the services carried out by Wirral Evolutions Limited.

This affects all wards and is not a key decision.

This supports 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 note the report and the progress being made with transfer arrangements.

## **SUPPORTING INFORMATION**

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

- 1.1 Members requested an update report to July Committee meeting to ensure that progress was being made to implement the decision made at Committee on 3 March 2022.

### **2.0 OTHER OPTIONS CONSIDERED**

- 2.1 This is an assurance report on the implementation of a decision previously made. A report to a later Committee was not considered to offer sufficient time for members comments to be considered in the transfer arrangements, and prior to the service transfer date.

### **3.0 BACKGROUND INFORMATION**

- 3.1 Following previous Committee meetings, workshops and briefings, the Adult Social Care and Public Health Committee resolved at the 3 March 2022 Committee that:
- the Director of Care and Health 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 1 April 2022 so as to enable the effective implementation of transition of services currently supplied by the company to the Council.
  - 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 1 April 2022.
  - 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.
  - 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.
  - the Director of Care and Health be authorised to make all necessary arrangements to insource the services carried out by Wirral Evolutions Limited.
  - 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.
  - 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.



- 3.2 A Project Team was created, with a dedicated Project Manager to oversee the transfer planning and implementation. A Project Board was initiated including membership from Wirral Evolutions and Adult Care and Health Senior Leadership Teams, and representation from various Council directorates where there are implications for the service transfer. A project plan is in place with identified workstream leads, key deliverables and target dates. A summary of the project plan is included (Appendix 1).
- 3.3 The target transfer date is 27 September 2022.
- 3.4 The principle of transfer is that there will be no significant change to service delivery or to the experience of people who use the service up to, and directly following, the point of transfer.
- 3.5 It is agreed that the buildings utilised for service delivery will continue to be maintained by the Council, and utility accounts will be set up between the Council and the supplier companies ahead of the transfer date.
- 3.6 An audit of IT requirements has been undertaken, and arrangements are being made for the continued operation of the existing IT systems required for the service delivery, and for system set up for those applications that staff will utilise as a Council employee.
- 3.7 An audit of the small number of supplier contracts that Wirral Evolutions has been undertaken, and arrangements made for the continuation or cessation of those contracts, as required, for the effective and safe delivery of service post transfer.
- 3.8 A Consultative Board has been set up to include representation from people who use the services, their family carers, staff, volunteers and stakeholders. This Board will enable engagement and involvement from those who use the services and who are involved in service delivery. The Board will continue beyond the transfer date to ensure that staff and people who use the services will have a say in how services develop and to oversee their quality and performance.
- 3.9 The main area of work for the project team is to plan and coordinate the formal consultation process, with the staff transferring under TUPE regulations (Transfer of Undertakings (Protection of Employment) (Background Papers).
- 3.10 The staff consultation commenced on 20 June with three staff group meetings, led by Wirral Evolutions, and supported by the Assistant Director Adult Care and Health, the Council's Human Resources and Organisational Development (HROD) team, and Trade Unions.
- 3.11 Staff 1:1 meetings commenced week commencing 27 June. Staff have responded positively to the 1:1 meetings and comments have been made by staff that they have found the process reassuring, and that they are feeling positive about the change.

- 3.12 There is a Frequently Asked Questions and Answers document prepared which is being continually developed as the consultation progresses, to include response on general themes and questions that emerge (Appendix 2). Where individuals have raised a query in relation to their personal situation, they will receive an individual response.
- 3.13 Regular meetings between the Council, Wirral Evolutions Ltd, the HROD team and the Trade Unions are taking place.
- 3.14 Several staff on extended fixed term contracts have been made permanent employees ahead of the transfer and during the consultation process.
- 3.15 Several staff who have been acting up into different roles for a significant period of time have been established in their acting up roles ahead of transfer and during the consultation process.
- 3.16 Staff transferring will be automatically enrolled into the Local Government Pension Scheme and will have the option to opt out should they wish to.
- 3.17 Wirral Evolutions staff are currently paid via the Council's payroll. This will make the transfer of staff payment arrangements seamless, and staff will see no change to their pay date.
- 3.18 The service transfer is on target for being implemented on 27 September 2022 and no reason for this not being achieved has been identified to date.

#### **4.0 FINANCIAL IMPLICATIONS**

- 4.1 The value of the current Wirral Evolutions Ltd service contract payment is £5.079M. This will cease to be paid by the Council to Wirral Evolutions from the point of service transfer, and the equivalent service delivery budget line created within the Adult Care and Health annual revenue budget, to account for the service delivery costs.
- 4.2 The Project Team will quantify any costs incurred due to transferring staff joining or re-joining the Local Government Pension Scheme, and any other staff costs associated with the TUPE transfer. This will be undertaken through the HR workstream of the project alongside the consultation period.

#### **5.0 LEGAL IMPLICATIONS**

- 5.1 TUPE applies to all staff who will transfer, below Board level. Staff terms and conditions are therefore protected on transfer.
- 5.2 The service is not a regulated care service and is, therefore, not required to be registered with the Care Quality Commission.
- 5.3 Wirral Evolutions Ltd have been provided with notice of the termination of the contract which will expire at the planned service transfer date.

- 5.4 Leases between Wirral Evolutions Ltd and the Council for the buildings from which they operate will cease at the point of transfer, and the service will continue to operate from those Council owned buildings.
- 5.5 A small number of supplier contracts have been identified which will be either terminated, novated to the Council, or varied, as appropriate, prior to the transfer date.
- 5.6 The Director of law and Governance will consider the future implications of the Wirral Evolutions Ltd company entity.

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

- 6.1 There are 151 staff (121 Full Time Equivalent staff) who will transfer to the Council's direct employment.
- 6.2 The service will operate from the Council buildings and will utilise Council IT assets, software and platforms.
- 6.3 There are no additional resources identified to date associated with the service transfer.

## **7.0 RELEVANT RISKS**

- 7.1 Due to the progress being made, there is a low risk that the service transfer will not take place within the suggested timeframe agreed.

## **8.0 ENGAGEMENT/CONSULTATION**

- 8.1 A formal consultation is underway with Wirral Evolutions staff affected by the change. Engagement with people who use services, their family carers, volunteers and stakeholders are planned as part of the project.

## **9.0 EQUALITY IMPLICATIONS**

- 9.1 There is no change planned that will impact on service delivery, or on people with disabilities who use the services. Reasonable adjustments and access to work requirements are being discussed individually with staff where appropriate and as part of their consultation process.
- 9.2 There are no changes to service provision and there are, therefore, no equality implications presented for people who use the services that are due to transfer.

## **10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS**

- 10.1 There are no environment or climate implications from the content of this report.

## 11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 Wirral Evolutions is an employer of 151 staff, the majority of whom live in Wirral. Continued employment of the staff under Wirral Borough Council employment contracts will contribute to the local economy.

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## APPENDICES

Appendix 1 Project Plan Summary  
Appendix 2 FAQ Consultation

## BACKGROUND PAPERS

Link to TUPE regulations:

<https://www.gov.uk/transfers-takeovers#:~:text=TUPE%20protection&text=When%20TUPE%20applies%3A,continuity%20of%20employment%20is%20maintained>

## SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Public Health Committee	03/03/2022
Adult Social Care and Public Health Committee: Review of Day Services Contract for People with a Learning Disability Delivered by Wirral Evolutions Limited	23/09/2021
Adult Social Care and Public Health Committee: Wirral Evolutions Limited Ltd: Progress Update Against Approved Savings Proposal	07/06/2021
Adult Social Care and Public Health Committee: Wirral Evolutions Limited	18/01/2021
Health and Wellbeing Board	13/11/2019

## Appendix 1 - Wirral Evolutions Project Plan

<b>Milestones</b>	<b>Due Date</b>	<b>Status</b>
<b>***Mandate</b>	3 <sup>rd</sup> March 2022	Complete
<b>***Project Initiation Activities</b>	17 <sup>th</sup> June 2022	Complete
<b>***Delivery:</b>		
**TUPE Consultation Start	20 <sup>th</sup> June 2022	Complete
** TUPE Consultation Close	5 <sup>th</sup> August 2022	Ontrack
Stakeholder Consultation / Engagement Network	8 <sup>th</sup> July 2022	Ontrack / Ongoing
Communications	Throughout project life cycle	Ontrack / Ongoing
ICT Mgt	26 <sup>th</sup> August 2022	Ontrack / Ongoing
Staff Transfer Tasks	9 <sup>th</sup> September 2022	Ontrack / Ongoing
Finance Mgt	9 <sup>th</sup> September 2022	Ontrack / Ongoing
Contracts Mgt	9 <sup>th</sup> September 2022	Ontrack / Ongoing
Assets Mgt	9 <sup>th</sup> September 2022	Ontrack / Ongoing
Insurance, certification, accreditation, registration mgt	9 <sup>th</sup> September	Ontrack / Ongoing
<b>***Transfer Staff &amp; Service Delivery</b>	27 <sup>th</sup> September 2022	Ontrack
Ltd company status, Branding Mgt	28 <sup>th</sup> October 2022	Ontrack / Ongoing
Transfer Snagging (Accounts etc)	28 <sup>th</sup> October 2022	Ontrack
<b>***Project Closure Activities</b>	18 <sup>th</sup> November 2022	Pending
<b>***Project Risk / Issues</b>	Throughout project life cycle	Contained

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## **FAQs - Wirral Evolutions TUPE Transfer into Wirral Council**

### **What is TUPE?**

TUPE stands for Transfer of Undertakings (Protection of Employment). It protects employees' rights when they transfer to a new employer.

### **Why is this TUPE transfer happening?**

A TUPE transfer happens when either:

an organisation, or part of it, is transferred from one employer to another.

a service is transferred to a new provider, for example when another company takes over the contract for office cleaning.

A decision was taken in March 2022 that the services provided by Wirral Evolutions would transfer into Wirral Council within 6 months from 1<sup>st</sup> April 2022.

### **Why is WE moving back into the council?**

The decision to bring back in-house the services currently provided through Wirral Evolutions is part of an ongoing monitoring of how the council delivers services. The move reflects changes in the sector and the need to adapt to this. The council-owned arms-length Local Authority Trading Organisation is no longer seen as the best way to meet the needs of the people who use these services or the council.

### **How will this move affect people supported?**

This change will not make any difference to the experience of people we support, which will continue to be delivered to the same high quality.

Transitioning the service to an in-house provision would also provide the Council with more control over how the service is delivered, improve outcomes for people we support and provide greater flexibility on how the service is delivered.

### **Will I be able to give my views about the Wirral Evolutions TUPE transfer?**

Yes, both Wirral Evolutions and Wirral Council will consult with your trade union representatives and also directly with you if you request a 1:1 meeting. The consultation will not discuss whether the transfer will happen or not, but it will include information relating to your terms and conditions and any proposed measures (changes) to working arrangements. You will have the opportunity to give your views, ask questions and make suggestions.

### **What date will the consultation begin?**

The consultation will begin on Monday 20<sup>th</sup> June 2022 when representatives from Wirral Evolutions and Wirral Council will meet with trade union representatives to inform and consult them about the TUPE transfer.

### **How long will the consultation period last?**

The formal consultation with trade union representatives will last for 45 days. Individual meetings with staff will be offered from the week commencing 20<sup>th</sup> June 2022 onwards, although questions with regards to individual circumstances can continue to be answered beyond the formal consultation period.

### **I am not a member of a trade union, how will I receive information and updates?**

Wirral Evolutions and Wirral Council will directly inform you about the TUPE transfer and provide regular updates throughout the consultation period, and you will receive information through normal communications channels i.e. team meetings. You will also have the opportunity to request a 1:1 consultation meeting which would be a meeting specifically for you with representatives from Wirral Evolutions and, if requested, from Wirral Council. In addition to this there will be a dedicated web based portal that you will be given access to and you will be able to submit questions and comments, and receive responses, through this. The address to access the portal is <https://haveyoursay.wirral.gov.uk/wirral-evolutions>

### **What date will the TUPE transfer take place?**

It is anticipated that the transfer will take place in September 2022, the exact date will be confirmed after the consultation period but is believed to be 27<sup>th</sup> September 2022. The Adult Social Care & Public Health Committee held on 3/3/22 stated the intention that those services provided by Wirral Evolutions will be fully transferred back into the Council within six months of 1<sup>st</sup> April 2022.

### **Will all employees of Wirral Evolutions be transferred into Wirral Council?**

All employees of Wirral Evolutions will be part of the TUPE transfer.

### **Will employees still transfer under TUPE if they are on maternity leave or long term sick leave?**

Yes, employees who are currently absent from work for any reason such as maternity leave or long term sick leave will transfer under TUPE in the same way as all other employees.

### **Will I be entitled to a redundancy payment if I do not want to transfer to Wirral Council?**

A TUPE transfer protects employees' rights and ensures continued employment with a new employer. Any individuals who wish to object to the TUPE transfer will be deemed to be resigning from their positions and will begin a notice period accordingly. Employment would end at the date of transfer however no redundancy payment would be payable.



### **How will Wirral Council know the details about my employment?**

Wirral Evolutions will provide Wirral Council with specific information about you and your employment. They will provide this information at least 28 days before the date of transfer to enable your records to be transferred in good time. As Wirral Council is already the payroll provider for Wirral Evolutions, there will be no change to this and pay dates will remain the same.

### **Will my rate of pay stay the same?**

TUPE regulations state that employees will transfer to the new employer on conditions no less favourable than their current ones. It is anticipated that you will be assigned to an equivalent grade and spine point on the Wirral Council pay scale.

### **I have been working for Wirral Evolutions for a number of years, does my employment start again on the date of the TUPE transfer?**

Your employment will be continuous and you will retain your original start date.

### **Will my line manager stay the same?**

It is envisaged that line management arrangements will remain the same however any changes will be discussed with staff directly.

### **What will happen to my outstanding annual leave when I transfer into Wirral Council?**

Your existing contract of employment remains in place so your annual leave balance at the point of transfer will stay the same and any existing agreements to carry over a portion of annual leave will also be transferred.

### **Will I be working in the same physical location?**

It is anticipated that Wirral Evolutions employees who are directly involved in delivering services to people we support will remain in their current locations following the transfer to Wirral Council. Head Office staff will be required to relocate to an appropriate Wirral Council building or may be able to access hybrid working.

### **Will I stay in the same pension scheme?**

Wirral Council will provide a suitable alternative pension scheme which will be the Local Government Pension Scheme (LGPS). All Wirral Council employees are entitled to participate in the scheme and as such you will automatically be enrolled into the LGPS on the date of transfer. Any pension that you have built up with an alternative provider up to the date of transfer will be protected. You can apply to

transfer any existing pensions with alternative providers into LGPS but you must make this request within 1 year of joining LGPS.

**What will happen if I do not want to continue working for Wirral Council after I have transferred?**

If you wish to end your employment after the TUPE transfer date you will need to resign from your position in the usual way and work your contractual notice period leading up to the end of your employment.

**If I do not wish to transfer will EVR/VS be available**

EVR/VS will not be available to staff as part of the TUPE Transfer process. As detailed above, staff who choose not to transfer into Wirral Council will be deemed to be resigning from their positions and will begin a notice period accordingly. Employment would end at the date of transfer.

**Will I be able to keep the same working hours and days?**

Staff who transfer will do so on their existing contracted hours and working patterns

**I am on a temporary contract for twelve months what will happen to me?**

It is proposed that staff currently employed on temporary/fixed term contracts will be made permanent prior to the transfer except where they are covering for a substantive post holder.

**I have been in an acting up role for a number of years/months, will I TUPE into my substantive role or the acting role?**

Staff will TUPE across on existing terms and conditions of employment at the point of transfer. Where acting up arrangements will still be required post transfer, these will remain in place during the transfer.

**I am on a temporary contract supporting as 1:1 which is funded outside of the block contract, will I TUPE in as permanent or temporary?**

Staff who are currently contracted to provide support on a 1:1 basis will transfer in on their existing terms and conditions of employment.

**The council have a different pay structure to Wirral Evolutions, what are the grades etc. and where does my role sit in this?**

The Council's pay structure is different to that of Wirral Evolutions. As outlined above, it is anticipated that staff will be assigned to an equivalent grade and spine point on the Wirral Council pay scale.

### **What will happen to my existing terms and conditions of employment with Wirral Evolutions?**

It is proposed that staff once transferred in would be assigned to Wirral Council terms and conditions of employment which we believe to be generally more favourable. Further detail in relation to proposed terms and conditions will be provided during the Consultation process with the recognised Trade Unions.

### **When we TUPE back in and if there was a subsequent reorganisation or offer of EVRS, will my service at Wirral Council, Wirral Evolutions then back to Wirral Council be continuous?**

Provided there was no break in service, all employment between Wirral Council and Wirral Evolutions would be counted as continuous for the purposes of EVRS.

### **I am currently in an acting up role and I know people have been recruited to backfill me, if they are made permanent in the TUPE and I am not in the acting role what happens to me?**

Staff will transfer into the local authority on their existing terms and conditions of employment. Where acting up arrangements will still be required post transfer, these will remain in place during the transfer.

### **What will happen if I refuse the alternative position if it's not suitable?**

It is anticipated that all affected staff will transfer into an equivalent role within the Council. We do not envisage significant changes to structures or roles. Any issues can be addressed through the consultation process and 1:1s.

### **What are the timescales for the process given we are now a few months on since the decision and nothing has moved forward?**

As outlined above, formal consultation will start on 20<sup>th</sup> June and run for 45 days. During this period, staff briefings, 1:1s, opportunities for feedback, updated FAQs and weekly trade union meetings will take place. Once consultation closes, we will move into the transition phase where employment information is shared between Wirral Evolutions and Wirral Council at least 28 days prior to the transfer and we will keep you updated on progress. It is proposed that transfer will take place by the end of September 2022.

### **What happens to me if I'm in a corporate role with Wirral Evolutions?**

As outlined above, it is anticipated that all affected staff will transfer into an equivalent role within the Council. We do not envisage significant changes to structures or roles.

Further detail in relation to this will be provided during consultation and through the 1:1 process.

**I am not in a pension at the moment. How do I join the LGPS**

You will be automatically entered into the LGPS scheme. If you wish to opt out of the scheme this can be done at any time. Information on this and the form you will need to complete can be found on the Merseyside Pension Fund (MPF) site <https://mpfmembers.org.uk/optout>

**I am currently in the NEST Pension, if I automatically transfer into the LGPS Scheme, what happens to my nest pension pot?**

You will have the option of transferring your NEST benefits into the LGPS. Details of how to do this will be provided by MPF in your welcome letter.

**I have a deferred pension with LGPS. If I am automatically transferred into the LGPS scheme from transfer, what happens to my deferred pension?**

You will have the option of combining this deferred benefit with your new active record. Details of how to do this will be provided by MPF in your welcome letter.

**I am already accessing my LGPS pension whilst employed by Wirral Evolutions. What happens when I transfer into to the local authority?**

The pension benefit will be unaffected and remain in payment.

**I understand that the LGPS Pension Scheme is more favourable than the NEST Pension. What are the employer contribution rates for NEST Pension and LGPS and what benefits would I receive in LGPS?**

The LGPS is a defined benefit (DB) scheme whereas NEST is a defined contribution (DC). As such the LGPS Employer rates are set down by the Scheme Actuaries. The link below is for some short (under 2 minutes) videos that set out the key features and benefits of the LGPS.

<https://mpfmembers.org.uk/videos>

**I have joined Wirral Evolutions on a fixed term contract but haven't been put into the NEST Pension. What needs to happen?**

You will be moved into the LGPS if your contract of employment has more than 3 months remaining.

**What are the employee contribution rates for LGPS Pension Scheme compared to Nest Pension?**

The NEST Employee contribution rate is 4% irrespective of how much you earn. The LGPS employee contribution rates vary depending on how much you earn. The table below shows the current rates

<b>Pensionable Pay for an Employment</b>	<b>Main section Gross Contribution</b>	<b>50/50 section Gross Contribution</b>
<b>£0 - £15,000</b>	5.5%	2.75%
<b>£15,001 - £23,600</b>	5.8%	2.90%
<b>£23,601 - £38,300</b>	6.5%	3.25%
<b>£38,301 - £48,500</b>	6.8%	3.40%
<b>£48,501 - £67,900</b>	8.5%	4.25%
<b>£67,901 - £96,200</b>	9.9%	4.95%
<b>£96,201 - £113,400</b>	10.5%	5.25%
<b>£113,401 - £170,100</b>	11.4%	5.70%
<b>£170,101 or more</b>	12.5%	6.25%

If you have a pension question or problem and are a UNISON member, please e-mail UNISON’s Pensions Unit for Members at [Pensionsqueriesformembers@unison.co.uk](mailto:Pensionsqueriesformembers@unison.co.uk) quoting your UNISON membership number and copying in your local UNISON Branch.

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

**MONDAY 25 JULY 2022**

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

### **REPORT SUMMARY**

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

### **RECOMMENDATION**

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

## **SUPPORTING INFORMATION**

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

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

### **2.0 OTHER OPTIONS CONSIDERED**

- 2.1 This report has been developed in line with Member requirements. In addition to this report Committee members requested access to a set of automated Adult Social Care Reports. Following testing and demonstration of reports to a pilot Member group, these reports are now available for all Committee members to access and appropriate support has been offered. 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	14 June 2022
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  
08/06/2022**

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## 1.0 Introduction

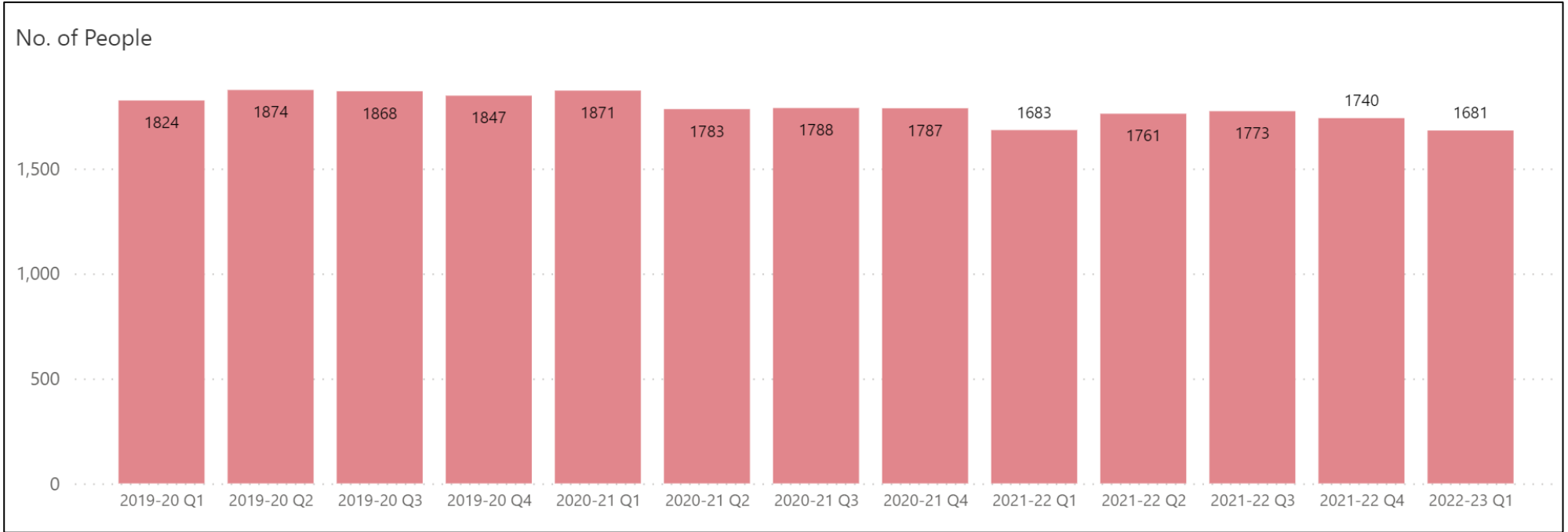
The Adult Care and Health Committee have requested a set of key intelligence related to key areas within Health and Care. This report supplies that information for review and discussion by members. If additional intelligence is required further development on reporting will be carried out.

## 2.0 Care Market – Homes

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

No. of People	Actual Cost
4503	£173.11M

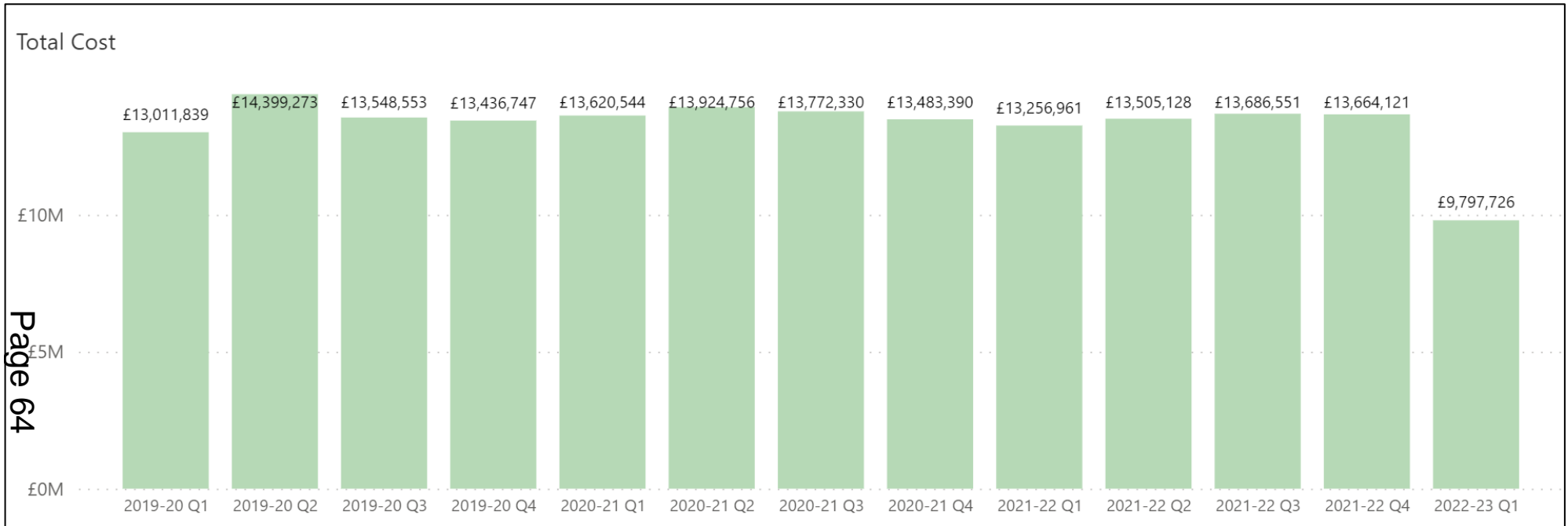
Data Source: ContrOCC.



Data Source: ContrOCC.

Number of People Receiving Residential & Nursing Care				
	2019-20	2020-21	2021-22	2022-23
April	1627	1671	1525	1593
May	1617	1566	1547	1620
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	1578	

Data Source: ContrOCC.



Data Source: ContrOCC.

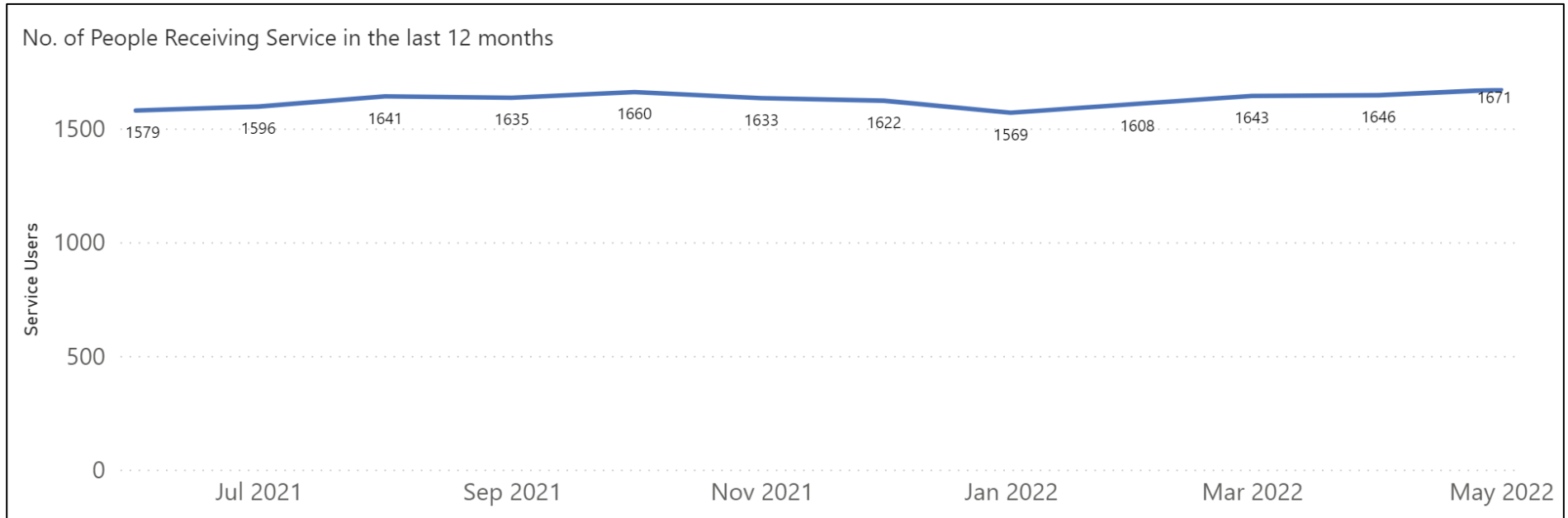


## Total Cost of Residential & Nursing Care

	2019-20	2020-21	2021-22	2022-23
April	£4,983,417	£4,264,441	£4,070,874	£4,336,212
May	£3,991,061	£4,157,370	£5,082,749	£5,473,999
June	£4,037,361	£5,198,733	£4,103,337	
July	£5,088,919	£4,267,273	£4,103,422	
August	£4,127,520	£5,372,845	£5,181,732	
September	£5,182,834	£4,284,637	£4,219,975	
October	£4,188,238	£4,253,643	£4,238,795	
November	£4,185,022	£5,325,468	£5,263,448	
December	£5,175,292	£4,193,219	£4,187,125	
January	£4,129,467	£4,157,688	£5,155,758	
February	£4,108,831	£4,160,806	£4,195,775	
March	£5,198,450	£5,164,896	£4,321,230	

Data Source: ContrOCC.

## 2.2 Residential and Nursing Care Over Time



Data Source: Liquid Logic.

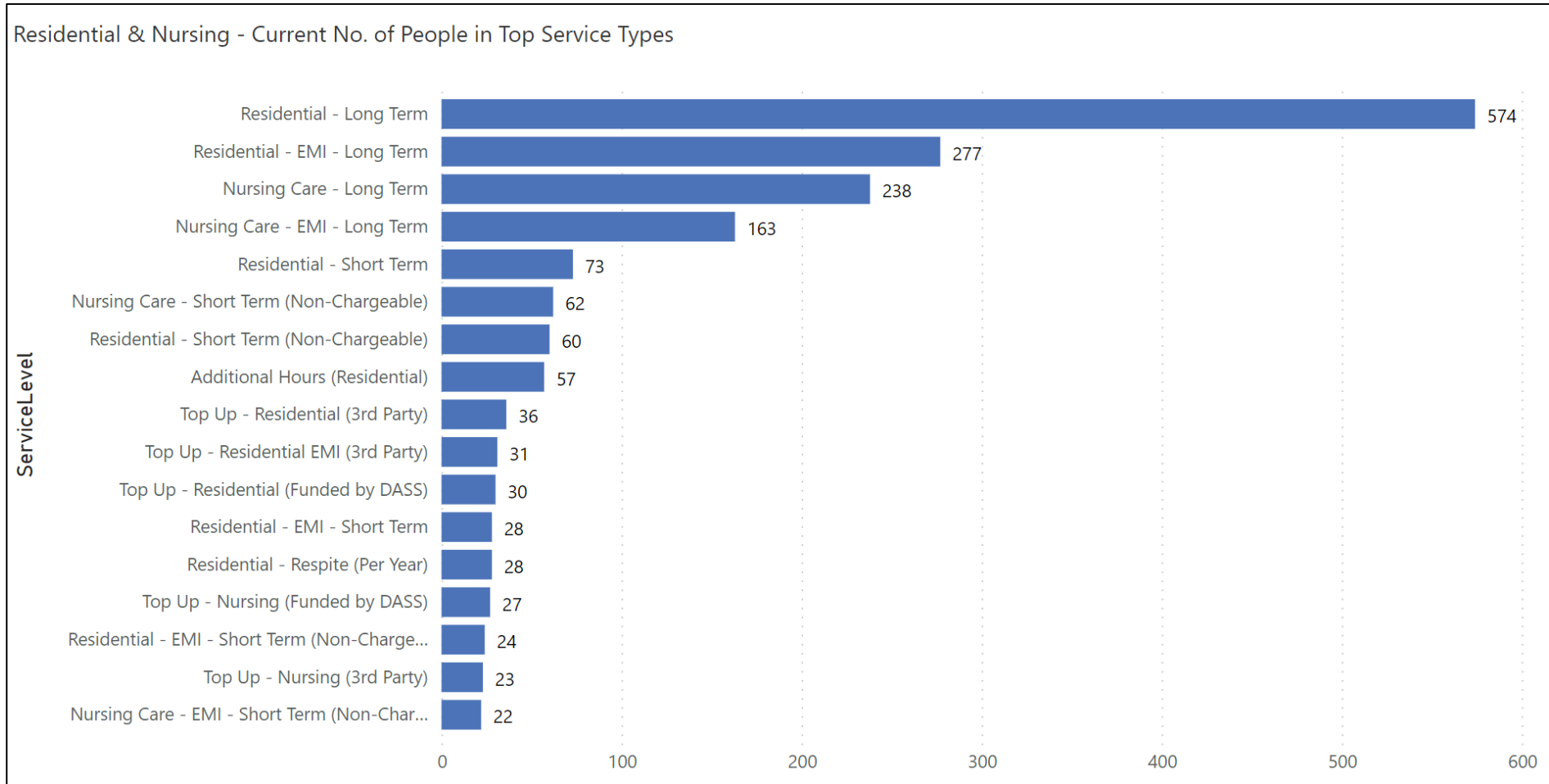
No. of People Receiving Service in Period

Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
2022	1569	1608	1643	1646	1671								<b>1965</b>
2021						1579	1596	1641	1635	1660	1633	1622	<b>2127</b>
<b>Total</b>	<b>1569</b>	<b>1608</b>	<b>1643</b>	<b>1646</b>	<b>1671</b>	<b>1579</b>	<b>1596</b>	<b>1641</b>	<b>1635</b>	<b>1660</b>	<b>1633</b>	<b>1622</b>	<b>2507</b>

Data Source: Liquid Logic.

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

### 2.3 Residential and Nursing – Current People by Service Type



Data Source: Liquid Logic.

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

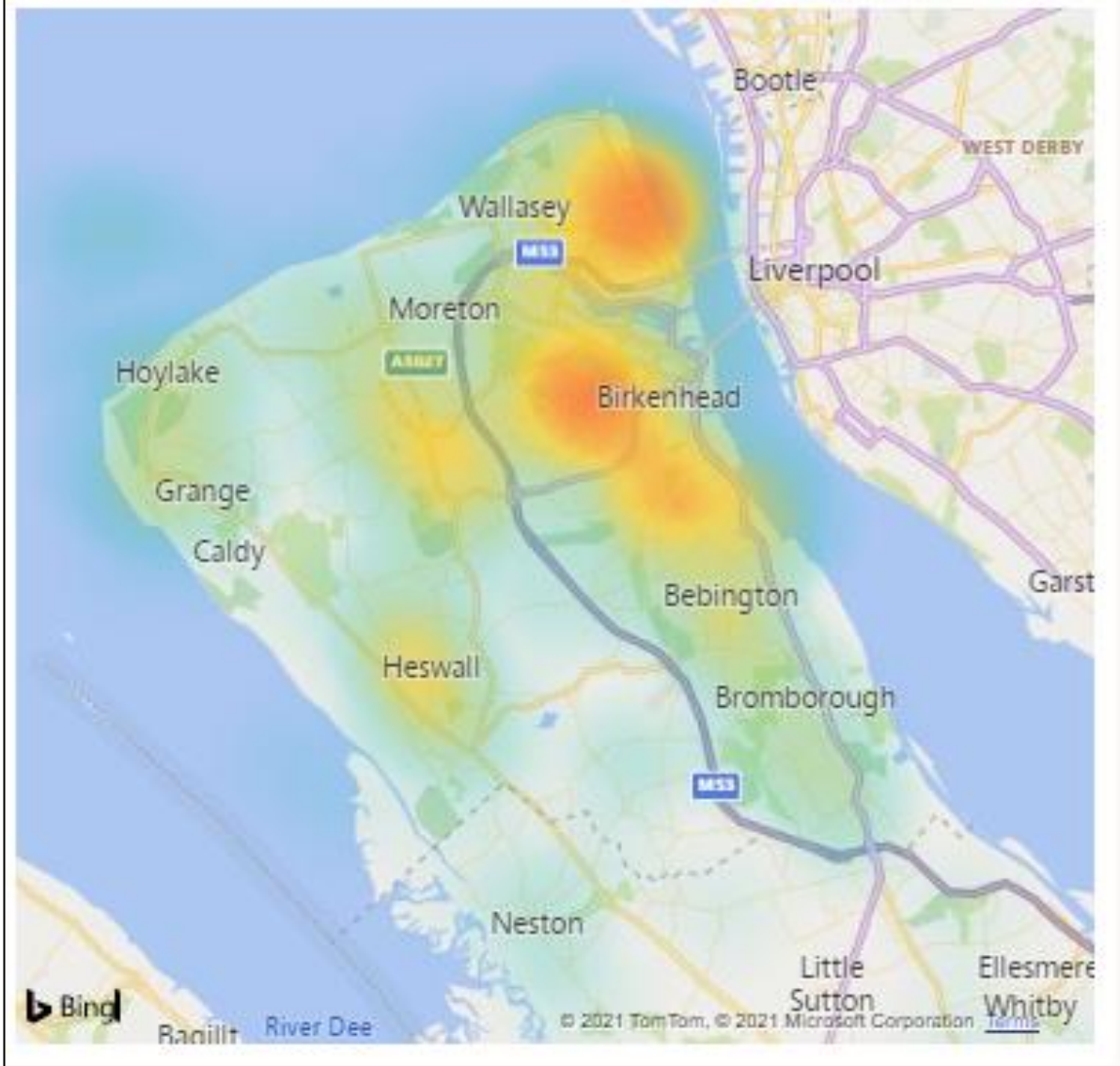
ServiceLevel	No. of People
Residential - Long Term	574
Residential - EMI - Long Term	277
Nursing Care - Long Term	238
Nursing Care - EMI - Long Term	163
Residential - Short Term	73
Nursing Care - Short Term (Non-Chargeable)	62
Residential - Short Term (Non-Chargeable)	60
Additional Hours (Residential)	57
Top Up - Residential (3rd Party)	36
Top Up - Residential EMI (3rd Party)	31
Top Up - Residential (Funded by DASS)	30
Residential - EMI - Short Term	28
Residential - Respite (Per Year)	28
Top Up - Nursing (Funded by DASS)	27
Residential - EMI - Short Term (Non-Chargeable)	24
Top Up - Nursing (3rd Party)	23
Nursing Care - EMI - Short Term (Non-Chargeable)	22
<b>Total</b>	<b>1548</b>

Data Source: Liquid Logic.

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

## 2.3 Residential and Nursing – People Location

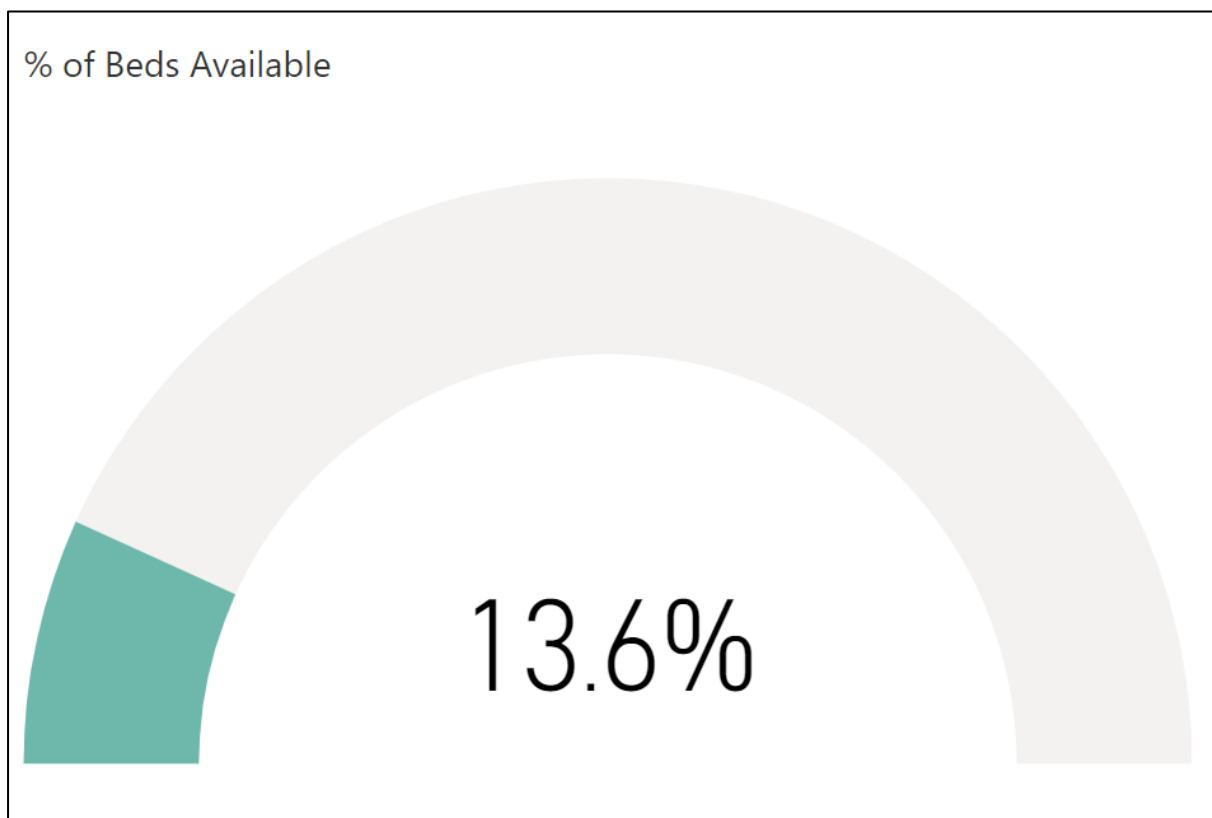
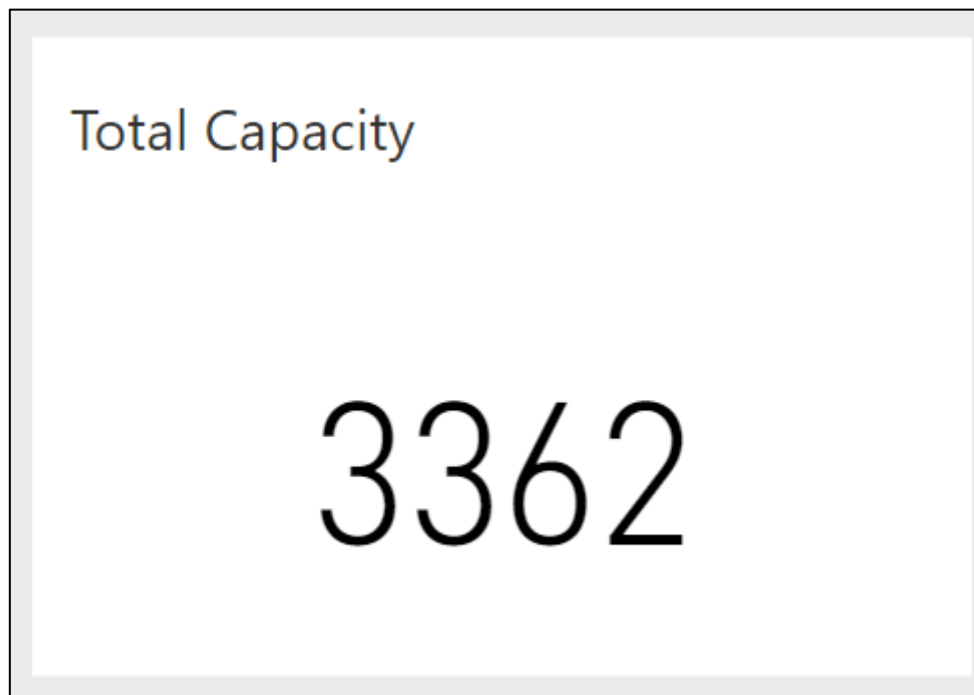
### Care Home Location



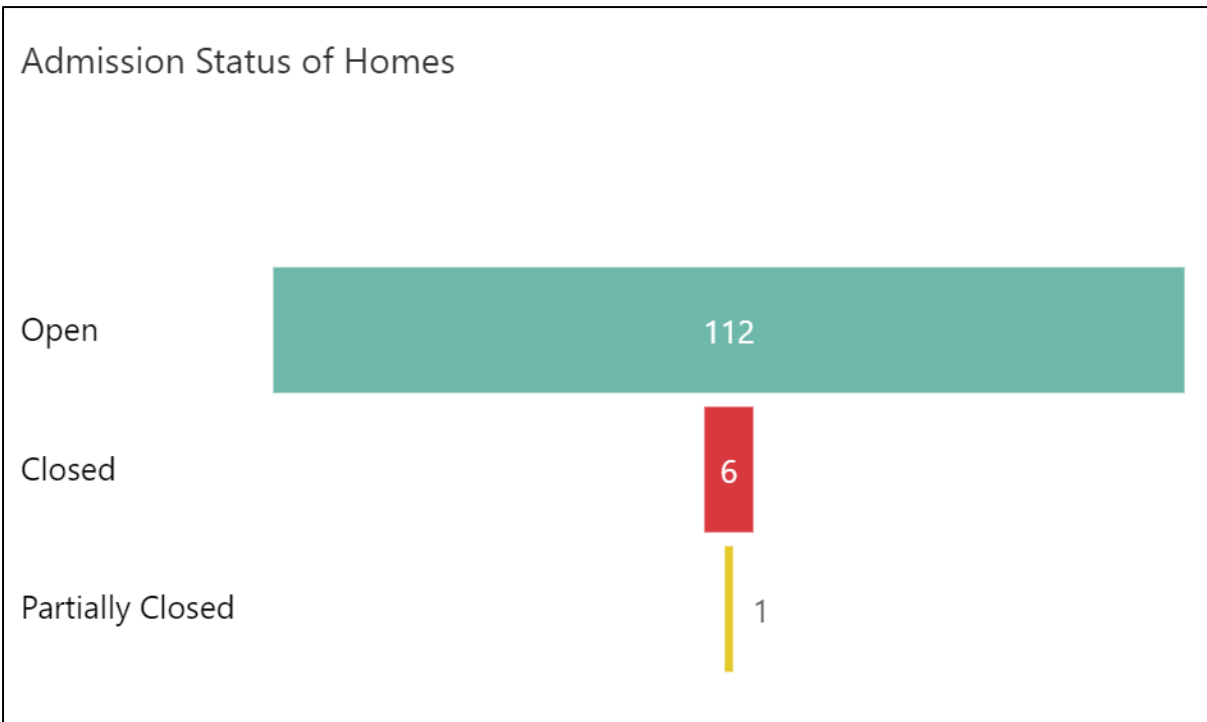
The heat map shows the care home locations.

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 08/06/2022 of 13.6%.



### Admission Status of Homes

Status	No of Homes
Open	112
Closed	6
Partially Closed	1
<b>Total</b>	<b>119</b>

The number of care homes which are Open, Closed and Partially Closed on 08/06/2022.



### Admission Status of Homes with a Covid Outbreak

Open



### Admission Status of Homes with a Covid Outbreak

Status	No of Homes
--------	-------------

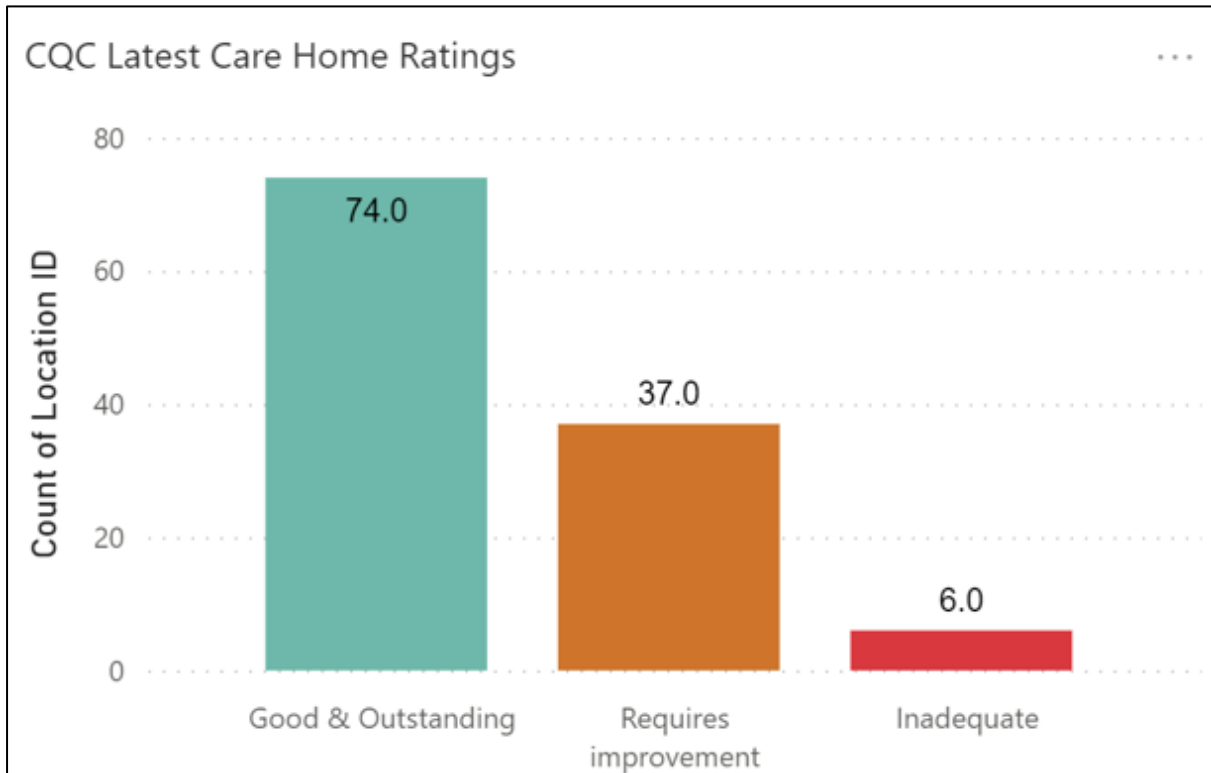
Open	4
------	---

<b>Total</b>	<b>4</b>
--------------	----------

The number of care homes with a Covid outbreak which are Open, Closed and Partially Closed on 08/06/2022.

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
<b>Total</b>	<b>117</b>

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

The number of care home placements has increased slightly which may be due to system pressure in the acute trust and also to reduced capacity in the Domiciliary Care Market. Vacancy rates in care homes are at a level that still demonstrates sufficient capacity. 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 care homes closed to admissions in line with infection control measures continues at a decreased level, reflecting the course of the covid-19 pandemic in the general population

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

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

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

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

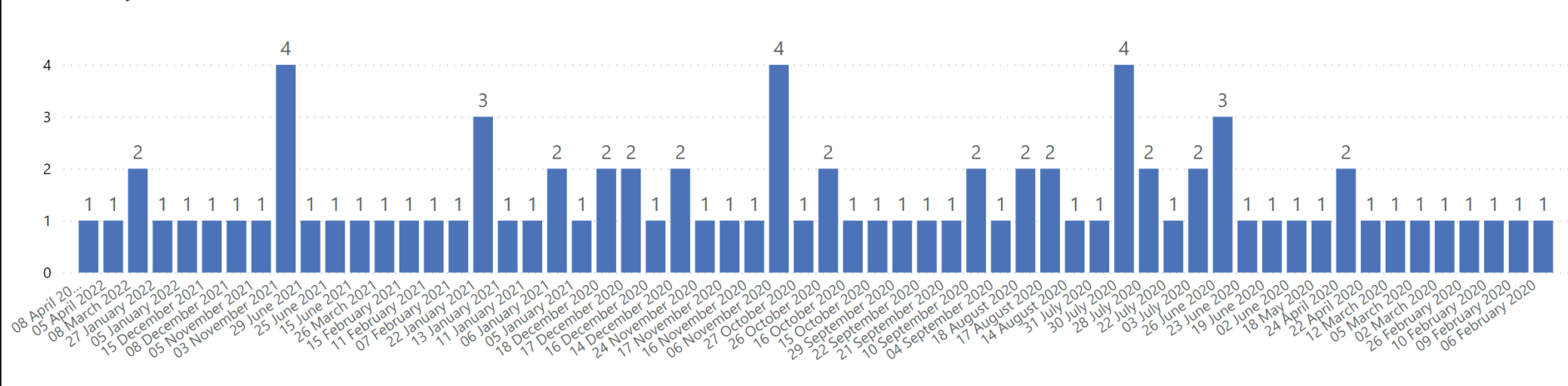
- Serious Injury
- Abuse or Alleged abuse
- Changes affecting a provider or manager e.g. a new manager; change of contact details; new nominated individual; new SOP
- Death (unexpected and expected)
- DOLs
- Police incidents and / or investigations
- Absences of registered persons (and returns from absence)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

The below is a summary of CQC Alerts received

No. of Alerts	No. of People Identified
497	149

Data Source: ContrOCC.

No. of Alerts by Dates

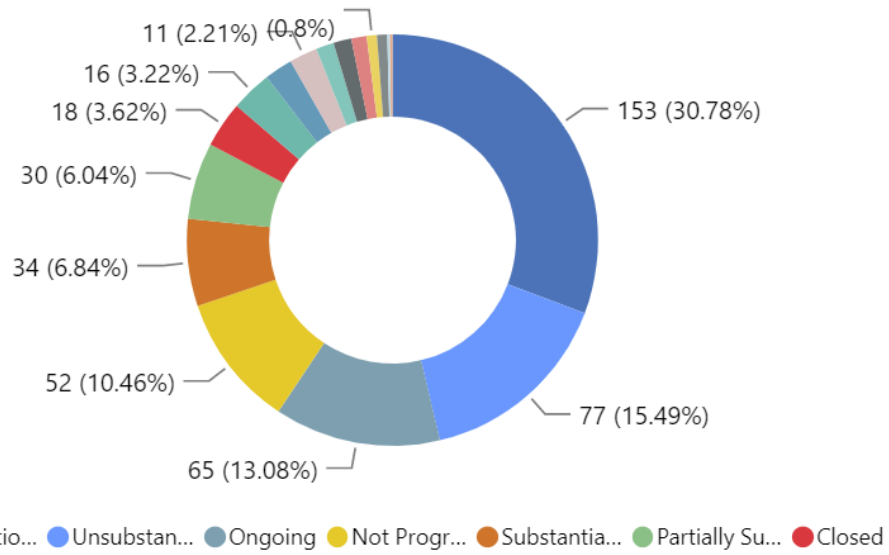


Data Source: ContrOCC.

## 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
<b>Total</b>	<b>497</b>

No. of Alerts  
BY OUTCOME

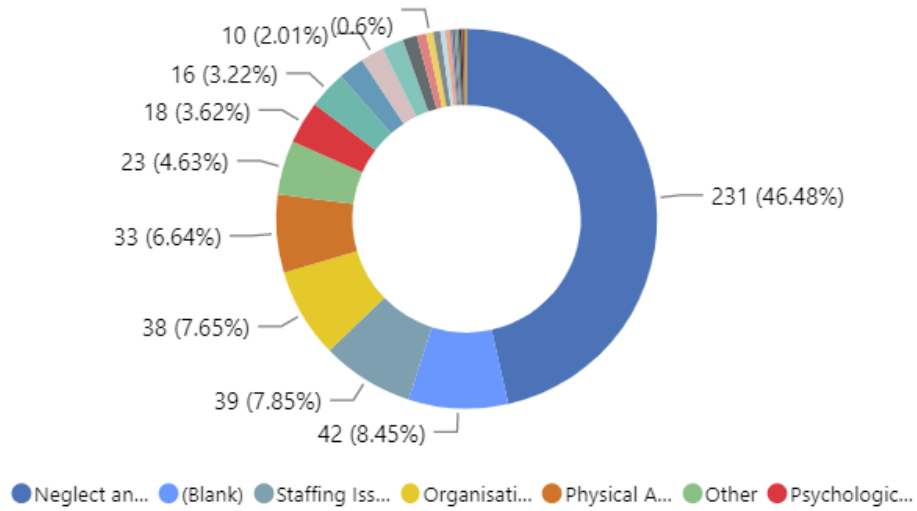


No. of Alerts  
BY OUTCOME

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
<b>Total</b>	<b>497</b>

Data Source: ContrOCC.

No. of Alerts  
BY SUB THEME



No. of Alerts  
BY SUB THEME

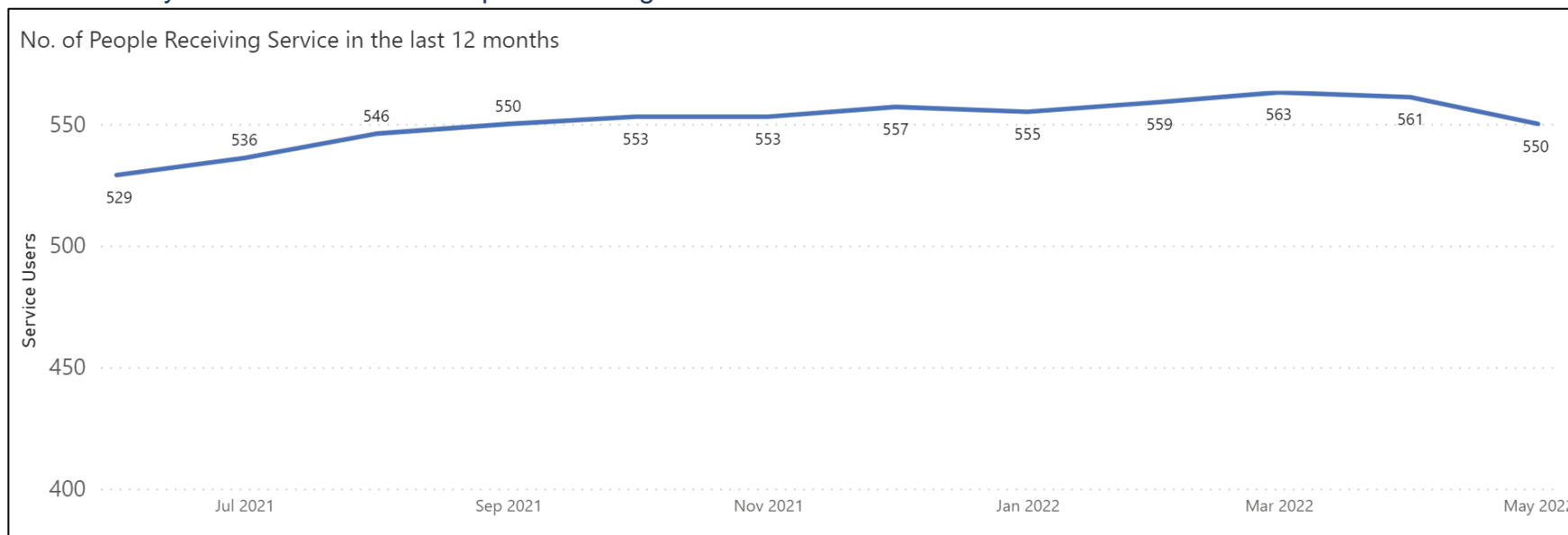
Sub Theme	No. of Alerts
Neglect and Acts of Omission	231
(Blank)	42
Staffing Issues	39
Organisational Abuse	38
Physical Abuse	33
Other	23
Psychological Abuse	18
Medication	16
Safe	11
Management	10
Environment	9
Financial or Material Abuse	6
Infection Control	4
Care Planning	3
Health and Safety	3
Falls	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
<b>Total</b>	<b>497</b>

Data Source: ContrOCC.



### 3.0 Direct payments

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



Data Source: ContrOCC.

Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
2022	555	559	563	561	550								<b>590</b>
2021						529	536	546	550	553	553	557	<b>594</b>
<b>Total</b>	<b>555</b>	<b>559</b>	<b>563</b>	<b>561</b>	<b>550</b>	<b>529</b>	<b>536</b>	<b>546</b>	<b>550</b>	<b>553</b>	<b>553</b>	<b>557</b>	<b>636</b>

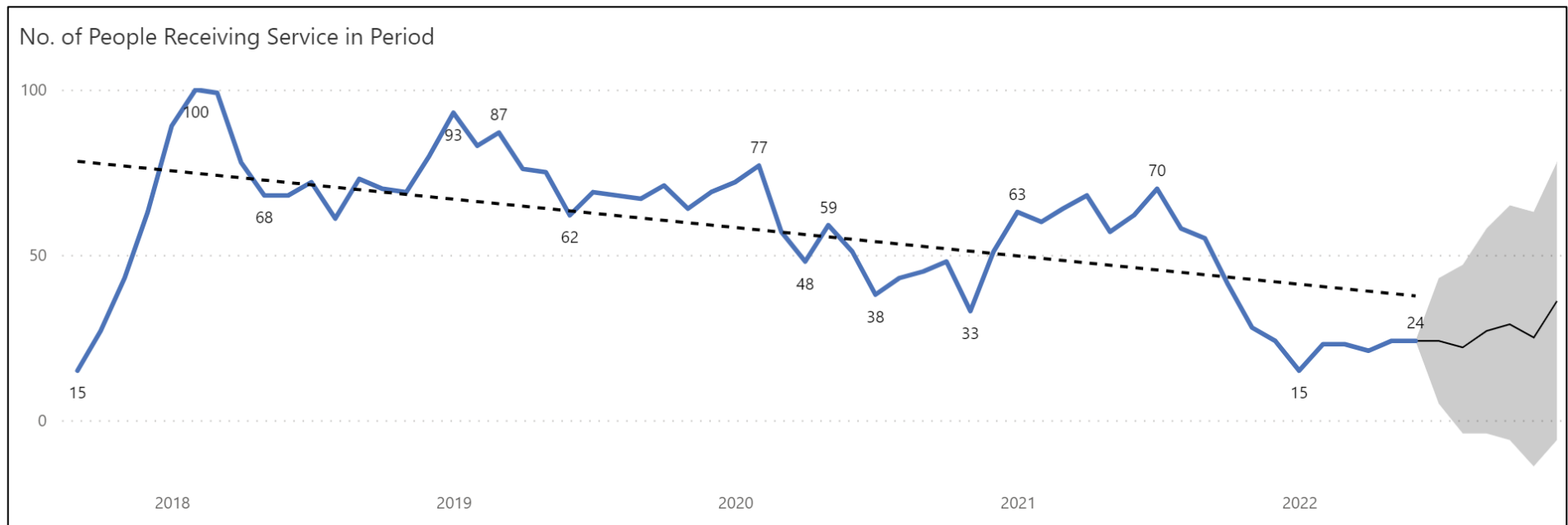
Data Source: ContrOCC.

The chart and table show the number of people receiving a direct payment in the last 12 months. Data is updated monthly. The number of people receiving direct payments as at 31/05/22 is 550.

There has been a small increase in the number of people who arrange their support with a Direct Payment since June 2021, though slightly lower than last month. 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)



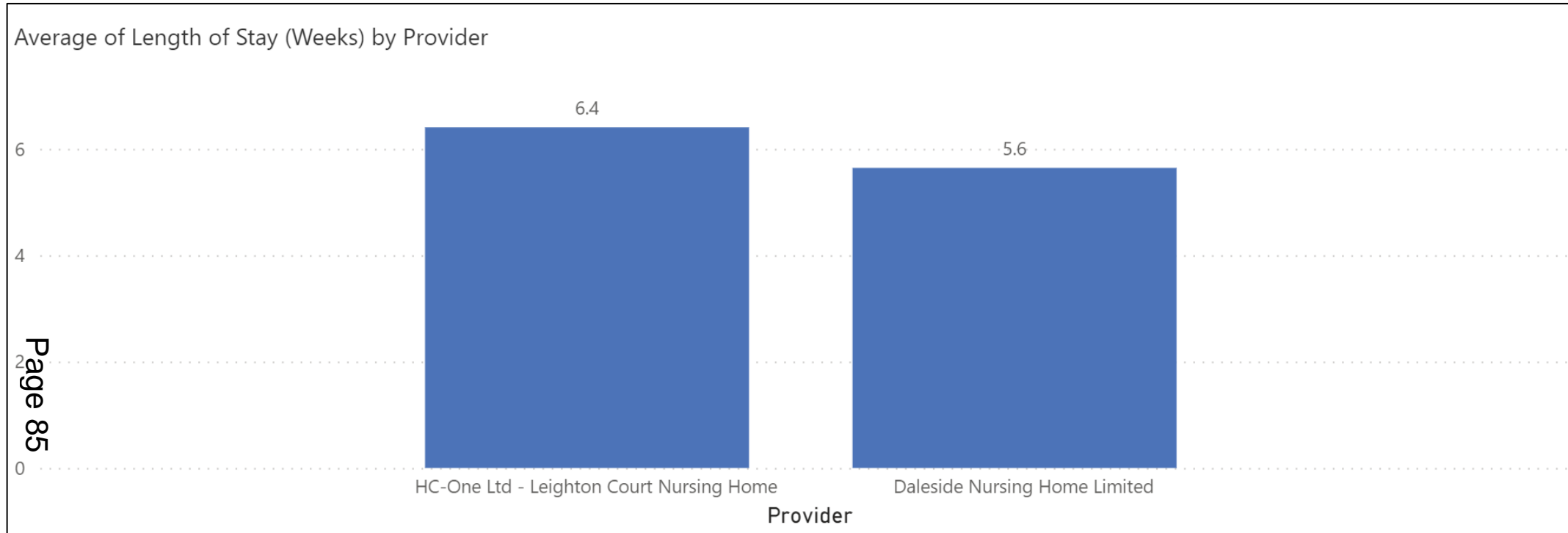
## No. of People Receiving Service in Period

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

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

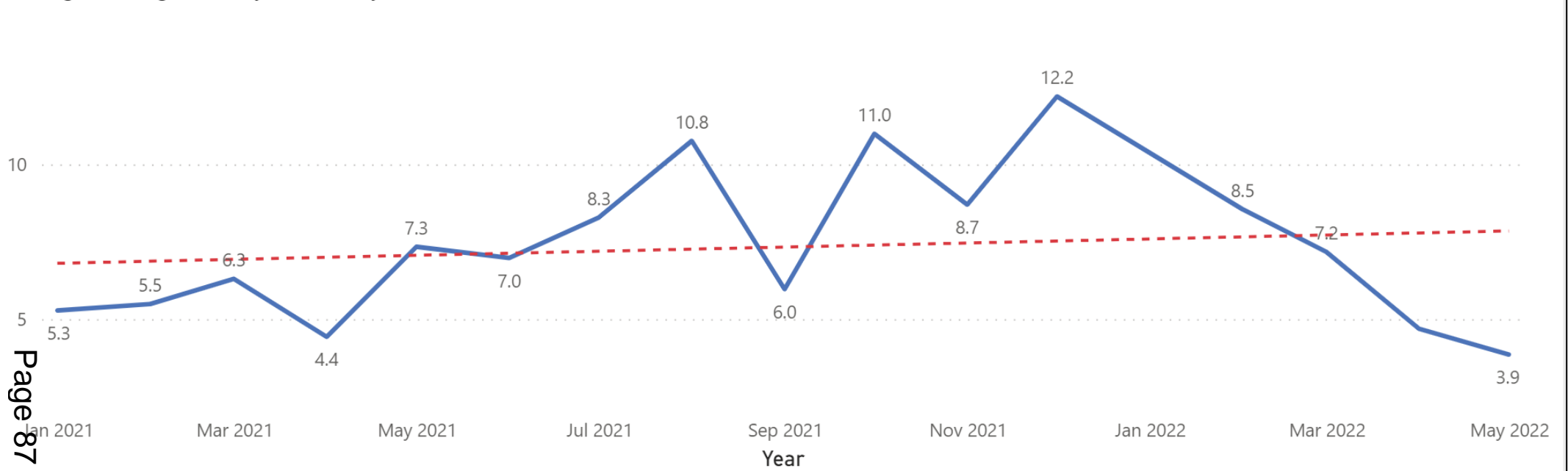


Data Source: ContrOCC.

Provider	Average of Length of Stay (Week)
▲	
Daleside Nursing Home Limited	5.64
HC-One Ltd - Leighton Court Nursing Home	6.41
<b>Total</b>	<b>6.08</b>

Data Source: ContrOCC.

Average of Length of Stay (Weeks) by Date



Data Source: Liquid Logic.

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

Month	2021	2022	<b>Total</b>
January	4.58		<b>4.58</b>
February	5.05	8.55	<b>5.88</b>
March	7.46	7.17	<b>7.41</b>
April	5.91	4.69	<b>5.73</b>
May	7.45	3.86	<b>6.91</b>
June	6.65		<b>6.65</b>
July	8.05		<b>8.05</b>
August	8.78		<b>8.78</b>
September	5.88		<b>5.88</b>
October	9.05		<b>9.05</b>
November	8.70		<b>8.70</b>
December	12.19		<b>12.19</b>
<b>Total</b>	<b>6.73</b>	<b>6.41</b>	<b>6.70</b>

S

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

As you can see, there has been a significant drop in the average length of stay in April and May of 2022 in comparison to previous months.



#### 4.3 Discharge to Assess – Vacancy Rate

<b>Table 1 - Actual Bed Days</b>		
	Apr	May
Discharge to Assess - Residential EMI	167	179
Discharge to Assess - Nursing	557	635
<b>Total</b>	<b>724</b>	<b>814</b>
<b>Table 2 - Commissioned Bed Days</b>		
	Apr	May
Discharge to Assess - Residential EMI	240	248
Discharge to Assess - Nursing	660	682
<b>Total</b>	<b>900</b>	<b>930</b>
<b>Table 3 - % Occupancy</b>		
	Apr	May
Daleside	70%	72%
Elderholme	84%	93%
<b>Total</b>	<b>80%</b>	<b>88%</b>

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.

#### 4.4 Short Breaks – Number and Occupancy Levels

Days Occupied in Week, Number of people BY YEAR, MONTH		
Year	Number of people	Days Occupied in Week
<input type="checkbox"/> <b>2021</b>	<b>493</b>	<b>2,530.00</b>
June	64	309.00
July	54	281.00
August	89	420.00
September	66	346.00
October	79	420.00
November	78	414.00
December	63	340.00
<input type="checkbox"/> <b>2022</b>	<b>365</b>	<b>1,854.00</b>
January	66	356.00
February	77	399.00
March	59	320.00
April	79	379.00
May	84	400.00
<b>Total</b>	<b>858</b>	<b>4,384.00</b>

Data Source: ContrOCC and Liquid Logic.

### Occupancy Level by Date and Provider

Date - Week Commencing	Vacancies Rate	Service
30 May 2022	39%	Summer Fields
30 May 2022	100%	Tree Vale Limited Acorn House
23 May 2022	71%	Tree Vale Limited Acorn House
16 May 2022	57%	Tree Vale Limited Acorn House
09 May 2022	21%	Tree Vale Limited Acorn House
02 May 2022	21%	Tree Vale Limited Acorn House
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

Data Source: ContrOCC and Liquid Logic.

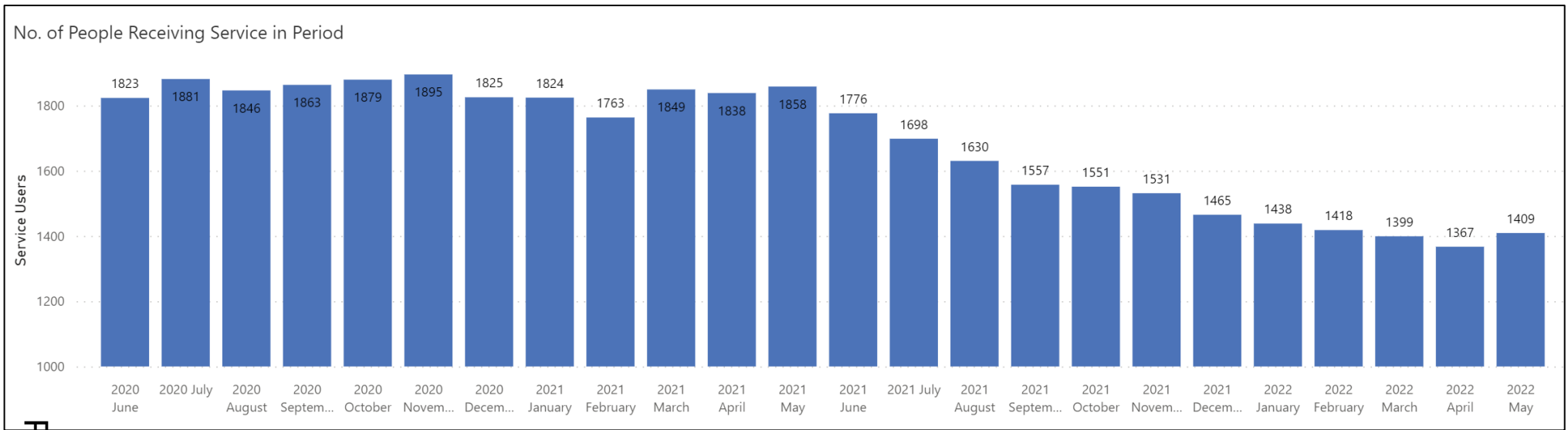
Short Breaks services provide valuable support to people and their carers. It is usual to have fluctuating occupancy levels between short stay bookings.

## 5.0 Care Market – Domiciliary Care and Reablement

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

No. of People	Actual Cost
7706	£50.40M

Data Source: ContrOCC.

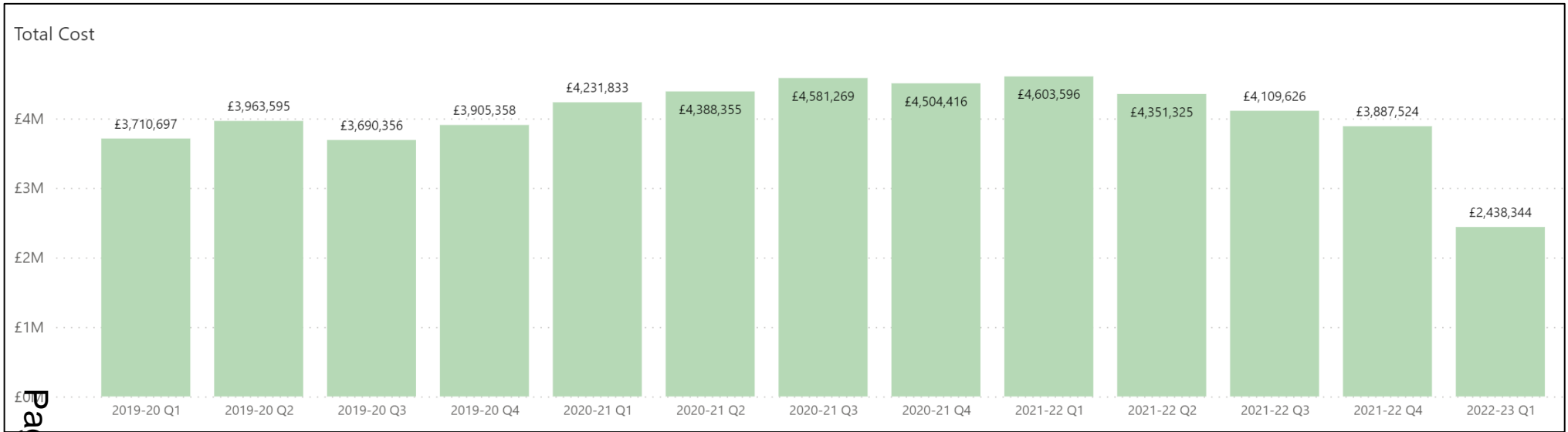


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 Data Source: ContrOCC.

## No. of People Receiving Service in Period

Month	2020	2021	2022	<b>Total</b>
January		1824	1438	<b>3760</b>
February		1763	1418	<b>3592</b>
March		1849	1399	<b>3486</b>
April		1838	1367	<b>3314</b>
May		1858	1409	<b>3223</b>
June	1823	1776		<b>4525</b>
July	1881	1698		<b>4496</b>
August	1846	1630		<b>4368</b>
September	1863	1557		<b>4278</b>
October	1879	1551		<b>4193</b>
November	1895	1531		<b>4076</b>
December	1825	1465		<b>3909</b>
<b>Total</b>	<b>3218</b>	<b>3676</b>	<b>1860</b>	<b>5568</b>

Data Source: ContrOCC.



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Data Source: ContrOCC.

Total Cost of Domiciliary Care				
	2019-20	2020-21	2021-22	2022-23
April	£1,422,243	£1,293,284	£1,399,852	£1,212,668
May	£1,144,457	£1,322,833	£1,780,027	£1,220,892
June	£1,144,405	£1,615,715	£1,423,657	
July	£1,420,813	£1,324,204	£1,401,831	
August	£1,133,791	£1,695,321	£1,666,969	
September	£1,408,991	£1,368,830	£1,282,463	
October	£1,130,657	£1,409,938	£1,286,994	
November	£1,151,276	£1,787,392	£1,611,985	
December	£1,408,423	£1,383,939	£1,210,590	
January	£1,146,864	£1,388,560	£1,494,421	
February	£1,155,806	£1,389,015	£1,205,435	
March	£1,602,688	£1,726,841	£1,187,647	

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. While slightly higher than in previous months, the overall trend remains significantly lower than the same period last year. 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.

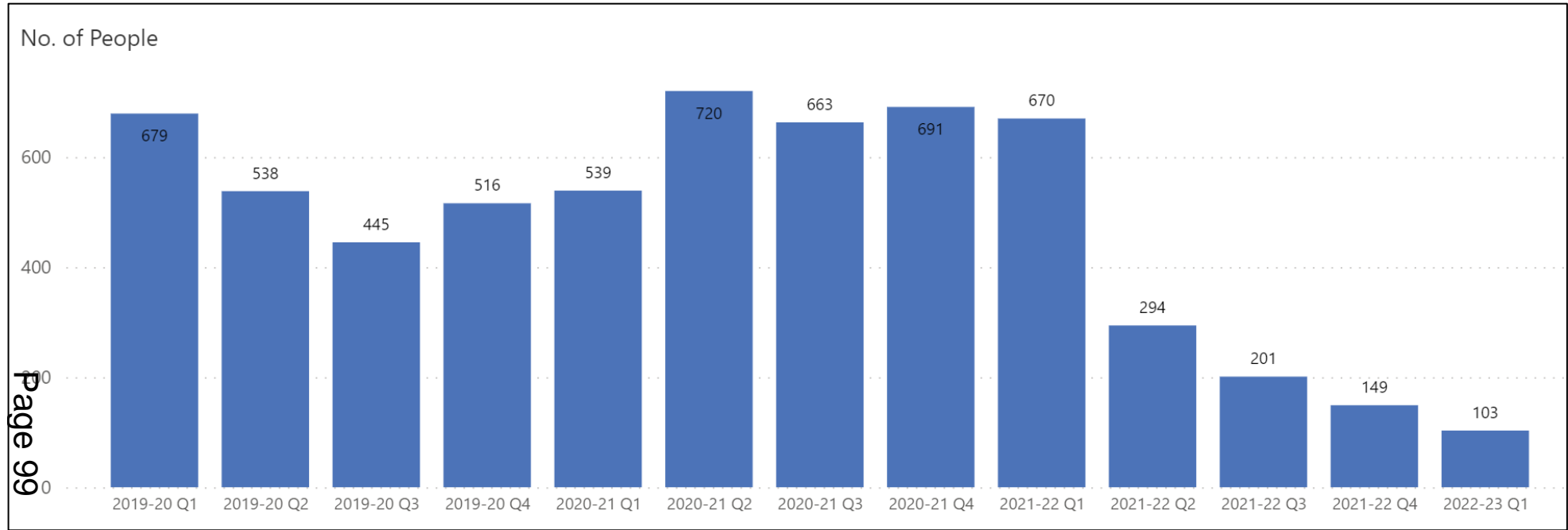
5.3 Reablement – People, Cost and Days (since 01/04/2019):

No. of People	Actual Cost	Average of Length of Stay (...)
4474	£2.31M	15.29

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

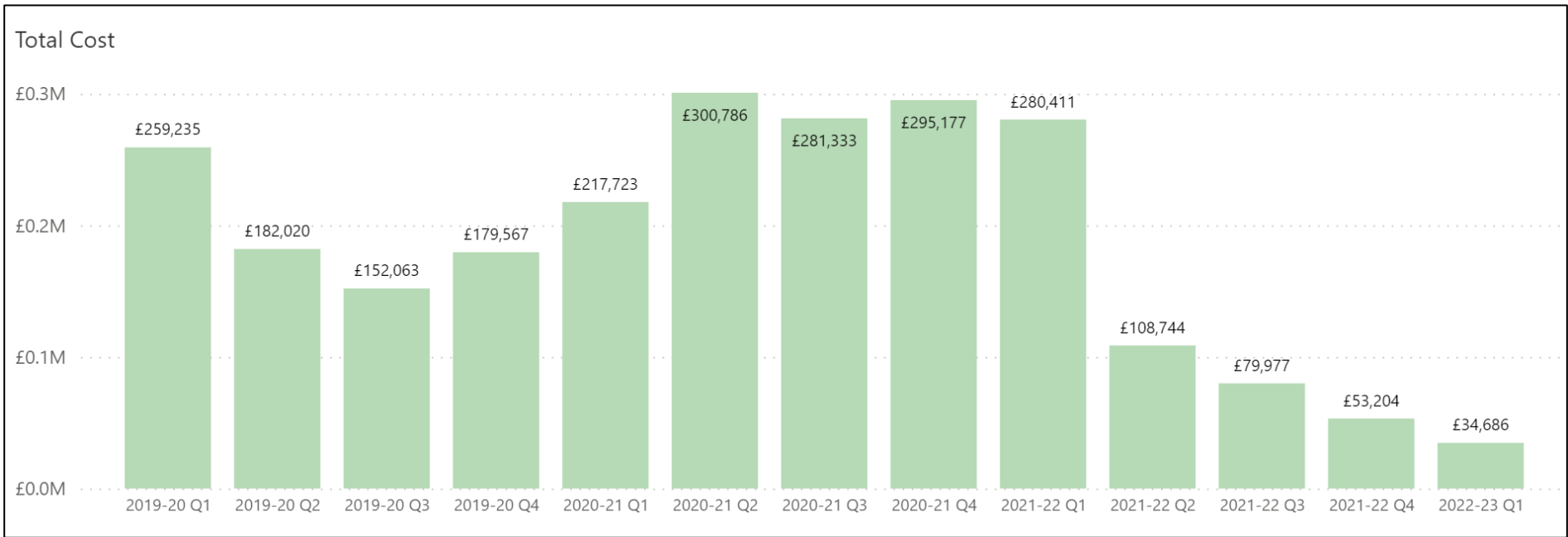


Data Source: ContrOCC.

Number of People Receiving Reablement Care				
	2019-20	2020-21	2021-22	2022-23
April	378	172	358	64
May	333	218	381	71
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	60	

Data Source: ContrOCC

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



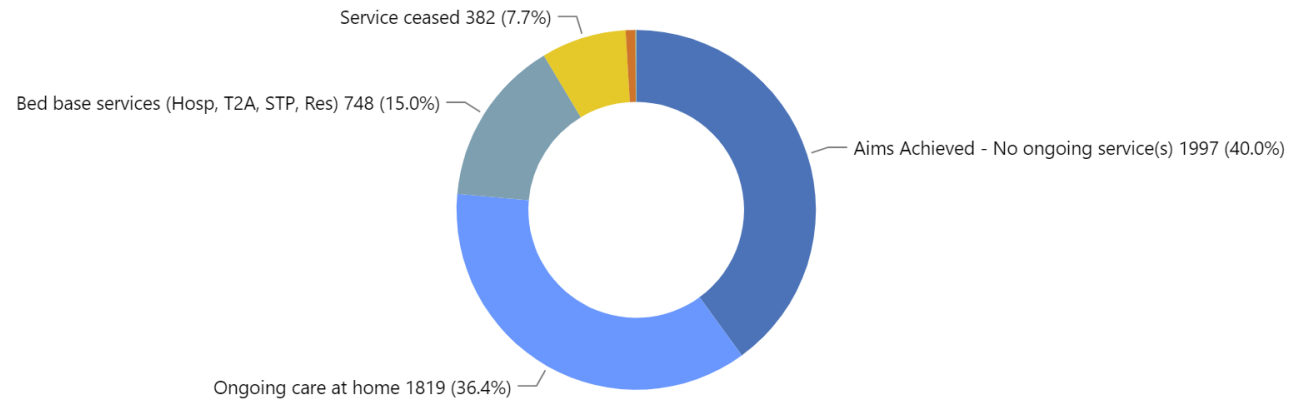
Data Source: ContrOCC.

Total Cost of Reablement Care				
	2019-20	2020-21	2021-22	2022-23
April	£105,013	£44,633	£90,508	£16,426
May	£81,412	£63,083	£124,306	£18,121
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	£14,429	

Data Source: ContrOCC

## 5.5 Reablement – End Reasons of Care Packages

Reason for End of Service

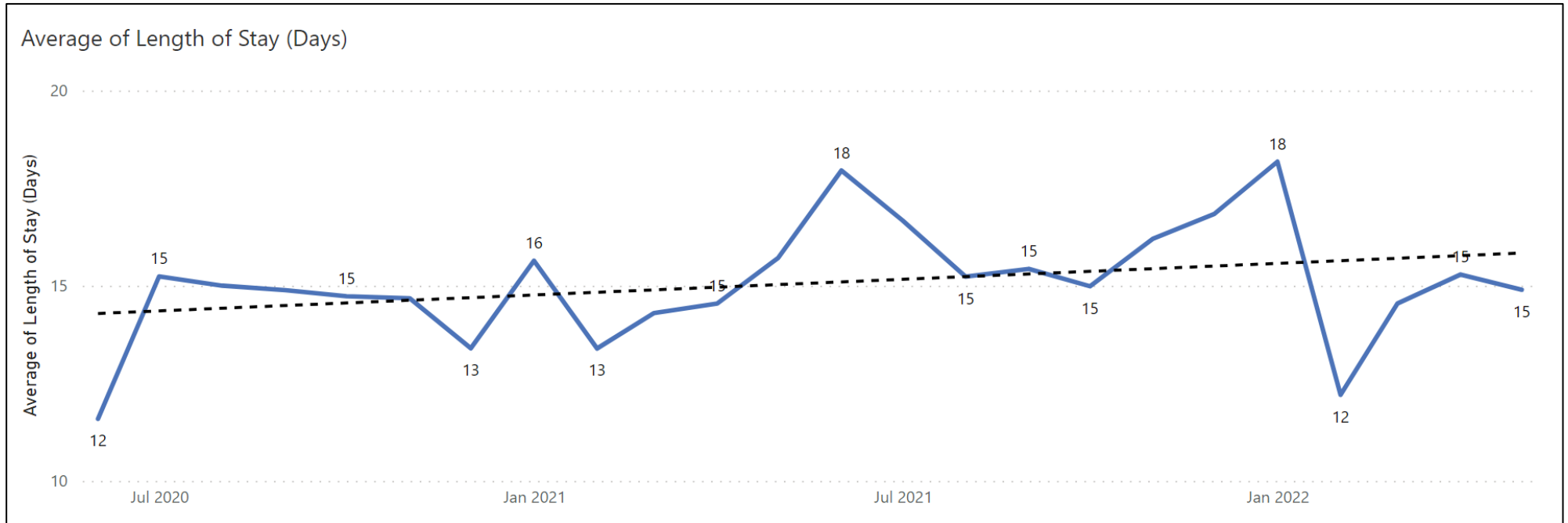


### Reason for End of Service

Reason for End of Service	No. of People
Aims Achieved - No ongoing service(s)	1997
Ongoing care at home	1819
Bed base services (Hosp, T2A, STP, Res)	748
Service ceased	382
Change to timetabled units	44
	3
<b>Total</b>	<b>4153</b>

Data Source: Liquid Logic.

## 5.6 Reablement – Length of Stay



Data Source: ContrOCC.



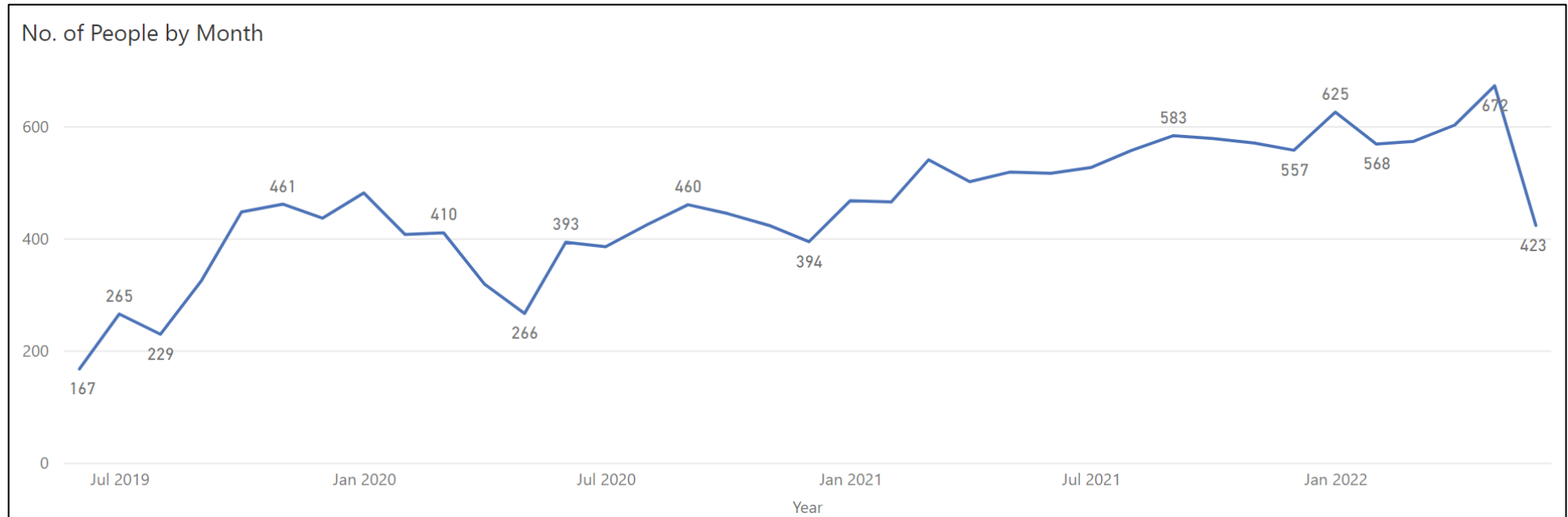
## Average of Length of Stay (Days)

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

Data Source: ContrOCC.

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 12.3% since January, which has been widely reported as owing to staffing issues and we are investigating this further. The average length of stay has stayed the same as previous months yet remains at similar levels as over the last two years.

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



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Data Source: Liquid Logic.

Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
2019						167	265	229	325	447	461	436	<b>1621</b>
2020	481	407	410	318	266	393	385	424	460	444	423	394	<b>3391</b>
2021	467	465	540	501	518	516	526	557	583	578	570	557	<b>3624</b>
2022	625	568	573	602	672	423							<b>1656</b>
<b>Total</b>	<b>1520</b>	<b>1398</b>	<b>1480</b>	<b>1386</b>	<b>1413</b>	<b>1436</b>	<b>1154</b>	<b>1178</b>	<b>1333</b>	<b>1432</b>	<b>1412</b>	<b>1350</b>	<b>8262</b>

Data Source: Liquid Logic.

The previous line chart and table show the number of people matched to home care packages month on month. Please note June 2022 is not yet a complete month and the June figure should be disregarded at this point in time.

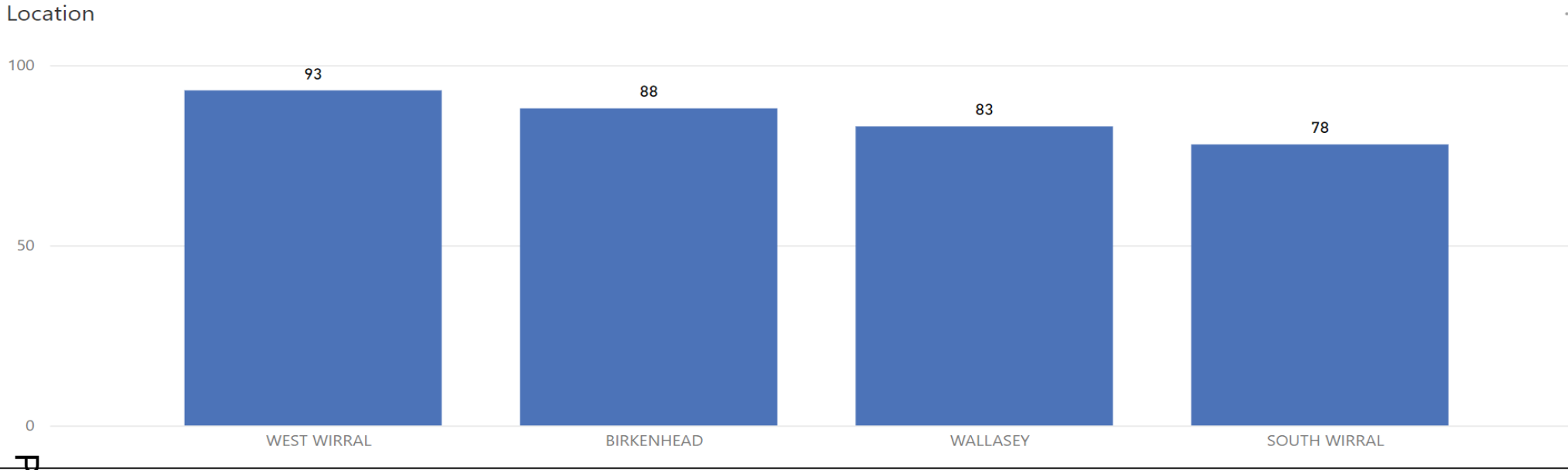
## Number of People Waiting for Package

Days Live Group	No. of People
1 to 2 Weeks	56
2 to 3 Weeks	52
48hrs to 1 Week	22
Less than 48hrs	16
Over 3 Weeks	196
<b>Total</b>	<b>342</b>

Average No. of Packages Accepted per Week

68.8

Data Source: Liquid Logic.



Data Source: Liquid Logic.

Location	
Location	No. of Clients
WEST WIRRAL	93
BIRKENHEAD	88
WALLASEY	83
SOUTH WIRRAL	78
<b>Total</b>	<b>342</b>

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.

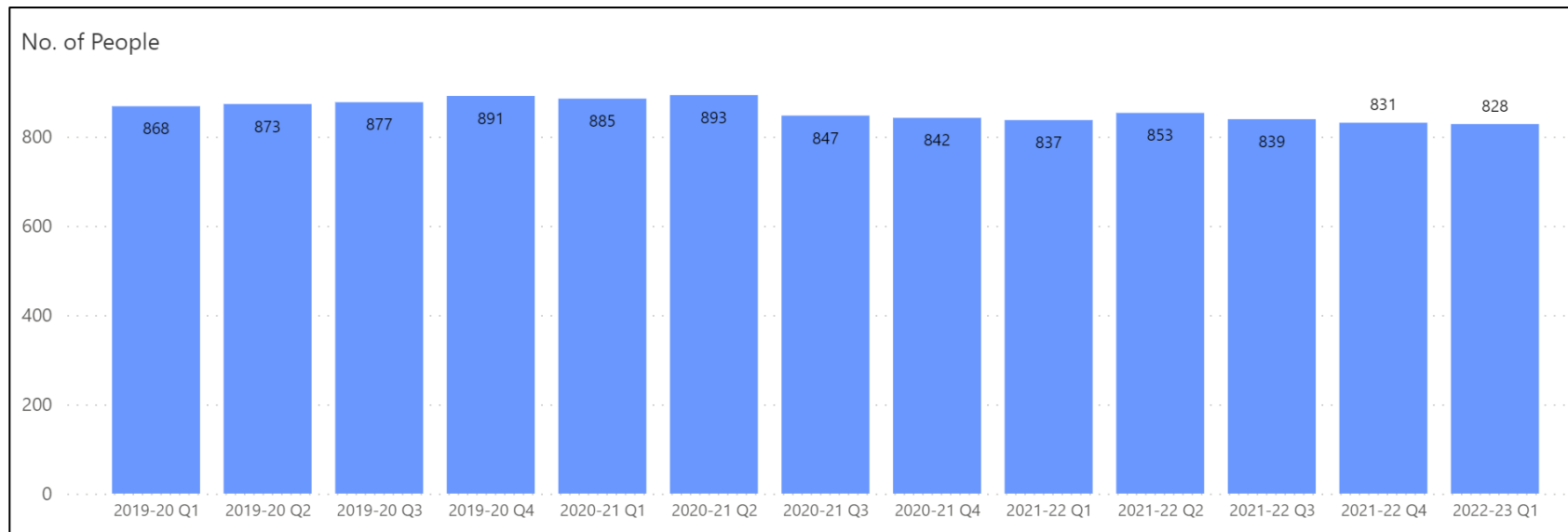
## 6.0 Care Market – Specialist (Supported Living)

### 6.1 Cost (since 01/04/2019)

Actual Cost

£113.14M

Data Source: ContrOCC.

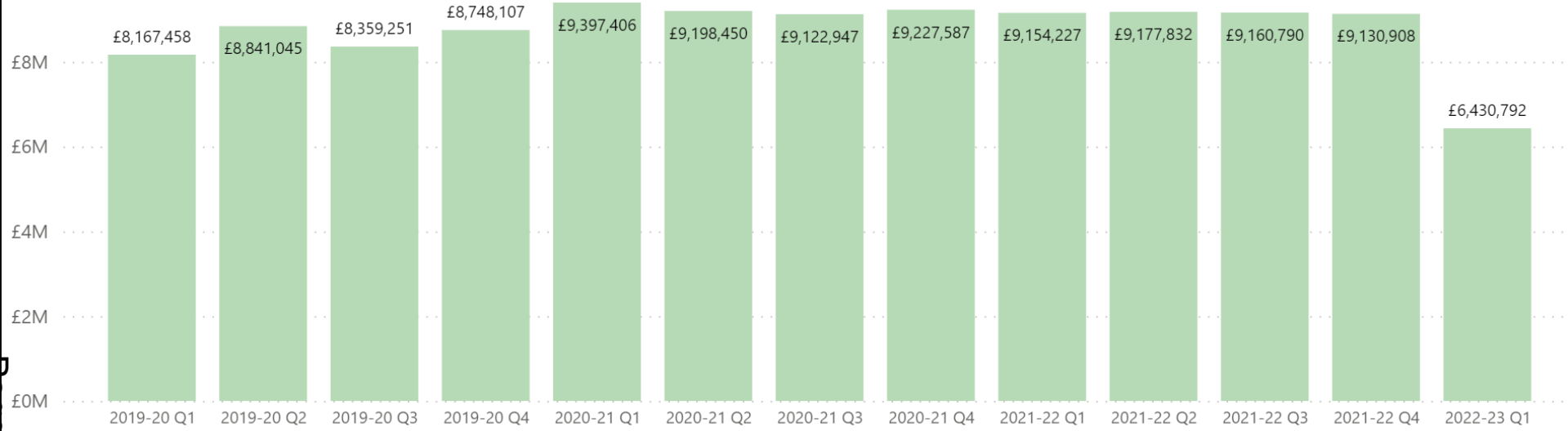


Data Source: ContrOCC.

Number of People Receiving Supported Living				
	2019-20	2020-21	2021-22	2022-23
April	846	861	818	820
May	847	859	823	820
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	819	
February	860	821	820	
March	874	820	820	

Data Source: ContrOCC.

Total Cost



Data Source: ContrOCC.

## Total Cost of Supported Living

	2019-20	2020-21	2021-22	2022-23
April	£3,145,421	£2,908,023	£2,828,235	£2,828,691
May	£2,499,733	£2,919,053	£3,507,874	£3,592,935
June	£2,503,888	£3,552,063	£2,799,876	
July	£3,150,376	£2,881,542	£2,804,526	
August	£2,516,838	£3,512,571	£3,527,077	
September	£3,153,999	£2,786,062	£2,828,009	
October	£2,561,975	£2,765,801	£2,803,131	
November	£2,567,397	£3,512,240	£3,537,348	
December	£3,211,560	£2,826,630	£2,802,940	
January	£2,641,526	£2,830,027	£3,506,172	
February	£2,671,802	£2,829,470	£2,809,595	
March	£3,416,504	£3,549,815	£2,801,929	

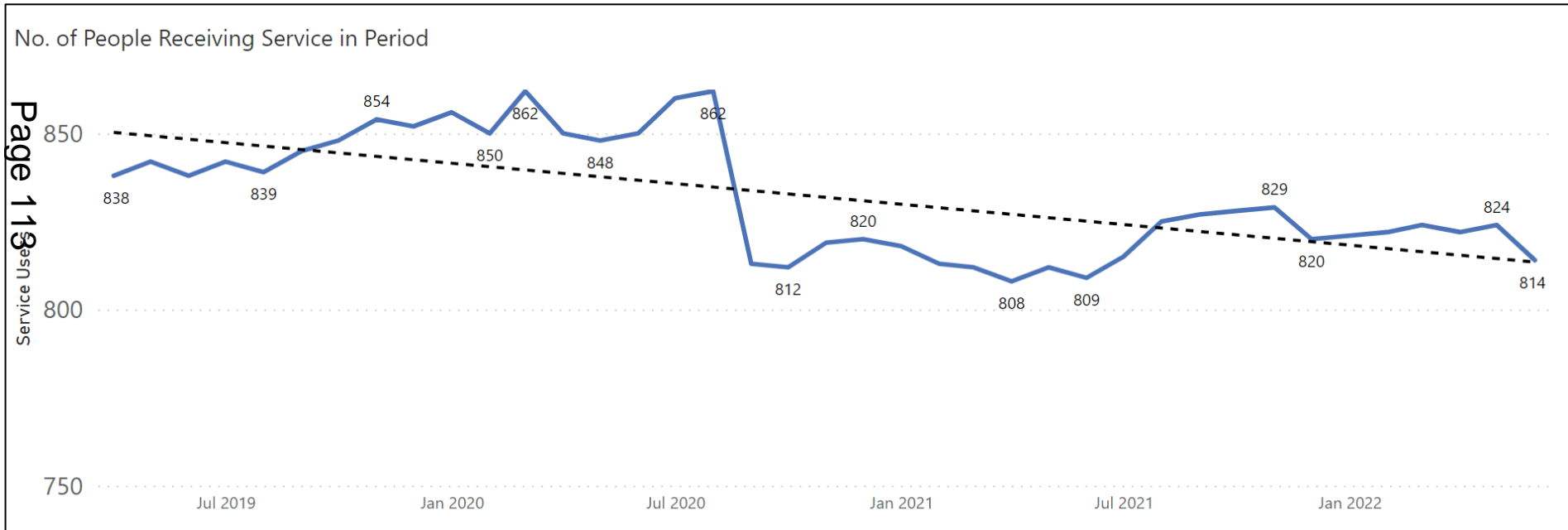
Data Source: ContrOCC



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

No. of People

1186



Data Source: ContrOCC.

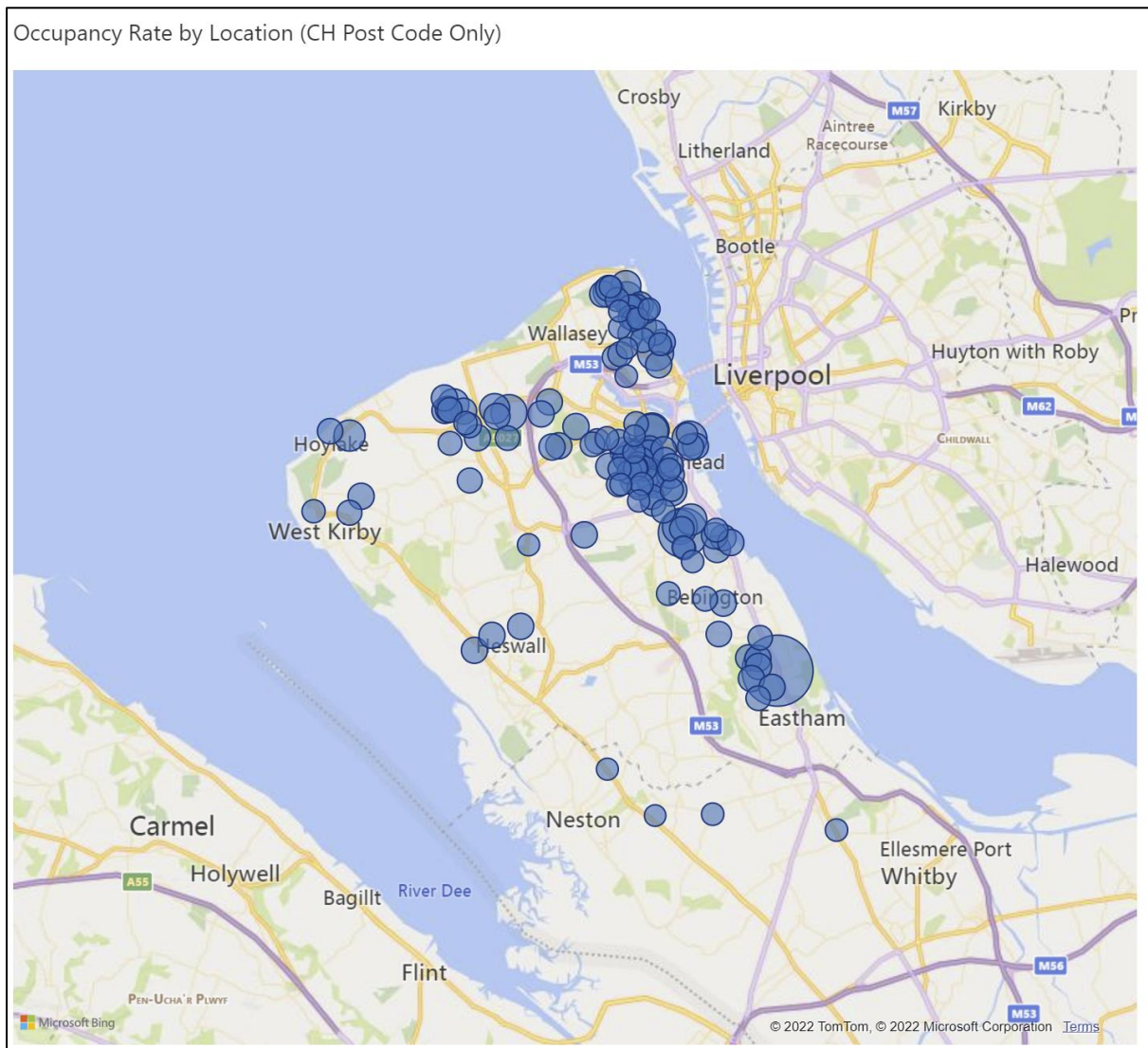
No. of People Receiving Service in Period					
Month	2019	2020	2021	2022	<b>Total</b>
January		856	818	821	<b>1087</b>
February		850	813	822	<b>1078</b>
March		862	812	824	<b>1077</b>
April	838	850	808	822	<b>1174</b>
May	842	848	812	824	<b>1175</b>
June	838	850	809	814	<b>1165</b>
July	842	860	815		<b>1082</b>
August	839	862	825		<b>1089</b>
September	845	813	827		<b>1094</b>
October	848	812	828		<b>1093</b>
November	854	819	829		<b>1095</b>
December	852	820	820		<b>1091</b>
<b>Total</b>	<b>928</b>	<b>982</b>	<b>922</b>	<b>849</b>	<b>1184</b>

Data Source: ContrOCC.

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

Please note June 2022 is not yet a complete month and the June figure should be disregarded at this point in time.

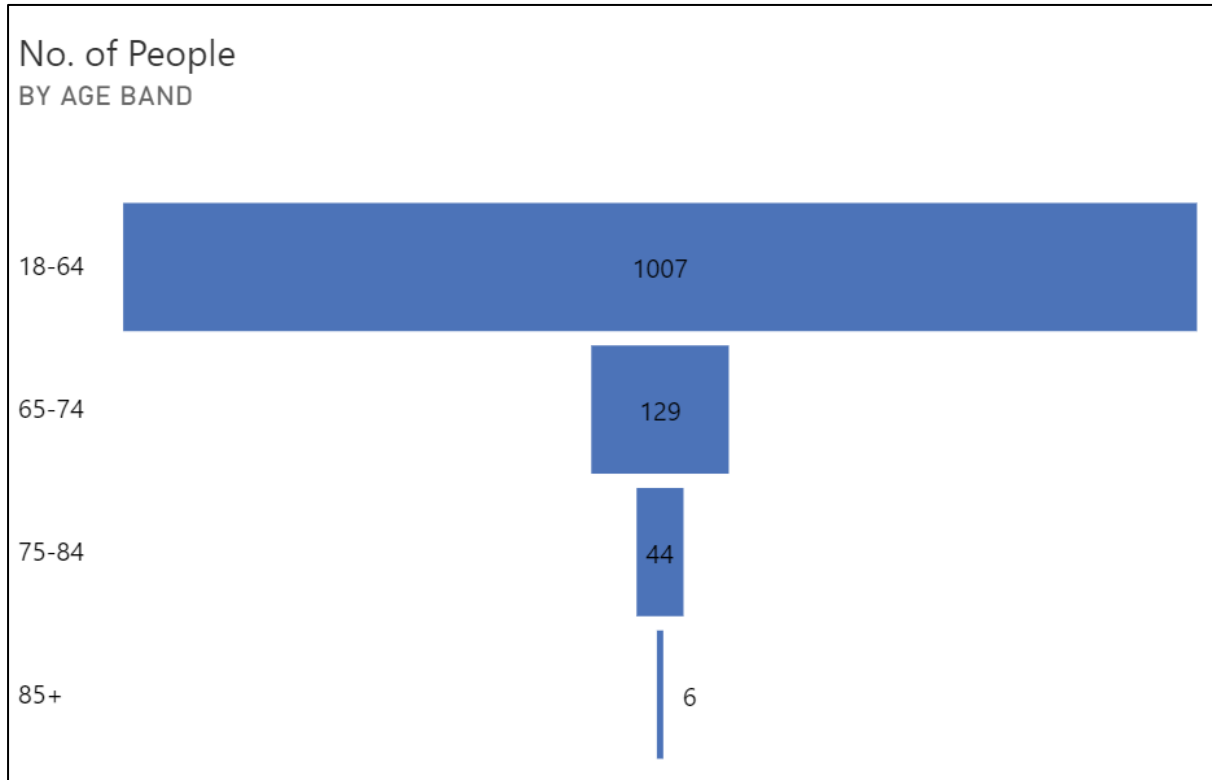
### 6.3 Supported Living – People Locations



Data Source: ContrOCC.

The above map shows the occupancy rate for Supported Living.

## 6.4 Supported Living – Demographics



Adults are between 18 and 64.

<b>18-64</b>	1007
<b>65-74</b>	129
<b>75-84</b>	44
<b>Over 85</b>	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	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	YTD From Aug	Comments
KPI 1	% of initial contacts through to completion of assessment within 28 days	>=80%	>=70% <=80%	<70%		84%	80%	81%	93%	78%	86%	85%	86%	85%	74%	75%	74%	80.8%	There are 0 people awaiting assessment, which is the same as last month.
Total Assessments Completed within 28 Days						16	16	13	14	7	6	17	18	17	17	21	17	147	
Total Completed Assessments						19	20	16	15	9	7	20	21	20	23	28	23	182	
KPI 2	% of safeguarding concerns (Contacts) initiated by CWP within 5 days (exc. EDT)	>=99%	<99% >=95%	<95%		91%	100%	100%	95%	94%	95%	89%	91%	83%	95%	88%	96%	93%	
Total Safeguarding Concerns Completed within 5 Days						83	79	26	63	65	86	51	50	39	62	50	46	538	
Total Safeguarding Concerns Completed						91	79	26	66	69	91	57	55	47	65	57	48	581	
KPI 3	% of safeguarding enquiries concluded within 28 days	>=80%	<80% >=60%	<60%		72%	97%	82%	86%	81%	87%	86%	63%	100%	93%	88%	60%	83%	Currently 24 active enquiries of which 7 have breached the 28 target.
Total Safeguarding Enquiries Completed within 28 Days						13	29	14	12	17	26	19	12	13	14	7	6	140	
Total Safeguarding Enquiries Completed						18	30	17	14	21	30	22	19	13	15	8	10	169	
KPI 4	% of individuals who have had an annual review completed	>= 70%	<70% >= 60%	<60%		69%	69%	65%	67%	67%	69%	68%	68%	66%	63%	75%	74%	74%	There are 11 people who have not been reviewed for 2+ years which is the same as last month.
Forecast Total Reviews						814	813	765	789	786	809	794	787	771	734	857	847	847	
Total Reviews Required						1173	1174	1173	1175	1174	1173	1168	1162	1168	1168	1143	1140	1,140	
KPI 5	% of care packages activated (in Liquidlogic) in advance of service start date (exc. Block services)	>= 65%	<65% >=50%	<50%		38%	52%	32%	27%	45%	23%	38%	28%	36%	40%	43%	39%	35%	
Total number of care packages activated in advance of start date						25	47	32	20	43	25	21	18	23	30	42	42	296	
Total number of care packages activated						66	91	100	75	96	110	55	65	64	75	97	108	845	
KPI 6	% adults with a learning disability who live in their own home or with their family	>88%	<88% >= 80%	<80%		80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	82%	82%	81%	
						431	428	435	429	428	428	428	428	430	430	413	410	4,259	
						539	537	542	535	533	533	533	534	536	535	505	500	5,286	

Data Source: CWP

## 8.0 WCFT

### 8.1 Key Measures - monitored monthly

No	Description	Green	Amber	Red	Target	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	YTD
KPI 1	% of initial contacts through to completion of assessment within 28 days	>=80%	<80% >= 70%	<70%	80%	87.7%	89.8%	85.6%	83.9%	76.3%	81.9%	82.1%	80.7%	77.0%	76.2%	73.4%	74.7%	74.1%
Total Assessments Completed within 28 Days						315	292	238	235	209	249	215	192	187	215	207	216	423
Total Assessments Completed						359	325	278	280	274	304	262	238	243	282	282	289	571
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%	56.4%	54.8%
Total Assessments Completed within 28 Days										27	22	30	14	20	24	25	44	69
Total Assessments Completed (3C's Process)										44	31	40	19	29	41	48	78	126
KPI 2	% of safeguarding concerns (Contacts) completed within 5 Days	>=99%	<99% >=95%	<95%	99%	99%	99.7%	98.7%	100%	100%	99.7%	99.0%	99.1%	99.7%	100%	99.6%	99.7%	99.7%
Total number of safeguarding concerns completed within 5 days						320	313	293	293	303	289	285	224	301	302	247	329	576
Total number of safeguarding concerns completed						324	314	297	293	304	290	288	226	302	302	248	330	578
KPI 3	% of safeguarding enquiries concluded within 28 days	>=80%	<80% >=60%	<60%	80%	76%	56%	67%	73%	60%	68%	39%	49%	49%	31%	40%	49%	44%
Enquiries Closed within 28 Days						42	38	43	41	34	28	20	24	23	17	17	17	34
Total Enquiries Closed						55	68	64	56	57	41	51	49	47	54	42	35	77
Total New Enquiries						70	74	45	60	68	51	58	40	40	46	20	53	73

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No	Description	Green	Amber	Red	Target	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	YTD
KPI 4	% of individuals who have had an annual review completed	>=70%	<70% >=60%	<60%	70%	60%	55%	55%	55%	54%	55%	55%	54%	55%	55%	55%	55%	55%
Total number of reviews forecast to be completed						3630	3325	3306	3291	3242	3280	3271	3248	3276	3284	3253	3218	3,253
Total number of people in receipt of a long term service on 1st April						6050	6046	6010	6005	5991	5976	5973	5961	5932	5932	5914	5853	5,914
KPI 5	% of care packages activated (in Liquidlogic) in advance of service start date (exc. Block Services)	>=65%	<65% >=50%	<50%	65%	60%	60%	47%	50%	50%						69%		69%
						474	385	368	325	341						578		578
						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%	93%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	95%	95%
Total number of people aged 18-64 with a learning disability living in their own						437	443	447	443	451	455	456	454	459	460	439	444	883
Total number of people aged 18-64 with a learning disability in receipt of a long						468	472	475	473	480	485	485	483	488	490	465	469	934
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%	86.9%	80.0%	84.5%	84.4%	91.3%	96.0%	87.0%	100.0%	82.6%	85.7%	100%	100%	100.0%
Total number of people at home 91 days post discharged from hospital into a						53	56	49	38	21	24	20	16	19	12	11	18	29
Total number of people discharged from hospital into a reablement service						61	70	58	45	23	25	23	16	23	14	11	18	29

Data Source: WCFT

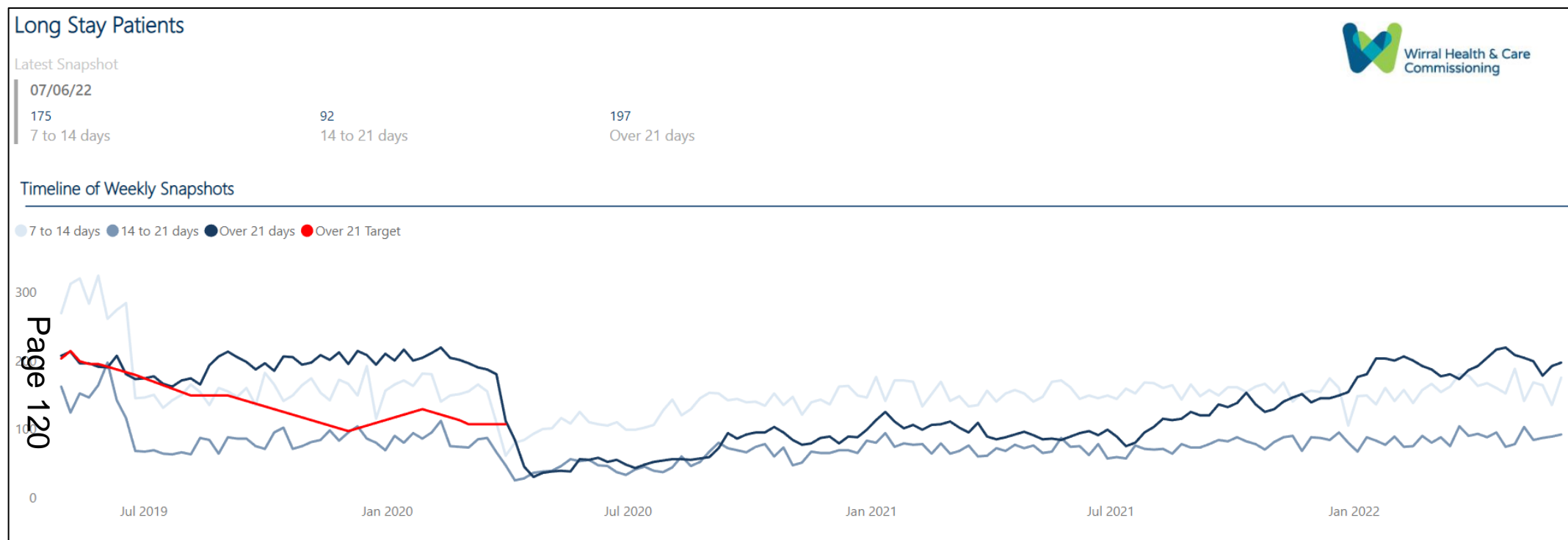
The performance data indicates that there has been a slight reduction in people receiving responsive and timely services. There is also a decrease in the % of safeguarding enquiries completed within 28 days and the number of people receiving an annual review of their care and support needs remains an 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.**

- Each of the three series decreased from 04/30/2019 to 06/07/2022, with 14 to 21 days falling the most (43%) and Over 21 days falling the least (4.83%) over that time frame.
- 7 to 14 days finished trending upward in the final period, more than any of the other two series.
- 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 76.54 across all 163 periods.
- Values ranged from 25 (04/07/2020) to 197 (06/04/2019).
- 14 to 21 days fell by 43% over the course of the series but ended on a disappointing note, increasing in the final period.
- The largest single decline on a percentage basis occurred in 04/07/2020 (-47%). However, the largest single decline on an absolute basis occurred in 06/11/2019 (-55).
- The largest net decline was from 06/04/2019 to 04/07/2020, when 14 to 21 days fell by 172 (87%). This net decline was more than two times larger than the overall movement of the entire series.
- Contrasting with the overall decrease, the largest net growth was from 04/07/2020 to 03/22/2022, when 14 to 21 days rose by 79 (316%).
- 14 to 21 days experienced cyclicality, repeating each cycle about every 40.75 periods. There was also a pattern of smaller cycles that repeated about every 32.6 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 77.6 on average. 14 to 21 days was less than Over 21 days 94% of the time (lower by 60.87 on average).

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

- Average Over 21 days was 137.4 across all 163 periods.
- Values ranged from 30 (04/21/2020) to 219 (02/11/2020 and 04/26/2022).
- Over 21 days fell by 4.83% over the course of the series but ended with an upward trend, increasing in the final period.
- The largest single decline on a percentage basis occurred in 04/14/2020 (-46%). However, the largest single decline on an absolute basis occurred in 03/31/2020 (-68).
- Contrasting with the overall decrease, the largest net growth was from 04/21/2020 to 04/26/2022, when Over 21 days rose by 189 (630%).
- 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 54.33 periods. There was also a pattern of smaller cycles that repeated about every 40.75 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.

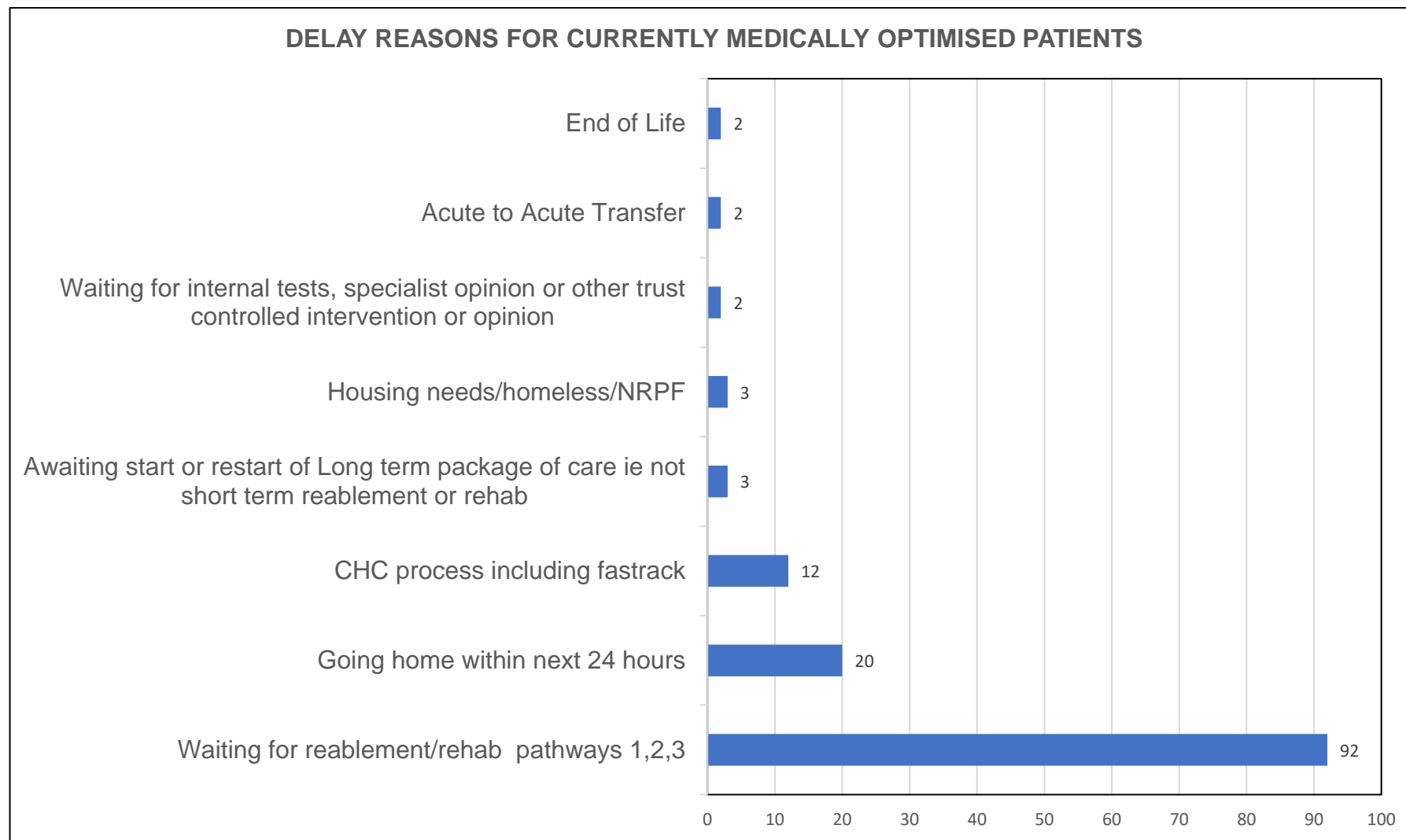
- Over 21 days was most closely correlated with 14 to 21 days, suggesting that as one (Over 21 days) increases, the other (14 to 21 days) generally does too, or vice versa.
- Over 21 days was greater than 14 to 21 days 94% of the time (higher by 60.87 on average).

**For 7 to 14 days:**

- Average 7 to 14 days was 154.13 across all 163 periods.
- Values ranged from 61 (03/31/2020) to 324 (05/28/2019).
- 7 to 14 days fell by 35% over the course of the series but ended on a disappointing 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 decline was almost 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 rose by 127 (208%).
- 7 to 14 days experienced cyclicality, repeating each cycle about every 40.75 periods. There was also a pattern of bigger cycles that repeated about every 81.5 periods.
- 7 to 14 days was higher than 14 to 21 days over the entire series, higher by 77.6 on average. 7 to 14 days was greater than Over 21 days 60% of the time (higher by 16.73 on average).

**Data Source: NHS**

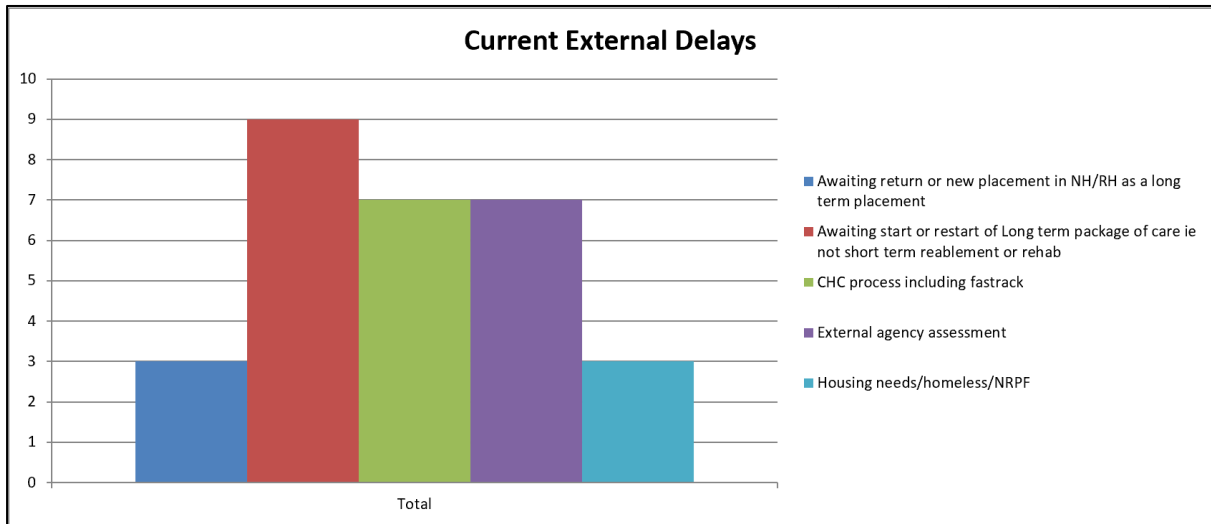
## 9.2 Delay Reasons for Medically Optimised Patients (Sum of 21 days)



**Delay Reasons for Currently Medically Optimised Patients**

<b>Row Labels</b>	<b>Sum of Over21days</b>
Waiting for reablement/rehab pathways 1,2,3	92
Going home within next 24 hours	20
CHC process including fastrack	12
Awaiting start or restart of Long term package of care ie not short term reablement or rehab	3
Housing needs/homeless/NRPF	3
Waiting for internal tests, specialist opinion or other trust controlled intervention or opinion	2
Acute to Acute Transfer	2
End of Life	2
<b>Grand Total</b>	<b>136</b>

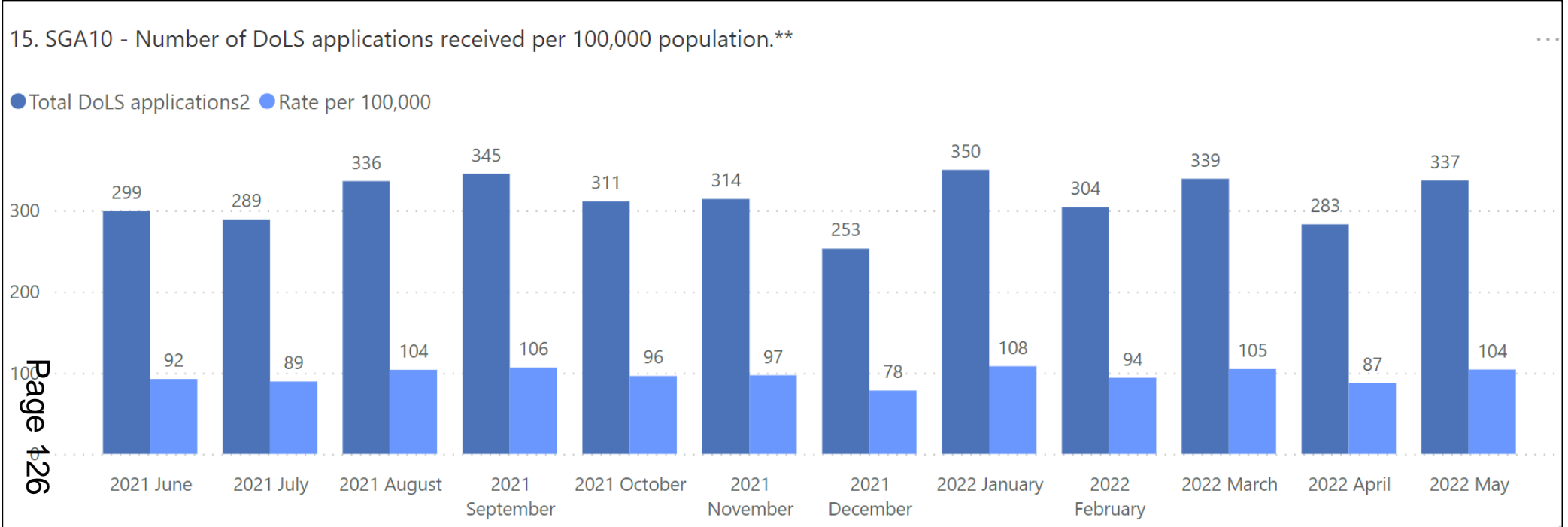
### 9.3 Current External Delays



Current External Delays	
Awaiting start or restart of Long-term package of care i.e. not short term reablement or rehab	4
CHC process including fastrack	12
Housing needs / Homeless / NRPF	3

Data Source: NHS

## 10.0 Deprivation of Liberty Safeguards (DOLS)



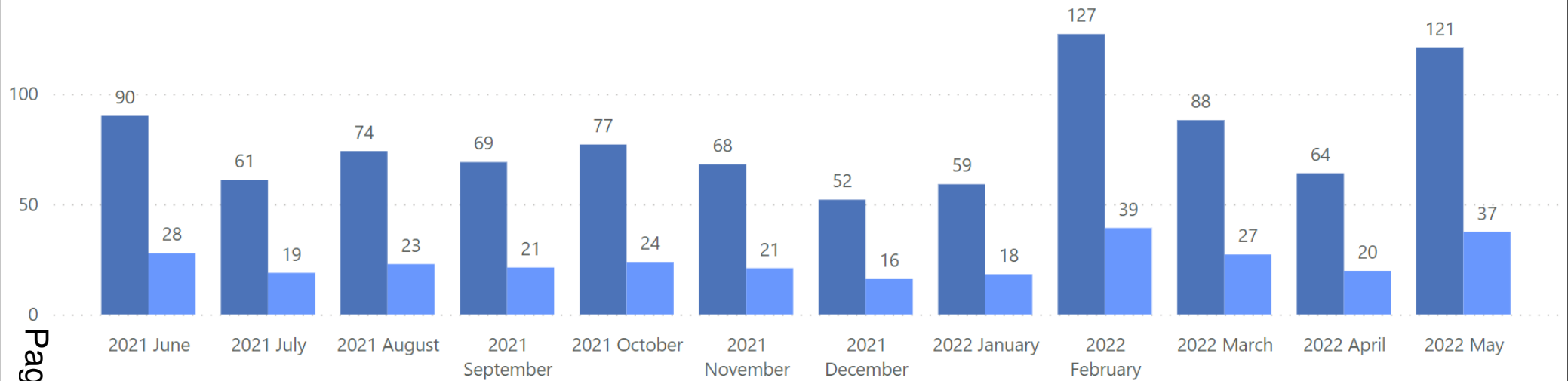
15. SGA10 - Number of DoLS applications received per 100,000 population.\*\*

Quarter Year	Q1		Q2		Q3		Q4		Total	
	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	296	91.36	1097	338.58	893	275.62			2286	705.56
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	620	191.36					993	306.48	1613	497.84
<b>Total</b>	<b>11196</b>	<b>3,455.56</b>	<b>8409</b>	<b>2,595.37</b>	<b>8190</b>	<b>2,527.78</b>	<b>8290</b>	<b>2,558.64</b>	<b>11196</b>	<b>3,455.56</b>

Data Source: Liquid Logic.

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

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



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

Year	Q1		Q2		Q3		Q4		Total	
	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
<b>Total</b>	<b>2567</b>	<b>792.28</b>	<b>2421</b>	<b>747.22</b>	<b>2276</b>	<b>702.47</b>	<b>2513</b>	<b>775.62</b>	<b>3130</b>	<b>966.05</b>

Data Source: Liquid Logic.

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## ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

MONDAY 25 JULY 2022

<b>REPORT TITLE:</b>	<b>CWP DRAFT QUALITY ACCOUNT 2021/22</b>
<b>REPORT OF:</b>	<b>DIRECTOR OF OPERATIONS/DEPUTY CHIEF EXECUTIVE CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST</b>

### REPORT SUMMARY

Cheshire and Wirral Partnership (CWP)’s Quality Account is an annual report to the people we serve about the quality of services we provide. We would like to share what we have achieved over the past year, to improve the quality of care and treatment we deliver and our ambitions for the coming year.

Any comments made by the Committee will be incorporated (as previous years) within an additional annex “Comments on CWP Quality Account” - as per NHS England and NHS Improvement recommendations to allow scrutiny and comment and will be published in the final document, due to go live on 30<sup>th</sup> June 2022.

This matter affects all wards. It is not a key decision.

### RECOMMENDATION/S

The Adult Social Care and Public Health Committee is recommended to scrutinise and give comments on the draft quality accounts.

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

- 1.1 Cheshire and Wirral Partnership NHS Foundation Trust is determined to work in partnership to deliver the best outcomes nationally for the population it serves.

## **2.0 OTHER OPTIONS CONSIDERED**

- 2.1 The option of the draft quality accounts being circulated virtually for comment from members was considered but Chair and Spokespersons felt this report should come to committee.

## **3.0 BACKGROUND INFORMATION**

- 3.1 A Quality Account is a report about the quality of services offered by an NHS healthcare provider. The reports are published annually by each provider, including the independent sector, and are available to the public.
- 3.2 Quality Accounts are an important way for local NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders. The quality of the services is measured by looking at patient safety, the effectiveness of treatments patients receive, and patient feedback about the care provided.
- 3.3 The Department of Health and Social Care requires providers to submit their final Quality Account to the Secretary of State by uploading it to the NHS website each year. The requirement is set out in the Health Act 2009. Amendments were made in 2012, such as the inclusion of quality indicators according to the Health and Social Care Act 2012.

## **4.0 FINANCIAL IMPLICATIONS**

- 4.1 There are no financial implications directly arising from this report.

## **5.0 LEGAL IMPLICATIONS**

- 5.1 The Department of Health and Social Care requires providers to submit their final Quality Account to the Secretary of State by uploading it to the NHS website each year. The requirement is set out in the Health Act 2009. Amendments were made in 2012, such as the inclusion of quality indicators according to the Health and Social Care Act 2012.

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

- 6.1 There are no resource implications directly arising from this report.

## **7.0 RELEVANT RISKS**

- 7.1 There are no relevant risks directly arising from this report.

**8.0 ENGAGEMENT/CONSULTATION**

8.1 CWP is engaging with partners to receive feedback on the Quality Account.

**9.0 EQUALITY IMPLICATIONS**

9.1 There are no equality implications directly arising from this report.

**10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS**

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

**11.0 COMMUNITY WEALTH IMPLICATIONS**

11.1 There are no community wealth implications directly arising from this report.

**REPORT AUTHOR:** Jodie D’Enrico  
Head of Communications, Marketing and Public Engagement  
Jodie.denrico@nhs.net

**APPENDICES**

**Appendix 1 – CWP Quality Account 21-22**

**BACKGROUND PAPERS**

CWP Quality Account 2020/21

Health Act 2009

Health and Care Act 2012 **SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>
<b>Partnerships Committee</b>	<b>It came in 2021 and 2020 I think can you check the dates please</b>

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# Quality Account

2021/22



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

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# Introduction

Our **Quality Account** is an **annual report to the people we serve about the quality of services we provide**. It gives an opportunity for you to see what we are doing to improve the quality of care and treatment we deliver.

Quality Accounts require those who provide NHS services to describe quality in the following ways:

## **Patient safety**

This means delivering care in a way which minimises harm by using effective approaches that reduce unnecessary risks.

## **Clinical effectiveness**

This means delivering care that is based on evidence, people's needs, and results in improved health outcomes.

## **Patient experience**

This means delivering care which people can easily access and that takes into account their preferences and their needs.

At CWP, we also use a well-known international way of defining quality. Not only do we ensure care is safe and effective with good experience, we also look at whether the care we deliver is affordable, sustainable, acceptable and accessible. To help us deliver care which is more equitable and person-centred, we place an emphasis on co-production. Co-production means people who deliver and support the delivery of our services, people who access our services, their families and carers, and the people we serve across the population, playing more of an active role in planning, improving and delivering services.

The aim in reviewing and publishing information about quality is such that CWP can demonstrate *public accountability* by *listening* to and *involving* the public, partner agencies and, most importantly, *acting* on feedback we receive. To help us meet this aim, we don't just produce this report, we also produce *Quality Improvement Reports* three times a year. This *Quality Account* and our *Quality Improvement Reports* are published on our website.

Should anyone reading this *Quality Account* require any further information, please do not hesitate to contact us [cwp.info@nhs.net](mailto:cwp.info@nhs.net).



# Part 1: Introduction from our Board

## Welcome from our Chief Executive



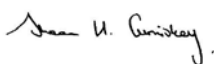
I am delighted to introduce this year's Quality Account on behalf of the Board. This year, throughout what has been another challenging year for everyone, the commitment and resilience of #TeamCWP has enabled us to maintain an extraordinary level of service continuity and quality of care. In recognition of this, we launched 'CWP Cares' in the summer of 2021 as part of the NHS 'Big Thank You'. The Board of Directors visited many of our sites throughout the year to say thank you in person and give our people the opportunity to talk to us about how it has been, how they were feeling and to put forward any ideas to support them and their colleagues moving forward. It was pleasing that many of these ideas had a focus on supporting wellbeing and promoting a healthy work-life balance. In response, the Board approved a 'Wellbeing Day' for #TeamCWP colleagues to take during 2022/23, which is an additional day's paid leave, to say thank you and acknowledge the importance of looking after our wellbeing. In August 2021, we also accessed funds from 'NHS Charities Together', the national independent charity caring for the NHS, to distribute wellness boxes across the Trust, giving staff the chance to pause and reflect on their own well-being and self-care.

There are many features in our Quality Account which #TeamCWP should be very proud of. Of note, we have co-ordinated, in partnership with Cheshire CCG, Local Authorities and Healthwatch Cheshire, and managerially and clinically delivered the Cheshire COVID-19 vaccination service as an innovative and agile offer to the local communities and people across Cheshire. Despite the impact that the pandemic has continued to have on the delivery of NHS services throughout the year, I am humbled by the number and breadth of quality initiatives that our services have been involved with. This commitment to our Quality Improvement ambition of working in partnership to deliver the best outcomes we can for the population we serve is demonstrated throughout the year at our Quality Committee and in our regular Quality Improvement reports, which are always a delight to receive at the Board of Directors.

Between August and December, I was seconded to the role of Interim Chief Officer at the Cheshire and Merseyside Health and Care Partnership. I am very passionate about integrated health and care, so it was a privilege to work with colleagues in our partner organisations on this. During this time, Tim Welch, our Director of Business & Value and Deputy Chief Executive, very ably took on the role of interim Chief Executive and I would like to thank him for his hard work during this period and his commitment to quality in all he did. In April 2022, Tim was appointed as CWP's new Chief Executive, as I retire in May. I know his belief in our work on improving the lives of everyone in our community will stand CWP in good stead as it continues to put quality at the heart of all we do. This will therefore be my last Quality Account. It has been a great privilege to have introduced the very first and every CWP Quality Account since they were introduced across the NHS. I feel very lucky to have worked with some wonderful people by my side at CWP and I know they will continue to strive for the very best for the population we serve.

On behalf of the Board, to the best of my knowledge, the information presented in this report is accurate. I hope you enjoy reading our Quality Account

**Sheena Cumiskey**



**Chief Executive**  
**Cheshire and Wirral Partnership NHS Foundation Trust**



# Welcome from our Medical Director – Executive lead for quality



This year has demonstrated, once again, how our people have gone above and beyond to continue to adapt and continuously improve to ensure we are delivering the best outcomes to the population we serve. The past year has seen the launch of phase two of our Quality Improvement strategy, which covers the period 2021/23, and focusses on supporting our people by building their capability in Quality Improvement. We start from a strong foundation, with 91% of our people having completed our Level 1 Quality Improvement training at the end of March 2022. This is undoubtedly one of the reasons our people have been able to demonstrate so many examples of quality improvement in their practice, which are highlighted throughout this report and in our Quality Improvement reports throughout the year.

We have made significant progress in delivering two organisation-wide Quality Improvement projects this year. Firstly, working in partnership with 'Thalamos', who provide bespoke software solutions to digitise the use of Mental Health Act, we are moving towards a paperless approach to administration of the Act so that it is 'easier, better and faster'. This project will help us with our ambition to deliver a core level of digitisation, as set out in the

NHS Long Term Plan. Overall, the process reduces errors, improving the experience for both patients and staff. Our Mental Health Law team and our clinicians have been involved in a pilot and are now supporting full roll out, and their commitment to making this a success is admirable. Secondly, in-year we went live with a new electronic patient record (ePR), deploying the SystemOne Mental Health module in our mental health and learning disability services, being the first Trust in the North West to do so. This will give us the tools to provide efficient, safe and person-centred mental health care. I am delighted at the response from teams across the Trust. It shouldn't be underestimated what a significant change it is to move patient record systems, but on behalf of the Board, I would like to thank our teams for the training and preparedness plans they put in place, the planning and work behind the scenes by our ePR project team, and the CWP 'floorwalkers' that helped teams, both in the community and inpatient areas.

Finally, this year sees the return of our Big Book of Best Practice, which will showcase and share best practice across our services and will celebrate the most exciting and innovative work our teams have achieved during the past two years. We are aiming to have this published by the end of June 2022 to coincide with publication of our Quality Account, so do please try and take time to read that too!

I hope you enjoy reading our Quality Account.

**Dr Anushta Sivananthan**

A handwritten signature in black ink, appearing to read 'A Sivananthan'.

**Medical Director & Consultant Psychiatrist  
Cheshire and Wirral Partnership NHS Foundation Trust**

# Part 2: Quality Improvement

## Place-based information on how we have improved the quality of our services

Quality improvement is undertaken by all our teams and wards across Cheshire, Wirral and beyond. Below is a selection of the some of our many quality achievements during the past year.

Our Quality Improvement Reports, published three times a year and available on our website, provide more detailed information on the quality of the services we deliver.

### Quality improvements across **Cheshire East**

#### ★ **The Involvement, Recovery and Wellness Centre working together to improve health outcomes and help people to be the best they can be**



Following a successful transition from face-to-face to virtual working during the pandemic, the centre became aware that the Community Mental Health Teams (CMHTs) were struggling to recruit to professional posts. To support colleagues and to create a better service flow, the people who access these services proposed a different way of working. It was proposed that the Involvement, Recovery and Wellness Centre (IRWC) would case manage a number of people and work with them on a one-to-one basis, to be able to teach and support them to self-manage the symptoms of their long-term health condition, whilst continuing the facilitation of group workshops via Microsoft Teams.

As a result, the team developed criteria to ensure the safety of the people who access these services and staff. The criteria included the rationale for change, the operational model and the outcome measures that would measure its success. Data collected from the completion of the Warwick-Edinburgh Mental Wellbeing Scale shows that people accessing the service participating in the trial had a meaningful positive change to their mental health.

#### ★ **The Liaison Psychiatry service achieving better access to 24/7 Urgent and Emergency Mental Health Care**

Our Cheshire East Liaison teams were successful in being awarded monies for CORE 24, allowing the team to provide a 24/7 service and evidence-based interventions at Mid Cheshire Hospitals NHS Foundation Trust and East Cheshire Trust. One of the most significant service developments is that the team was able to recruit a Clinical Psychologist whose role is to introduce a Psychology service at Leighton Hospital. The team has also been able to recruit two full time Clinical Psychologists. This has led to [new referral and treatment pathways](#), to ensure patients on inpatient wards are given more support with their mental health needs. This is particularly important for patients in Intensive Care Units and the Cardiovascular ward and for those recovering from COVID and experiencing Post Traumatic Stress.

#### ★ **'Come Dine With Me' initiative**

Our Learning Disability team in Macclesfield developed this initiative to enhance daytime activities of the people they supported to use cooking skills as well as learn new ones. Patients can decide who they would like to invite to share a meal with them. Invites were then created and sent to the chosen guest. The patient decides on a three-course menu, then goes shopping for items needed. The patient is assisted in getting the visitors' room ready and setting the table. The patient then serves the meal and enjoys eating with their chosen guest.

During the COVID-19 restrictions, this activity was not able to go ahead with family and friends, but we adapted this so a staff member can be invited to come dine with them, resulting in increased therapeutic time with staff members. This initiative has received [extremely positive feedback both from patients and families/ carers.](#)

### ★ **Dynamic Support Database – Clinical Support Tool online training**

CWP were asked by NHS England to develop an online training resource that could be accessed nationally. The tool is used by clinicians to support those with a Learning Disability and/or Autism. The tool provides information to clinicians to ensure people are supported effectively in the community, as well as providing guidance on how to provide the right support. Our staff developed an hour-long online training course for clinicians nationwide. The training has videos, clinical scenarios and practice examples. It also provides information on the national Transforming Care Programme, which is about improving health and care services for those with a Learning Disability and/ or Autism so that more people can live in the community, with the right support. The response has been [extremely positive, with a satisfaction rating of 4.71 out of 5 overall](#), praising 'use of case studies' and how user-friendly the tool is to use.

### Quality improvements across **Cheshire West and Chester**

#### ★ **Starting Well services improved access to early help for families residing in Cheshire West and Chester**



Our Starting Well service uses the Team Around the Family (TAF) framework for supporting families, as a preventative approach, ensuring early help for families and reducing the likelihood of needs escalating further. In-year, they made some improvements in the use of the electronic TAF (ETAF) tool. During the emergency response to the COVID-19 pandemic, the service managed the highest level of early help for families via the TAF compared to all other agencies. The service aimed to build internal confidence and competence in the use of the ETAF system and the use of the TAF tool within the Starting Well workforce. Moreover, the Starting Well service created and [implemented their own support plan, training, and supervision model](#) to increase staff confidence in the use of TAF within targeted contacts.

#### ★ **Cardiac Rehabilitation service delivered flexible approach to clinical working to reduce readmissions**

The cardiac rehabilitation team aims to optimise clinical recovery and to support patients with meeting “secondary prevention” targets of coronary heart disease. The team looked at the impact of the reduction of ‘face-to-face contacts’ and the clinical assessments for people referred to cardiac rehabilitation. Moreover, the team looked to see if this reduction in the clinical-patient interface would impact on readmission rates and bed days for cardiac admission at the Countess of Chester Hospital. The outcome showed achievements in the [reduction of readmission for cardiac rehab patients by 12%](#), 70 bed delays per month on average were saved when face-to-face contacts resumed.



#### ★ **Dementia Clinic has improved diagnosis rate for people with learning disabilities**

A multi-disciplinary working group was set up to look at how the NICE guidance for dementia should be applied to adults with a learning disability. This led to the development of comprehensive pathway, to which clinicians can refer, when helping to chart the steps from pre-diagnosis to end of life care. The project aimed to provide a safe, timely and person-centred delivery of memory services for people with learning disabilities in Cheshire West and Chester. The [outcome showed 50% reduction in waiting times](#)

[for assessment of dementia](#), from 24 weeks to 9-12 weeks. This is in line with the NICE guidelines of providing timely, efficient, and effective diagnosis.

### ★ Use of Patient Group Directions has improved triage and treatment of people with simple UTIs

The GP Out of Hours (OOH) service wanted to look at how the role of the triage nurse could be expanded to improve patient experience. A working party was established and after discussion, it was decided to work on a Patient Group Direction (PGD) for treating uncomplicated urinary tract infections (UTIs). Since restrictions were introduced due to the pandemic, a telephone consultation took precedence over face-to-face contacts. Most people who contacted the GP OOH service had a triage consultation with a nurse. However, when further management was needed, they would wait for a doctor to call them back. The team wanted to avoid the long process described above for people who had simple or uncomplicated UTIs that could have been treated after the nurse triage assessment, by using a PGD. As a result, this would reduce the number of times a person had to be triaged and reduce the number of advice calls from a GP. The PGD was approved by the Medicines Management Group and training was delivered to staff. The PGD means that patients are treated after the first triage call and do not need to wait for further follow up-calls. [The PGD has, so far, been used over 30 times to treat simple UTIs.](#)

### ★ Breast Feeding Support Group improves confidence and support for new parents

Before the pandemic, the Starting Well Service provided three infant feeding drop-in groups which were facilitated within three districts – Northwich/ Winsford, Chester/ Chester Rural, and Ellesmere Port & Neston. Due to the pandemic restrictions and government guidance, the groups were suspended, and support was provided virtually.

However, it was acknowledged that there were [significant benefits from face-to face support](#) which the virtual offer could not replicate. The aim of the programme was to research and develop a tailored set of lesson plans to underpin the support provided within the breast-feeding support group. Three groups were run each week, one in each district providing access across Cheshire West and Chester. A cohort of six mothers and infants were invited to attend each group for five sessions. Mothers and infants were invited to attend the group during the New Birth Visit by the named Health Visitor. Most attendees were first time mothers who had babies aged between 4-10 weeks old. The programme was provided on a rolling basis within each district. The groups were facilitated by the Infant Feeding Leads, Health Visitors, My Wellbeing advisors, and our amazing Bosom Buddies who are CWP volunteers.

### ★ High Intensity User Service

CWP employs a High Intensity User (HIU) Lead who works with around 50 people a year in the Cheshire West area. They work with people who regularly use unplanned health care services such as the Accident & Emergency Department, 111/ 999 service and non-elective admissions. The HIU Lead uses regularly updated data from the Clinical Commissioning Group (CCG) to identify the people who currently access services most frequently. This information relates to the people and the services around them to [fully understand their story](#) of how they come to be in A&E. The HIU Lead then assists people to understand their own presentation better, giving specialist knowledge and how to use supportive techniques to improve their health and wellbeing. Furthermore, they assist people to identify areas of their lives they wish to change or could improve their health. The HIU is able to provide advice and guidance on available support/ opportunities and they provide the help they needed to access these, for example, attending together or providing advocacy.



## ★ Improvement to the quality and effectiveness of documentation on Maple Ward through co-delivery and co-production

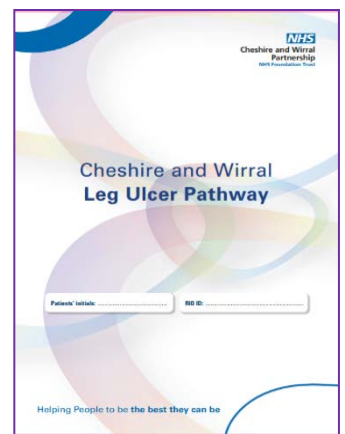


Maple Ward participated in a pilot study to improve the quality of clinical documentation and one-to-one time spent with people who access our services. The aim of the project was to make the [clinical entries more meaningful to the patients on the ward](#) and for people to be more involved in and supported to document their perception of their mental health and how their day had been. It became routine for several people, who participated in the pilot, to write their own records for the shift. They were supported by staff to do this and fed

back what they found therapeutic, helpful and how to get their thoughts and feelings communicated to the multi-disciplinary team (MDT). People were informed of the pilot project and offered the opportunity to write their records. Staff support and supervise people to either write using Microsoft Word or, where appropriate to do so, straight onto the patient's own electronic patient record. The project is still at its early stage, however substantial progress has been made in several areas, including: improved quality of the records; better reflecting people's needs; and better collaboration between staff and people accessing care and treatment on the ward, thus promoting improved health outcomes.

## ★Improvement to the pathway of care for leg ulcer treatment and management

The Tissue Viability Service is nurse-led and provides specialist advice on the treatment of wounds. The team also advocates the practice of good skin care and pressure ulcer prevention to part of the population of Cheshire West. The team developed a leg ulcer pathway for patients and staff to follow to ensure that all teams were providing consistent clinical practice in the assessment and management of venous leg ulcers and aftercare. The new pathway has supported the delivery of a 'seamless' service-promoting continuity of care, and processes to address [quality of life issues](#). A study session for community physical health staff was set up for practice nurses and care home staff. Furthermore, these sessions were about informing everyone of why the project was being carried out and giving out booklets and posters.



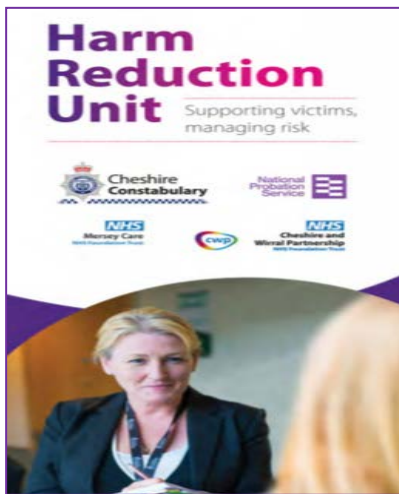
The project formalised the process of the assessment and management of people with venous leg ulcers. The new pathway ensures that a full leg ulcer assessment is carried out within a responsive timescale, ensuring that people are receiving the right care at the right time. This has led to an [improvement in healing rates across the Trust and ensures a gold standard of care is delivered](#). Moreover, this has [reduced costs of dressings and nursing time](#) and delivered better outcomes for patients and staff.

## ★ Early Intervention through Parent-Child interaction

The team provides early intervention for young children who present with delayed/ disordered speech, language and communication needs. Early identification of speech, language and communication needs enable us to support parents to implement the appropriate strategies, which will then result in better outcomes for our children with delays/ disorders. The team works with parents/ carers through a therapy intervention called 'Playing Together with Words'. Prior to COVID-19, this was held as a face-to-face group with up to five families and their child, but it was altered to an adult only video call during lockdown. Once Playing Together with Words is complete, there is an 8-12-week period for the strategies to be implemented consistently at home before a face-to-face appointment is arranged to review the child's progress. The project resulted in a [reduction in the time children wait for therapy](#) and review appointments. Additionally, there has been a greater success in engaging with harder to reach families, such as families with English as an additional language and parents with additional needs. The team has received very positive feedback.

## Quality improvements across Wirral

### ★ Work in partnership with multi-agencies to manage the risk of stalking and serial domestic abuse



Cheshire Constabulary, the Probation Service, CWP and Mersey Care NHS Foundation Trust, cover the whole county of Cheshire in delivering the Harm Reduction Unit (HRU), as a collaborative risk management service. CWP currently have two practitioners seconded to the unit until the end of June 2022, whilst permanent staff are being recruited. Once the legal proceedings have been completed and an individual receives a conviction of either stalking or serial domestic abuse, the health component of the team considers a therapeutic assessment and interventions. If the person convicted is willing to engage in addressing their behaviours, police, health, and criminal justice professionals work together to ensure that day-to-day management of these people is coordinated, seamless and responsive. The HRU has received over 70 referrals through the legal process since it became operational. Over 50% of referrals to the health side of the team has resulted in increased consultations regarding assessment of risk and management of people

who engage in stalking or domestic abuse behaviours. The team offers [bespoke therapeutic interventions](#) to people to help address their behaviours.

### ★ Wirral Complex Needs Service supported the delivery of safe and effective online psychological interventions during the pandemic

A working group was formed early in the pandemic to think about how to safely and effectively deliver therapy online. They took into consideration potential practical and psychological barriers, including issues of digital poverty and access for people with disabilities and neurodiversity. A document, titled 'Providing Psychological Therapies in a post-coronavirus context in primary, secondary and specialist community adult mental health settings' provided guidance on assessing clients' appropriateness for remote working, including issues of risk; adaptations to consider regarding specific therapy models and client groups; and delivering therapy in-person but with social distancing or other infection control processes in place. User-friendly handouts for clinicians and clients to support remote working were made available. This has enabled our teams to commence video delivery of a range of [evidence-based therapeutic interventions safely and more confidently](#), thereby enabling clients to have access to therapies that had stopped abruptly when the pandemic started. The service has since delivered the therapies online consistently each week to ensure the clients received evidence-based treatment.

### ★ Children and Young People's Learning Disability Service in Wirral has developed a bereavement guide for parents of children and young people with severe learning disabilities

Our Wirral Child and Adolescent Mental Health Service (CAMHS) developed a resource specifically for parents/ carers of children with severe learning disabilities who have been bereaved. The guide provides information on how to help parents/ carers understand their child's grief, build their confidence in responding to this and offer a [range of practical strategies](#) to support them through the process. Professionals, parent-carer forums, and key stakeholders from across the North of England have provided feedback, praise and thanks for the guide; many comments on the value and high need for such a resource have been received.

### ★ Project has increased the uptake of annual health checks for people with learning disability aged 14-17 in Wirral

CWP and Wirral Clinical Commissioning Group (CCG) partnered together to become one of nine new NHS England champion/ exemplar sites in learning disability care with a [focus on increasing the uptake of annual health checks](#) available to people with learning disabilities across the area. We have developed resources and undertaken promotional activity and publicity work with primary care and health colleagues, special schools, parent/ carer and children and young people representatives. There

is evidence already that the interventions are being effective and the number of 14-17 year olds accessing an annual health check in Wirral is increasing; in previous years the number accessing their annual health check was around 27% in Wirral. Following the initiatives to raise awareness, this [increased to 53%](#).

#### ★ New pathway implementation within Complex Needs Service Wirral

The team developed a new treatment pathway called Intensive Case Management (ICM), also known as enhance structural management, and is a newly designed therapeutic intervention that aims to provide improved support for people with complex personality disorders. This piece of work involved allocation of cases and intensive psychotherapy supervision as part of the model, but more importantly we trained up staff, with very little experience, to facilitate treatment in a new therapeutic intervention. This innovative model of care has improved the quality of care. The reduction of overall hospital stays (number of days) reduced from 482 to 248 which is a [49% reduction of local inpatient days usage](#).

### Quality improvements Trustwide

#### ★ Launch of a Clinical Quality Assurance & Improvement Group in our CYP & Families and Neighbourhoods Care Group

The CYP & Families and Neighborhoods Care Group set up this group as a clinical forum for clinicians to share best practice, identify challenges, discuss clinical pathways, enhance patient safety, and to collaborate with quality improvement. The group devised quality measures to enable teams to look at baselines of clinical practice. This [supports clinicians in understanding what they do well](#), instead of just focusing on what goes wrong. There have been many positive outcomes from the group. One example was at the first meeting, the Palliative Care Consultant talked about administration of medication to people who were deteriorating during their end of life.

#### ★ Visual control methods used to improve dementia care policy

Our previous dementia care policy included the dementia care pathway for community services and had guidance from 2011. It required review to include information on the inpatient pathway and changes in guidance to dementia care from 2016. A quality improvement project was used to expand the main content of the dementia care policy whilst maintaining the length of the main document to 9 pages or less. We used a visual control method (an approach which make it easy to find the thing you're looking for) to enable quicker and easier location of information for clinicians. After exploring different visual control method, and trialing to find the most suitable and best way of meeting the aims of the project, flow charts were included at the start of the policy to show the pathways and to allow quick access to different sections of the policy. Tables were changed into colour coded diagrams with relevant information coded in the same colour to increase accessibility. All text was scrutinised and simplified where possible. Duplication throughout the policy was removed and the policy was update and amended to include the up-to date guidelines.

#### ★ Development and implementation of Patient Safety Oversight Group has improved effectiveness of reviews of serious patient safety incidents

During 2021, our Neighbourhoods Care Group established a new meeting within their governance structure known as the Patient Safety Oversight Group (PSOG). This group oversees progress and quality of patient safety incident investigations and assists in the timely identification of learning and improvement, including from incident themes. In establishing PSOG, the aim was to provide a forum for discussion and peer review of patient safety incidents to [identify good practice](#) and care delivery issues and so [maximising learning opportunities](#). In addition, the group provides a forum for maintaining oversight of progress with investigations and ensuring that the required timescales are met. The group meet virtually and includes representatives from the Care Group senior leadership team, both clinical and managerial, business and governance team, safeguarding team, tissue viability team, investigation manager and clinical teams.



## ★ Improvement to waiting time data in Physical Health services

This project was triggered by the charts in the clinical prioritisation 'situation reports', showing large numbers of people waiting to be seen by our physical health services. The aim of the project was to understand how high-level data can be distinguished between the people who needed to be seen urgently for appointment from those who were waiting for routine appointments. A new way of reporting on people waiting for physical health services was needed. While some services such as therapies already set due dates based on clinical need, most other physical health services have a system where the due dates defaulted to the date the referral was accepted. A pilot scheme was set up at two specialised nursing services and a care community team, to see if they could change their practice to mirror what was used by therapies. New desk practices were set up within the teams, new reports were set up by the information team and ongoing weekly analysis was shared by the Quality Surveillance Team, making this a [truly collaborative approach](#).

## ★ Delivery of a coronavirus vaccination programme ensured timely access to the vaccine

CWP was approved to be a "COVID-19 vaccination Hospital hub" provider. We delivered a vaccination programme to the health and social care workforce across Cheshire and Wirral, with the first dose of the coronavirus vaccine given in January 2021.

Our success was down to using a continuous quality improvement approach (known as PDSA cycles – see glossary) to develop the clinical model, including to ensure good/ optimal flow through the system with minimal waiting times and efficient administration of the vaccine, including issuing second appointments before leaving the centre. Since mobilisation in January 2021 CWP's fixed 'mass vaccination' centre has provided over [150,000 vaccinations](#) to the population of Cheshire West, and over [20,000 vaccines \(219 clinics\) provided by the roving service](#) – making it one of the largest providers of vaccinations in Cheshire and Merseyside. Additionally, since the introduction of the Cheshire East roving vaccination service in June 2021, CWP's vaccination service has provided [101 pop up clinics](#), with a total of 4085 vaccines being given so far.



## ★ World Patient Safety Day – Theme: Safe maternal and newborn care

CWP participated in a virtual event on 17 September 2021 and raised awareness of patient safety in general, with a specific spotlight on [transforming perinatal safety](#) and the relevant work programmes within our Starting Well Service.

## ★ Clinical Coaches have joined CWP

Education CWP recruited coaches with significant clinical, managerial and staff development experience to provide support to all our Care Groups. Coaches use a variety of personal development skills, but their main tool is a coaching approach, which enables the individual to come up with solutions rather than being 'given' the answer. This leads to increased problem-solving skills and greater autonomy for practitioners.

Working with senior leaders, we identified priority areas for the coaches to focus on. Coaches worked alongside clinical teams for approximately 12 weeks using a combination of coaching, role modelling, reflection and training to support the staff in achieving sustainable improvements. Each project had an agreed 'Outcome Measures' document which sets the aim of the intervention and the underpinning objectives. These objectives have quantitative and qualitative measurements, starting with a baseline measure, then mid and end point interval targets, and finally a measurement at three months post intervention to determine if the improvement has been sustained.

Coaches have been able to evidence an improvement in all clinical areas including embedded practitioner learning from [harmful pressure ulcer incidents](#), [reduction of restraint](#) in an inpatient ward,



increase in reflective practice after incidents, use of 'team around the family' tools, and an increased understanding of effective leadership processes.

### ★ Estates Statutory Compliance Dashboard

The estates statutory compliance dashboard was developed to provide assurance to the Trust that its legal duties relating to the estate, such as asbestos, fire, electrical issues and legionella, were being met. A system was required that would close the loop from inspection through to remedial actions being closed and that would generate concise reports for a non-technical audience. At the click of a button, we can report when a Trust asset was last inspected, whether it required any remedial works and provide either the purchase order or internal job reference for when the works were completed. Through the dashboard we can view the live compliance status for each compliance subject. This system is now the cornerstone of operational estates operations. This performance data is reviewed monthly by the operational estates teams and a quarterly report is produced for the Infrastructure Sub-committee.

### ★ Establishment of a 'Hot Hub' coronavirus assessment centre provided access to care for those with coronavirus



CWP set up a "Hot Hub" coronavirus assessment Centre at Chester Primary Care Assessment Centre (PCAC). The aim of the Hot Hub site was to treat people confirmed to have or suspected to have coronavirus. The Hot Hub supported 21 GP surgeries across Chester West and Cheshire. Moreover, it offered face-to-face appointments in the PCAC as well as home visits. The service was open Monday to Friday from 12:00-18:00 and offered at least 16 face-to-face appointments in the assessment centre and 4 home visits by a GP or Advanced Nurse Practitioner each day.

### ★ Improved access to pulse oximeters at home to spot COVID-19 deterioration

A COVID-19 pulse oximetry @ home programme was introduced by the Trust to support people who had the COVID-19 virus, but who did not need immediate hospitalisation or were at high risk of developing serious symptoms. Patients and their relatives complimented the service, its support and the reassurance which was offered by the team for the people who were accessing the service.



## Quality highlights 2021/22

### Spring 2021



CWP staff members, or key workers, can access our free counselling service – “Don’t suffer in silence”.

Appointments are offered during evenings or during their shifts. This service is fully funded by CWP.



We launched a Health and Wellbeing Passport, co-produced with parents for young people with Special Educational Needs or Disabilities in Wirral.

This service provides staff with important information about children each time they use NHS services.



Cheshire's COVID-19 vaccinators received a huge boost for their continued hard work and dedication.

Robert Mee, Her Majesty's the Queen's High Sheriff of Cheshire, praised their hard work and dedication during a visit to Cheshire's vaccination centre at Chester Racecourse.

### Summer 2021



In July, our Patient Safety Improvement team was shortlisted for a prestigious HSJ Patient Safety Award.

CWP was recognised for an innovative new Safety Management System, which measures and monitors patient safety, as well as proactively taking steps to improve the Trust's approach to ensuring a safe care environment.



CWP took part in a virtual Chester Pride to celebrate diversity and equality in all members of our community.

Staff joined Chester's LGBT choir, which performed a 'Pet Shop Boys' classic for the virtual Chester Pride.



A new mental health crisis café opened in September. The space called Compañeros was jointly developed between CWP, NHS Wirral Clinical Commissioning Group (CCG), and local organisation the Spider Project.

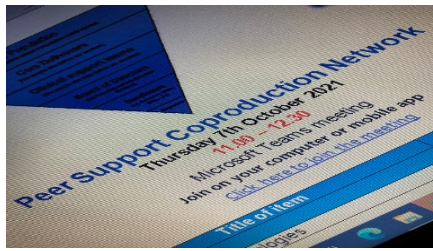
The café offers a safe place for adults suffering a mental health crisis, with experienced staff members on hand to support. It is a calming environment, with access to one-to-one crisis intervention, wellbeing recovery projects, creative arts, and other essential social and emotional support.

## Autumn 2021



CWP raised awareness of local support available for World Mental Health Day.

The global awareness event took place on 10 October and was everyone's opportunity to acknowledge the issues around mental health and take time to reflect on how we look after each other's emotional wellbeing, as well as our own.



We launched a Peer Support co-production network.

The group is for people with mental health lived experience, bringing their perspective to the Peer Support network.



In December, the pop up vaccine clinic was launched at Chester Cathedral.

The walk in vaccination clinic was open for those aged 16 and over. Our team supported the vaccination programme by setting up multiple pop-up vaccination clinics throughout the season.

## Winter 2021/22



CWP teamed up with The Pledge Partnership to give students from Helsby High School a flavour of the different NHS careers supporting people with dementia.

Students have been inspired by a career in the NHS through an innovative work experience programme.



CWP were pleased to be involved in a BBC documentary, Stalkers, featuring Stacey Dooley.

It shone a light on the importance of the Integrated Cheshire Harm Reduction Unit with Cheshire Police.



The CANDDID Conference 2022 took place on 18 March.

This year's conference shone a spotlight on advances in neurosciences and therapeutic interventions within Learning Disabilities. The conference received an overwhelmingly positive response to the day.



## Our quality improvement priorities from 2021/22

Below is a summary of the improvements we have made as a result of working on the quality improvement priorities we identified for 2021/22 and how we are going to sustain improvement.



Our *Quality Improvement Reports*, which are available on our website, have reported on our progress throughout the year.

We have included a glossary of some of the terms used in the report on page 31.

### Patient safety priority for 2021/22

*We wanted to:*

Achieve an improvement in team level patient safety systems and culture, as rated by the people who deliver our services.

*How we have delivered improvements:*

- ✓ Our approach in working with teams to review their patient safety systems and culture has continued throughout the year. This work built on our improved Trustwide rating of 'Good' for delivering 'Safe' care which we achieved in 2020 following our Care Quality Commission inspection.
- ✓ We have developed a short survey to evaluate the preparedness of senior managers and Board members for the forthcoming involvement of 'Patient Safety Partners' that will be appointed to CWP later in 2022/23. The survey will be repeated every six months, over a two-year period, to identify and measure any changes that promote a positive patient safety culture.
- ✓ Our Lead 'Patient Safety Specialist' (pictured) has delivered reflective learning sessions to staff following serious incidents. We are monitoring and measuring subsequent serious incident data to establish the impact of this approach for embedding learning and improvements.
- ✓ As a result of our 'team around the team' approach, ward champions have been identified to focus on issues and areas requiring improvement against the CQC quality of care domains.



### Clinical effectiveness priority for 2021/22

*We wanted to:*

Improve the recording and use of paired outcome measures across inpatient teams that use the HoNOS outcome scale

*How we have delivered improvements:*

- ✓ A dashboard has been developed to monitor the percentage of people being discharged from an inpatient stay who have had a HoNOS assessment at both admission and discharge. Full year reporting is not available as we moved to a new electronic patient record, however this measure is a continuing priority and progress is overseen at our Quality Committee which reports to our Board of Directors.

- ✓ An e-learning package to improve the recording and utilisation of outcome measures to inform practice, with an initial focus on HoNOS, has been launched to improve access to information, training and support around HoNOS.

## Patient experience priority for 2021/22

*We wanted to:*

Improve asking people who access our services about their experience of care, and learning from what they tell us to make changes to our services and improve their experience.

*How we have delivered improvements:*

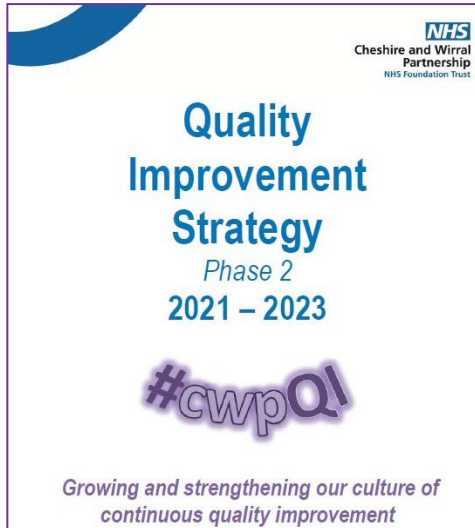
- ✓ We have completely refreshed the FFT at the Trust, to include updated training for staff teams, improved engagement with people accessing our services, and better support for teams taking action and making improvements based on the FFT data. This enables teams to make changes to services and improve the experience for people. We will be supporting teams through more detailed reporting on FFT trends and streamlining our reporting to Care Group meetings by including PALS data with the FFT data and presenting the information in a more useable format.
- ✓ We are regularly offering people who access our services the opportunity to record a digital story, sharing about their experience of receiving care. Several people at CWP have now been trained in digital storytelling, and these are shared in Care Group meetings, at the start of Board meetings, and available on the CWP website.
- ✓ People with lived experience are involved in ongoing research activities at the Trust and continuing to support project work via focus groups. Moreover, volunteers and people with lived experience are regularly involved in staff recruitment, sitting on interview panels and actively contributing to CWP's values-based recruitment.



## Our quality improvement priorities for 2022/23

Our Quality Committee oversees our Trustwide quality improvement priorities. These priorities have been set out in our annual plan, including how they link to our Trust strategy and objectives.

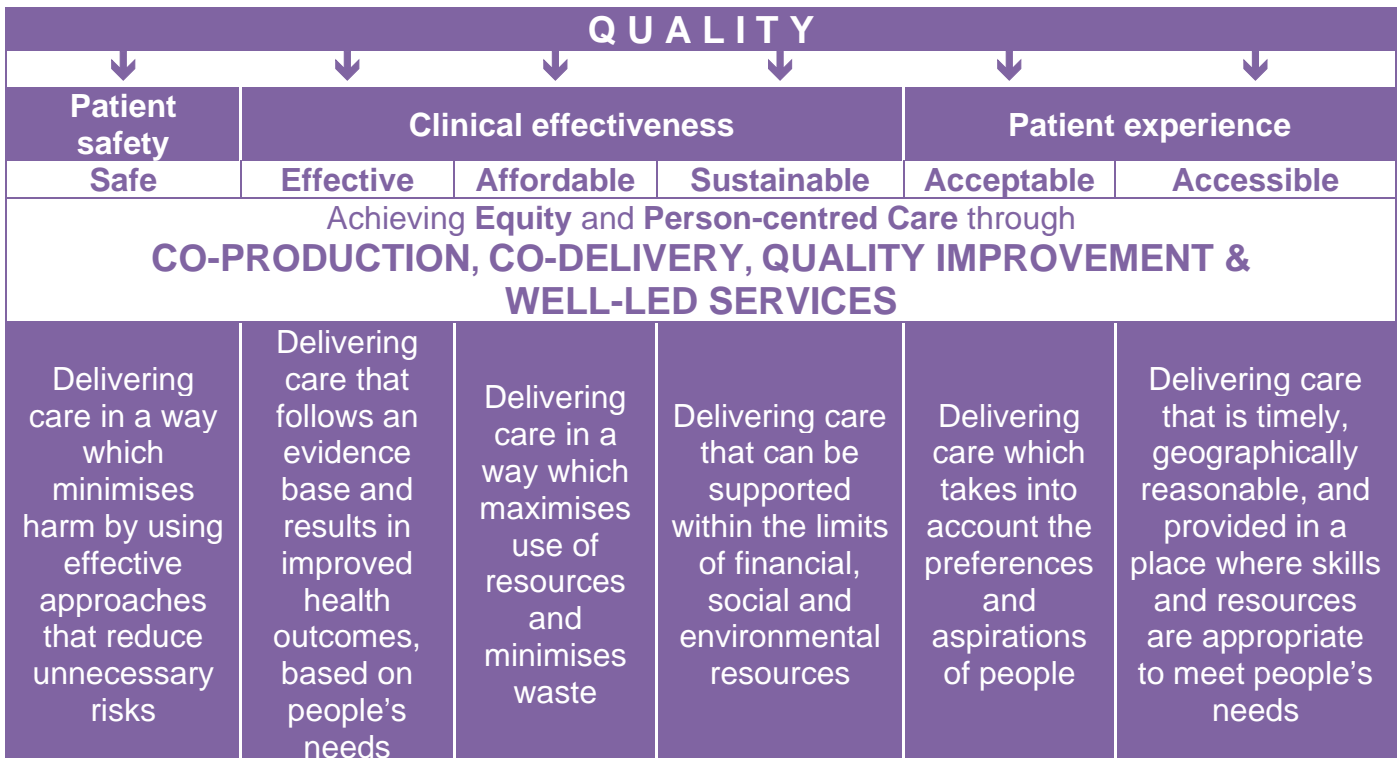
Our *Quality Improvement Reports*, which are available on our website, will report progress of our quality improvement priorities for 2021/22 throughout the year. This report is also presented at and monitored by our Quality Committee and our Board.



### Our approach to Quality Improvement

Our Quality Improvement strategy was launched in April 2018. It sets out an initial three-year plan to build skills and knowledge in improvement science to help us deliver person-centred care that responds to the needs and preference of people who access our services. We are determined to work in partnership to deliver the best outcomes nationally for the population we serve. In developing our Quality Improvement strategy and our ambition, we sought feedback from our Board, Quality Committee, Clinical Engagement and Leadership Forum, Governors, and via focus groups with partners and stakeholders.

Using *World Health Organization* definitions and our Person-centred Framework, we have defined what we mean by quality in the diagram below.



We use our *Quality Account* and *Quality Improvement Reports* to show our quality performance across all the domains of our quality framework.

### Quality improvement priorities for 2022/23

As we have set out above, significant progress with our Quality Improvement priorities for 2021/22 has been achieved despite the impact of the pandemic. We have set out how we will sustain this progress and we will continuously update on our progress through our *Quality Improvement reports*.

Due to a number of strategic changes nationally, and to align our Quality Improvement priorities with our 'Imagining the Future' strategic objectives, for 2022/23 we have identified the following.

	QI priority	Improvement target	How will progress be measured?
Patient safety	Enhanced patient training to CWP staff, which emphasises a proactive approach to identifying risks to safe care and includes systems thinking and human factors	By the end of June 2023, achievement of 85% completion of Level 1 & Level 2 patient safety training  (Source: Patient Safety Syllabus, Health Education England)	Progress will be measured via our Electronic Staff Record, monitored at Care Group level, with Trust level performance reported at our Clinical Practice & Standards Sub-committee
Clinical effectiveness	Improvement in the use of outcome measures as a mechanism for quality improvement through the development of a clinician-level digital dashboard (known as an 'Effective Care tool')	<b>Quantitative:</b> Implementation of the electronic 'Effective Care tool' in two teams in each Care Group by the end of June 2023  <b>Qualitative:</b> Feedback on useability from participating teams  (Source: Clinical Effectiveness Framework, CWP)	In-year monitoring and progress reports at our Clinical Practice & Standards Sub-committee
Patient experience	To ensure that people are asked for their feedback on the quality of their care in the last 12 months	At least 50% improvement in the percentage of the overall score achieved in the annual CQC survey of adult community mental health services  (Source: Community Mental Health Survey report, Care Quality Commission)	Community Mental Health Survey report received at our Patient & Carer Experience Sub-committee

For progress on these quality improvement priorities during the year, please access our *Quality Improvement Reports*, which are available on our website.

## Measurement for improvement

We are required to report our Trustwide performance against a number of national measures related to quality outcomes.

We also report our local performance in relation to a number of quality improvement areas within the Trust.

Our teams benchmark their individual quality performance against each other and other services in the Trust to identify how they can continuously improve. They use quality and performance dashboards to measure change and to support improvements in care and ensure delivery of the outcomes of the NHS Long Term Plan and the expectations around the delivery of world class care.

The table below highlights these measures and our ongoing quality performance. Rates and % performance, rather than just numbers, are provided where appropriate in order to show actual improvements or where there is further scope for improvement.

Quality improvement area	CWP performance	
	2020/21	2021/22
<b>Patient safety</b>		
Admissions to adult facilities of patients under 16	0	0
CPA follow up – proportion of discharges from hospital followed up within 72 hours	76.7%	74.9%*
% of patients readmitted to hospital within 28 days:		
▪ Aged 0-14	5.9%	23.8%
▪ Aged 15 and over	9.9%	14.0%
The number (and rate per 1,000 beds) of patient safety incidents	5204	5884
% of patient safety incidents that resulted in:		
▪ Severe harm	0.6%	3.3%**
▪ Death	1.6%	1.1%
<b>Clinical effectiveness</b>		
% of patients in employment (all patients aged 16-69)	16.5%	***
Minimising mental health delayed transfers of care	2.3%	0.3%*
Admissions to inpatient services that had access to crisis resolution home treatment teams as gatekeeper	95.1%	89.8%*
<b>Patient experience</b>		
Patient experience of community mental health services indicator score – contact with a health or social care worker	7.8/10	7.2/10
CPA patients having formal review within 12 months	92.5%	91.4%*

\*Transition to our new electronic patient record, SystemOne, in November 2021 may have impacted on the accuracy of this year's performance figure

\*\*In 2020/21, not all sexual safety incidents were graded as severe harm, CWP policy changed in 2021/22

\*\*Data not available at time of reporting, 2022/23 comparative performance will be reported in the Quality Account 2022/23

### NHS Oversight Framework quality indicator targets 2021/22

Our performance against key national quality indicator targets are included in our annual report 2021/22, which can be requested via [cwp.info@nhs.net](mailto:cwp.info@nhs.net).



# Part 3: Quality Assurance

## Assurance from the board

The purpose of this section of the report is to provide evidence on the quality of our services.

### How we have reviewed and developed our services to improve quality

#### *Contract review and monitoring*

During 2021/22, we provided and/ or subcontracted 109 NHS services across the following:

- NHS Bolton CCG – Eating Disorder Services (EDS).
- NHS England – CAMHS Tier 4\*, Specialised Eating Disorder\*, Low Secure, school age immunisations programmes, and Specialist Community Peri-natal Mental Health services & COVID vaccinations programme
- Cheshire CCG Mental Health (including IAPT services, the 24/7 Crisis Line and Community Crisis Provision), Learning Disability, CYP Eating Disorder services and ASD services. A separate Contract is also held for Physical Health services.
- Cheshire West and Chester Council – Starting Well (0-19 services); Rapid Access to Psychological Therapies; Infection, Prevention and Control services.
- Cheshire East Council – Emotionally Healthy Children and Young People and Infection Prevention and Control services.
- Wirral University Teaching Hospital NHSFT (Anaesthetic ECT, Pathology)
- NHS Wirral CCG (and co-commissioners) – Mental Health (including the 24/7 Crisis Line), Learning Disability, Eating Disorder services (including Warrington EDS), CYP and ASD services, Memory assessment service, outreach for SMH,
- NHS Trafford CCG – Eating Disorder services and Learning Disability services.
- Betsi Cadwaladr University Health Board – Emergency Mental Health services & Health Visitor Services.
- Wirral Metropolitan Borough Council – All Age Disability services.
- Cheshire East Council – Emotionally Healthy Children and Young People and Infection Prevention and Control services.

\*These services were commissioned by NHS England until 30 September 2021, from 1 October 2021 Lead Provider Collaboratives (LPCs) took over commissioning.

We also deliver specialist services to support people of all ages with Autism commissioned by a variety of CCGs.

During 2021/22, CWP directly commissioned a number of new services with voluntary, community and social enterprise sector partners to support the work in relation to Crisis Support.

As a result of the pandemic, formal contracting and reporting was suspended with NHS commissioners. Quality updates and assurance to our commissioners continued to be provided via monthly exception reports and meetings with commissioners.

#### *Reviewing the results of surveys*

We have listened to people who access our services, families, carers, people who deliver our services, and other partners in a wide variety of surveys, to inform and influence the development of our services.

The annual NHS Staff Survey is used to review and improve the experience of the people who deliver our services. It provides an opportunity to survey staff in a consistent and systematic way, making it possible to build up a picture of staff experience. The results also inform local and national assessments of the quality and safety of the care we provide, and how well we are delivering against the standards set out in the NHS Constitution.

The annual NHS Staff Survey, alongside the National Quarterly Pulse Survey, continues to be a key way to engage people who deliver our services. As in previous years, we opted to survey all of our people in the annual survey, including bank staff. The response rate for the 2021 survey (inclusive of bank staff) was 44%. This is below the average response rate for similar organisations (who also utilised Picker to administer the survey), which is 55%. If we compare our response rate against the national average (where bank staff are excluded), our response rate is 50% compared to the national average of 52%.

In addition to the usual core questions, for 2021, new questions were included nationally, aimed at seeking experiences during the pandemic. Locally, CWP introduced additional questions regarding: responding to discrimination of others, being person-centred as a Trust, having a positive culture, whether staff feel the Trust helps them support their own wellbeing and which support services had been accessed; treatment of colleagues involved in errors/ near misses/ incidents; and questions around senior management in terms of communication, visibility, acting on feedback from colleagues and involvement of colleagues in important decisions.

The detailed survey results can be found at <http://www.nhsstaffsurveyresults.com> and further highlights are presented in our annual report, which can be accessed by contacting [cwp.info@nhs.net](mailto:cwp.info@nhs.net).

### ***Workforce capacity and safe staffing***

Our Board receives reports about our processes, including the use of evidence-based tools that we have in place to assure that we have the right staff, with the right skills, and in the right time and place, in accordance with requirements around staffing capacity as set out in the NHS Long Term Plan and in other national guidance.

### ***Workforce Race Equality Standards (WRES)***

Implementing the Workforce Race Equality Standard (WRES) is a requirement for NHS healthcare providers, through the NHS standard contract. NHS providers are expected to show progress against a number of indicators of workforce equality.

The following current results from 2020/21 will be compared against the WRES for 2021/22 when published in October 2022 and progress demonstrated in the Quality Account 2022/23.

- KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, or relatives the public in the last 12 months: White 22.5%, Minority Ethnic 30%.
- KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months: White 17.2%, Minority Ethnic 22.5%.
- KF21. Percentage of staff believing that Trust provides equal opportunities for career progression or promotion: White 92.1%, Minority Ethnic 85.7%.
- Q217. Percentage difference between organisation's Board voting members and its overall Workforce: White 21.4%, Minority Ethnic 14.3%.

Further information can be found at: <https://webstore.cwp.nhs.uk/diversity/2021/WRESReport2020-21.pdf>

### ***Learning from experience***

#### **Complaints**

In January 2022, a review of people's experience of the current complaints process was considered at a rapid improvement event to review complaints management systems and processes. The number of concerns received and/ or progress to a formal complaint and timescales are monitored through our complaints handling database. The PALS and complaints teams continue to work and co-locate together to make processes person-centred. Following the rapid improvement event, workstreams have commenced to co-produce a new complaints model. An improvement group will monitor and oversee a long-term improvement plan.

The Parliamentary Health Service Ombudsman is introducing [NHS Complaints Standards](#) to be rolled out across all NHS trusts in 2023. The NHS Complaint Standards sets out a single vision for staff and people accessing NHS services to make sure that everyone experiences a culture that seeks out learning from complaints. CWP has been asked to become an NHS Complaints Standards Earlier Adopter to test out the NHS Complaints Standards [model of complaint handling procedure](#) and ['my expectations'](#). So far, we have undertaken an initial benchmarking audit of the NHS Complaints

Standards and established a Task and Finish group to prepare us for implementation of the NHS Complaint Standards on behalf of the Incidents and Complaints Experience Improvement Group and the Patient and Carer Experience Sub-committee. Next year's Quality Account will report on our progress as an Early Adopter.

## Incidents

When things go wrong, we review them to try and understand the issues that affected the people who accessed our services and those who delivered them. Where we need to make changes to clinical practice, we use approaches like issuing share learning bulletins. These bulletins provide advice and help to ensure clinical practice is clarified or changed and we can promote safer and more effective care. Themes that we identify from incidents and the safety improvement work we are undertaking in response is reported in our Learning from Experience report, which is reviewed by our Board of Directors and Quality Committee. For 2022/23, we look forward to working with our commissioners to establish a single serious incident panel, which will strengthen oversight and assurance, in addition to supporting improvement of the co-ordination of investigations, particularly across multiple settings. We are also developing a 'Patient Safety Incident Response Plan' to ensure the different approaches that are set out in *The NHS Patient Safety Strategy* are delivered, including responsibilities for governance and oversight of serious incidents, by developing the role of our Board of Directors and our leaders in overseeing individual investigations, and to set out how we will use a range of proportionate and effective learning responses to incidents.

## Compliments

The Trust has received a total of 1,793 compliments during 2021/22, with some examples shown below.

	2021/22
Cheshire East	471
Corporate/ Clinical Support Services	28
Cheshire West and Chester	949
Wirral	280
Other	65

### All Age Disability

"We would like to take this opportunity to say a heartfelt thank you, for your professionalism, all of your hard work and support for our son and us as parents, it has been incredible. We are forever grateful to you for protecting our precious boy."

### Children, Young People & Families

"There are not enough words to say to you to express how grateful we are for all the support and understanding you have shown our family over the years. Without that support I don't know how we would have got through some very difficult times."

### Joint Therapies

"The care team have been exceptional, they have been compassionate, gentle, expert and good humoured in their care for my mother, they all have a high level of expertise. We are very grateful."

### Neighbourhoods

"I found the whole process of the virtual COVID ward very impressive. My wife and I were reassured initially by the nurse who was both efficient and empathetic. She explained everything clearly and we were very pleased that I was then monitored in the virtual COVID ward. It meant we were much less anxious, and less likely to panic over my high heart rate. I would like to thank the ANP and all the staff in the virtual ward."

### Specialist Mental Health – Bed Based

"My named nursed and CSW have been amazing and my named nurse has given me the confidence and drive to want to more on with my recovery. Prior to this admission, I have been reliant on inpatient admission and could not see myself in the community. Staff are always there when you need them and go out of their way to offer support."

### Monitoring learning from deaths

The *National Quality Board* requires NHS trusts to learn lessons from reviewing all deaths where they had some involvement in a person's care. We are continuously increasing the review of these deaths and we report our progress in our Learning from Experience report which is monitored by our Quality Committee and the Board.

Our performance:

	2020/21	2021/22
Percentage of deaths reported to the Trust subject to a case record review	98%	100%

### Being open and 'duty of candour'

At CWP, we make sure all our colleagues understand that they have a professional responsibility to be honest with people who access our services, and their supporters, when things go wrong. We aim to continually improve our communication and connection with people who access our services, their families and carers, by ensuring that they are central to any reviews of care and that their feedback is acted upon and incorporated into care delivery. We recognise that patient safety incidents can have a significant impact on them, so getting their early involvement and feedback is crucial so that we can support them when harm has occurred. We are developing procedures and guidance to support staff in how to discuss incidents those affected by them. A Duty of Candour patient information leaflet, which was co-produced with the Lived Experience team, is shared with anyone involved in an incident. We take a continuous improvement approach to being open, including reviewing the effectiveness of the role of family liaison officers who support people affected by serious incidents.

In 2021, we introduced mandatory incident reporting training, which also included Duty of Candour, so that we could be further assured that our people are aware of the need to communicate with families when harm has occurred. The need to be open and transparent with people who access our services, their families and carers, is also discussed and monitored at our Immediate Safety Assurance Forum and the Serious Incident Review Meeting.

Going forwards, we are also further developing our Duty of Candour training by making it standalone training. The training module is currently under development; we have incorporated the newly developed *NHS Resolution* Duty of Candour video. We are also working with *NHS Resolution* on a staff podcast so that we can capture the experience of people who deliver our services and support them more around the duty. The learning and feedback will allow us to take actions which will further support staff learn, share best practice.

### Speaking Up

We are committed to creating an open and honest learning culture that is responsive to feedback and continuous improvement. We take the responsibility for Speaking Up very seriously and have a Freedom to Speak Up (FTSU) team available to support any colleague to raise a concern they may have and ensure that support and help is provided. Our commitment aligns to the national FTSU programme to make the NHS a 'better place to work and a safer place for patients'.

During 2021/22, the FTSU team have been working across the Trust to promote the Speak Up pathway and enabling people to access support with Speaking Up through a number of different ways. In response to the ongoing challenges of the pandemic, a range of advice lines have continued to be available to support staff to raise any concerns they have in relation to COVID-19 pathways, Infection Prevention and Control, workforce issues, and vaccinations, in order to ensure that people can access expert advice and information in a timely manner. The advice lines have been well utilised and provided effective support, guidance and advice to resolve concerns. Locality based FTSU Associate Guardians are available to increase capacity to respond to concerns raised through the Speak Up route. The FTSU Guardians work with a Freedom to Speak Up Champion Non-Executive Director, who provides support to the Freedom to Speak Up Guardians and provides scrutiny and constructive challenge of Speak Up governance arrangements.

The Board receives regular reports in relation to Freedom to Speak Up. The reports contain details on the number of concerns raised, lessons learned and recommendations for any further improvements to

enable people to Speak Up. Key themes arising from speaking up this year relate to leadership, management, culture, staff safety and patient safety issues. Supporting a culture that encourages open and honest communication within and between teams and developing the confidence and competence of line managers in their leadership role are continued priorities.

## Quality improvements from our participation in clinical audits and national confidential enquiries

### National clinical audits

We take part in national audits in order to compare findings with other NHS trusts, which helps us to identify improvements to the care we provide. Over the last year, we took part in three national clinical audits.

#### National clinical audits

##### National Audit of Care at the End of Life

Report is expected to be published later this year. Action planning will then follow.

##### POMH – Topic 19b: Prescribing for depression in adult mental health

Report is expected to be published later this year. Action planning will then follow.

##### National Clinical Audit of Psychosis – Early Intervention in Psychosis Spotlight Audit

Report is expected to be published in August 2022. Action planning will then follow.

### National confidential enquiries

National confidential enquiries are national programmes that ensure there is learning from the investigation of deaths that have occurred in specific circumstances (taken from a sample of deaths that have happened nationally) in order to improve clinical practice. This year we took part in the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) as follows.

Circumstance of death	Participation
Sudden unexplained death in psychosis inpatients	<b>No cases</b>
Suicide	<b>100%</b>
Homicide	<b>No cases</b>
Victims of homicide	<b>No cases</b>

### Trust clinical audits

This year, we have completed ten Trust clinical audits. These identified a number of areas of good practice and areas that we have further improved on.

Trust clinical audit	Good practice we found	Improvements we have made
1. NICE guidance of feverish illness in children under 5 (re-audit)	<ul style="list-style-type: none"> <li>▪ Good compliance with all clinical guidelines.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Further enhancement to the clinical system to include mandatory fields to record observations as suggested by NICE.</li> </ul>
2. Record keeping	<ul style="list-style-type: none"> <li>▪ Increase in discharge arrangements recorded in care plan and evidence of a discharge letter.</li> <li>▪ Increase in every piece of paper including two patient identifiers.</li> <li>▪ Decrease in paper records containing copies of records which have been printed off from electronic records resulting in duplication.</li> <li>▪ Increase in alterations and</li> </ul>	<ul style="list-style-type: none"> <li>▪ Progress towards digital maturity and less paper records.</li> </ul>



Trust clinical audit	Good practice we found	Improvements we have made
	<p>additions being signed and dated (paper records).</p> <ul style="list-style-type: none"> <li>▪ Increase in reports and results being signed before being filed (paper records).</li> </ul>	
3. Bacterial meningitis and meningococcal septicaemia in under 16-year olds (re-audit)	<ul style="list-style-type: none"> <li>▪ High compliance with standards measured, including full compliance with one standard.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Further enhancements to the child assessment template have been implemented.</li> </ul>
4. Ethnicity access	<ul style="list-style-type: none"> <li>▪ Overall 80% compliance for the diversity rates needed to be representative of the population within West Cheshire IAPT service.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ethnicity question has been added to the screening tool for Psychological Wellbeing Practitioners.</li> </ul>
5. Completion of relevant blood tests at admission for children and young people admitted	<ul style="list-style-type: none"> <li>▪ The majority of the records audited met the required standards.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Relevant signage has been put up around clinical areas.</li> <li>▪ Educational activities in relation to the required blood tests for clinicians.</li> </ul>
6. Communication with carers and transitioning to discharge review	<ul style="list-style-type: none"> <li>▪ In 100% of cases, recommended actions were documented in the electronic clinical record.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Checklists have been amended to help ensure that all information is captured in the electronic clinical record.</li> </ul>
7. Diarrhoea & Vomiting in under 5-year olds (re-audit)	<ul style="list-style-type: none"> <li>▪ Full compliance in three out of the four standards measured.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Promotional activities in relation to: <ul style="list-style-type: none"> <li>- issuing patient information leaflets;</li> <li>- sharing of NICE guidance with all clinicians.</li> </ul> </li> </ul>
8. Compliance with clozapine level monitoring requirements	<ul style="list-style-type: none"> <li>▪ The percentage of people attending clozapine clinic who had an ECG done in the last 12 months increased from 30% in November 2020 to 85% in November 2021.</li> <li>▪ The percentage of people having at least one side effects checklist completed in a 3-month period increased from 66% in November 2020 to 98% in November 2021.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Design of a new improved clozapine side effects checklist on new electronic patient records system, SystemOne, using user-centred design and QI methodology.</li> </ul>
9. Assessing Mental Health Act documentation in electronic patient records on an acute adult ward	<ul style="list-style-type: none"> <li>▪ All patients detained under the Mental Health Act had a copy of their section papers included within their record.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Awareness raising with clinicians to ensure that patient information leaflets are provided and evidence recorded that they have been given to the patient noted within their record.</li> </ul>
10. Missed appointments	<ul style="list-style-type: none"> <li>▪ 91% of rebooked appointments were attended.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Improvements to processes in relation to: <ul style="list-style-type: none"> <li>- arrangement of appointments involving carers or family;</li> <li>- making contact prior to appointment;</li> <li>- provision of information on how to cancel or change an appointment;</li> </ul> </li> </ul>

Trust clinical audit	Good practice we found	Improvements we have made
		- accurate documentation of missed appointments, including reasons, action taken and outcome.

National and Trust clinical audits are reviewed as part of our annual healthcare quality improvement programme, which incorporates clinical audit and other audits such as infection prevention and control and reviews of patient safety standards around pressure ulcer care and falls.

### ***Patient-Led Assessments of the Care Environment (PLACE)***

The PLACE assessment programme was suspended again during 2021/22 under direction from *NHS England* due to the COVID-19 infection rates and restrictions. The aim is for PLACE to restart in September 2022.

### ***Learning Disability Improvement Standards***

This is a national data collection, commissioned by NHS England and NHS Improvement and run by the *NHS Benchmarking Network (NHSBN)*. They help measure the quality of care that NHS trusts provide to people with learning disabilities, autism or both. There are four standards covering:

- respecting and protecting rights
- inclusion and engagement
- workforce
- specific other standards related to providers of specialist mental health care

Performance is overseen by, and any issues escalated, to our Operational Committee and Quality Committee. Excellent improvement work has been noted during the year around respecting and protecting rights, and inclusion and engagement.

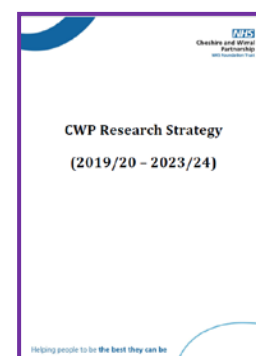
All of our Care Groups submitted a self-assessment in March 2022, a benchmarking report is expected to be published later this year. Action planning will then follow.

## **Our participation to developing evidence-based practice**

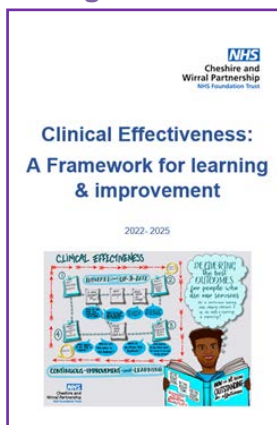
### **Clinical research**

Research is a core part of the NHS's role, enabling the NHS to improve the current and future health of the population. CWP research has become much more active in line with our Research Strategy, which aims to deliver high quality research promoting the health and wellbeing of the population we serve, ensuring all key stakeholders are involved in the design and delivery of the research and aligning with our strategic objectives whilst strengthening our collaborative links with our academic partners.

CWP research staff continue to work on a wide range of studies that are internationally recognised, studies in mental and physical health. We continue to work on vaccine studies with Liverpool School of Tropical Medicine looking at long term effects of vaccines. We are preparing to start commercial drug studies in schizophrenia and dementia after these stopping due to the pandemic. We are working on a study in primary care to look at the effects of the respiratory syncytial virus that affects babies and young children with a view to a further trial of a vaccine for babies. We are continuing with several mental health studies related to the treatment of Bipolar Disease, the aetiology of Psychosis, and interventions for mothers accessing perinatal mental health services.



## NICE guidance



The *National Institute for Health and Care Excellence (NICE)* provides national guidance and advice that helps health, public health and social care professionals to deliver the best possible care based on the best available evidence. Many of our specialists are involved in the production of national guidelines for *NICE*. We check the *NICE* website and all guidance is reviewed for relevance to *CWP*, shared with leads within our clinical services to help ensure we are delivering the most effective care we can, with assurance provided to our Clinical Practice & Standards Sub-Committee chaired by our Medical Director. As an ambitious organisation, we want to support people to achieve the best outcomes they can by doing the right thing, at the right time, and for the right person. Our Clinical Effectiveness Framework was approved in-year by our Board of Directors and sets out how we will use evidence-based guidelines, including *NICE* guidelines, to inform care that is given to all people who access

our services. We have been consistently rated as ‘Good’ by the Care Quality Commission for the effectiveness of our services.

## Our achievements from participation in the CQUIN framework

The Commissioning for Quality and Innovation (CQUIN) payment framework allows commissioners to reward improvements in care by linking a commensurable of the Trust’s income to the achievement of local, regional, and national quality improvement goals. The *CQUIN* goals are reviewed through contract monitoring processes. Due to the COVID-19 pandemic, the *CQUIN* schemes were temporarily stopped from April 2020 and did not resume during 2021/22. Therefore, no achievements are available to report for that period. However, the recent *CQUIN* schemes for 2022/23, which were published by NHS England, will start from April 2022. Progress with these schemes will be reported in our *Quality Improvement Reports*.

## Assessments about the quality of our services by the Care Quality Commission



Independent assessments of *CWP* and what people have said about the Trust can be found by accessing the Care Quality Commission’s

website. Here is the web address of *CWP*’s page:

<http://www.cqc.org.uk/directory/rxa>

We are required to register with the Care Quality Commission (CQC) and our current registration status is that we are **registered and licensed to provide services**. We have **no conditions** on our registration. The CQC has **not** taken enforcement action against the Trust during 2021/22.

### Mental Health Act 1983 (MHA) monitoring visits

A rolling programme of MHA monitoring and review visits undertaken by the CQC provides assurance on the use of the MHA and the protection of a detained person’s rights. During 2021/22, six of these visits were undertaken, with two of these requiring no further action and the other four resulting in recommendations to achieve minimum compliance with the MHA Code of Practice, for which improvement action plans were

Ratings	
<b>Overall trust quality rating</b>	Good ●
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Outstanding ☆
Are services responsive?	Good ●
Are services well-led?	Good ●



developed and subsequent compliance confirmed by the relevant ward leadership team, monitored by an online MHA audit tool and reported to the Quality Committee which reports to the Board of Directors.

### Regulatory inspections

We last received a comprehensive Trustwide inspection by the CQC between 27 January 2020 and 11 March 2020, as part of their national inspection programme. Arising from this inspection, we continue to implement improvement actions concerning the provision of attention deficit hyperactivity disorder (ADHD) services, as part of the community-based mental health services for adults of working age core service. In August 2021, the CQC undertook a risk-based inspection of Rosewood ward as part the long stay or rehabilitation mental health wards for working age adults core service. The ward was "inspected not rated", resulting in no impact or change to CWP's Trustwide or the core service rating, however the Safe rating for Rosewood ward decreased from 'Good' to 'Requires Improvement' in response to improvement and regulatory actions that were identified. The ward is progressing with an improvement plan for completion in 2022/23. We remain the only Trust across Cheshire and Wirral with Outstanding for Caring overall, and the only mental and community health services trust in the North West to be Outstanding for Caring overall.

## The quality of our data

### NHS number and general medical practice code validity

The *NHS number* is the key identifier for patient records. Improving the quality of NHS number data has a direct impact on improving clinical safety by preventing misidentification.

Accurate recording of a patient's *general medical practice code* is essential to enable transfer of clinical information about the patient from a Trust to the patient's GP.

	2019/20	2020/21	2021/22
The % of records which included the patient's valid NHS number:			
▪ Inpatient care	99.8%	99.9%	99.9%
▪ Outpatient care	99.9%	99.8%	100%
The % of records which included the patient's valid GMC medical code:			
▪ Inpatient care	99.4%	99.9%	95.1%*
▪ Outpatient care	99.7%	99.9%	99.7%

\*Transition to our new electronic patient record, SystmOne, in November 2021 may have impacted on the accuracy of this year's performance figure

We have developed a data quality improvement framework to improve on these measures and other data quality measures, as set out below.

### Data quality and improvements

Good quality information underpins the delivery of effective care to the people who access our services and is essential to understand whether we are improving care.

We are committed to data quality improvement and have developed an action plan to standardise data input and recording, improve ownership, and introduce data quality tracking using interactive reporting mechanisms. Over the course of this year, we will be taking the following actions to improve data quality:

- Undertaking routine data quality reviews of waiting lists, including cleansing, to ensure clinical appropriateness.
- Developing and implementing data dictionaries to ensure consistent processes for recording new referrals, including auditing their implementation.
- Producing a suite of reports that enable managers to have oversight of a team's capacity and demand.
- Sharing data quality issues with the clinical systems development team to influence system upgrades/ design.
- Data quality monitoring for the Mental Health Service Data Set (MHSDS) and NHS Improvement targets, governed by the Operational Committee.
- Implementation of an information management framework, bringing together all the main suppliers of Trust data.

- Implementation of Trust's data quality improvement framework and notification of data quality issues to clinical teams.
- Monthly service-led waiting list data validation exercises across all services.
- Monthly Care Group led data quality validation and improvement exercise.

#### **Data Security & Protection Toolkit attainment levels**

The Information Quality and Records Management annual attainment levels assessed within the Data Security & Protection Toolkit (DSPT) provide an overall measure of the quality of data systems, standards and processes within an organisation. The DSPT is subject to annual internal audit. Due to the COVID-19 pandemic, the annual DSPT submission is delayed until the end of June 2022 and Mersey Internal Audit Agency will be undertaking an audit of the current toolkit. Any residual gaps from the audit will be treated as a strategic risk for the Trust. During 2021/22, there has been one serious incident which was reportable to the Information Commissioner's Office (ICO). The incident was as a result of two letters which were accidentally placed in the same envelope, resulting in one patient receiving both letters. Due to remedial action taken by the Trust to mitigate the potential for further such incidents from occurring, the ICO confirmed that no further action was necessary.

## Annex A: Glossary and abbreviations

### **All Age Disability**

Working alongside people with disabilities of all ages.

### **ASD**

Autism Spectrum Disorder – a neurodevelopmental disorder that impairs a person's ability to communicate and interact with others.

### **Board**

A Board (of Directors) is the executive body responsible for the operational management and conduct of an NHS Foundation Trust. It includes a non-executive Chair, non-executive directors, the Chief Executive and other Executive Directors. The Chair and non-executive directors are in the majority on the Board.

### **CAMHS**

Child and Adolescent Mental Health Services.

### **Care group**

Our clinician-led operational structure, responsible for developing new models of care.

### **Care plan**

Written agreements setting out how care will be provided within the resources available for people with complex needs.

### **Care Programme Approach – CPA**

The process mental health service providers use to co-ordinate care for mental health patients.

### **Care Quality Commission – CQC**

The Care Quality Commission is the independent regulator of health and social care in England. It regulates health and adult social care services, whether provided by the NHS, local authorities, private companies or voluntary organisations.

### **Carer**

Person who provides a substantial amount of care on a regular basis and is not employed to do so by an agency or organisation. Carers are usually friends or relatives looking after someone at home who is elderly, ill or disabled.

### **Clinical audit**

Clinical audit measures the quality of care and services against agreed standards and suggests or makes improvements where necessary.

### **Clinical commissioning group – CCG**

Clinical Commissioning Groups are clinically led statutory bodies that are responsible for designing and commissioning/ buying local health and care services in England.

### **Clinician**

A health professional. Clinicians come from a number of different healthcare professions, such as psychiatrists, psychologists, nurses, occupational therapists etc.

### **CMHT**

Community mental health team.

### **Commissioners**

Commissioners are responsible for ensuring adequate services are available for their local population by assessing needs and purchasing services. Clinical commissioning groups are the key organisations responsible for commissioning healthcare services for their area. They commission services (including

acute care, primary care and mental healthcare) for the whole of their population, with a view to improving their population's health.

### **Commissioning for Quality and Innovation – CQUIN**

High Quality Care for All included a commitment to make a proportion of providers' income conditional on quality and innovation, through the Commissioning for Quality and Innovation payment framework.

### **Community physical health services**

Health services provided in the community, for example health visiting, school nursing, podiatry (foot care), and musculoskeletal services.

### **COVID-19**

The infectious disease caused by the most recently discovered (2019) coronavirus.

### **Crisis**

A mental health crisis is a sudden and intense period of severe mental distress.

### **CYP**

Children and Young People.

### **Duty of Candour**

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20. The intention of this regulation is to ensure that providers are open and transparent with people who access services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment.

### **Foundation Trust**

A type of NHS trust in England that has been created to devolve decision-making from central government control to local organisations and communities so they are more responsive to the needs and wishes of their local people. NHS Foundation Trusts provide and develop healthcare according to core NHS principles – free care, based on need and not on ability to pay. NHS Foundation Trusts have members drawn from patients, the public and staff, and are governed by a Council of Governors comprising people elected from and by the membership base.

### **Friends and Family Test (FFT)**

The Friends and Family Test is a survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care.

### **Healthcare**

Healthcare includes all forms of care provided for individuals, whether relating to physical or mental health, and includes procedures that are similar to forms of medical or surgical care but are not provided in connection with a medical condition, for example cosmetic surgery.

### **Health of the Nation Outcome Scale/ Score (HoNOS)**

A method of measuring the health and social functioning of people with severe mental illness.

### **Mental Health Act 1983**

The Mental Health Act 1983 is a law that allows the compulsory detention of people in hospital for assessment and/ or treatment for mental disorder. People who are detained under the Mental Health Act must show signs of mental disorder and need assessment and/ or treatment because they are a risk to themselves or a risk to others. People who are detained have rights to appeal against their detention.

### **MHSDS**

Mental Health Services Data Set (MHSDS) collects data from health records of people who are in contact with mental health services.

### **Musculoskeletal (MSK)**

Musculoskeletal conditions affect the joints, bones and muscles.

## **National Institute for Health and Care Excellence – NICE**

The National Institute for Health and Care Excellence is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.

## **National Quality Board (NQB)**

The National Quality Board was established to deliver high quality care for patients throughout the NHS and at the interface of health and social care. Its work includes overseeing quality indicators, contributing to NICE quality standards and Quality Accounts.

## **NHS Constitution**

The principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities, which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively.

## **NHS England and NHS Improvement**

NHS England and NHS Improvement lead the National Health Service in England.

## **NHS Long Term Plan**

The NHS Long Term Plan, also known as the NHS 10 Year Plan, is a document published by NHS England in January 2019. It sets out the priorities for healthcare over the next 10 years and shows how NHS funding will be used.

## **Palliative care**

Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illnesses.

## **Patient Advice and Liaison Services – PALS**

Patient Advice and Liaison Services are services that provide information, advice and support to help patients, families and their carers.

## **Perinatal**

The perinatal period extends from when pregnancy begins to the first year after the baby is born.

## **Person-centred care**

Connecting with people as unique individuals with their own strengths, abilities, needs and goals.

## **Prescribing Observatory for Mental Health (POMH–UK)**

A project that helps specialist mental health services across the UK improve their prescribing practice by developing audit-based quality improvement projects.

## **Providers**

Providers are the organisations that provide NHS services, for example NHS trusts and their private or voluntary sector equivalents.

## **Public health**

Public health is concerned with improving the health of the population rather than treating the diseases of individual patients.

## **Registration**

From April 2009, every NHS trust that provides healthcare directly to patients must be registered with the Care Quality Commission.

## **Regulations**

Regulations are a type of secondary legislation made by an executive authority under powers given to them by primary legislation in order to implement and administer the requirements of that primary legislation.

**Research**

Clinical research and clinical trials are an everyday part of the NHS. The people who do research are mostly the same doctors and other health professionals who treat people. A clinical trial is a particular type of research that tests one treatment against another. It may involve either patients or people in good health, or both.

**Serious incident**

A serious incident includes unexpected or avoidable death or very serious or permanent harm to one or more patients, staff, visitors or members of the public.

**Service users/ patients/ people who access services**

Anyone who accesses, uses, requests, applies for or benefits from health or local authority services.

**Stakeholders**

In relation to CWP, all people who have an interest in the services provided by CWP.

**Strategy**

A plan explaining what an organisation will do and how it will do it.

**Tissue viability**

The Tissue Viability service provides specialist care on all aspects of caring for skin and the management of wounds including pressure ulcers and leg ulceration.

## **Annex B: Comments on our Quality Account**

Comments on our Quality Account will be published as an addendum alongside our report on the CWP website, available end of July 2022.

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## ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

MONDAY 25 JULY 2022

<b>REPORT TITLE</b>	<b>ESTABLISHMENT OF CHESHIRE AND WIRRAL PARTNERSHIP MENTAL HEALTH TRANSFORMATION WORKING GROUP</b>
<b>REPORT OF</b>	<b>DIRECTOR OF LAW AND GOVERNANCE</b>

### REPORT SUMMARY

The purpose of this report is to seek agreement to terms of reference to the Working Group and to seek appointment of members to it.

The Wirral Plan 2021-2026 sets out the Councils vision to secure the best possible future for our residents, defined by the community prosperity we create and supported by our excellent people and services. This proposal directly supports the following key themes within that plan:

- A prosperous inclusive economy where local people can get good jobs and achieve their aspirations; and
- Safe, vibrant communities where people want to live and raise their families.

This matter has no ward implications and is not a key decision.

### RECOMMENDATIONS

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

1. confirm that the Cheshire and Wirral Partnership (CWP) Community Mental Health Transformation Working Group be appointed for 2022/23 with terms of reference identified in paragraph 3.3 of this report;
2. agree the size of the Cheshire and Wirral Partnership Community Mental Health Transformation Working Group;
3. authorise the Monitoring Officer as proper officer to carry out the wishes of the Group Leaders in allocating Members and named deputies to the Cheshire and Wirral Partnership Community Mental Health Transformation Working Group 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 REASONS FOR RECOMMENDATION**

- 1.1 Agreeing the Terms of Reference will allow the Working Group to have a clearly defined scope for the review topic having regard to the request from Committee. This will allow officers to better understand the desired outcomes and present more timely and pertinent information to the Working Group.

### **2.0 OTHER OPTIONS CONSIDERED**

- 2.1 The Committee could seek changes to the Terms of Reference of the Working Group, and it has discretion as to the size of the Working Group.

### **3.0 BACKGROUND INFORMATION**

- 3.1 On 14 June 2022, the Adult Social Care and Public Health Committee received a report on the CWP Community Mental Health Transformation which provided the background and a summary of the activity undertaken in Cheshire and Wirral in respect of delivering the NHS Long Term Plan targets for community mental health.
- 3.2 Upon consideration of this report, the Adult Social Care and Public Health committee, amongst other matters resolved that a task and finish group should be established in order to provide feedback to the consultation phase of the Community Mental Health Transformation Programme.

The working group is in acknowledgement of concerns raised by the Committee and will allow for scrutiny and input into the consultation phase of the Community Mental Health Transformation Programme. Its purpose is not to micromanage the process but to allow scrutiny and offer assurance to elected members across both the Committee and the wider Council chamber.

- 3.3 It would be appropriate for the Committee to agree Terms of Reference for the Working Group and agree its size and membership. The purpose of this report is to seek agreement to terms of reference to the Working Group (as set out in Appendix 1 to this report) and to seek appointment of members to it.

### **4.0 FINANCIAL IMPLICATIONS**

- 4.1 There will be minimal costs arising from setting up the Working Group.

### **5.0 LEGAL IMPLICATIONS**

- 5.1 In June 2021 the Constitution and Standards Committee resolved to approve the Guidance Principles for establishing a Working Group. The guidance was for all Policy and Service Committees and in summary it states amongst other matters that, if a committee is of the view that a Working Group is the mechanism to provide the best outcomes for a given topic, it should ensure that the Working Group scope has

been clearly defined. The document also provides that consideration should be given to:

- Appointment of the Chair and Members of the Group. The Chair can either be appointed by the parent committee or at the first meeting of working group/task finish;
- Agreeing the Scope of the Working Group; and
- Number and frequency of meetings.

5.2 On completion of its work the panel should produce a final report with clear recommendations to present to the relevant Policy and Service Committee for consideration.

5.3 Whilst there is no legal requirement for the Working Group to be politically proportionate members may wish to have regard to proportionality with reference to the allocation of seats on Adult Social Care and Public Health Committee.

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

6.1 There are no substantive ICT Staffing and Assets implications arising out of the proposals set out within this report.

## **7.0 RELEVANT RISKS**

7.1 The management of risks to the Council in respect of its Regeneration Programmes come in the form of managing the risks to delivery, as well as managing the commercial and financial risks and the risks for proper governance and legality

7.2 The Working Group can gain further insight into the risks and relevant mitigations of risk as part of its work.

## **8.0 ENGAGEMENT/CONSULTATION**

8.1 Consultation has not been undertaken on the proposals given that the purpose of the Working Group has already been determined by a previous Committee decision.

## **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. Whilst there are no equality implications arising from this report, the associated actions arising from the project and programmes that Council are involved with may need to be assessed and any equality issues mitigated in terms of any negative impact that may emerge.

## **10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS**

10.1 There are no environment or climate implications arising from the proposals set out within this report.

## **11.0 COMMUNITY WEALTH BUILDING**

11.1 There are no Community Wealth Building implications arising from the proposals set out within this report.

### **REPORT AUTHOR:**

### **APPENDICES**

Appendix 1            Terms of Reference of Working Group

## **APPENDIX 1**

### Purpose of the Cheshire and Wirral Partnership Community Mental Health Transformation Programme Working Group

To review and contribute to the ongoing development of Cheshire and Wirral Partnership Community Mental Health Transformation Programme and to aid greater understanding of the key issues arising from it and the reasonable options that exist to address those issues

The Working Group will report their findings and any recommendations to the Adult Social Care and Public Health Committee.

### Membership of the Cheshire and Wirral Partnership Community Mental Health Transformation Programme Working Group

1. The Working Group comprise xx members
2. The Council's Substitution Scheme will apply
3. The Chair of the Working Group will be selected by the Group from amongst its number.
4. The Working Group meetings must have at least 3 members to be quorate.

### Cheshire and Wirral Partnership Community Mental Health Transformation Programme Working Group Arrangements and Principles

1. The Members will be supported by officers as appropriate.
2. The Working Group has no decision-making powers. Its purpose is to aid greater understanding of issues, desires, and policy development.
3. Meetings are not open to the public, but outcomes from the Working Group will be made available to all Members as appropriate.
4. The Working Group will cease upon it concluding its work and reporting its findings to the Adult Social Care and Public Health Committee.

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## ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

MONDAY 25 JULY 2022

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

### 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.

### 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.

## **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 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.

#### **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  
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## 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
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**ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE**
**WORK PROGRAMME 2022/2023**
**KEY DECISIONS**

<b>Item</b>	<b>Approximate timescale</b>	<b>Lead Departmental Officer</b>
CVF Business Case	September 22	Julie Webster / Nikki Jones
Community Connector Programme	September 22	Nikki Jones
Information and Advice	September 22	Nikki Jones
Supported Living – Revised Model	September 22	Jason Oxley
Wirral Health Protection Service	September – October 22	

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

<b>Item</b>	<b>Approximate timescale</b>	<b>Lead Departmental Officer</b>
All Age Disability Update	September 22	Jason Oxley
Social Care Delivery Review (Social Work Arrangements)	October 22	Graham Hodgkinson
Health and Wellbeing Strategy	November 22	Julie Webster
All Age Disability final report	November 22	Jason Oxley
Dementia Care and Prevention	September 22	TBC
Adults Safeguarding Board	Autumn 22	
Carers Services and Carers Strategy Report	September 22	Jason Oxley

**STANDING ITEMS AND MONITORING REPORTS**

<b>Item</b>	<b>Reporting Frequency</b>	<b>Lead Departmental Officer</b>
Financial Monitoring Report	Each scheduled Committee Finance have set out the	Sara Morris

	below for finance reports June September November February/March	
Performance Monitoring Report	Each scheduled Committee	Nancy Clarkson
Covid-19 Update	Bi-monthly	Julie Webster
Adult Social Care and Health Committee Work Programme Update	Each scheduled Committee	Daniel Sharples
Social Care Complaints Report	Annual Report – Jan	
Public Health Annual Report	Annually	Julie Webster
Adults Safeguarding Board	Annually – January	Sue Redmond/ Alison Marchini
Appointment of statutory committee and member champion for domestic abuse and joint health scrutiny	Annually	Dan Sharples
ICS Update	Each scheduled committee	Graham Hodgkinson

#### WORK PROGRAMME ACTIVITIES OUTSIDE COMMITTEE

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

Review				
<b>Written briefings</b>				
Thorn Heyes (written briefing after partnerships in Feb)	TBC	Simon Garner		
Position statement – Refugees (written briefing)	TBC	Lisa Newman		

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