Public Document Pack

Adult Social Care and Public Health Committee

Date:	**Monday, 24 October 2022**
Time:	**6.00 p.m.**
Venue:	Committee Room 1 - Wallasey Town Hall

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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. PUBLIC QUESTIONS

Public Questions

Notice of question to be given in writing or by email by 12 noon, Wednesday 19th October to the Council's Monitoring Officer (committeeservices@wirral.gov.uk) and to be dealt with in accordance with Standing Order 10.

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

Statements and Petitions

Statements

Notice of representations to be given in writing or by email by 12 noon, Wednesday 19 October to the Council's Monitoring Officer (committeeservices@wirral.gov.uk) and to be dealt with in accordance with Standing Order 11.1.

Petitions

Petitions may be presented to the Committee if provided to Democratic and Member Services no later than 10 working days before the meeting, at the discretion of the Chair. The person presenting the petition will be allowed to address the meeting briefly (not exceeding three minute) to outline the aims of the petition. The Chair will refer the matter to another appropriate body of the Council within whose terms of reference it falls without discussion, unless a relevant item appears elsewhere on the Agenda. If a petition contains more than 5,000 signatures, it will be debated at a subsequent meeting of Council for up to 15 minutes, at the discretion of the Mayor.

Please telephone the Committee Services Officer if you have not received an acknowledgement of your statement/petition 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

5. SOCIAL CARE DELIVERY REVIEW (SOCIAL WORK ARRANGEMENTS) (Pages 1 - 58)

SECTION B - BUDGET AND PERFORMANCE MANAGEMENT

6. ADULT SOCIAL CARE AND PUBLIC HEALTH PERFORMANCE REPORT (Pages 59 - 136)

SECTION C - OVERVIEW AND SCRUTINY

7. SOCIAL CARE REFORM (Pages 137 - 164)

8. EXTRA CARE HOUSING SCHEME UPDATE (Pages 165 - 170)

9. HEALTH AND WELLBEING STRATEGY (Pages 171 - 200)

10. ADULT SOCIAL CARE AND PUBLIC HEALTH WORK PROGRAMME (Pages 201 - 208)

Adult Social Care and Public Health Committee Terms of Reference

The terms of reference for this committee can be found at the end of this agenda.

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WIRRAL

ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Monday, 24 October 2022

REPORT TITLE:	**SOCIAL CARE DELIVERY REVIEW (INTEGRATED SOCIAL WORK ARRANGEMENTS)**
REPORT OF:	**DIRECTOR OF CARE AND HEALTH**

REPORT SUMMARY
Local Authorities have statutory duties placed upon them in relation to Adult Social Care that require Adult Social Services departments to assess the needs of people who may need social care and support services. The duties include a range of functions including assessment, support planning, safeguarding, mental health assessment and professional case management.

Prior to the current arrangements, the Council's Adult Care and Health directorate had developed a co-located approach with NHS partners to delivery some of these functions whilst it developed its plans for a more structural approach to integrated services. A national move towards greater integration was based on the principles of people receiving the right care, in the right place, at the right time, and having to tell their story only once and with a joined up seamless service to respond to their overall needs.

In 2017 Wirral developed a model of fully integrated adult social care and health services, and the Council entered into formal contractual arrangements to delegate functions for assessment, support planning, safeguarding and mental health support to its NHS partners. This included a small element of services for children with disabilities. Whilst these, and other functions, were delegated, the Council retained its statutory duties and also retains the adult social care budget together with leadership of the care market.

On the 3rd of March 2022, the Adult Social Care and Public Health Committee approved a recommendation to extend the contractual arrangements for a further year to enable a review of the arrangements. This report presents a summary of the review undertaken and makes recommendations to members for the future direction on delivering statutory adult social care services and functions.

The report supports the following priorities from the Council's Wirral Plan:

- Working for safe and vibrant communities where our residents feel safe and are proud to live and raise their families.
- 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 key decision that affects all wards.

RECOMMENDATION/S

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

1. (a) extend the contract with NHS Wirral Community Health and Care Foundation Trust (WCHCFT) for the provision of social care services on substantially the same terms and conditions for a period of 1 year as set out in para 2.1 of this report.

   (b) extend the contract with NHS Cheshire and Wirral Partnership Foundation Trust (CWP) for the delivery of All Age Disability and Mental Health Services on substantially the same terms and conditions for a period of 1 year as set out in paragraph 2.1 of this report.

2. The Review of Social Care Delivery Arrangements be noted.

3. A further report to be brought by the Director of Care and Health to this Committee setting out the considerations involved in moving towards returning the provision of social care services and all age disability and mental health services to the Council's direct delivery.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 Option One is recommended as, although the review has found good evidence of positive outcomes of the integrated service model in many areas, there are also areas identified where the potential opportunities in the current arrangements have not been fully realised and where the Council has reduced ability to focus the development of service delivery to fully meet the priorities and requirements of the Council.

2.0 OTHER OPTIONS CONSIDERED

2.1 Options Considered

Option One
To extend the contracts for a further year until 30th September 2024, with the option to extend and on substantially the same terms, whilst consideration is given to the benefits of moving towards returning the services to the Council's direct delivery whilst also retaining the best aspects of integration.

This is the recommended option. Although the review has found good evidence of positive outcomes of the integrated service model in many areas, there are also areas identified where the potential opportunities in the current arrangements have not been fully realised and where the Council has reduced ability to focus the development of service delivery to fully meet the priorities and requirements of the Council. A full exercise would be required to be undertaken to identify the benefits, risks, costs and necessary requirements in moving towards returning the services to the Council's direct delivery, whilst also retaining the best aspects of integration that have been achieved. A longer period of time would be required to establish the desired arrangement for delivering services and the requirements to implement any decision to do so.

Option Two
To extend the contracts for a further five (plus two) years, on substantially the same terms and conditions until 30th September 2028/2030.
This is not the recommended option. A long term extension on substantially the same terms would enable continuation of safe delivery of the Council's Adult Social Care statutory duties by its delivery partners, but would not enable the Council to have the full flexibility to adapt and develop the services to fully meet the priorities and requirements of the Council.

Option Three
To allow the contract to end on 30th September 2023 and to return the services to direct Council delivery.
This is not the recommended option. Further work would be required to understand the benefits of returning the services to the Council's direct delivery and a longer period of time would be required to make the necessary arrangements to do so.

3.0 BACKGROUND INFORMATION

3.1 In 2017, the Council approved a contractual arrangement with NHS Wirral Community Health and Care Foundation Trust (WCHCFT) for the provision of social care services (background papers), and in 2018 a contract with NHS Cheshire and Wirral Partnership Foundation Trust (CWP) for the delivery of All Age Disability and Mental Health Services (background papers). Both contracts included the delegated responsibilities for statutory assessment and provision as defined by the provisions of the Care Act 2014 (background papers). This included the transfer of all Social Workers, Occupational Therapists, Managers, and frontline staff working in the areas transferred. 332 staff transferred in total.

3.2 The contract price for the services is almost fully related to direct staffing costs, with a minor element associated with support functions. Annual contract price uplifts therefore reflect the impact of annual pay rises. The value of both contracts combined for each year of the contract are:

	WCHCFT	CWP	Total
2017-18	£6,934,900	-	£6,934,900
2018-19	£8,634,348	£3,472,409	£12,106,757
2019-20	£8,940,189	£5,497,068	£14,437,257
2020-21	£9,282,874	£5,731,763	£15,014,637
2021-22	£9,282,874*	£5,894,733	£15,177,607

*****Please note the 21-22 uplift for WCHCFT is still to be agreed and thus currently stands at the same level as 2020-21.

3.3 In their last inspection report, the Care Quality Commission has rated WCHCFT overall as requires improvement following the last inspection on 6 March 2018, and CWP rated overall as good following the last inspection on 11 March 2020.

3.4 As it is approximately five years since the integrated service arrangements have been in place, and at the request of the Committee, a review of the integrated service arrangements has been undertaken by the Council.

3.5 The review report is appended (Appendix 1). The review focussed on the following main areas and considered:

a) Evidence of the extent of a sustained incremental improvement of the base line performance data since the services transferred.
b) The degree to which the delegated statutory functions of the Council are provided in a person-centred outcome focused way and which meet quality standards.
c) The impact the service arrangements have had in delivering the Adult Social Care functions within an integrated model leading to more people remaining well,

achieving greater independence, and receiving a seamless response, and provision of the right care, at the right time and in the right place.

d) The degree to which compliance with the contract arrangements has been consistently achieved.
e) The degree to which the professional identity of Social Work within both organisations has been maintained, supported by an analysis of the lived experience of staff.
f) The views of people with lived experience of the support services provided.
g) An analysis of financial efficiencies achieved, and costs avoided.
h) Evidence of good leadership.
i) Evidence of implementing learning derived from complaints.

3.6 **Performance**

The service providers were both expected to achieve sustained incremental improvement of the base line performance. Prior to the services transferring performance data was available for the Adult Care and Health department as a whole. Under the transfer arrangements a set of Key Performance Indicators (KPI) and Activity Measures (AM) were developed together with Performance targets, and these were included in both contractual arrangements.

3.6.1 The review found that there was improvement in performance in some areas for WCHCFT, such as KPI 2 - percentage of safeguarding concerns completed within 5 days and AM 9 - number of permanent admissions per 100,00 (65+), and an underperformance in other areas such as KPI 3 percentage of safeguarding enquiries completed within 28 days and KPI 4 - percentage of individuals who have had an annual review completed. For CWP, the review found that there was improvement in performance in some areas such as KPI 3 - percentage of safeguarding concerns completed within 28 days and KPI 4 - percentage of individuals who have had an annual review completed; and an underperformance in other areas such as KPI 2 - percentage of safeguarding concerns (contacts) initiated by CWP within 5 days (excluding EDT) and KPI 6 - percentage of adults with a learning disability who live in their homes or with family. However, performance was not at the required level in all areas consistently prior to transfer in 2017 when all services were delivered by the Council, and performance and activity measures since transfer have been affected by the Covid pandemic response in 2020 and 2021 and the legacy of acute pressures in the care and health system.

3.6.2 On balance, it cannot be said that there has been a sustained incremental improvement of the base line performance data across all areas since the services transferred.

3.6.3 Whilst performance is not consistently at the required level in line with the contract expectations, services are performing at a level that is safe and which generally provide a good level of service to Wirral residents.

3.7 **Person Centred approach**

There is evidence of person-centred working and people being fully involved in their care and support discussions and arrangements. This is partly evidenced by the new ways of working and adoption of the “Three Conversations” model where there is improved focus on relationships and understanding with people who are supported.

There is evidence of people being supported more quickly, and also of a more seamless delivery of health and care services where people have multiple needs.

3.8 **People remaining well, achieving greater independence, and receiving a seamless response, and provision of the right care, at the right time and in the right place**

There are good examples of integrated working where people receive joined up care and support and are supported by a team without having to repeat their story to multiple professionals. There are examples of people being supported more quickly, with a preventative and rehabilitative approach and where people achieve good outcomes. However, case review rates have remained low overall, and the response to Council priorities and initiatives has not always had the priority focus that is needed, for example, improving uptake of Direct Payments and introducing assistive technology at scale to promote independence.

3.9 **Contractual compliance**

Overall, the service delivery has complied well with the main expectations within the contract. Services have been delivered safely and generally to a good standard. Delivery within budget has been achieved and efficiencies have been produced. However, there are areas of expected service development that have not yet been achieved to the extent that was originally anticipated. For example, the service development element of the contract identifies the transition for young people into adult services as an area for improvement. The review was not assured that any significant improvements have been made, a transition pathway has however been developed, but it is the intention to develop substantive metrics.

It was anticipated that the take up of direct payments would be improved. In 2019 18% of the eligible population supported by WCHCFT were in receipt of a direct payment, in 2021/22 that figure is 17.5%.

In 2019 21.1% of the eligible population supported by CWP were in receipt of a direct payment, in 2021/22 that figure is 18.2%.

3.10 **The professional identity of Social Work**

Both service providers have invested in maintaining and raising the profile of the Social Work professional role. This has been widely recognised by staff and managers working in the services. The service provider organisations have provided good leadership and professional development opportunities and training to their staff.

3.11 **Lived experience**

The lived experience of people supported by both service providers has been considered and there are some excellent examples that highlight the positive impact that both services have had on the lives of the people that they have supported. However, it is difficult to compare the findings of people's experience to services prior to transfer.

3.11.1 Healthwatch Wirral were also asked to undertake an independent engagement exercise with staff employed in the services. The aim was to give staff an open and confidential space to speak freely. The purpose of this independent engagement was to gain an understanding, directly from the staff teams, about whether they were

happy with the current way of working within the NHS, what barriers they faced and whether they felt that integration into the NHS had been successful and of greater benefit to the people who were in receipt of their care. The exercise showed that there are varying views amongst staff working in the services, with many staff highly positive about their experience and the benefits of integration, and with some staff citing areas that they believe to be no better since transferring to the NHS service providers. From the outcome of this process there is no strong collective view from the staff engaged with.

3.12 **Financial efficiencies**

Both service providers have delegated responsibility for manging their social care budget allocation and achieving annual savings targets. There is good evidence that efficiency targets have been consistently achieved overall, combined with efficiencies achieved through Council commissioning initiatives. Delivery of efficiencies is monitored regularly throughout the year and is included in the Council's budget reporting cycle. Efficiencies delivered are detailed in the table below.

Year	Target	WCHFT Achieved	CWP Achieved
2018-19	£1.5m	£1.5m	£0.921m
2019-20	£2.5m	£1.71m	£1.668m
2020-21	£1.75m	£1.04m	£0.512m
2021-22	£2m	£2m	£1.749m

3.13 **Leadership**

Both service provider organisations have demonstrated strong leadership of the transferred services overall. Over the period of the contract arrangement, there have been significant changes in management roles and in professional leadership. Whilst it is not a requirement to have Social Work qualified managers at all levels and for all service areas, it is important that the availability of Social Work professional support and leadership is maintained across the services to ensure that Social Work and associated staff are supported and managed effectively. With the level of change in management arrangements, this is an area that requires to be kept under review.

Accountability and responsibility for adult social care and professional social work leadership, safeguarding and complaints has remained with the Council's Adult Care and Health directorate, and specifically with the Directory of Adult Social Services. However, operational responsibility for the management of social work provision, assessment and support planning is transferred to the service providers. This relationship has been well managed but has created some added complexity and differences in priority setting. With services being provided and managed by the NHS directly, visible leadership of social work is harder to achieve. With the Social Work teams operating outside of broader cross Council integrated working, there has been more complexity in ensuring full alignment with Council priorities and in taking the opportunities that cross Council working presents. There may, therefore, be real opportunities for closer working across people services within the Council, as well as with NHS partners at a neighbourhood level.

The Adult Social Care and Public Health Committee have taken policy decisions to move towards providing some services directly as Council operated services within

the Adult Care and Health directorate. Additionally, and in response to the emerging Integrated Care System, the directorate has moved away from being a pure commissioner of services, alongside the previous Wirral NHS Clinical Commissioning Group arrangements, and is taking its place alongside delivery partners across the Borough and the Cheshire and Merseyside Integrated Care System. A provider delivery arm is being re-constituted within the Adult Care and Health directorate. This fits with directly delivering a broader set of functions within the Council rather than outsourcing activities under contract.

3.14 **Learning from complaints**

There is evidence that both service providers have good procedures in place for responding to and learning from compliments and complaints. NHS organisations have well developed arrangements for managing risk and ensuring organisational learning from complaints and incidents. A good relationship exists between the service provider organisations and the Council's complaints management teams. There may be an opportunity to strengthen learning from complaints further in relation to adult social care across the three organisations. However, despite potential complexities in operating complaints processes across three different organisations, the arrangements are clear and well developed.

3.15 In 2019 the Local Government Association supported the Northwest Association of Directors of Adult Social Care (NWADASS) to undertake a peer review of the integrated social care arrangements. The review focus was on the quality of front-line Social Work practice within the context of integration, personalisation and neighbourhood working. At this early stage of the integrated service provision, the Peer Review Team identified early benefits to the integrated model and a level of reduction in duplication, a more joined up service response and staff satisfaction with the arrangements. The review team made recommendations about a more robust way to glean the views of people who have used services, a stronger approach to maintain the profile of the Social Work profession, a more visible role for the Principal Social Worker and to further progress with integrated working arrangements.

3.16 The review undertaken identified that the majority of the peer review recommendations have been acted upon.

3.17 The overall findings of the review is that services are providing value for money and a generally good level of service quality. There are areas of performance and service provision that have not developed to the degree anticipated through the integrated service arrangements. Whilst there is no overall staff view of the benefits of working in an integrated service model in the NHS, many staff engaged with gave a positive view. The Social Work professional identity has been maintained and there has been investment in professional development. There are some positive views from people who have experienced the services provided. However, there are areas of Council priorities that have needed more focus by the service providers to be fully delivered. Overall, whilst services have remained safe and of a good quality the review has not evidenced significant and sustained improvement of service outcomes for people through delivering under the current delegated arrangements.

4.0 FINANCIAL IMPLICATIONS

There are no additional budgetary requirements as a direct result of this report. The cost of the contract payments are incorporated within the Adult Social Care budget and budget setting process. There are no changes proposed to the arrangements for the adult social care budget itself. If Committee approve the recommended option, financial analysis and modelling will be required to inform on the implications of any proposed future service change.

5.0 LEGAL IMPLICATIONS

5.1 The Local Authority has a statutory duty as defined by the National Health Act 2006 to meet eligible needs for care and support consistent with the outcome of a Care Act assessment. The duty to assess and provide care and support planning is delegated to CWP and WCHCFT as part of the contractual arrangements and therefore the Council continues to meet its statutory duties.

5.2 Renewal of the Section 75 agreements with CWP and WCHCFT is permissible without a competitive procurement process under Regulation 12(7) of the Public Contracts Regulations 2015 which allows Local Authorities to cooperate with the aim of ensuring public that public services are provided with a view to achieving common objectives in the public interest provided they perform on the open market less than 20% of the activities concerned by the co-operation.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

There are no current implications for the Council met within existing resources.

7.0 RELEVANT RISKS

If the contracts were not renewed the Council would have to make alternative arrangements for the delivery of statutory adult social care services.

8.0 ENGAGEMENT/CONSULTATION

An engagement exercise was carried out with staff. People with lived experience contributed descriptions of interventions and their experience of integrated services and informal feedback was sought from stakeholders.

9.0 EQUALITY IMPLICATIONS

An Equality Impact Assessment (EIA) has been completed and is located: - https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments/equality-impact-assessments-january-202-6.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

Both Service providers co-locate staff in some of the services. This reduces staff travel and utility costs and has a positive impact on the climate and environment by reducing carbon emissions. Both trusts have their own green action plans which will have a positive impact on the environment and climate.

11.0 COMMUNITY WEALTH IMPLICATIONS

The current service offer is delivered within Wirral offering employment opportunities to local people. The services enable local people attain qualifications and job stability.

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APPENDICES
Appendix 1 Review of Social Care Delivery Arrangements.

BACKGROUND PAPERS
DHSC Care Act 2014

NHS Wirral Community Health and Care Foundation Trust (WCHCFT) contract for the provision of social care services.

NHS Cheshire and Wirral Partnership Foundation Trust (CWP) contract for the delivery of All Age Disability Services.

Performance Data.

Lived Experience Report.

Healthwatch Report (Staff Engagement).

LGA/NWADASS Peer Review.

WCHCFT lived experience feedback.

CWP lived experience feedback.

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Public Health Committee	3rd March 2022

WIRRAL

Review of Social Care Delivery Arrangements

In 2018, Wirral Borough Council (WBC) approved a Section 75 agreement with Wirral Community Health and Care Foundation Trust (WCHCFT) for the provision of social care services and a Section 75 arrangement with Cheshire and Wirral Partnership Foundation Trust (CWP) for the delivery of All Age Disability Services. Both contracts included the delegated responsibilities for statutory assessment and provision as defined by the provisions of the Care Act 2014.

The section 75 agreement with WCHCFT commenced on the 30th May 2017 for a contract period of 5 years. The section 75 agreement with CWP commenced on the 17th of August 2018 for a period of 5 years.

On the 3rd of March 2022, Adult Social Care and Public Health Committee approved the recommendation to enter into a further Section 75 agreement on substantially the same terms and conditions as those that already applied until the 30th of September 2023. This extension was necessary to undertake a comprehensive review of the delivery of delegated statutory duties within the integrated arrangements.

In December 2021 the Government published its White Paper “People at the Heart of Social Care Reform”. The paper set out the Government’s long-term vision for reforming Adult Social Care in England and details several priorities over the next three years. A key aspect of this reform is the planned introduction of a new national assurance framework for Adult Social Care and a duty for the Care Quality Commission (CQC) to independently review adult social care services. The Act places a particular emphasis on the impact services have had in reducing inequalities and the wider determinants of health. People with lived experience will be critical partners in the way services are delivered and designed and it is essential their voices are heard.

A draft framework has been produced against which the CQC will inspect social care services.
The Trusts were asked to present the evidence from their self-assessments using these 4 themes:

- Working with people
- Providing support
- Ensuring safety
- Leadership

To determine if the requirements of the Section 75 have been met, this review has considered:

- Evidence of a sustained incremental improvement of the base line performance data since the services transferred in 2017 and 2018
- The delegated statutory functions of the Council are provided in a person-centred outcome focused way and meet quality standards.
- The impact the Trusts have had in delivering the Adult Social Care contracts within an integrated model leading to more people remaining well, achieving greater independence, and receiving a seamless response and provision of the right care, at the right time and in the right place.
- Compliance with the Section 75 arrangements has been consistently achieved
- Evidence that the professional identity of Social Work within both organisations has been maintained supported by an analysis of the lived experience of staff.
- The views of people with lived experience of the support provided.
- An analysis of efficiencies achieved, and costs avoided.
- A reduction of inequalities
- Evidence of good leadership
- Evidence of operationalising learning derived from complaints
- Assurance that the principles of the Home First approach have been complied with, including early intervention and prevention.
- Digital solutions have been fully optimised

Performance

The S75 required both Trusts to achieve sustained incremental improvement of the base line performance.

At the point of transfer performance data was aggregated and none of the Key Performance Indicators (KPIs) or Activity Measures (AMs) had achieved the Performance targets set (table 1).
The data reported is now disaggregated with both Trusts reporting independently. It is therefore difficult to make a meaningful comparison.
The Data relating to post-transfer is only available in its current format for years 2019 to year to date.
The current KPIs and AMs are expressed slightly differently

This report will focus on those measures where there are no associated risks, but the position has been maintained and KPIs and activity measures that are not performing well, and without improvement could present a risk

It is important to note that the impact of the Covid pandemic in 2020 and 2021 has had an impact on the data and the legacy of the pandemic, to a certain extent, continues to do so.

Table I (aggregated data pre-transfer)

ID	KPI Description	Reporting Links	Unit	Comparator	Baseline	Monthly Trend									Target	Green	Amber	Red
						M1	M2	M3	M4	M5	M6	M7	M8	M9				
KPI 1	Length of time between initial contact and completion of assessment	Local Measure	Days	N/A	**25.9 Days** 2016-17										28	**<=27**	**>27 <=30**	**>30**
KPI 2	% of safeguarding concerns (Contacts) completed within 24 hours (exc. EDT)	Local Measure	%	N/A	**81%** 2016-17										100%	**>=98%**	**<98% >=95%**	**<95%**
KPI 3	% of safeguar	Local Measure	%	N/A	**67%** 2016-17										95%	**>=85%**	**<85%**	**<75%**

	ding enquiries concluded within 28 days																>=75%	
KPI 4	% of individuals who have had an annual review completed	SALT Return	%	**45%** 2015-16 England Avg.	**64%** 2016-17										70%	>=66%	<66% >=64%	<64%
KPI 5	Number of permanent admissions to residential / nursing care per 100,000 (Aged 65+)	ASCOF / BCF	Numeric	**706** Q3 NW Avg.	**750.5** 2016-17										690.6	<=727	>727 <=767	>767
KPI 6	% of older people who were still at home 91 days	ASCOF / BCF	%	**82.7%** 2015-16 England Avg.	85% **2016-17**										85%	>83%	<83% >=81%	<81%

	after discharge from hospital into reablement / rehabilitation services																	
KPI 7	% of care packages activated (in Liquidlogic) in advance of service start date (exc. Block Services)	Local Measure	%	N/A	**51%** 2016-17										70%	**>=60%**	**<60% >=50%**	**<50%**
KPI 8	% of DoLS allocated to WCHCFT completed within	Local Measure	%	N/A	**16%** 2016-17										20%	**>19%**	**<19% >=16%**	**<16%**

	statutory timescales prioritised as high using the ADASS prioritisation tool																		

ID	Activity Measure Description	Reporting Links	Unit	Comparator	Baseline	Monthly Trend									Target	Green	Amber	Red
						M 1	M 2	M 3	M 4	M 5	M 6	M 7	M 8	M 9				
AM 1	Length of time between contact and assessment start	Local Measure	Days	N/A	**19.1 Days** 2016-17										17	**<=18**	**>18 <=19**	**>19**
AM 2	% of short term placements ended within 6 weeks of admission	Local Measure	%	N/A	**68%** 2016-17										85%	**>81%**	**<81% >=76 %**	**<76%**
AM 3	% of care packages activated (in Liquidlogic) in advance of service start date (exc. Block	Local Measure	%	N/A	**51%** 2016-17										70%	**>=60 %**	**<60% >=50 %**	**<50%**

	Services)																	
AM4	% of contacts completed in Liquidlogic within 48 hours	Local Measure	%	N/A	**65%** 2016-17										85%	**>=72%**	**<72% >=60%**	**<60%**
AM5	% of urgent contacts completed within 4 hours	Local Measure	%	N/A	**-**	-									Baseline and target to be agreed			
AM6	% of DoLS allocated to WCHCFT completed within statutory timescales (Urgent)	Local Measure	%	N/A	**12%** 2016-17										20%	**>=17%**	**<17% >=14%**	**<14%**
AM7	% of requests for support that are 'self-assessments'	Local Measure	%	N/A	**1%** 2016-17										5%	**>=3%**	**<3% >=2**	**<2%**
AM8	% of care package brokerage requests circulated to providers within 4 hours	Local Measure	%	N/A	**97%** 2016-17										100%	**>=95%**	**<95% >=90%**	**<90%**

AM9	CADT\Integrated Gateway will reduce call waiting times for a substantive response from 14 minutes to a maximum of 3 minutes	Local Measure	Numeric	N/A	-	-									Baseline and target to be agreed
AM10	% of Discharge Notices where a core assessment is completed within 24 hours of receipt (excludes re-starts)	Local Measure	%	N/A	-	-									Baseline and target to be agreed
AM11	% of Assessment Notices where a core assessment is completed within 72 hours of receipt	Local Measure	%	N/A	-	-									Baseline and target to be agreed

	(excludes re-starts)																	
AM12	Undertake an average of 6.5 new DOLs assessments per week	Local Measure	Numeric	N/A	-										6.5	>=6	<6 >=5.5	<5.5
AM13	Undertake an average of 3.5 DOLs authorisations per fortnight per Senior Manager	Local Measure	Numeric	N/A	-										3.5	>=3	<3 >=2.5	<2.5
AM14	% of Pre-service financial assessment requests made	Local Measure	%	N/A	-	-									Baseline and target to be agreed			
AM15	% of Top Ups with signed agreement in place	Local Measure	%	N/A	**100%** 2016-17										100 %	100%	<100 % >=99 %	<99%

Overall Status

Performance is performing to plan; no remedial action required

Performance is outside of target; on-going monitoring required

Performance is outside of target.

ASCOF = Adult Social Care Outcomes Framework

BCF = Better Care Fund

SALT = Short & Long Term Return

Monthly Trend

Improvement from previous month	**Deterioration from previous month**	**No change from previous month**

7.4.10 Data Quality Measures

The tables below set out the disaggregated performance of both Trusts expressed as average per year from 2019 to date.

Adult Social Care KPIs and Activity Mesures

No	Description	Green	Amber	Red	Target	FY 2019/20 Average	FY 2020/21 Average	FY 2021/22 Average	FYTD from April
KPI 1	% of initial contacts through to completion of assessment within 28 days	>=80%	<80% >= 70%	<70%	80%	85.7%	91.4%	84.1%	74.1%
				Total Assessments Completed within 28 Days		3033	3718	3043	889
				Total Assessments Completed		3540	4066	3618	1,200
KPI 1a	% of initial contacts through to completion of assessment within 28 days *(3 Conversations)*	>=80%	<80% >= 70%	<70%	80%			67.2%	52.4%
				Total Assessments Completed within 28 Days				137	121
				Total Assessments Completed *(3C's Process)*				204	231
KPI 2	% of safeguarding concerns (Contacts) completed within 5 Days	>=99%	<99% >=95%	<95%	99%	99.1%	99.6%	99%	99.6%
				Total number of safeguarding concerns		4772	3828	3550	1,117
				Total number of safeguarding concerns		4816	3844	3571	1,122
KPI 3	% of safeguarding enquiries concluded within 28 days	>=80%	<80% >=60%	<60%	80%	54%	60%	59%	49%
				Enquiries Closed within 28 Days		688	385	391	77
				Total Enquiries Closed		1263	643	667	157
				Total New Enquiries			408	677	162
KPI 4	% of individuals who have had an annual review completed	>=70%	<70% >=60%	<60%	70%	62%	67%	56%	56%
				Total number of reviews forecast to be		45573.02	50457.046	40487.3	3,253
				Total number of people in receipt of a long term		73998	75421	72098	5,824
KPI 5	% of care packages activated (in Liquidlogic) in advance of service start date (exc. Block Services)	>=65%	<65% >=50%	<50%	65%				69%
									578
									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%	95%
				Total number of people aged 18-64 with a		2523	4796	5257	1,773
				Total number of people aged 18-64 with a		2699	5117	5598	1,875

No	Description	Green	Amber	Red	Target	FY 2019/20 Average	FY 2020/21 Average	FY 2021/22 Average	FYTD from April
AM 1	**Length of time between contact and assessment start**					**15.7**	**4.9**	**12.8**	**13.8**
	Total number of days taken to complete assessments					58192	30220	33433	17,413
	Total assessments completed					3713	4122	3765	1,260
AM 2	**% of short term placements ended within 6 weeks of admission**					**53.8%**	**55.4%**	**53.6%**	**48.8%**
	Total number of short term placements closed within 6 weeks					259	373	423	125
	Total number of short temr placements closed					481	673	789	256
AM 3	**% of contacts completed in Liquidlogic within 48 hours**					**90%**	**90%**	**89%**	**87%**
	Total number of contacts completed within 48 hours					38421	31801	29910	8,975
	Total number of contacts completed					42845	35433	33766	10,266
AM 4	**% of requests for support that are 'self-assessments'**					**3.3%**	**4.3%**	**4.0%**	**4.0%**
	Total number of requests for support that are 'self-assessments'					494	635	665	202
	Total number of requests for support					14782	14737	16549	5,097
AM 7	**% of pre-service financial assessment requests made**					**58%**	**64%**	**59%**	**67.6%**
	Total pre-service assessment requests					678	740	455	148
	Total number of new services commissioned					1173	1154	772	219
AM 8	**% of top ups with a signed agreement in place**					**90%**	**84%**	**92%**	**88.7%**
	Total number of top ups with a signed agreement					35	107	88	47
	Total number of new top ups					39	128	96	53
AM 9	**Number of permanent admissions to residential / nursing care per 100,000 (Aged 65+)**					**707.6**	**632.2**	**560.2**	**592.7**
	Total permanent admissions					494	448	397	140
	Population Aged 65+					837732	850356	850356	70,863

No	Description	Green	Amber	Red	Target	FY 2019/20 Average	FY 2020/21 Average	FY 2021/22 Average	FYTD from April
AM 10	**Number of permanent admissions to residential / nursing care per 100,000 (Aged under 65)**					**90.5**	**0.0**	**58.2**	**8.1**
	Total permanent admissions					14	11	9	5
	Population Aged 18-64					185,640	185,640	185,640	185,640
AM 11	**% of DoLS allocated to WCHC completed within statutory timescales (Urgent)**					**3%**	**14%**	**6%**	**5.9%**
	Total DoLS Completed within 7 Days					1	6	3	1
	Total Urgent DoLS Completed					37	43	48	17
AM 12	**Number of DoLS assessments completed per week**					**6.3**	**7.5**	**10.5**	**9.2**
AM 13	**Number of DoLS authorisations completed per week**					**0.6**	**1.6**	**0.4**	**0.4**
AM 14	**% of DoLS BIAs deemed as Urgent allocated to WCHC completed within 7 days**					**3%**	**14%**	**6%**	**5.9%**
						1	6	3	1
						37	43	48	17
AM 15	**% of DoLS BIAs deemed as Standard allocated to WCHC completed within 14 days**					**28%**	**24%**	**16%**	**12.6%**
						81	85	57	13
						289	353	348	103
AM 16	**% of adults with a learning disability in paid employment**					**6.7%**	**6.4%**	**6.4%**	**6.7%**
	Total number of people aged 18-64 with a learning disability in paid employment					182	325	359	125
	Total number of people aged 18-64 with a learning disability in receipt of a long term service during the year					2699	5116	5593	1,875
AM 17	**% of eligible people in receipt of direct payments**					**18%**	**17%**	**17%**	**17.5%**
	Total number of people in receipt of a direct payment					2421	4465	4462	1,510
	Total number of people in community based services					13349	26364	26645	8,604
AM 18	**Number of carers assessments per week**					**15.5**	**11.2**	**10.5**	**7.6**
	Total Carers Assessments					809	585	554	132
	Total Weeks in Month					52	52	53	17

The table below sets out the average annual performance of the CWP

No	Description	Green	Amber	Red	Target	FY 19/20 Average	FY 20/21 Average	FY 21/22 Average	FYTD From Apr
KPI 1	**% of initial contacts through to completion of assessment within 28 days**	**>=80 %**	**>=70 % <=80 %**	**<70 %**		**93%**	**90%**	**83%**	**79.2%**
					Total Assessments Completed within 28 Days	173	260	167	80
					Total Completed Assessments	187	289	201	101
KPI 2	**% of safeguarding concerns (Contacts) initiated by CWP within 5 days (exc. EDT)**	**>=99 %**	**<99% >=95 %**	**<95 %**		**94%**	**97%**	**93%**	**98%**
					Total Safeguarding Concerns Completed within 5 Days	911	721	728	202
					Total Safeguarding Concerns Completed	969	740	779	206
KPI 3	**% of safeguardi**	**>=80 %**	**<80% >=60**	**<60 %**		**74%**	**82%**	**86%**	**75%**

	ng enquiries concluded within 28 days		**%**						
					Total Safeguarding Enquiries Completed within 28 Days	236	193	202	33
					Total Safeguarding Enquiries Completed	317	234	236	44
KPI 4	**% of individuals who have had an annual review completed**	**>= 70%**	**<70% >= 60%**	**<60 %**		**69%**	**73%**	**67%**	**79%**
					Forecast Total Reviews	10097	10309	9416	3,625
					Total Reviews Required	14738	14056	14063	4,563
KPI 5	**% of care packages activated (in Liquidlogic) in advance of service start date (exc. Block services)**	**>= 65%**	**<65% >=50 %**	**<50 %**		**35%**	**38%**	**34%**	**41%**
					Total number of care packages activated in	512	504	350	147

					advance of start date				
					Total number of care packages activated	1473	1331	1019	361
KPI 6	**% of adults with a learning disability who live in their own home or with their family**	**>88%**	**<88% >= 80%**	**<80 %**		**81%**	**80%**	**80%**	**82%**
						5453	5358	5150	1,649
						6762	6716	6431	2,011
AM 1	**Length of time between contact and assessment start**					**6.2**	**4.7**	**11.4**	**4.1**
					Total Days to commence Assessments	1163	1361	2269	418
					Total Assessments Commenced	187	288	199	101
AM 2	**% of requests for support that are 'self-assessments'**					**1.8%**	**2.8%**	**0.6%**	**0.7%**
					Total Self-Assessments	17	20	4	2
					Total 'Requests for Support'	944	711	660	274
AM 3	**% of Pre-service financial assessment requests made**					**58.0%**	**54.8%**	**54.3%**	**73.9%**

	Total Pre-Service Financial Assessment Requests	47	34	25	17
	Total New Services Commenced	81	62	46	23
AM4	**% of Top Ups with signed agreements in place**				**0.0%**
	Total numbers of top-ups with a signed agreements	0	0	0	0
	Total number of top-ups	0	0	2	1
AM5	**% of Clients placed out of the Borough**	**8.2%**	**10.3%**	**10.5%**	**10.4%**
	Number of clients placed outside of Wirral	846	1126	1142	369
	Total number of clients	10295	10982	10833	3,532
AM6	**Section 117 (active)**	**343**	**384**	**418**	**429**
AM7	**Number of permanent admissions to residential / nursing care (aged under 65)**	**1.0**	**0.9**	**0.7**	**1.2**
	Total Long Term Admissions to Care Homes	23	20	15	9
	ONS Mid-Year Population Estimate 2017 (Aged 18-64)	2230176	2230176	2230176	743,392

AM8	**% of DoLS allocated to CWP completed within statutory timescales (urgent)**	**0%**	**25%**	**0%**	**0.0%**
	Total number of urgent DoLS completed within 7 days	0	1	0	0
	Total number of urgent DoLS completed	6	4	1	3
AM9	**Number of new DoLS assessments per week**	**0.5**	**0.1**	**0.1**	**1.0**
AM10	**Number of DoLS authorisations per calendar month**	**6**	**3.75**	**3**	**2**
AM11	**% of DoLS BIAs deemed as urgent allocated to CWP completed within 7 days**	**0%**	**25%**	**0%**	**0.0%**
	Total number of urgent DoLS completed within 7 days	0	1	0	0
	Total number of urgent DoLS completed	6	4	1	3
AM12	**% of DoLS BIAs deemed as standard allocated to CWP completed within 14 days**	**5%**	**0%**	**3%**	**6.7%**
	Total number of standard DoLS completed within 14 days	3	0	1	1
	Total number of standard DoLS completed	56	27	31	15

AM 13	**% of eligible people in receipt of direct payments**	**21.1%**	**18.6%**	**18.2%**	**17.9%**
	Total number of people in receipt of a direct payment	1016	1932	1881	601
	Total number of people in receipt of a community based service	4811	10415	10324	3,363

AM 14	**% of adults with a learning disability in paid employment**	**2.0%**	**1.8%**	**1.5%**	**1.6%**
	Total number of adults with a learning disability in paid employment	132	122	94	32
	total number of adults with a learning disability in receipt of a long term service	6762	6716	6431	2,011

AM 15	**Number of mental health act assessments completed**	**0**	**0**	**63.8**	**110**

AM 16	**Number of carers assessments per week**	**3.0**	**2.8**	1.6	3.4
	Total Carers Assessments	103	147	86	59
	Total Weeks in Month	34.85714286	52.14285714	52.14285714	17

The KPIs and AMs are reviewed monthly, and an assurance narrative is provided to demonstrate remedial action or

explain delays. The following concerns have been identified:

KPI4 (Reviews completed within a 12-month period):

The WCHCFT have achieved 56% against this target which demonstrates a consistent but steady negative trajectory, this is reflected across the region.

The cessation of the Hospital Discharge fund, including the locally agreed additional contribution has created a risk of substantial numbers of people remaining in non-chargeable beds within the community which creates a significant financial pressure for the Council and a poor lived experience for people, including the risk of de-conditioning.

The impact created by the pressures on the domiciliary market has to a certain extent contributed to the protracted length of stay in Discharge to Assess beds and other residential services.

Social workers are actively reviewing cases that have been prioritised due to their urgent need, or because they have been waiting in the community for a significant period for a package of support or have been discharged from hospital with a package which could be reduced or may no longer be required. If reviewed capacity in the care market could be created

Both Trusts could further optimise support provided within the Community Voluntary and Faith Sector, evidence of the positive impact of this approach is demonstrated when the outcomes of the 3 Conversations project are considered. Since 2020 the Trust has been working with Wirral Council and Partners4Change to develop this model.

This approach is less reliant on time consuming processes and focuses on conversations with the person and their family to find out what is important to them leading to more personalised care whilst maintaining compliance with The Care Act

This has been piloted in Birkenhead and West Wirral ICCHs and has resulted in

- a 20% reduction in the number of people who require long term support
- a reduction in the average cost of support and
- a 50% improvement in response times

Whilst this approach has had a negative impact on the performance measure relating to completion of assessments the outcomes are tangible and sustainable.

It is the intension to roll out this process across both trusts and it is predicted, that if all services achieve a similar trajectory of reduced reliance on commissioned services a significant amount of capacity within the care market will be created.

Partners4Change hypothesised that the integration of services has supported the development and adoption of new

ways of working by teams at a pace that is “exemplary”
It is difficult to articulate the cost savings associated with this project but there are clear examples of cost avoidance.

Both Trusts have had to support a higher-than-average number of care home closures or undertake reviews of people who live in homes of concern.
To manage this risk, a Provider Led Review Team has been established with ongoing analysis of its impact subject to consistent review

It is important to note that the Trusts are only recording reviews of long-term placements. They do not report on short term placements such as Discharge to Assess services and reviews associated with assistive technology, this may be a system issue. It is however critical that both Trusts resolve this. Under reporting may put people at risk, fail to release capacity in the care market and be reputationally damaging. It is worth noting that annual reviews were paused during the pandemic.

The CWP have achieved consistent performance against KPI 4 and are optimising their staffing resources and care navigators are equipped with the skills necessary to undertake non-complex reviews. In addition, there are a small number of CWP staff who are trained to complete Care Act assessments for young people going through Transition. Over the last 12 months there has been a plan in place to train Mental Health Support Workers to take a more active role in reviews and assessments. Set out below are some examples of positive outcomes.

- Review of Positive Behavioural Support Plan (PBS) with providers limiting the incidents of challenging behaviour for person with long standing needs. Referral to stopping over medication of people with a learning disability (STOMP) to review medication.
- Support provided to a person whose parent died, so that they could be supported in their familiar environment whilst their main carer (brother) was able to go to work.
- Managing crisis situations when specialist placements have broken down.
- Building rapport with parent previously viewed as ‘difficult’ to have a regular communication slot which has resulted in them no longer taking issues through the C of P.
- Person with a learning disability and schizophrenia supported with bereavement when their mother suddenly died. Extra Care housing sourced, and they describe themself as a ‘new person’ with a new sense of independence and their own friends for the first time.
- Young man with very complex physical and learning disability needs cared for by ageing parent who appeared to be experiencing cognitive issues themselves. Very close working with CLDT to keep father and son together over

Christmas before urgent placement was then needed. Carer also referred to WH&C Trust for their own needs and now both are settled and safe in current arrangements whilst maintaining a close bond but without the previous very high risk.

KPI 2 (safeguarding concerns responded to within 5 days)

The WHCT's projected performance against this KPI for 2022/23 is 75% indicating a slight dip. However, since the implementation of the new Multi-Agency Safeguarding Hub (MASH) in October 2020, the number of safeguarding concerns converted into Section 42 enquiries has decreased which accounts for the drop in total enquiries completed year to date

Figure 6 - Table of annual safeguarding activity demonstrates improvement

WCHCFT

	2017/18	2018/19	2019/20	2020/21	2021/22
Concerns	4456	4406	5536	3863	3554
Enquiries	1278	1029	1246	654	681
Conversion %	29%	23%	23%	17%	19%

This is now more consistent with performance across the northwest and is higher than Liverpool and the Cheshire Councils.

The WCHCFT has placed particular emphasis on making safeguarding personal and outcomes are set out in the box below

Figure 7- All Making Safeguarding Personal Outcomes improve
Positive responses to MSP questions

	2018/19	2019/20	2020/21	2021/22	2022/23
MSP - Outcomes Asked	87%	89%	92%	91%	91%
MSP - Outcomes Achieved	90%	91%	93%	92%	94%
MSP - Happy with Outcome	58%	70%	70%	78%	80%
MSP - Felt Listened to	62%	71%	72%	79%	82%
MSP - Understood the process	68%	73%	75%	83%	84%
MSP - Felt Safer	53%	61%	62%	72%	77%

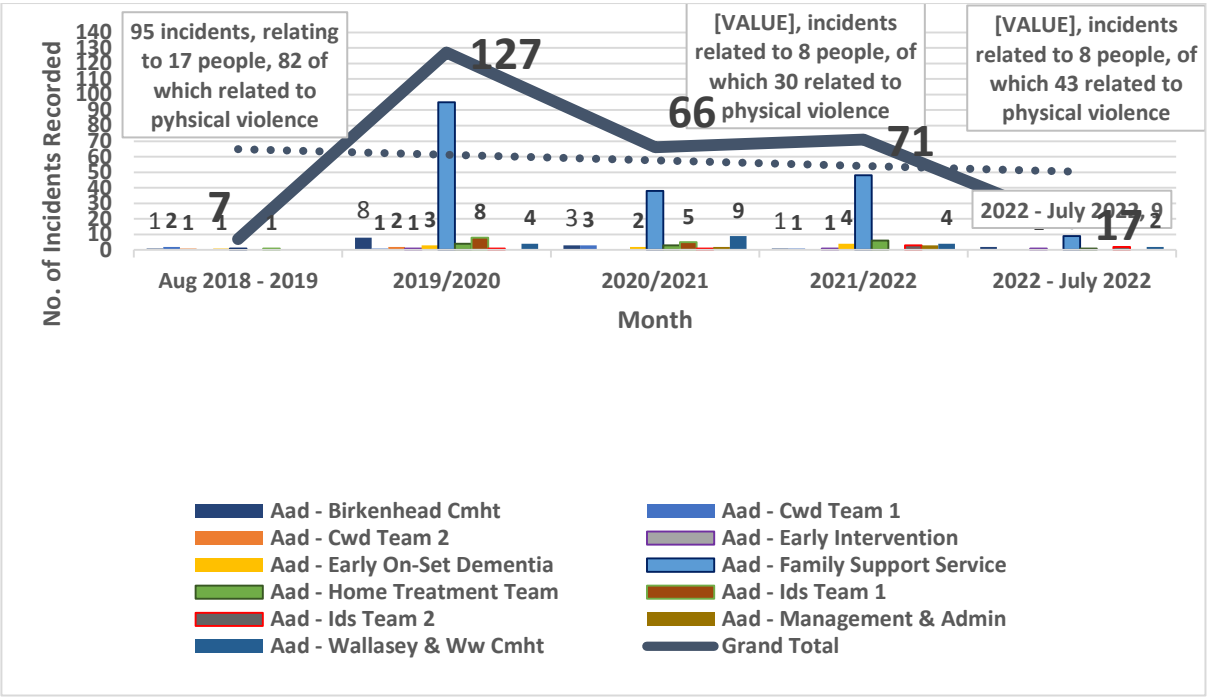
The Trust has developed a safeguarding governance team with adult social care as an integral part.
Since 2020 safeguarding level 3 and mental capacity act training is offered and has been delivered to circa 1,895 staff.

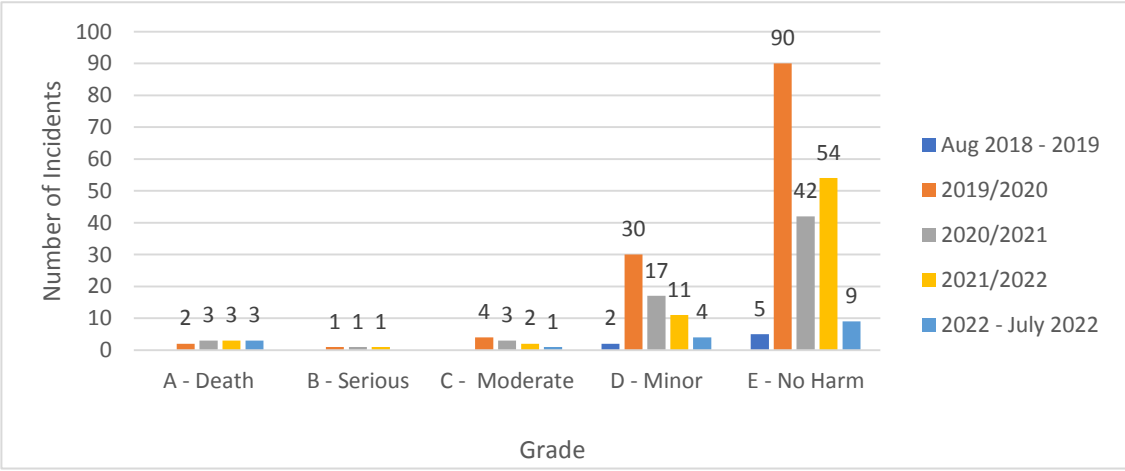
Since 2017 Adult Social Care has supported the completion of six safeguarding Adults Reviews (SAR) and two Domestic Homicide Reviews (DHR). Integration has allowed any learning identified from this review to be immediately rolled out and shared across the whole of the multi-disciplinary teams
Within the governance structure assurance is provided to the Safeguarding Operational Group. I am assured the involvement of the Principle Social Worker provides an appropriate level of oversight.

The reported average performance for CWP against KPI 2 indicates an improvement.

I am confident that CWP have a firm grip on performance data as it relates to emerging trends and types of abuse and the audit tools deployed assure me that the person was involved in the process, had their outcomes met, and recording was robust and defensible.

The management of incidents within CWP is good and incidents are graded based on the level of harm All deaths including people who have died from expected and natural causes are reported to the LeDeR programme. The number of incidents and grades are set out on the tables below.





The CWP has a stated intention of delivering clinical outcomes and sharing and implementing the learning across the system from the findings and recommendations. This will be overseen by the trust Learning from Deaths Group and

evidence suggests that the CWP comply with the requirements of LeDER Policy 2021.

I am assured that CWP have robust system in place to manage risk and ensure the safety of people accessing services.

KPI 3 (Safeguarding investigations completed within 28 days)

Neither Trust performs well in this area, and it has been agreed that the 28-day timescale for the completion of a safeguarding investigation for both Trusts will be converted to an activity measure. The current target does not support the principles of 'Making Safeguarding Personal' which advocate working at the individual's pace whilst addressing any immediate safety issues. Nor does the measure account for other parts of the system which may have caused a delay. Both Trusts ensure that regular audits are undertaken to assure that opened Section 42 Enquires over 28 days are appropriate and all individuals are safe.
Both trusts work collaboratively with the Council's Professional Standards Team and the PSW. Engage fully with the Quality and Risk Management Group and through systems already in place learn from changes in Case Law, SARs etc and are prepared for the implementation of the Liberty Protection Safeguards which will replace the Deprivation of Liberty Safeguards.

Mental Capacity Act 2005 - Deprivation of Liberty Safeguarding (DoLS) and Best Interest Assessments (BIAs)
There are concerns in relation to activity measures set relating to the delegated duty to undertake interventions associated with the Mental Capacity Act (AMs 8 - 12) The Section 75 required CWP, in the lifetime of the contract, to exponentially develop staff with the skills necessary to undertake BIAs.
CWP have consistently under performed on the completion of BIAs.

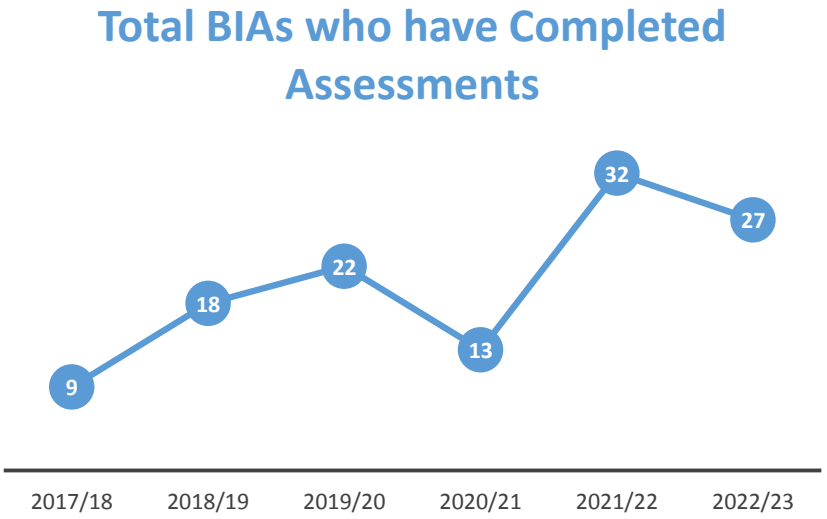
The CWP also hold the delegated statutory duties associated with the Mental Health Act (1983) through the provision of an Approved Mental Health Professional service (AMHP).
During the period of the Section 75 agreement 8 practitioners have been approved to operate as AMHPs within the CWP. This is a relatively low number, but several participants will be ready to undertake the pre-AMHP training in 2023.

There are 10 Best Interest Assessors, 8 of whom undertake the Approved Mental Health Professional role(AMHPs). AMHPS undertake Mental Health Act assessments that could lead to a detention. The CWP have demonstrated they are allocating their priority BIA cases but are unable to allocate other less urgent BIA assessments that would usually come under their remit, as priority must be given to MHA assessments. The CWP have requested independent assessors to meet this gap. There are very few independent assessors, and this carries an additional cost.
From a legislative perspective there it is valuable to have staff able to undertake this dual role but it cannot coppromise the ability to undertake statutory duties. It is worth noting the Trust have, in the last 2 years, lost several experienced

BIAs
A strategy is in place to improve this and CWP & WHCT have commissioned Wirral-wide Best Interest Assessor (BIA) training via Chester university.

BIA training has also been extended to Nurse and Allied Health Professionals (AHP's) and, social work staff, once eligible for training are prioritised. The next cohort will join the programme in November 2022, and 8 staff will participate.

Since 2017 the Trust has completed 2,383 BIA assessments. In 2022, 60 BIAs received their annual training enabling them to retain their BIA status.
Since 2017 the number of BIA assessors has increased. The table below demonstrates the increase and timescale.



Summary of performance and recommendations
The rationale provided for some areas of concern did not provide full assurance, there is evidence that most risks are managed but it is essential that performance in these areas improves, and they are subject to consistent scrutiny. It is worth noting that performance has improved in many areas and the review does recognise that improving some KPIs is contingent on arrangements with other partners and circumstances that sit outside their jurisdiction.

The review has provided assurance that most of the KPIs and activity measures do meet the quality standards expected and are person centred and there is evidence of innovation, the Trusts now provide a detailed narrative and data subsets setting out why a KPI target has not been achieved and remedial action plans.

Practically, the Council and the Trusts will need to develop shared data sets to ensure a single source of the truth. Specific recommendations are as follows:

MCA/BIAs
I would recommend we convert the activity measures as they relate to the MCA are converted to KPIs

Safeguarding
I would recommend the KPI recording completion of safeguarding investigations within 28 days is converted to a performance measure for the reasons stated above with the caveat that this target is an aspiration and a narrative will still be required.

Carers
Carers assessments are mandatory as defined by the Care Act 2014 and neither Trust performs well in this area. The health and wellbeing of carers is paramount, their support enables families to stay together for longer and reduces the reliance on commissioned care. Support for carers can expedite discharge from hospital and there is a broad range of services to support them, including grants. The promotion of direct payments as a flexible solution may incentivise carers to continue in their role and enable them to continue in employment thus reducing inequalities. I would recommend this activity measure is converted to a KPI.

Clients placed out of borough (AM 5)
There is a marginal increase in numbers of people placed out of area. I would recommend both Trusts engage with commissioners to develop local alternatives as part of the All Age Disability review. On completion there may be value in converting this to a KPI.

Supporting People into Paid Employment
Both Trusts could improve performance in this area, employment not only reduces inequalities but increases independence and quality of life. I would recommend that this is converted to a KPI and includes voluntary work.

Direct Payments

The direct payment process is perceived by many Trust colleagues to be overly bureaucratic and complicated. Increasing the numbers of people accessing a direct payment is a Council priority. Both Trusts are active participants in the review and, until it is completed, are fully engaging with colleagues in the Personal Finance Unit to grow their understanding of the process. Following the review, it may be recommended that this measure is converted to a KPI. A recommendation from this review may be both Trusts offer training to Personal Assistants (PAs) to give them the necessary skills to support people with complex needs this may lead to the introduction of stratified rates of pay and will encourage greater numbers of people to the PA role.

Community, Voluntary and Faith Sector
The CVS can play a pivotal role in expediting discharge from hospital and providing an alternative offer to commissioned services, as mentioned earlier, 3 Conversations engaged with this sector and good outcomes were achieved. I would recommend an activity measure is developed and introduced demonstrating engagement with this sector.

KPI 5 % of care packages activated (in Liquidlogic) in advance of service start date
I would recommend that this KPI is converted to an activity measure or removed
There are several unavoidable delays that significantly impact on this KPI, the needs of people supported by both Trusts can change quickly. The financial authorisation process can cause delays, and a review of authorisation levels is at point of completion giving nominated individuals permission to authorise some higher cost packages,

Primacy must be given to developing a method of measuring engagement with people with lived experience and capturing outcomes. Both Trusts are currently striving to describe this, the CWP have developed a Quality Assurance tool which captures qualitative data including whether people felt listened to and had their outcomes met. An electronic survey is also offered which performs the same function and WHCT are gathering data from the 3 Conversations project.

Children and Young People – Performance
Performance against KPIs is set out below

ID	KPI Description	FY 2016-17	FY 2017-18	YTD 2018-19 (8 months)	FY 2019-20	FY 2020-21	FY 2021-22	Green	Amber	Red
KPI 1	% of re-referrals within 12 month period	21.1%	18.6%	19.5%	3.8%	0.0%	4.4%	<1%	>1-5%	>5%
KPI 2	% of single assessments in timescale within a max of 45 days	84.3%	82.9%	99.5%	100.0%	97.8%	96.3%	>95%	85-95%	<85%
KPI 3 *	% of CIN plans reviewed and updated in previous 12 months			98.7%	99.7%	99.7%	99.9%	>95%	85-95%	<85%
KPI 4 *	% of CIN seen in last 45 days			96.1%	98.0%	98.3%	97.8%	>95%	90-95%	<90%
KPI 5a	% of short break visits in timescale			35.7%	75.8%	53.4%	72.1%	>90%	75-90%	<75%
KPI 5b	% of short break reviews in timescale			98.8%	99.4%	100.0%	100.0%	>90%	75-90%	<75%
KPI 6	% of S47's in timescale within a max of 5 days	85.3%	84.7%	100.0%	92.9%	100.0%	100.0%	>95%	85-95%	<85%
KPI 7	% of Core Groups completed in timescale of 4 weeks	71.0%	81.8%	83.3%	85.4%	66.7%	100.0%	>97%	85-97%	<85%
KPI 7	Number of Core Group meetings due in period			24	48	18	167			
KPI 7	Number of Core Group meetings completed in time			20	41	12	167			
KPI 8	% of CP stat visits in timescale	73.5%	79.8%	94.4%	100.0%	100.0%	96.9%	100%	85-99%	<85%
KPI 8	Number of CP stat visits due in period			54	99	16	326			
KPI 8	Number of CP stat visits completed in timescale			51	99	16	316			
KPI 9	% of repeat CP plans in 24 months			66.7%	23.1%	0.0%	0.0%	<2%	2-5%	>5%
KPI 9	Number of CP Plans starting during period			6	13	5	17			
KPI 9	Number of above that have had a previous CP plan in last 24 months			4	3	0	0			
KPI 10	% of CLA stat visits in timescale, every 6 weeks within first year	91.7%	90.9%	100.0%	99.5%	99.2%	99.3%	>95%	80-95%	<80%
KPI 10	Number of CLA stat visits due in period			126	195	121	140			
KPI 10	Number of CLA stat visits completed in timescale			126	194	120	139			
KPI 11	% of eligible or relevant CLA with a Pathway Plan			65.5%	90.4%	96.4%	75.5%	>97%	80-97%	<80%
KPI 11	Number of eligible or relevant CLA			29	83	55	49			
KPI 11	Number of Pathway Plans completed			19	75	53	37			

Performance against the KPIs for children and young people does not raise any significant concerns and work is underway to develop alternative respite options for young people and children.

CWD have ensured that all staff have received Care Act/MCA training along with advice and support regarding Continuing Health Care (CHC) applications

CWD have proposed changes to the Liquid Logic Pathway that will reduce the risk of any young person 'slipping through the net' and to ensure that every child who could benefit from a Care Act Assessment, receives one.

The recent SEND Ofsted inspection highlighted some positive practice and any concerns raised will be considered as part of the SEND review. The Ofsted inspection acknowledged that CWP staff have a "genuine desire to support young people to be the best they can be".

CWP staff have responsibility under both the Care Act and the Children's Act to support young people into adulthood. I am assured that the Joint work undertaken with CWD, Wirral Child Looked After (CLA) service and WHCT will improve transition to adulthood for young people. There is clear evidence that they and their parents have the opportunity to contribute to the development of this service. This is not formally measured and, should the contract be extended, I would be keen to see the intended outcomes There is evidence of good collaboration with partners including the CCG

and Housing, respite services and schools to improve this experience for children, young people and their families
The review recognises that there are challenges in some service areas such as respite for young people and adults with complex needs but CWP are engaging fully with commissioners to look at what other options might be available to people. There is clear evidence of collaborative working with the WHCT to achieve good outcomes for all young people.

Some examples of good interventions are set out below and a more comprehensive list is included in the CWPs internal review.

- Supporting the adoption process for a baby with parents with mild learning disability and mental health issues to ensure this was done sensitively for the parents but also at the right time for the child.
- Supporting a young person with complex needs whose parents were detained under the MHA, to be supported by grandparents. Ongoing support provided to mother.
- Support to family caring for young person with very complex learning disabilities and physical health needs including sourcing community support and respite.
- Provide Family Support staff to support family in crisis and worked closely with CAMHS as well as adult mental health service for parent.
- A teenager nearing adulthood with complex needs receiving support to their family to maintain them at home.
- Young person with complex needs and challenging behaviour supported with transition into residential care. Staff minimised disruption and they settled well and attended their school prom.
- Child with complex physical and learning disability needs who was supported to maintain contact with parents whilst they were in foster care. Parents supported through a crisis and given training to manage their child's health needs to the point that a return home is now being planned.

Lived Experience Feedback
Throughout the process the lived experience of people supported by both Trusts has been gathered, some relates to specific projects and others to general support. There are some excellent examples that highlight the positive impact both services have had on the lives of our citizens.

Below are some notable examples of outcomes achieved

- Person with complex personality disorder and substance misuse with a forensic history supported out of long-term hospital placement and into a new flat where they are happy and settled and complying with all medical appointments for the first time.

- Supporting a person to source alternative care so as not to rely on coercive and controlling private carers.
- Person with paranoid schizophrenia who was feeling isolated and overly dependent on elderly mother, supported to find a new flat, accept support, and to feel more in control of their life
- Person on Multi-agency public protection arrangements (MAPPA) register with paranoid schizophrenia, supported into new accommodation with a communication plan in place that works well, and new leisure opportunities arranged to support them with structure and routine.
- Older person with dementia whose carer could not cope found urgent placement where they settled and CHC funding secured. Partner died and was then supported with bereavement counselling.
- Supported an asylum seeker displaying mental health issues to ensure a place of safety was sourced whilst a longer-term bed was sourced.
- Person with long standing mental ill health, supported into new voluntary work and quality of life has vastly improved. Risk of suicide much diminished.
- Young person with long history of trauma and personality disorder supported with therapy and a person focussed approach to help them achieve their educational aspirations.
- Older person with long history of hoarding supported to be part of a local support group which has now impacted positively on the extent of their hoarding.
- Young person with history of eating disorder and depression supported during the pandemic when isolation increased, to develop a plan around manging eating issues and OCD. Strength based approach used to focus on outcomes and building rapport.

Social Work Leadership/Protection of Social Work

The intention of the transfer of delegated duties to both Trusts was to integrate the skills of health and social care staff leading to seamless and holistic interventions and support. Critical to this was maintaining the identity and integrity of the social work role and function.

To test this concept, it was important to consider the lived experience of staff and HealthWatch were asked to undertake an independent consultation exercise the full report is attached.

The stated aim was “To give everyone an open and confidential space to speak freely The purpose of this independent review was to gain an understanding, directly from the staff teams, about whether people were happy with the current way of working within the NHS, what barriers they faced and whether they felt that integration into the NHS had been successful and of greater benefit to the people who were in receipt of their care.”

A sample of responses is set out below. It is important to note that staff involved included people who worked within the Council pre-transfer and staff recruited within the integrated model

What has worked well

- More pride in NHS badge- LA tend to have a blame culture in public eye.
- I love working here, we really focus on care.
- Wrapped around support for patients.
- Professional forums available to learn and discuss.
- It really makes a difference being able to just cross the floor to speak to colleagues
- .Improved engagement with patients.
- Accessed more training in last 5 years than when in LA.
- We have come a long way in 5 years but realise it takes time to embed a service like this.
- Better understanding around safeguarding, equality and information.
- Have felt disliked by the public working for L.A but treated better wearing a NHS badge.
- More opportunities for progression now
- Feel involved in developing policies and procedures such as risk assessments
- Work closely with colleagues in other Trusts- a shared vision to support families.
- Joined up working – Understand the planning etc for children's transition to adults services and understand the equalities etc
- Visible management.
- Learning from patient feedback.
- Learning from incidents.
- CWP care about health of staff.
- The culture is better than the L.A. Regular meetings to put concerns across are good.
- No blame culture, feel supported, though this is not the case with every team.
- Given a lot of autonomy to make own decisions in this role (not micromanaged).
- Integration of the teams has had a very positive impact on the teams.

What has worked not so well

- This meeting causing anxiety – brought back experiences from the original TUPE – felt it was done to them not with them.
- Too many IT systems
- There is much more pressure for KPI's in the NHS than WBC.
- Lack of sharing of systems that could impact on service users.
- Feel there's more pressure from managers to meet deadlines. L.A didn't appear to have the same pressure.
- There's a lot of fragmented changes and a duplication of work.
- Difficult to get info from CWP and there's a need for someone more involved in Adult Social Services.
- Feel nursing staff don't understand the procedures a social worker has to complete before a service user can be discharged.
- There is still an 'us and them' mentality.
- Increased caseloads – causing stress and anxiety.
- Commissioning and contracting can be a problem.
- Mandatory training isn't always relevant to post but still have to complete (often in own time due to workload) or they don't meet the required 100 percentage on the ESR system.
- Pay discrepancies - a big issue and causes issues with feeling valued and staff morale.
- As a mental health professional, I don't feel the integration improved practices, still working as before.
- Workload "horrendous" - the levels are very high due to COVID.
- There are few original council staff left.
- Some of the management team don't even know the job titles of some members of staff - Get to know us and what we do.
- Generally, staff felt that they were supported by their team and line managers but the higher levels "don't care".
- The KPI's set by WBC have led to undue expectations.
- Since covid things have been difficult as we haven't been able to see people face-to-face as much.
- NHS feels a lot more corporate than WBC.
- Sometimes social care is brought into situations too late to be effective.
- Integration ran deep through teams prior to the integration.

In many instances for every negative there is a positive and, on that basis, it is difficult to determine if the lived experience of staff would suggest working within the current arrangements or returning to the Council would have the greatest impact on their ability to maintain their identity as social workers or to improve the lived experience of the people they support.

Recruitment and Retention

There are a number of key challenges currently facing the social work sector and primary amongst those is the crisis in recruitment. This review sought assurance that every opportunity to recruit and retain staff was fully exploited. I was assured that both Trusts offer a range of development opportunities, including apprenticeships and Approved Mental health Act Professional (AMHP) training as incentives. The aspiration to "grow their own" workforce, is supported by the CWP's participation in the ADASS Think Ahead Programme this is a two-year paid fast track graduate course into mental health which gives opportunities to qualify as a social worker in the field of mental health. There is cohort of four participants each year. If they pass their first year, they are then employed by CWP as a newly qualified social workers and undertake their masters and ASYE.
The WCHT have confirmed that their Board has approved a five-year People Strategy with the intention to further enhance their employment offer for existing and future workforces and they have engaged with the Research in Practice for Adults initiative, "Social Work Organisational Resilience Diagnostic" (SWORD), to provide senior leaders of Adult Social Care and Health with an accessible, research-informed diagnostic tool to build and sustain resilience in their organisations.

RIPFA training for the Assessed and Supported Year in Employment (ASYE) for newly qualified staff was jointly commissioned.

The opportunities available are reflected in staff feedback.
There are some areas of concern relating to the availability of Best Interest Assessors and AMHPs, this is described in more detail in the performance section of the report

I am satisfied that both Trusts are meeting their duty of care to ensure staff are safe, and whilst there are high levels of stress they are receiving the appropriate level of supervision

Both Trusts were asked to evaluate and evidence the support offered to enable social workers to maintain their identity, maintain HCPC requirements and contribute to the Towards Excellence in Social Care agenda (Appendices 2&3)
I have seen evidence that the Trusts work collaboratively to develop and support social work professionals and associated support staff, including professional development pathways. Staff across both organisations are encouraged to share their views via a range of surveys and initiatives. The WCHT offers staff the "Freedom to Speak Up" programme. A joint forum is in place to discuss strategic direction and developments in social work

One social worker reported:

"*Since transferring from the Local Authority several years ago, my own personal growth and development has been promoted, supported, and encouraged. I have had the opportunity for career progression and promotion and have now secured a permanent position within the Trust. In addition, I am currently taking part in the Social Work apprenticeship programme. This will help me to provide a better service to our local community Prior to integration, it very much felt like silo working and responsibilities were not*

shared. I feel that joined up working is definitely better for the individual. Communication and information is shared and all parties are working together to achieve the same outcomes.

The joint Professional Social Work Network (PSWN) meets quarterly to enhance social work development and accounts for twelve hours of Continual Practice Development per year including access to a wide range of training. There are typically 50-100 social work staff who attend the virtual meetings and feedback is positive.

I am assured that both Trusts, supported by the Professional Standards Team and the Principal Social Worker are kept up to date with policy, case law and best practice, good training frameworks and pathways are in place and opportunities to continuously develop practice are available.

I am satisfied that the quality of statutory practice has been maintained, there is a commitment to improve and where performance and delivery of the statutory offer are identified, an action plan is in place to ameliorate any associated risk.

It should be noted that the triage of risk throughout the pandemic enabled both Trusts to manage demand without sacrificing standards was demonstrated as was their commitment to working in partnership with the system as a whole.

It has also been observed that their response to crisis overall is good, staff ae mobilised quickly and effectively if there is a risk to the safety and wellbeing of vulnerable people at scale, this has been very evident in their responses to the larger than unusual number of care home closures or homes at risk of closure.

I am assured Cross organisational working gives unqualified staff the opportunity to attain formal qualifications in social work and clinical roles that may not be as accessible in other sectors.

The Trusts can also contribute to the wider agenda, the review of direct payments is a Council priority and discussions are underway about training that could be offered to personal assistants that would lead to a qualification and would enable them to support people with more complex needs.

Staff Health and Wellbeing

Both Trusts, as part of the NHS Constitution, make a pledge to all staff that it 'commits to providing support and opportunities for staff to maintain their health, well-being and safety'.

Both Trusts use robust systems to ensure social care staff have high quality supervision which supports them as people and gives them time to reflect and develop. Tools are in place to monitor the frequency of supervision, the CWP for example in 2021/22 achieved an average combined performance for practice and management supervision of circa 81.68%

The CWP have adopted a staff engagement approach and undertakes a quarterly “pulse survey” of the workforce. The aim is to ensure that the right support is in place to improve the lived experience of staff. Anonymous staff surveys are available and there is a good response rate, it would be valuable to measure how learning form these has improved the lived experience of staff

I am satisfied that both Trusts are meeting their duty of care to ensure staff are safe, and whilst there are high levels of stress, they are receiving the appropriate level of supervision

Overall, I am satisfied that the wellbeing of staff is paramount, and the social work role is protected but a theme emerging from listening to some of the social workers, and as part of the listening exercise suggests, that whilst able to fulfil their statutory roles their interventions are sometimes driven by NHS priorities. Anecdotal evidence and the experience of contracts and commissioning teams suggest that Council strategic priorities are sometimes considered as secondary to those of the NHS.
Concerns about performance are reported on monthly so the interventions from the Council are often reactive and we cannot influence practice as decisively as we may want to. Concerns about practice tend to emerge when there has been a problem. I am satisfied that social work leaders are fully immersed in the governance and decision-making process, but it would be valuable to explore the influence they exert.

Leadership

Efficiencies

Both Trusts have delegated responsibility for manging the social care budget and achieving savings
One of the ambitions of the integrated model was to enable the Trusts to deliver efficiencies as individual trusts and through collaboration. There is evidence that efficiency targets have been consistently achieved and notable that these savings were consistent throughout the Covid pandemic.

WCHCFT

Year	Target	Achieved	Not

Overall achieved savings

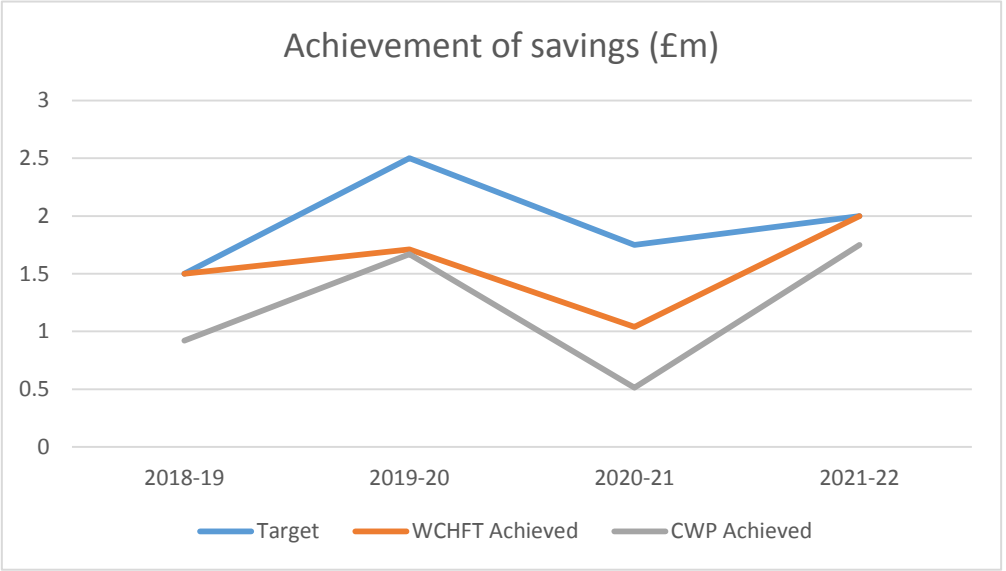
Year	Target	WCHFT	CWP

			Achieved
2018-19	1.5	1.5	0
2019-20	2.5	1.71	1.2
2020-21	1.75	1.04	0.71
2021-22	2	2	0

		Achieved	Achieved
2018-19	1.5	1.5	0.921
2019-20	2.5	1.71	1.668
2020-21	1.75	1.04	0.512
2021-22	2	2	1.749

CWP

Year	Target	Achieved	Not Achieved
2018-19	1.5	0.921	0.579
2019-20	2.5	1.668	0.832
2020-21	1.75	0.512	1.238
2021-22	2	1.749	0.251



Both Trusts work collaboratively and in partnership with commissioners to predict demand and their contribution to the development of the extra care schemes has enabled people to live independently for as long as possible and delivered efficiencies. One example is the support given to a group of families to set up an extra scheme for their adult children using as an Integrated Service Fund which is a type of direct payment.

Insights were shared earlier in the report in respect of cost avoidance associated with the 3Conversations project.

The named worker model was introduced within the CWP after transfer and evidence suggests this offers both continuity and swift adjustments to packages of support to avoid crisis.
Approaches such as these do not create efficiencies but do avoid the high costs associated with them
Some examples include:

- Person with long standing mental ill health, supported into new voluntary work and quality of life has vastly improved. Risk of suicide much diminished.
- Young person with history of eating disorder and depression supported during the pandemic when isolation increased, to develop a plan around manging eating issues and OCD. Strength based approach used to focus on outcomes and building rapport.
- Person with a learning disability and schizophrenia supported with bereavement when their mother suddenly died. Extra Care housing sourced, and they describe themself as a 'new person' with a new sense of independence and their own friends for the first time.
- Supporting the adoption process for a baby with parents with mild learning disability and mental health issues to ensure this was done sensitively for the parents but also at the right time for the child.
- Supporting a young person with complex needs whose parents were detained under the MHA, to be supported by grandparents. Ongoing support provided to mother.

I am satisfied that the care management budget is deployed effectively and has led to innovation. Each Trust has a project plan which sets out improvements to or maintenance of the current position.

Quality
There is significant experience within the Trusts of the governance and quality assurance and improvement approaches. This will strongly support the preparation for the CQC commencing assessments of Adult Social Care Services. The Trust will build on its extensive experience of managing the rigour of CQC assessment

CWP has a track record (as rated by the CQC) of providing good and excellent services across the footprint of Cheshire and Wirral with an overall rating of "Good" and "Excellent" for Caring domain. Being within CWP puts our social work services in an excellent position to prepare for this new regime of regulation.

CQC inspections since 2016

Inspection 10-11/10/16 – Report issued 03/02/17 – Overall Good
Are services safe? Good
Are services effective? Good
Are services caring? Good
Are services responsive? Good
Are services well-led? Good
Inspection7/8-20/9/18 – Report issued 4/12/18 – Overall Good
Are services safe? Requires Improvement
Are services effective? Good
Are services caring? Outstanding
Are services responsive? Good
Are services well-led? Good
Inspection 27/1-11/3/20 – Report issued 18/6/20 – Overall Good
Are services safe? Good
Are services effective? Good
Are services caring? Outstanding
Are services responsive? Good
Are services well-led? Good

WCHCFT were inspected by the CQC on 6/3/2018 the results of which are as follows:

Overall Rating Requires improvement

Are services safe? Requires improvement
Are services effective? Good
Are services caring? Good
Are services responsive? Good
Are services well-led? Requires improvement

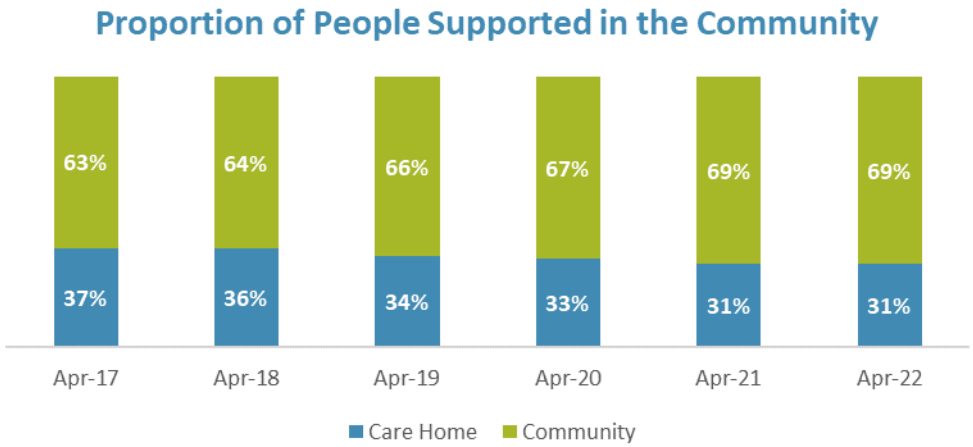
Reducing Inequalities
People with mental health conditions and learning disabilities are more likely to have preventable physical health conditions and to die earlier than the rest of the population. Physical health conditions significantly increase the risk of poor mental health and vice versa. The review identified that the integrated Multi-Disciplinary Team (MDT) approach enables a collective response to health needs, complex multiple needs and complex behaviours with all interventions predicated on supporting people to remain as independent as possible

The learning disability health review tool for LLA which embedded national learning from Learning Disability Mortality Reviews (LeDeR) to improve the health and wellbeing of people has been implemented and high-quality support and learning resources have been made available to providers.

Health inequalities/access issues experienced by black, Asian and minority ethnic identity (BAME). are captured but further exploration is needed specifically in relation to gathering data relating to outcomes in this area and better engagement with the Council, for whom this is a key priority. Some examples of the reduction in health inequalities are set out below

- Person with complex personality disorder and substance misuse with a forensic history supported out of long-term hospital placement and into a new flat where they are happy and settled and complying with all medical appointments for the first time.
- Supporting a person to source alternative care so as not to rely on coercive and controlling private carers.
- Person with paranoid schizophrenia who was feeling isolated and overly dependent on elderly mother, supported to find a new flat, accept support, and to feel more in control of their life
- Person on Multi-agency public protection arrangements (MAPPA) register with paranoid schizophrenia, supported into new accommodation with a communication plan in place that works well, and new leisure opportunities arranged to support them with structure and routine.
- Older person with dementia whose carer could not cope found urgent placement where they settled and CHC funding secured. Partner died and was then supported with bereavement counselling.
- Supported an asylum seeker displaying mental health issues to ensure a place of safety was sourced whilst a longer-term bed was sourced.
- Person with long standing mental ill health, supported into new voluntary work and quality of life has vastly improved. Risk of suicide much diminished.
- Young person with long history of trauma and personality disorder supported with therapy and a person focussed approach to help them achieve their educational aspirations.
- Older person with long history of hoarding supported to be part of a local support group which has now impacted positively on the extent of their hoarding.
- Young person with history of eating disorder and depression supported during the pandemic when isolation increased, to develop a plan around manging eating issues and OCD. Strength based approach used to focus on outcomes and building rapport.

From a WCHCFT perspective there are also various examples of how inequalities have been reduced. The table below represents the proportion of people with a Care Act eligible need who are either in a care home or in the community. It demonstrates a reduction in the percentage of people within long term care since 2017 as a proportion of those with a Care Act eligible need. Joint working across the ICCHs, CIRT and CICC has resulted in individuals maintaining their independence within the community and with less reliance on 24-hour. Support at home reduces the risk of deconditioning and contributes to people leading healthy and happy lives.



In 2017, the Trust facilitated the management of the referrals for Extra Care Housing (ECH) across Wirral. This included 201 places across five schemes in collaboration with Wirral Council. In 2019 the Council's housing department transferred the ECH administration process to the Trust.

During 2020/21 adult social care staff undertook several operational projects in conjunction with partner agencies. The Extra Care Housing (ECH) sector developments included:

- Administration and creation of an automated ECH application system
- 160 Care Act (2014) reviews with clients across four ECH schemes resulting in greater equity
- Allocation of 80 clients to the new Poppyfields ECH. This was during a period of the pandemic when there was some reservation about people moving house. Despite the challenges the Trust identified and assessed 80 people and supported them to take up tenancies in the required three-month period from opening which meant all had an assessed Care Act need.

The table below illustrates an increase of individuals within Extra Care Tenancies of 108% The own front door model that ECH provides enables people with support needs to live ordinary lives, in an environment of their choice, allowing them to thrive and experience the same advantages as other Wirral citizens.

Figure 4 - Extra Care Housing Placements

Date	Extra Care Places
Apr-17	111
Apr-18	110
Apr-19	105
Apr-20	104
Apr-21	171
Apr-22	231
Additional Placements	**120**
% Increase	**108%**

Feedback from Pauline Fitzpatrick Care Navigator Birkenhead Integrated Community Care Hub “I have been doing the daily triage for approximately 4-5 years. This is undertaken with matrons, Nurse Practitioners for Older People (NPOP), Early Intervention Assistants and MDT- Coordinators. This is beneficial as most of the referrals received have high complexity and needs. Birkenhead has pockets of high social deprivation and health inequalities in addition to high acuity due to complex social needs such as self-neglect/substance misuse/mental health problems/long term conditions/issues with home environment. Adopting a joint health and social approach is beneficial because it can save time and confusion for patients and family / mitigates the risk of duplication of work and with the skills, experience of both health and social care professionals being combined to achieve the best outcomes for

Learning from complaints

There is evidence that that both Trusts deploy good leadership when responding to and learning from compliments and complaints The CWP has received a total of 92 complaints, 338 incidents and 89 compliments for the reporting period of August 2018 to July 2022.

98% of complaint investigations were formally acknowledged by letter, within 3 working days. There was a delay in logging 2 (2%) complaints, one during the Covid pandemic and one further to a delay in recording the complaint. A letter of apology was sent to both individuals.

- 61 complaints were formally investigated under the Trust complaint process.

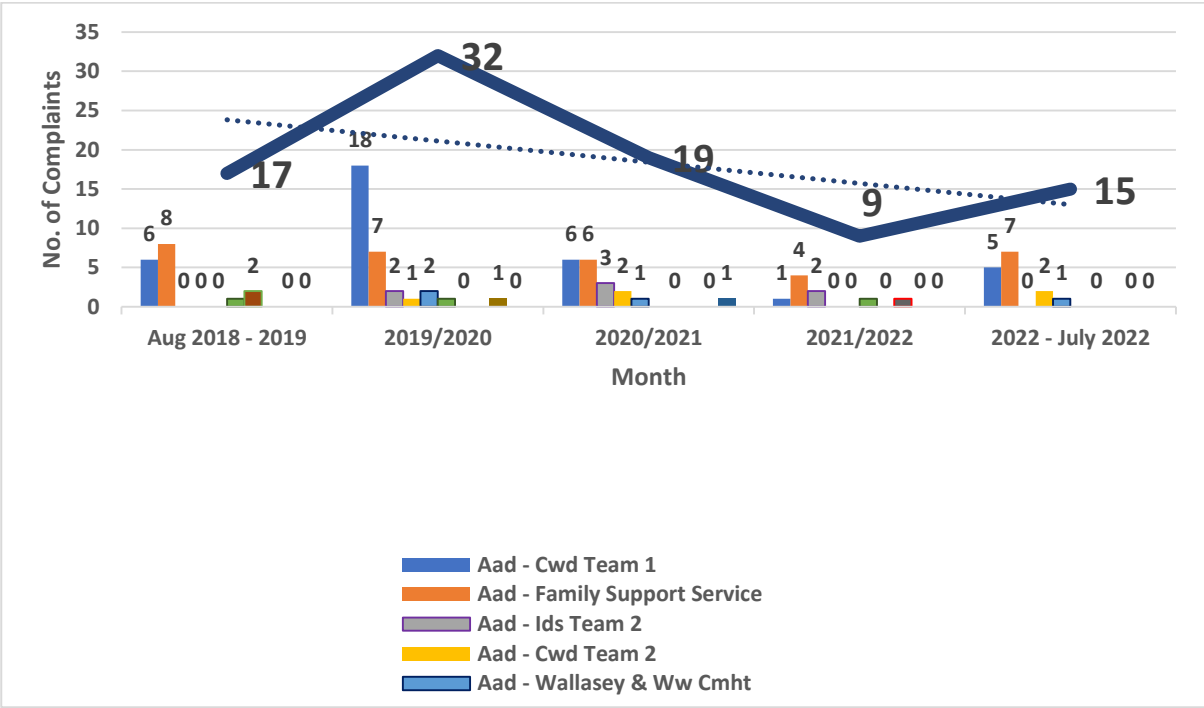
The outcome of the investigations is listed below:

- 4 were upheld
- 18 were partially upheld
- 39 were not upheld

There are currently 8 investigations underway.
97% (n.59 of n.61) of complaint investigations were responded to within the statutory 6 months or within the timeframe agreed with the person making the complaint. There was a delay in responding to 3% (n.2 of n.61) complaints which involved complex issues involving several organisations. Communication was maintained with the people who had raised the complaint throughout the investigation.
The remainder 31 of the complaints are split as follows:

- 23 were withdrawn due to local and early resolution through the service and PALS
- 8 were currently being investigated (as of 31st July 2022)
- 1 formal complaint is pending further information from person making the complaint

Chart 1 - Complaints recorded per team



The learning themes from complaints are shared three times a year in the Trust's learning from experience report. A summary of the learning themes is presented to the Trust's Quality Committee.

Overall, the response to complaints is positive but there would be real value in reporting on how the learning from complaints has been operationalised. This is a piece of work that will be undertaken and will align with learning from safeguarding investigations and will be supported by commissioners and the Professional Standards Team.

Prevention and admission avoidance

The Integrated Gateway functions as the single point of access is a fully integrated single front door to all community health and social care services in Wirral and is operating well and there are plans to develop it further.

Prevention and admission avoidance (Home First)

The Trust offer a range of integrated services to avoid admission and expedite sustainable discharges. These include:

- Community Integrated Response Team (CIRT)
- Discharge to Assess (D2A)
- Community Intermediate Care Centre (CICC)
- Short Term Assessment and Reablement (STAR)
- Wirral Community Response Team (WCR)

The CIRT team have performed well against the Two-Hour Urgent Community Response (UCR) Service performs well:

- Assessments within two hours: 92.3% 2-hour response over 12-month period
- Personalised support and care within two days: 98.1% over 12-month period

Since 2020/21 the Trust's Discharge2Assess (D2A) offer was extended to include the Community Intermediate Care Centre (CICC). This provides a bed-based service to enable reablement and rehabilitation for individuals following an acute admission where the individual is ready for discharge but requires additional assessment and reablement goals prior to returning home to longer-term support.
Social care staff act as a key member of the multi-disciplinary team and provide a holistic and person-centred assessment of need and determine eligibility in accordance with statutory requirements of the Care Act 2014.

- During the period of September 2021 to end July 2022 there have been 515 individuals supported through the D2A pathway.
- Out of these cases, approximately 60% have returned home. STAR staff assess an individual in their home and help them regain their independence. This includes working with designated providers to facilitate home based reablement for a period of up to six weeks.
- STAR perform well completing on average 6,000 assessment and interventions a year that also contribute to the improved performance in supporting people to remain in or return to their own home. This is evidenced in the reduction in admissions to care homes. The team work closely with Therapists to ensure early identification of simple aids and adaptations and technology are responded to.

Health Care Assistant (HCA) support is provided to people requiring domiciliary care and at times without an identified start date for the care package. The Wirral Health and Care System has agreed to implement.

Partnership work with the contract lead, Council commissioners, the CAT and both trusts is underway to ensure primacy is given to people awaiting discharge from hospital and people at critical risk in the community when packages of support become available,

The development of a Home First model is a priority, this model will provide a fully integrated approach enabling people to return home, be assessed at home and develop a support plan at home. It is anticipated this will result in a reduced reliance on commissioned care when these assessments are undertaken in a familiar environment. It also has the potential to give families the confidence to support their family member and could incentivise the take up of direct payments.

Further work is still needed in this area and, both Trusts, the Care Arranger Team (CAT), and commissioners are working closely together to ensure hospital discharges, and people with urgent needs in the community are prioritised

Placed based integrated services

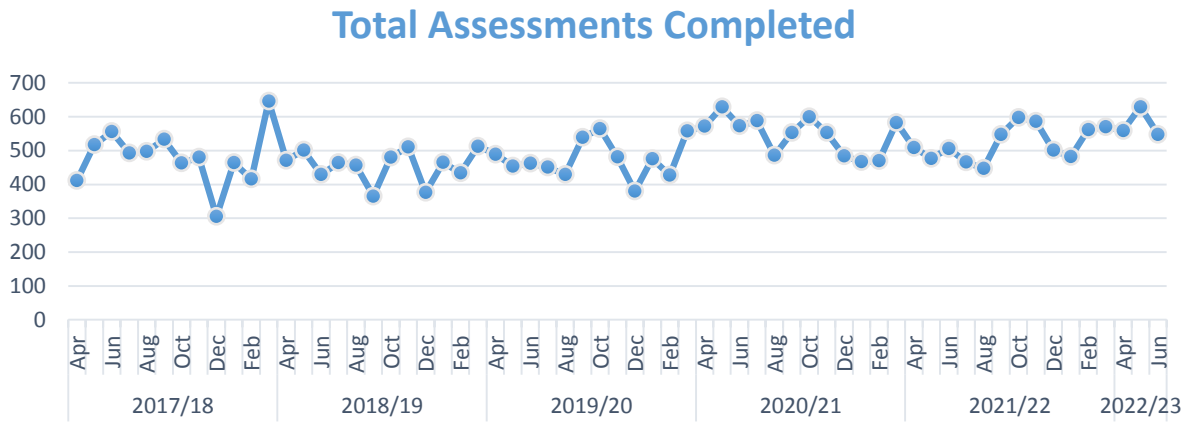
Integrated Community Care Hubs (ICCHs)

The aspiration of the Section 75 agreement was for both Trusts to develop integrated community care teams which are co-located and generate significant changes in the way people work together around the people they serve, including the design and implementation of place-based teams. Measurable outcomes of this work are evidenced in the people's stories, staff and stakeholder feedback and business intelligence, the pace of implementation was affected by the pandemic.

There are four ICCHs which provide support across the Wirral. Each hub is co-located with a community nursing team, with access to Therapy Services and 0-19 children and young people's services - all of which strengthen and supports integration. Staff report how much more accessible their professional colleagues are and how much more they discuss and plan together to meet the needs of the people of Wirral

The ICCHs provide an assessment and support planning function and ongoing support to individuals and their families, delivered on a neighbourhood footprint. Open cases have increased by 23% since 2017 due to people now living longer with multiple long-term conditions and complex needs, requiring support from several services at the same time. As a result of the community Multi-Disciplinary Team (MDT) approach, evidence would suggest individual's care plans are more holistic, timely and person centred.
The adoption of *a community based joint health and social approach when supporting people with their mental health is beneficial because it can save time and confusion for patients and family and mitigates the risk of duplication of work.*

The table below illustrates the number of assessments completed year on year by the ICCHs since 2017
ICCH's deliver all aspects of adult social care, alongside specific commissioner projects



Digital solutions

The Moving with Dignity (MWD)

MWD interventions focus on single handed techniques and the use of new technology to optimise function. This approach reduces the number of staff entering someone's home and the experience of care is a more dignified one.. Training and ongoing support is provided by the moving and handling specialist.

The MWD reviews have led to a reduction in the prescribing of support, increased market capacity in domiciliary care, and contributed to better utilisation of resources. There has been a consequential 56% reduction in care service provision in those cases subject to the Moving and Dignity Review, as demonstrated by Table 1 below.

Table 1 - Moving With Dignity Reviews

Years	Review Date	Increase	No Change	Prevention	Reduction	Refusal	Total
2022	Jan	1			3		4
	Feb				5		5
	Mar		1		5	1	7
	Apr		1	1	3	1	6
	May	3	1		6		10
	Jun	1	3	2	1	1	8
	Jul	1	1		1		3
2022 Total		6	7	3	24	3	43
Total		**6**	**7**	**3**	**24**	**3**	**43**

Further work needs to be undertaken in collaboration with the domiciliary care sector to optimise this offer.
In respect of other projects, Grandcare, as an example, engagement has been a little inconsistent, a rationale has been presented, but overall there does seem to be a degree of reluctance from the Trusts to fully embrace solutions like this. Grandcare is a key Council priority and the requirement to implement digital solutions is part of the Section 75 arrangements.

WIRRAL

ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Monday, 24 October 2022

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

REPORT SUMMARY

This report provides a performance report in relation to Adult Social Care and Public 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/S

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

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION

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

2.0 OTHER OPTIONS CONSIDERED

2.1 This report has been developed in line with Member requirements. In addition to this report Committee members requested access to a set of automated Adult Social Care Reports. Following testing and demonstration of reports to a pilot Member group, these reports and now available for all Committee members to access and appropriate support has been offered. Alongside the written report a verbal update on key NHS performance data will be provided at the Committee meeting.

3.0 BACKGROUND INFORMATION

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

4.0 FINANCIAL IMPLICATIONS

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

5.0 LEGAL IMPLICATIONS

5.1 There are no legal implications arising from this report.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 There are none arising from this report.

7.0 RELEVANT RISKS

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

8.0 ENGAGEMENT/CONSULTATION

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

9.0 EQUALITY IMPLICATIONS

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

Assessment is a tool to help council services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision, or activity. This report has no direct implications for equalities.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

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

11.0 COMMUNITY WEALTH IMPLICATIONS

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

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

APPENDICES

Appendix 1 Adult Social Care and Public Health Committee Performance Report

BACKGROUND PAPERS

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

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Public Health Committee	**25 July 2022**
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
02/09/2022

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WIRRAL INTELLIGENCE SERVICE

Table of Contents

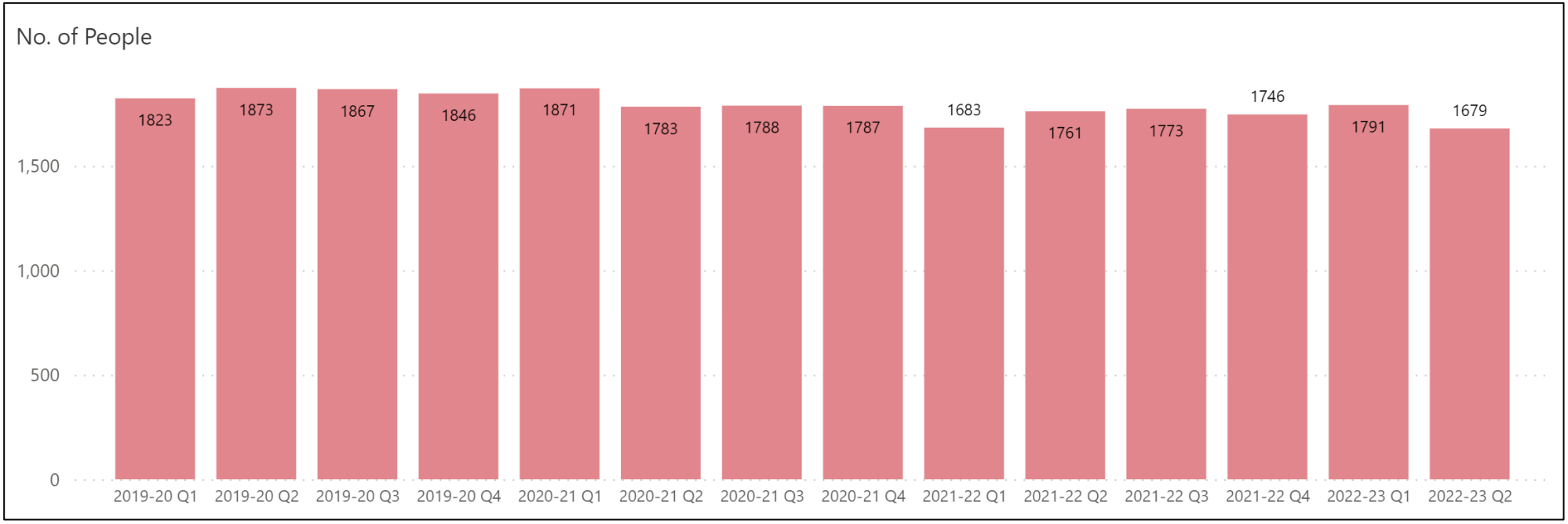
1.0 Introduction

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

2.0 Care Market – Homes

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

Data Source: ContrOCC.

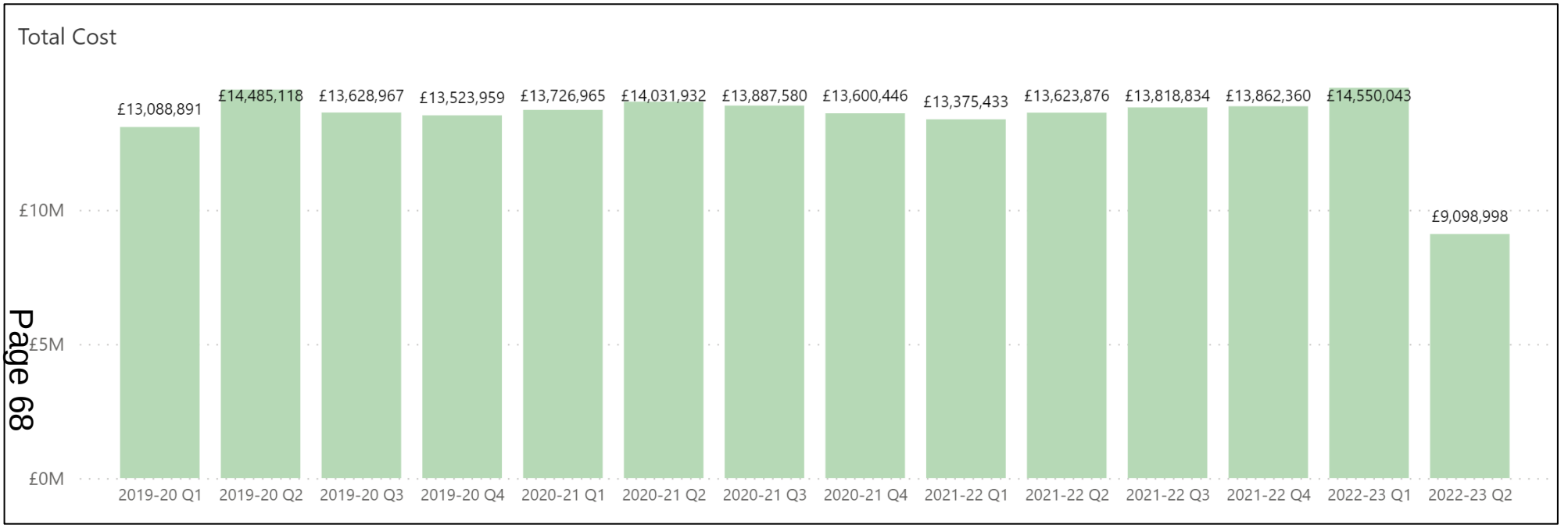


Data Source: ContrOCC.

No. of People Receiving Service in Period

Month	2019	2020	2021	2022	**Total**
January		1720	1619	1569	**3711**
February		1709	1623	1608	**3731**
March		1759	1610	1642	**3765**
April	1678	1791	1567	1643	**4489**
May	1693	1629	1583	1673	**4516**
June	1701	1638	1578	1667	**4523**
July	1720	1670	1595	1679	**4530**
August	1737	1662	1640	1663	**4528**
September	1754	1655	1634		**3712**
October	1759	1671	1657		**3739**
November	1750	1661	1631		**3752**
December	1720	1633	1621		**3740**
Total	**2279**	**2703**	**2584**	**2181**	**4737**

Data Source: ContrOCC.



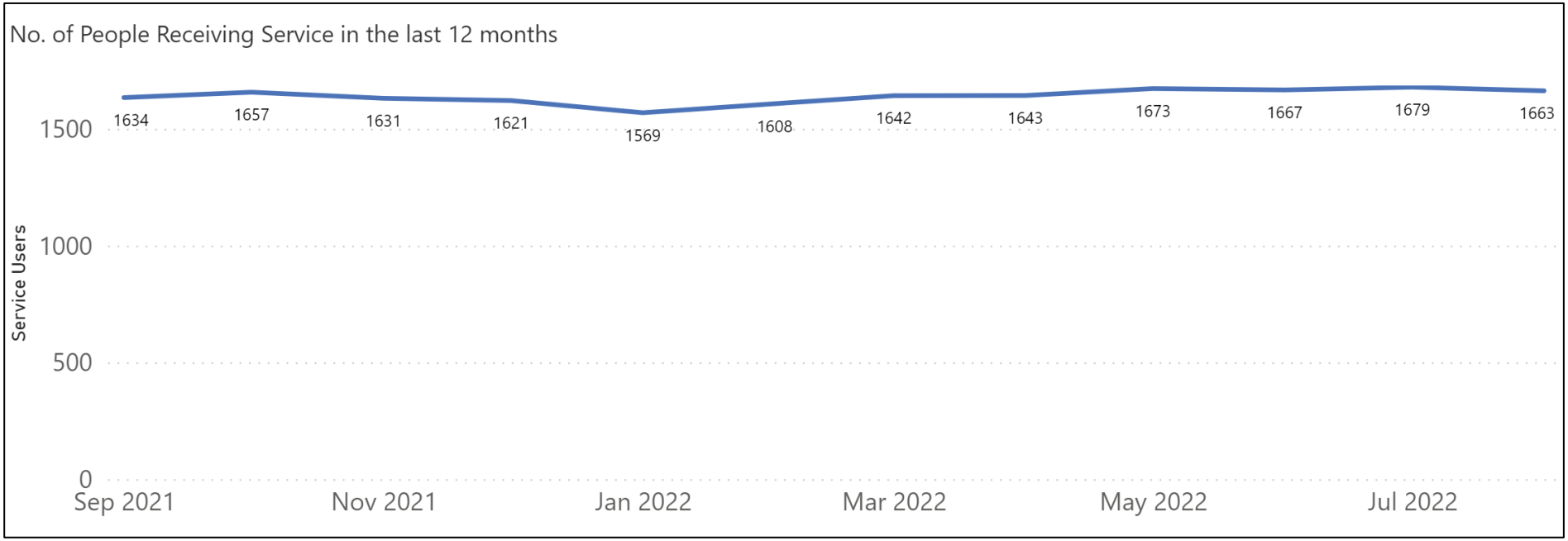
Data Source: ContrOCC.

Total Cost

Month	2019	2020	2021	2022	**Total**
January		£4,154,512.17	£4,193,576.30	£5,215,279.17	**£13,563,367.64**
February		£4,135,014.57	£4,196,697.21	£4,258,111.83	**£12,589,823.61**
March		£5,234,432.11	£5,210,172.04	£4,388,968.76	**£14,833,572.92**
April	£5,012,763.01	£4,297,165.61	£4,107,180.72	£4,397,854.94	**£17,814,964.29**
May	£4,014,631.42	£4,190,106.03	£5,128,005.17	£5,579,843.72	**£18,912,586.34**
June	£4,061,496.25	£5,239,693.02	£4,140,247.35	£4,572,344.17	**£18,013,780.78**
July	£5,119,289.21	£4,300,088.73	£4,140,754.43	£4,586,250.66	**£18,146,383.03**
August	£4,152,166.63	£5,414,088.69	£5,227,885.65	£4,512,747.57	**£19,306,888.55**
September	£5,213,661.84	£4,317,754.30	£4,255,236.39		**£13,786,652.53**
October	£4,212,963.26	£4,287,570.12	£4,274,647.36		**£12,775,180.75**
November	£4,209,772.88	£5,370,899.44	£5,313,680.77		**£14,894,353.09**
December	£5,206,231.22	£4,229,110.31	£4,230,505.38		**£13,665,846.90**
Total	**£41,202,975.72**	**£55,170,435.11**	**£54,418,588.79**	**£37,511,400.82**	**£188,303,400.43**

Data Source: ContrOCC.

2.2 Residential and Nursing Care Over Time



Data Source: Liquid Logic.

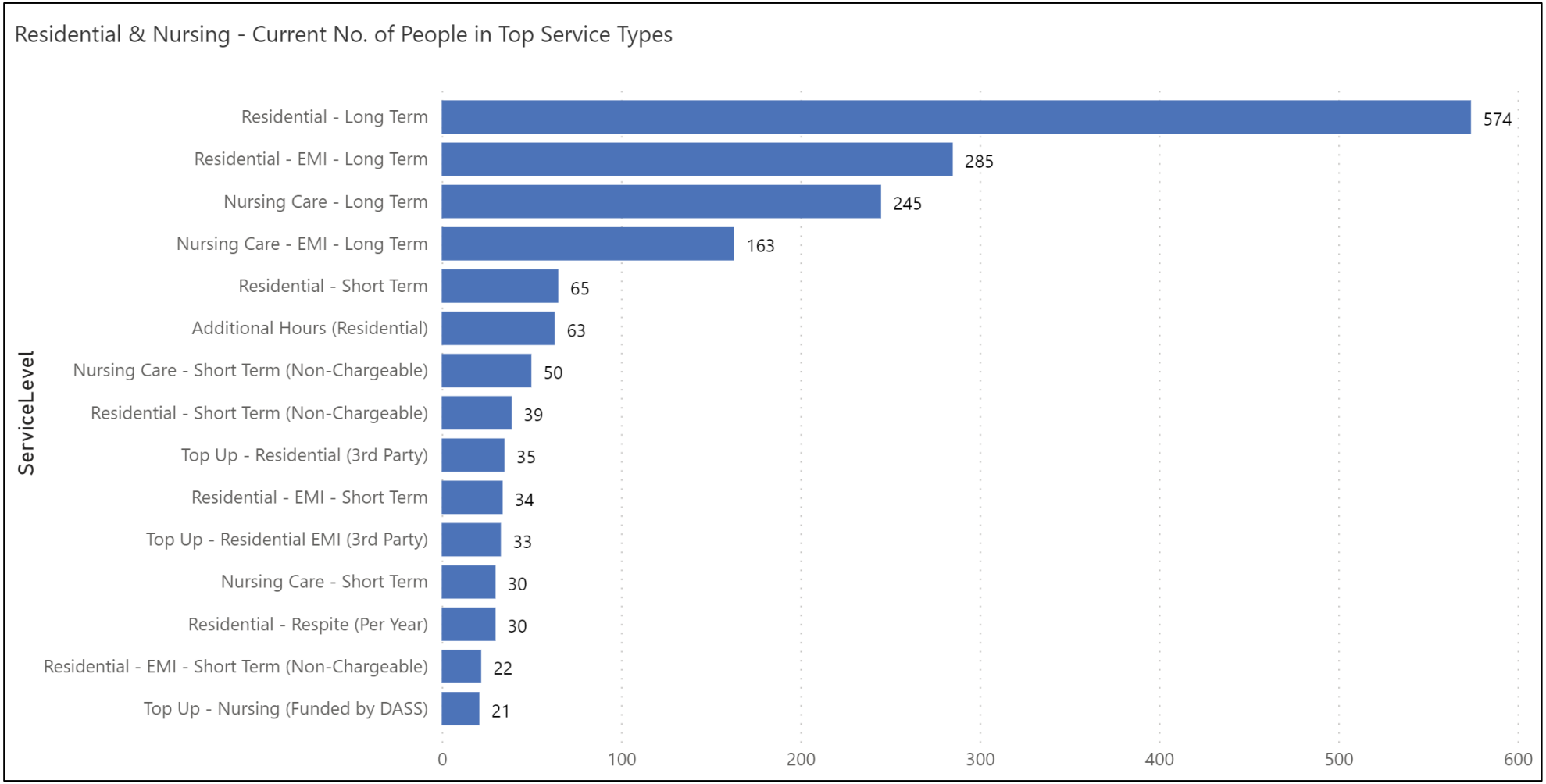
No. of People Receiving Service in Period

Year	January	February	March	April	May	June	July	August	September	October	November	December	**Total**
2022	1569	1608	1642	1643	1673	1667	1679	1663					**2181**
2021									1634	1657	1631	1621	**1914**
Total	**1569**	**1608**	**1642**	**1643**	**1673**	**1667**	**1679**	**1663**	**1634**	**1657**	**1631**	**1621**	**2515**

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

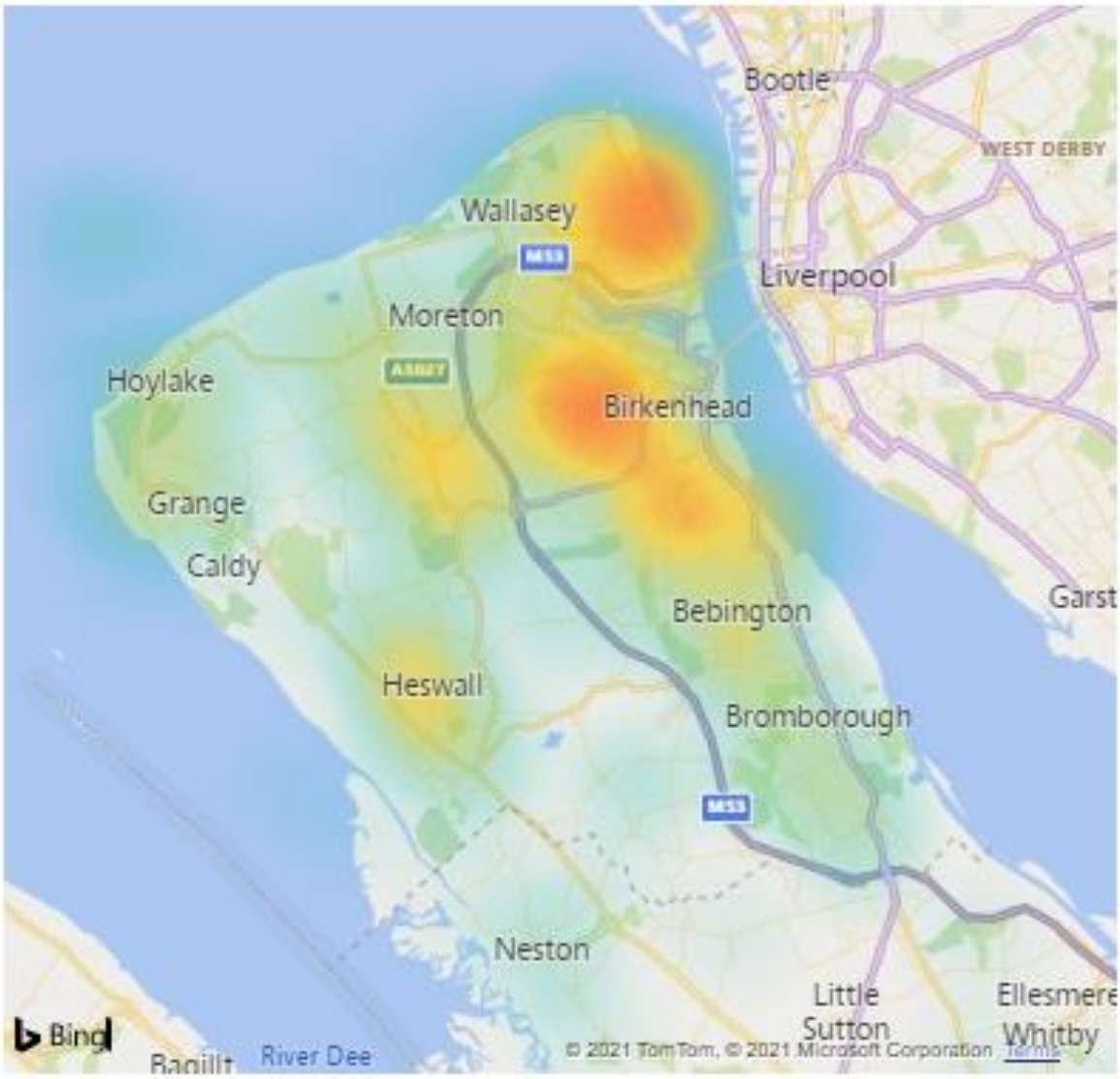
ServiceLevel	No. of People
Residential - Long Term	574
Residential - EMI - Long Term	285
Nursing Care - Long Term	245
Nursing Care - EMI - Long Term	163
Residential - Short Term	65
Additional Hours (Residential)	63
Nursing Care - Short Term (Non-Chargeable)	50
Residential - Short Term (Non-Chargeable)	39
Top Up - Residential (3rd Party)	35
Residential - EMI - Short Term	34
Top Up - Residential EMI (3rd Party)	33
Nursing Care - Short Term	30
Residential - Respite (Per Year)	30
Residential - EMI - Short Term (Non-Chargeable)	22
Top Up - Nursing (Funded by DASS)	21
Total	**1535**

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

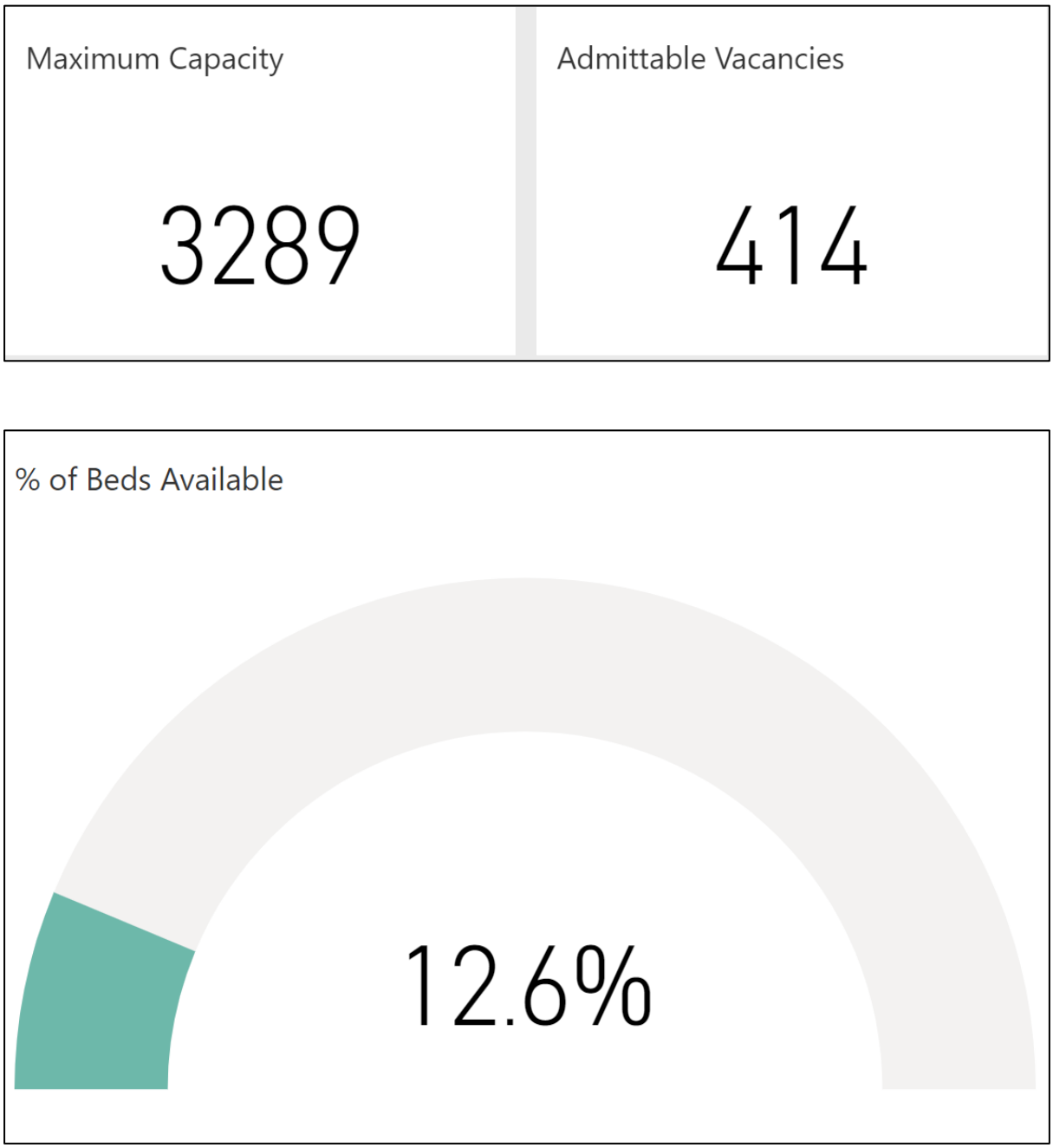
Care Home Location



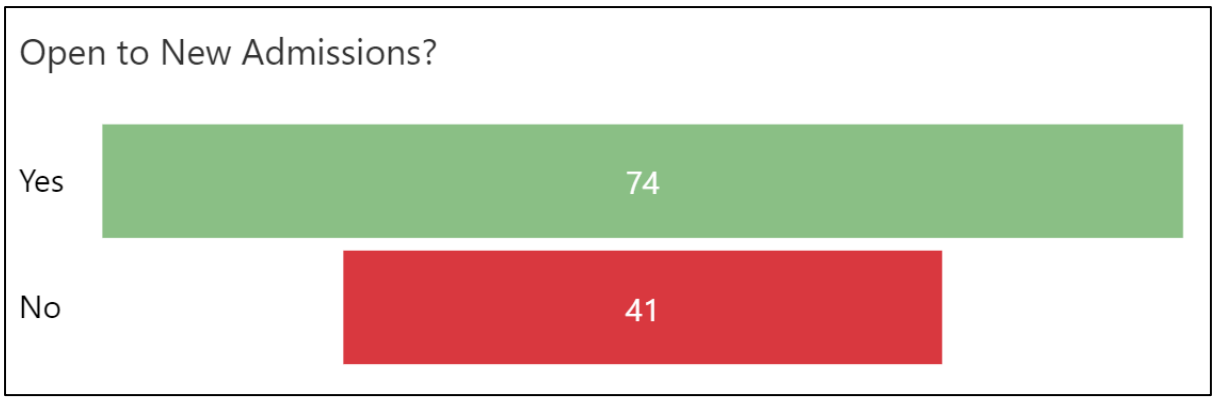
The heat map shows the care home locations.

Data Source: Liquid Logic.

2.4 Care Homes – Current Vacancy Rate



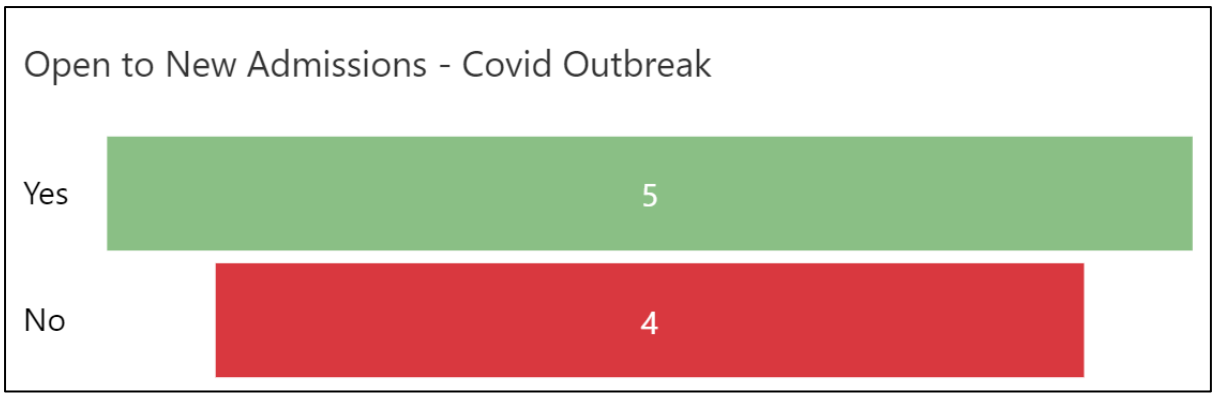
Data Source: NHS Capacity Tracker.
There is a capacity of 3289 places in care homes with a current vacancy rate as at 02/09/2022 of 12.6%.



Open to New Admissions?

Is Accepting Admissions	No. of Homes
Yes	74
No	41
Total	**115**

The number of care homes which are Open to new admissions on 02/09/2022.



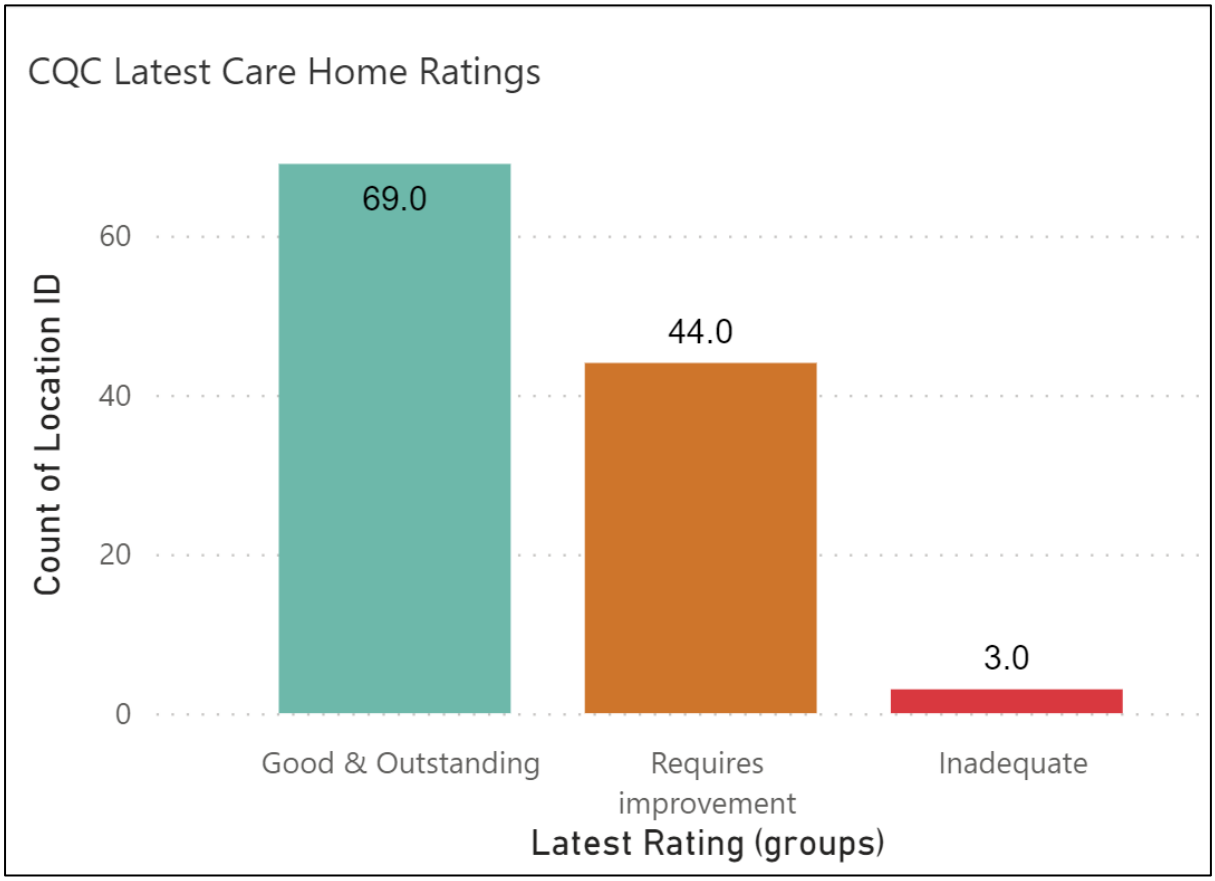
Open to New Admissions - Covid Outbreak

Is Accepting Admissions	No. of Homes
Yes	5
No	4
Total	**9**

The number of care homes with a Covid outbreak which are Open to new admissions on 02/09/2022.

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	69
Requires improvement	44
Inadequate	3
Total	**116**

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

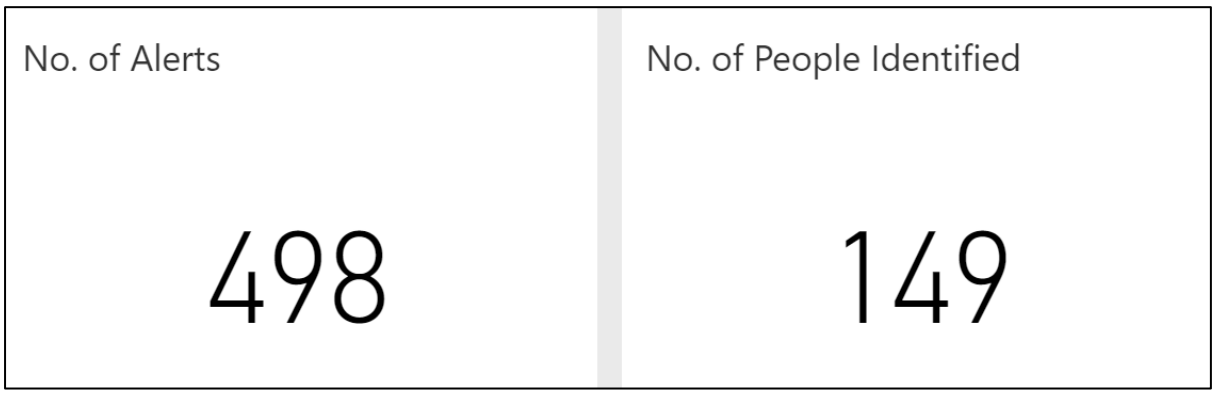
The number of long-term residential care home placements continues to be at a slightly higher level which may be due to system pressure in the acute trust and the recruitment and retention pressures and reduced capacity in the Domiciliary Care Market. Vacancy rates in care homes are at a similar level compared to the last report, and 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 homes closed to admissions in line with infection control measures continues at a decreased level.

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

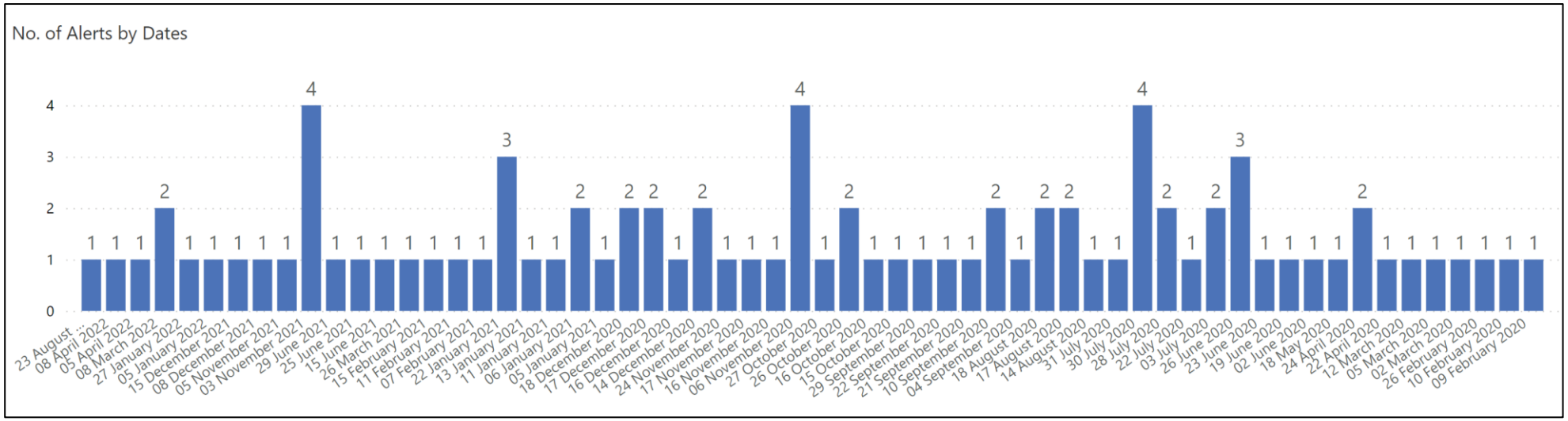
The intention of this regulation is to specify a range of events or occurrences that must be notified to CQC so that, where needed, CQC can take follow-up action. Providers must notify CQC of all incidents that affect the health, safety and welfare of people who use services.
The Contracts Team receives a copy of all notifiable incidents as sent to CQC. This information was used, prior to contract monitoring being stepped back due to the pandemic, to inform individual Contract Meeting discussions. It was not stored in such a way to allow for market reporting.
The team have taken steps to ensure that this information will be available going forward. Notifiable Incidents include: -

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

The below is a summary of CQC Alerts received



Data Source: ContrOCC.

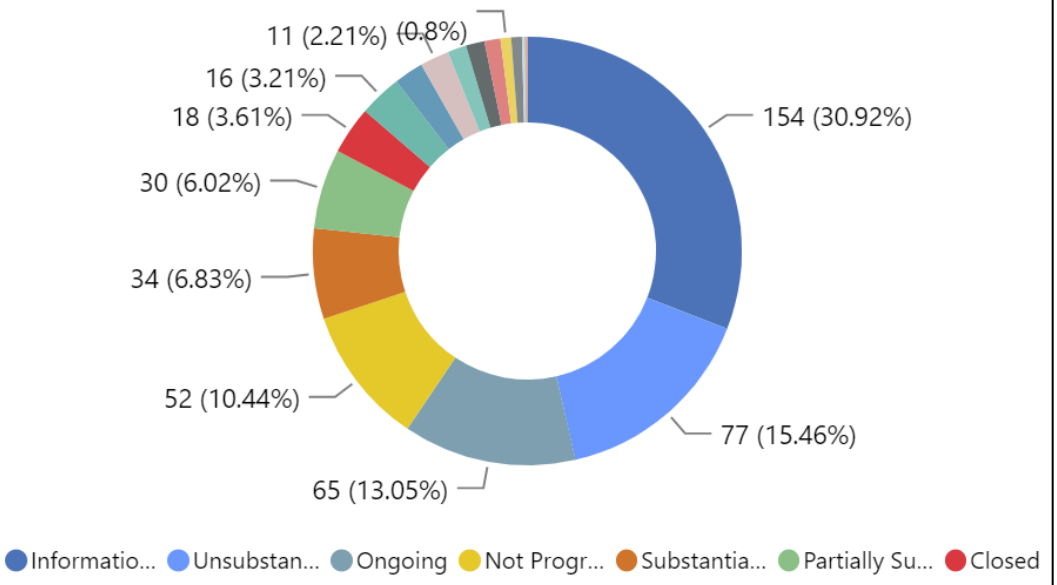


Data Source: ContrOCC.

No. of Alerts by Dates

Date	No. of Alerts
23 August 2022	1
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
Total	**498**

No. of Alerts
BY OUTCOME

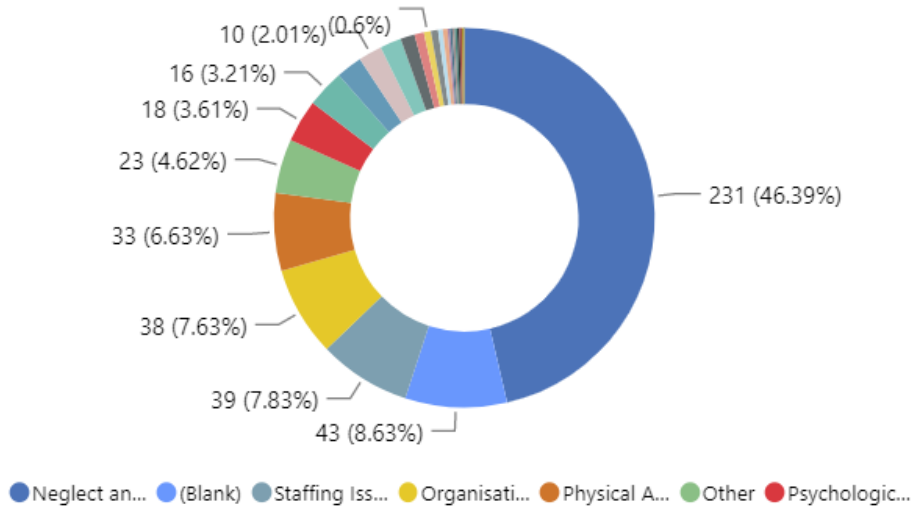


No. of Alerts
BY OUTCOME

Outcome	No. of Alerts
Information Only	154
Unsubstantiated	77
Ongoing	65
Not Progressed	52
Substantiated	34
Partially Substantiated	30
Closed	18
Partially Substantiated with Action Plan	16
Investigated - No further action	11
Warning Notice	11
Closed with Recommendations	7
Inconclusive	7
Substantiated with Action Plan	6
	4
Notice of Proposal	4
Notice of Decision	1
Unsubstantiated with Action Plan	1
Total	**498**

Data Source: ContrOCC.

No. of Alerts
BY SUB THEME



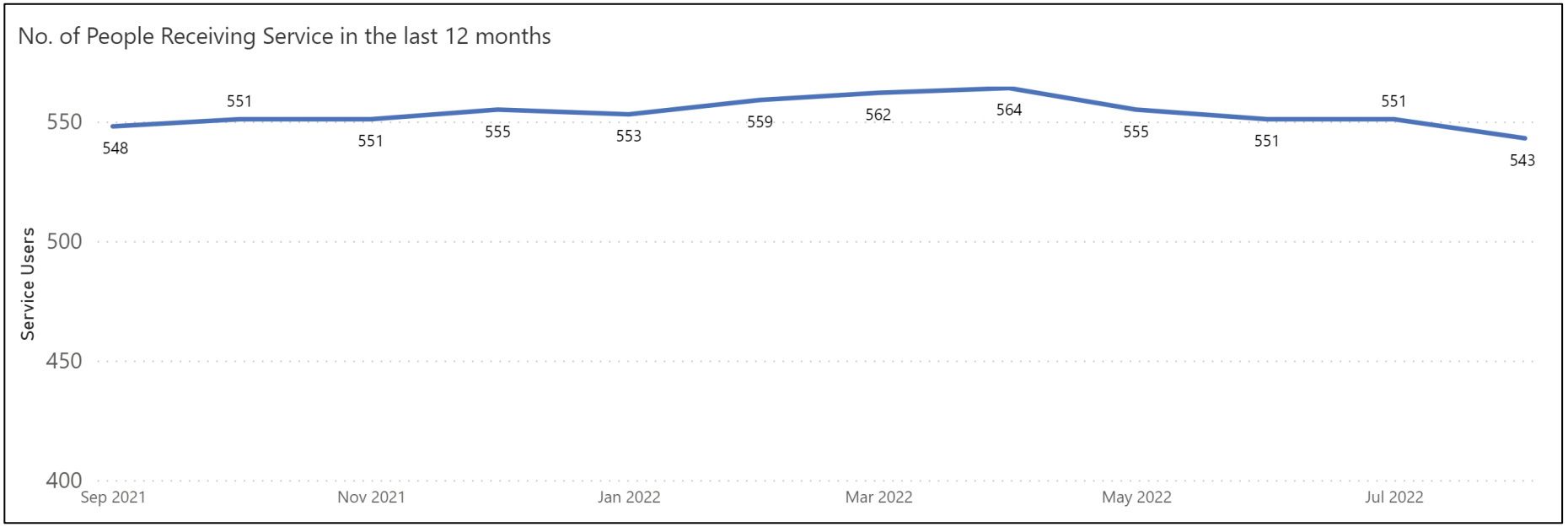
No. of Alerts
BY SUB THEME

Sub Theme	No. of Alerts
Neglect and Acts of Omission	231
	43
Staffing Issues	39
Organisational Abuse	38
Physical Abuse	33
Other	23
Psychological Abuse	18
Medication	16
Safe	11
Management	10
Environment	9
Financial or Material Abuse	6
Infection Control	4
Care Planning	3
Health and Safety	3
Falls	2
Well-led	2
Caring	1
Death (unexpected and expected)	1
Late/Early Call	1
Neglects and Acts of Omission	1
Self-neglect	1
Tissue Viability	1
Training	1
Total	**498**

Data Source: ContrOCC.

3.0 Direct payments

3.1 Direct Payments – Number of People Receiving a Service



Data Source: ContrOCC.

No of People Receiving Service in the last 12 months

Year	January	February	March	April	May	June	July	August	September	October	November	December	**Total**
2022	553	559	562	564	555	551	551	543					**636**
2021									548	551	551	555	**577**
Total	**553**	**559**	**562**	**564**	**555**	**551**	**551**	**543**	**548**	**551**	**551**	**555**	**668**

Data Source: ContrOCC.

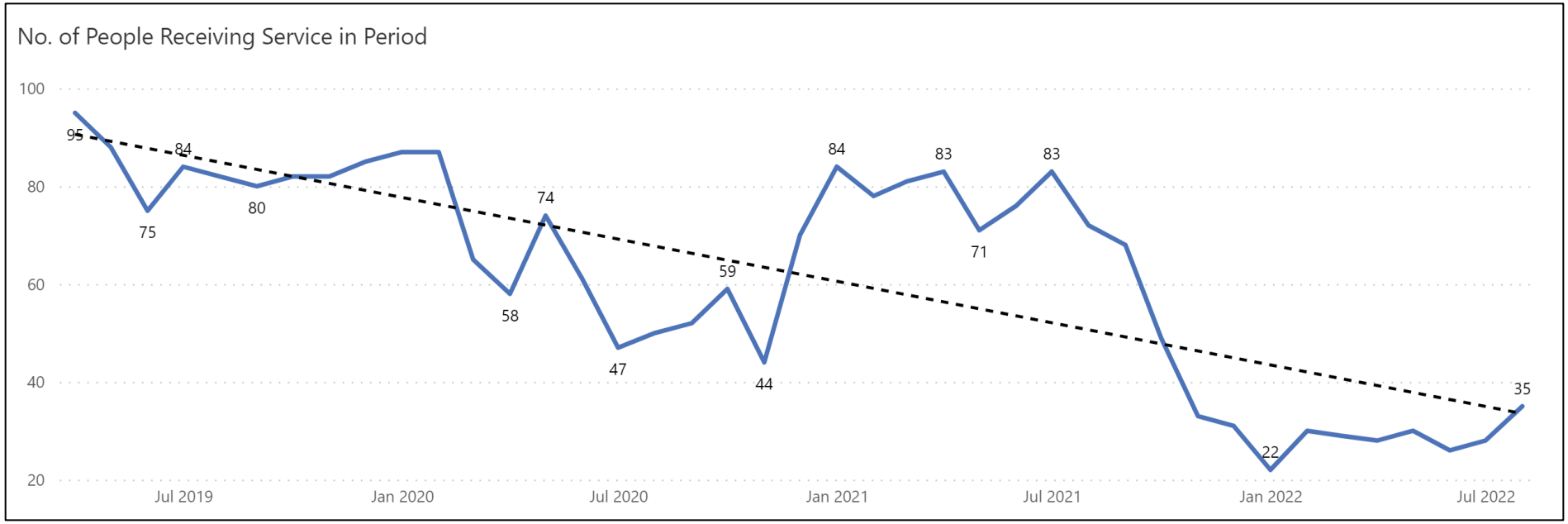
The chart and table show the number of people receiving a direct payment in the last 12 months. Data is updated monthly.

The number of people receiving direct payments as at 02/09/22 is 543.

The number of people who arrange their support with a Direct Payment has remained at a similar level, but with a small reduction in August. 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 April 2019)



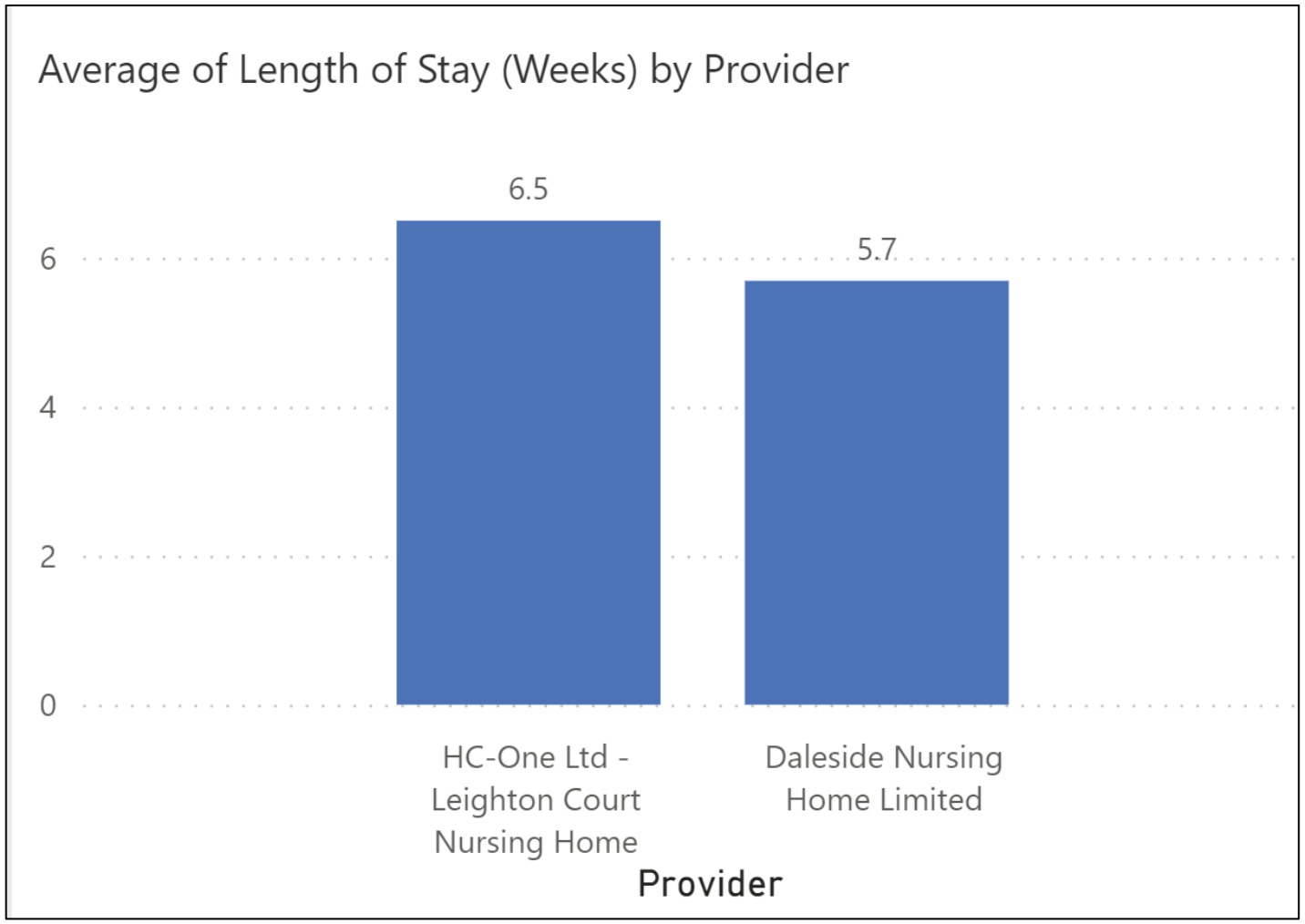
No. of People Receiving Service in Period

Month	2019	2020	2021	2022	**Total**
January		87	84	22	**22**
February		87	78	30	**30**
March		65	81	29	**29**
April	95	58	83	28	**28**
May	88	74	71	30	**30**
June	75	61	76	26	**26**
July	84	47	83	28	**28**
August	82	50	72	35	**35**
September	80	52	68		**68**
October	82	59	49		**49**
November	82	44	33		**33**
December	85	70	31		**31**
Total	**85**	**70**	**31**	**35**	**35**

Data Source: ContrOCC.

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

4.2 Discharge to Assess – Average Length of Stay

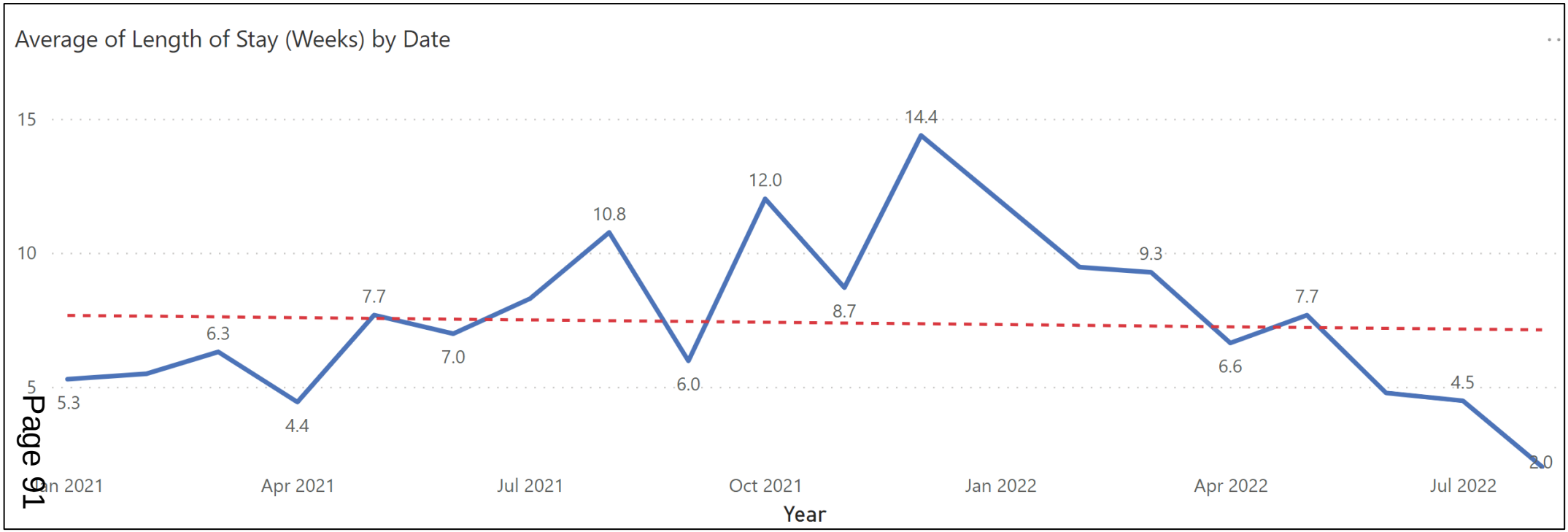


Data Source: ContrOCC.

Average Length of Stay (Weeks) by Provider

Provider	Average of Length of Stay (Week)
Daleside Nursing Home Limited	5.69
HC-One Ltd - Leighton Court Nursing Home	6.50
Total	**6.16**

Data Source: ContrOCC.



Data Source: Liquid Logic.

Average of Length of Stay (Weeks) by Date

Month	2021	2022	**Total**
January	4.58		**4.58**
February	5.05	9.46	**6.09**
March	7.66	9.27	**7.90**
April	5.91	6.63	**6.02**
May	7.66	7.67	**7.66**
June	6.65	4.77	**6.27**
July	8.05	4.48	**7.11**
August	8.78	2.01	**6.97**
September	5.88		**5.88**
October	9.73		**9.73**
November	8.70		**8.70**
December	14.38		**14.38**
Total	**6.86**	**6.38**	**6.79**

Data Source: Liquid Logic.

The average length of stay is shown since January 2021.
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 which the data above relates to.

4.3 Discharge to Assess – Vacancy Rate

Table 1 - Actual Bed Days

	Apr	May	Jun	Jul
Discharge to Assess - Residential EMI	167	179	176	197
Discharge to Assess - Nursing	557	635	604	514
Total	**724**	**814**	**780**	**711**

Table 2 - Commissioned Bed Days

	Apr	May	Jun	Jul
Discharge to Assess - Residential EMI	240	248	240	248
Discharge to Assess - Nursing	660	682	660	682
Total	**900**	**930**	**900**	**930**

Table 3 - % Occupancy

	Apr	May	Jun	Jul
Daleside	70%	72%	73%	79%
Leighton Court	84%	93%	92%	75%
Total	**80%**	**88%**	**87%**	**76%**

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
2021	**286**	**1,521.00**
September	66	346.00
October	79	420.00
November	78	414.00
December	63	341.00
2022	**574**	**3,034.00**
January	68	370.00
February	78	412.00
March	59	327.00
April	81	419.00
May	87	442.00
June	63	372.00
July	83	434.00
August	55	258.00
Total	**860**	**4,555.00**

Data Source: ContrOCC and Liquid Logic.

Occupancy Level by Date and Provider

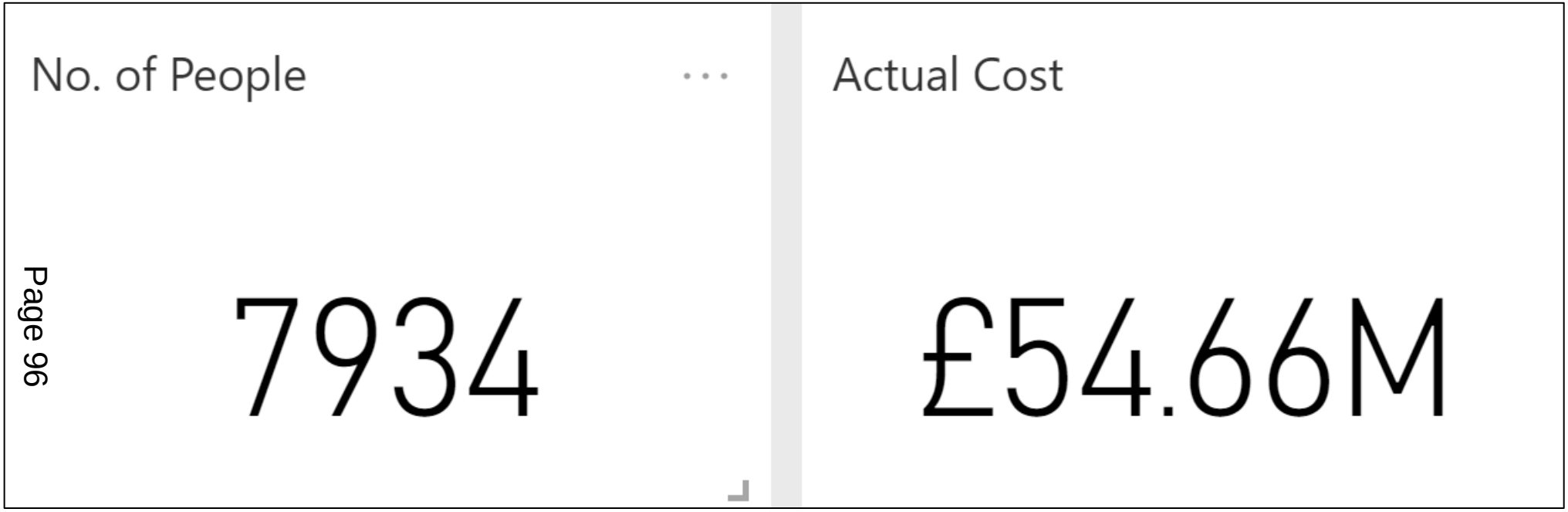
Date - Week Commencing	Vacancies Rate	Service
22 August 2022	7%	Tree Vale Limited Acorn House
15 August 2022	43%	Tree Vale Limited Acorn House
08 August 2022	21%	Summer Fields
08 August 2022	50%	Tree Vale Limited Acorn House
01 August 2022	25%	Summer Fields
01 August 2022	79%	Tree Vale Limited Acorn House
25 July 2022	150%	Tree Vale Limited Acorn House
18 July 2022	93%	Tree Vale Limited Acorn House
11 July 2022	36%	Tree Vale Limited Acorn House
27 June 2022	21%	Tree Vale Limited Acorn House
20 June 2022	50%	Tree Vale Limited Acorn House
13 June 2022	50%	Tree Vale Limited Acorn House
06 June 2022	39%	Summer Fields
06 June 2022	50%	Tree Vale Limited Acorn House
30 May 2022	39%	Summer Fields
30 May 2022	50%	Tree Vale Limited Acorn House
23 May 2022	43%	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

Data Source: ContrOCC and Liquid Logic.

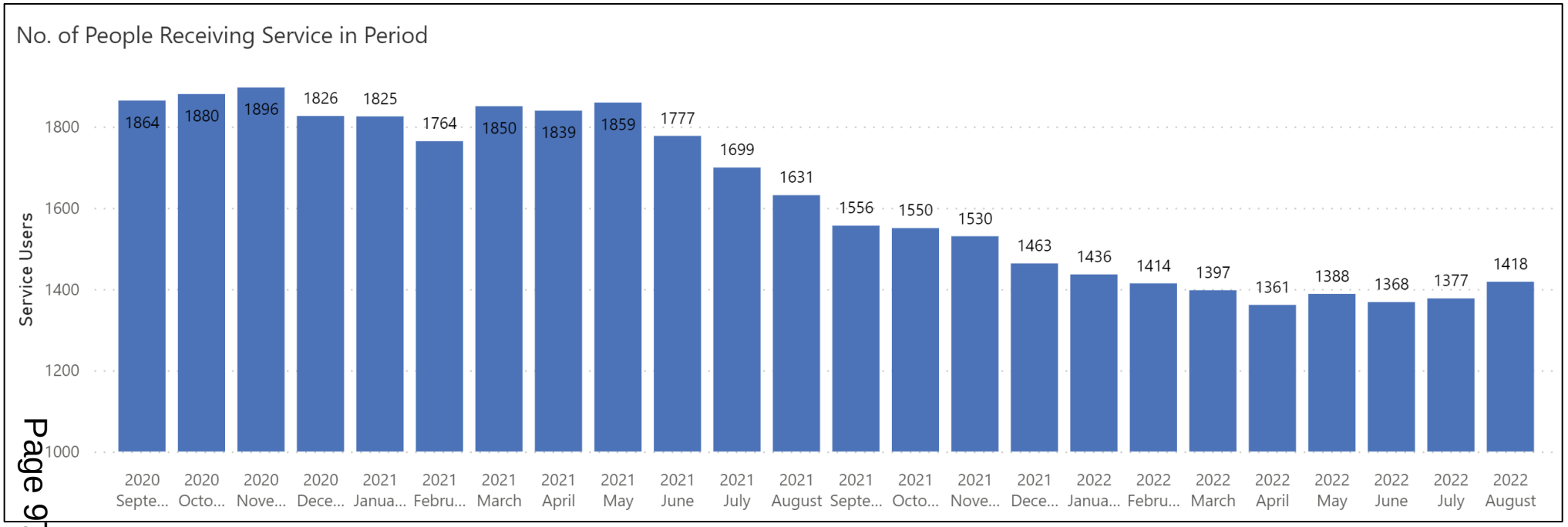
Short Breaks services provide valuable support to people and their carers. It is usual to have fluctuating occupancy levels between short stay bookings.

5.0 Care Market – Domiciliary Care and Reablement

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



Data Source: ContrOCC.



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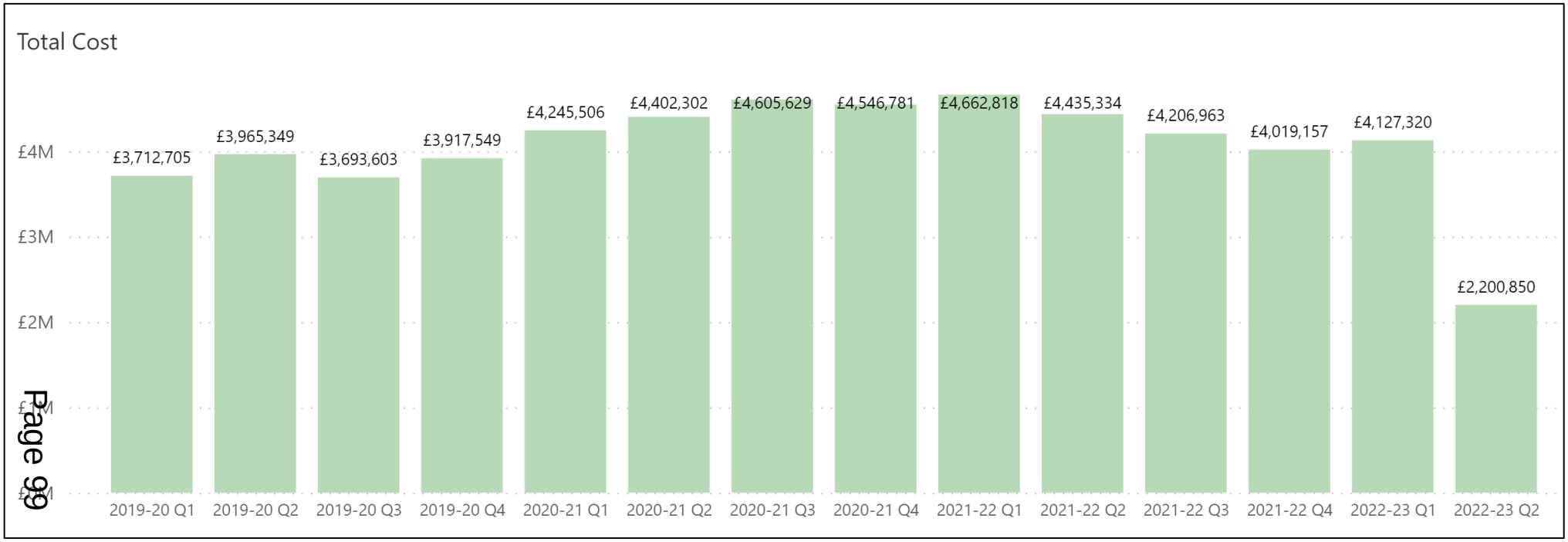
Data Source: ContrOCC.

No. of People Receiving Service in Period

Month	2020	2021	2022	**Total**
January		1825	1436	**3761**
February		1764	1414	**3593**
March		1850	1397	**3488**
April		1839	1361	**3314**
May		1859	1388	**3221**
June		1777	1368	**3068**
July		1699	1377	**2938**
August		1631	1418	**2875**
September	1864	1556		**4279**
October	1880	1550		**4194**
November	1896	1530		**4077**
December	1826	1463		**3910**
Total	**2582**	**3677**	**2161**	**5263**

Data Source: ContrOCC.



Data Source: ContrOCC.

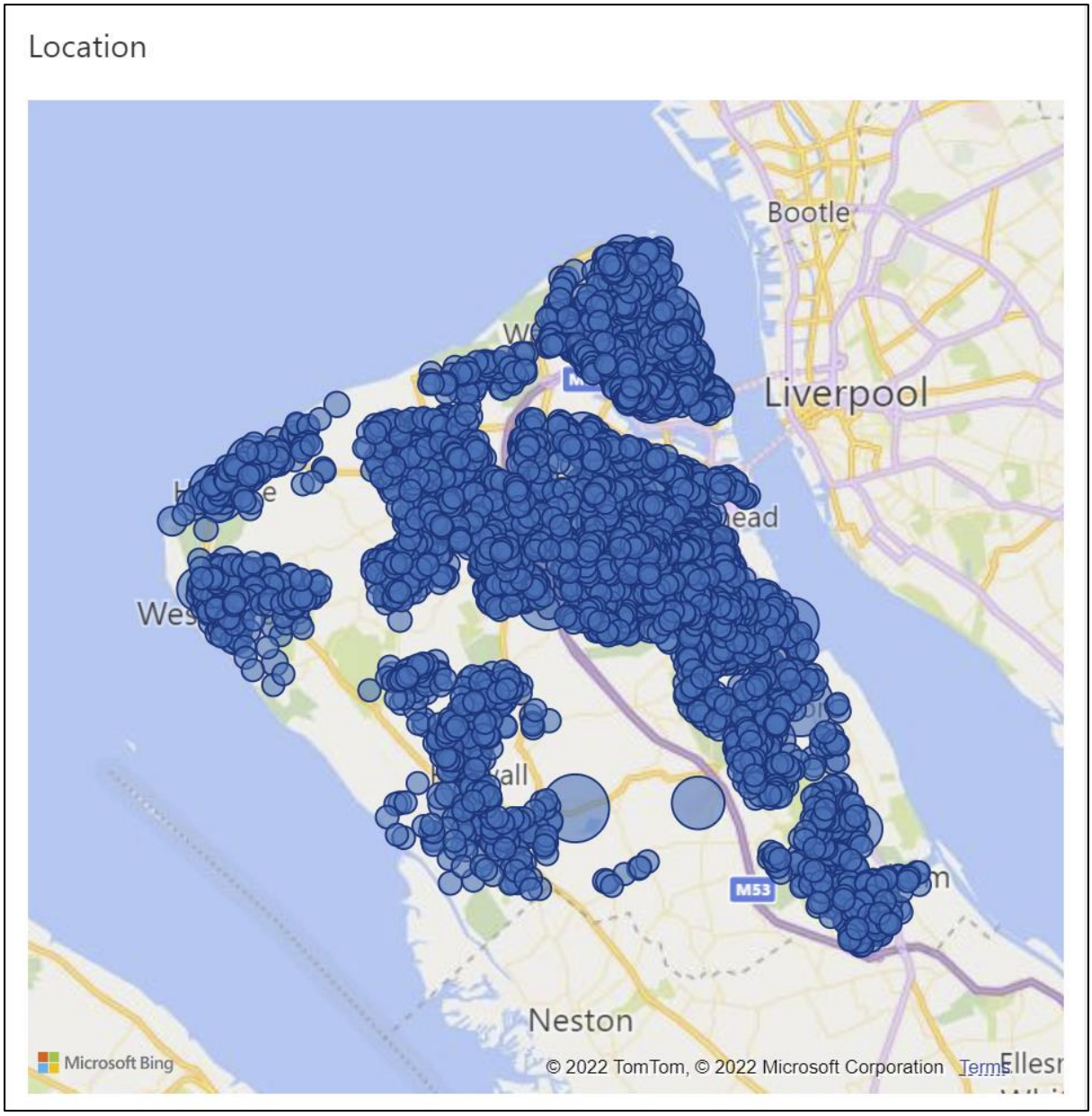
Total Cost

Month	2019	2020	2021	2022	**Total**
January		£1,150,488.55	£1,400,112.73	£1,537,319.59	**£4,087,920.87**
February		£1,159,671.13	£1,401,913.40	£1,245,870.90	**£3,807,455.43**
March		£1,607,388.84	£1,744,754.67	£1,235,966.43	**£4,588,109.95**
April	£1,423,014.66	£1,297,388.74	£1,415,841.46	£1,266,065.17	**£5,402,310.03**
May	£1,144,951.22	£1,326,904.58	£1,801,790.34	£1,585,911.71	**£5,859,557.86**
June	£1,144,739.31	£1,621,212.69	£1,445,186.34	£1,275,343.32	**£5,486,481.66**
July	£1,421,405.53	£1,329,047.63	£1,425,152.19	£1,237,668.16	**£5,413,273.50**
August	£1,134,363.90	£1,700,091.24	£1,698,976.66	£963,181.35	**£5,496,613.16**
September	£1,409,579.75	£1,373,163.42	£1,311,205.13		**£4,093,948.30**
October	£1,131,246.02	£1,415,091.85	£1,314,540.62		**£3,860,878.49**
November	£1,152,054.89	£1,797,101.13	£1,649,112.49		**£4,598,268.52**
December	£1,410,302.25	£1,393,435.56	£1,243,309.78		**£4,047,047.59**
Total	**£11,371,657.55**	**£17,170,985.36**	**£17,851,895.81**	**£10,347,326.64**	**£56,741,865.35**

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. The data for the last two months shows a small increase.

5.2 Domiciliary Care – Locations of People Receiving Domiciliary Care



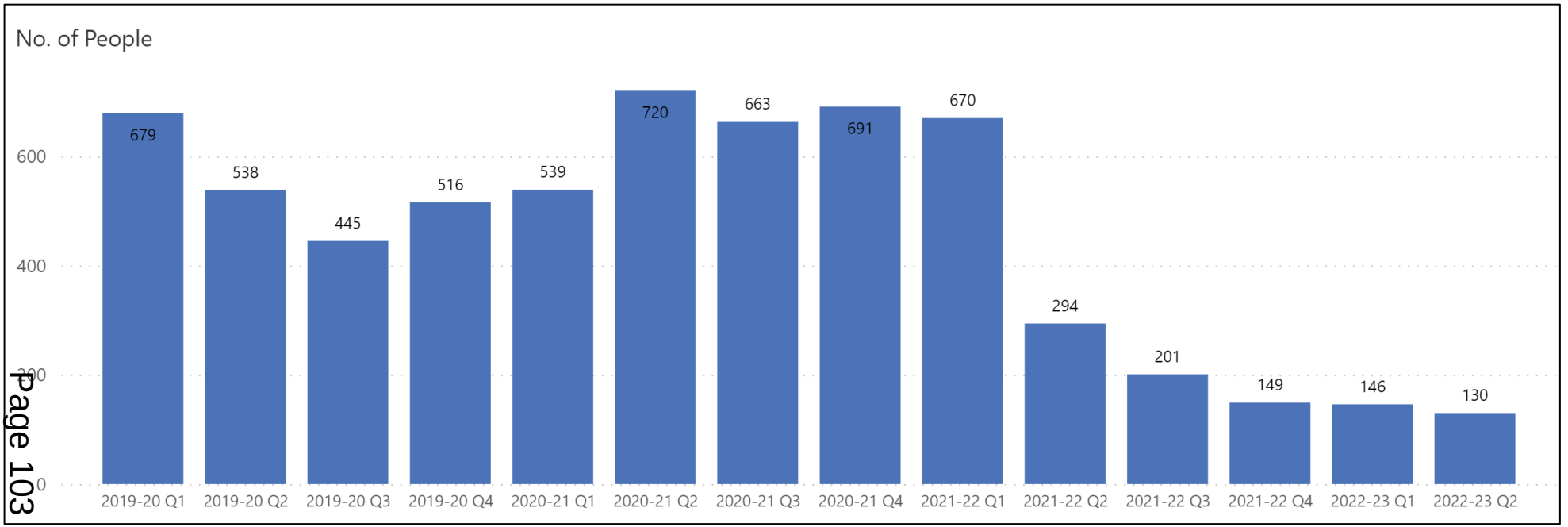
Data Source: ContrOCC.

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

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

Data Source: ContrOCC.

5.4 Reablement – Number of People



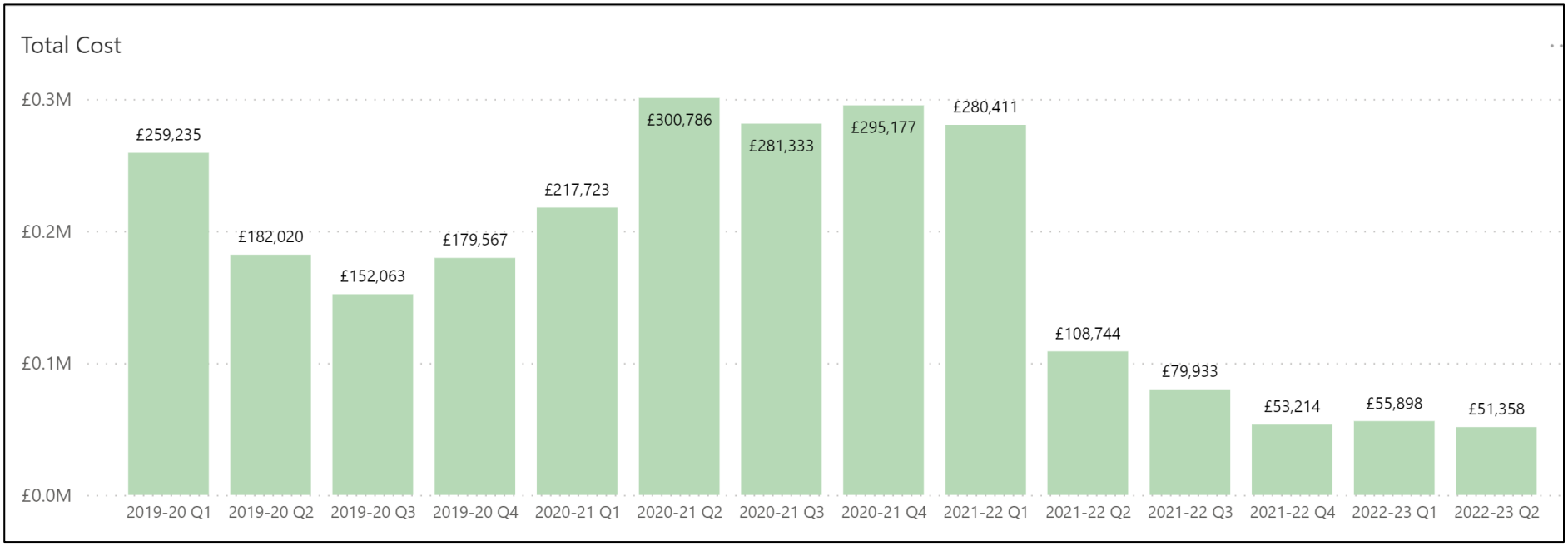
Data Source: ContrOCC.

No. of Clients

Month	2019	2020	2021	2022	**Total**
January		271	311	81	**653**
February		258	319	76	**643**
March		258	379	60	**693**
April	378	172	358	64	**959**
May	333	218	381	87	**1001**
June	314	353	260	67	**974**
July	299	355	184	73	**897**
August	219	366	140	96	**810**
September	234	321	85		**637**
October	207	323	95		**622**
November	221	378	121		**714**
December	226	285	81		**586**
Total	**1373**	**1948**	**1513**	**358**	**4588**

Data Source: ContrOCC

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



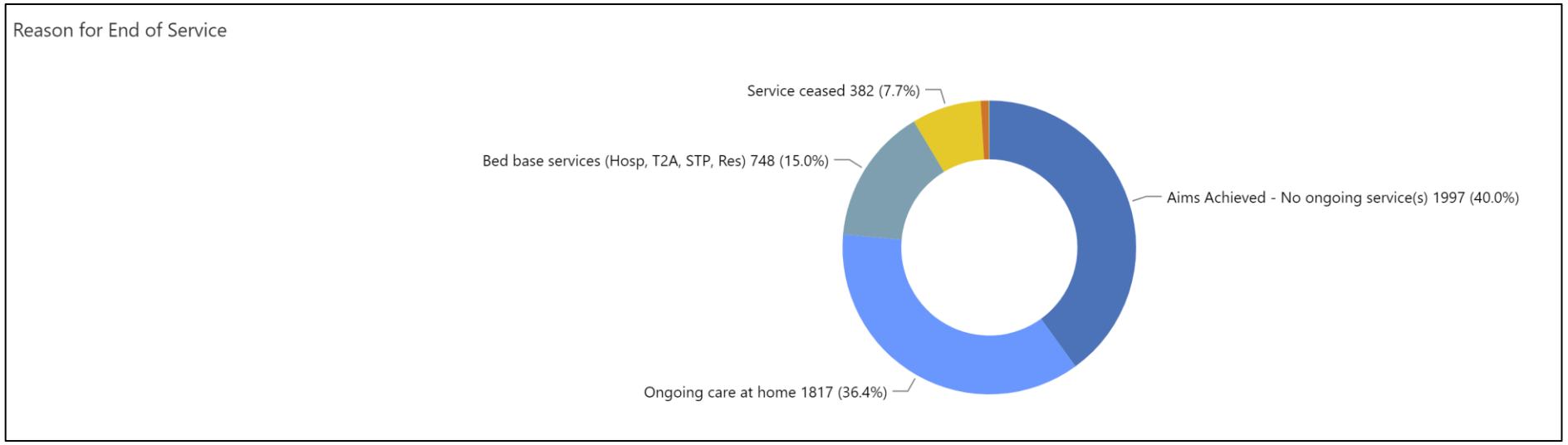
Data Source: ContrOCC.

Total Cost

Month	2019	2020	2021	2022	**Total**
January		£56,180.02	£84,025.48	£19,060.01	**£159,265.51**
February		£61,187.88	£96,012.52	£19,724.46	**£176,924.87**
March		£62,199.50	£115,138.69	£14,429.13	**£191,767.32**
April	£105,012.92	£44,633.26	£90,507.57	£16,426.57	**£256,580.31**
May	£81,411.58	£63,083.08	£124,305.82	£22,932.80	**£291,733.29**
June	£72,810.05	£110,006.31	£65,597.68	£16,538.67	**£264,952.71**
July	£73,925.86	£99,762.98	£52,718.10	£21,936.53	**£248,343.47**
August	£50,701.50	£113,361.61	£39,175.16	£29,421.57	**£232,659.84**
September	£57,392.84	£87,661.15	£16,850.36		**£161,904.35**
October	£45,610.97	£83,799.25	£25,048.39		**£154,458.61**
November	£48,271.60	£115,143.79	£34,488.02		**£197,903.41**
December	£58,180.20	£82,390.40	£20,396.55		**£160,967.16**
Total	**£593,317.53**	**£979,409.24**	**£764,264.34**	**£160,469.74**	**£2,497,460.85**

Data Source: ContrOCC

5.5 Reablement – End Reasons of Care Packages

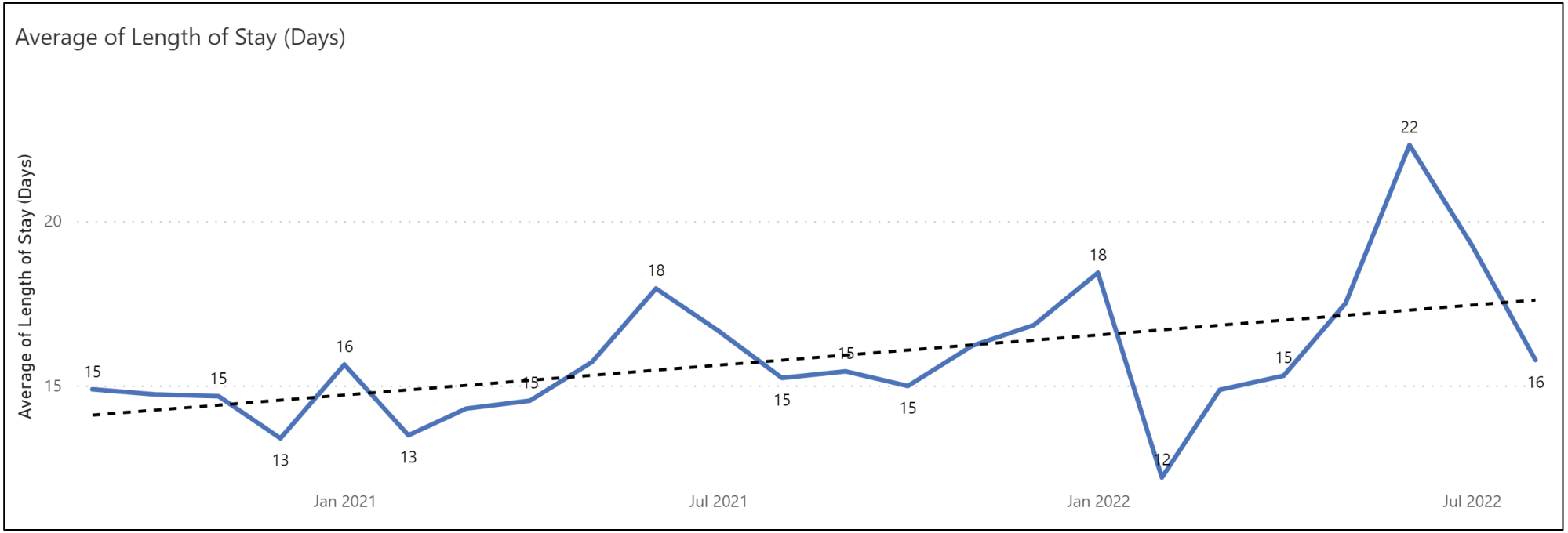


Reason for End of Service

Reason for End of Service	No. of People
Aims Achieved - No ongoing service(s)	1997
Ongoing care at home	1817
Bed base services (Hosp, T2A, STP, Res)	748
Service ceased	382
Change to timetabled units	44
	3
Total	**4152**

Data Source: Liquid Logic.

5.6 Reablement – Length of Stay



Data Source: ContrOCC.

Average of Length of Stay (Days)

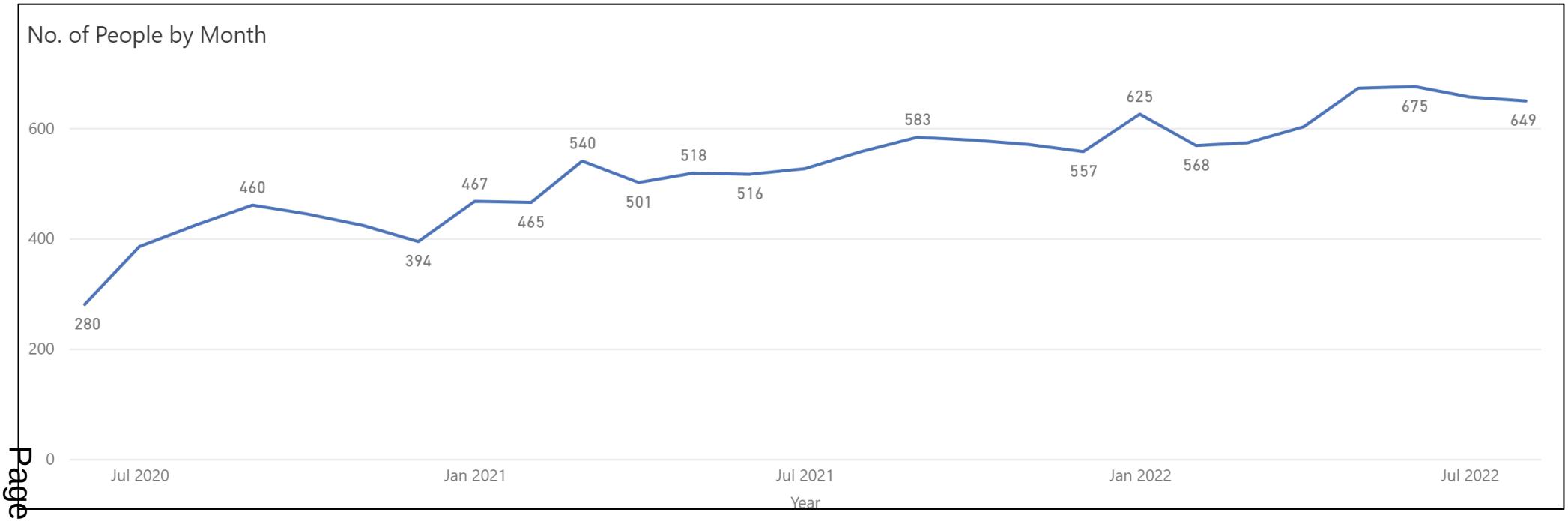
Month	2020	2021	2022	**Total**
January		16	18	**16**
February		13	12	**13**
March		14	15	**14**
April		15	15	**15**
May		16	18	**16**
June		18	22	**19**
July		17	19	**17**
August		15	16	**15**
September	15	15		**15**
October	15	15		**15**
November	15	16		**15**
December	13	17		**14**
Total	**14**	**15**	**17**	**15**

Data Source: ContrOCC.

The above table shows the number of people receiving Reablement services since 02/09/2020, month on month.

Reablement services are short term to support people to regain independence and to reduce reliance on longer term care services. The number of people receiving a service has reduced, which has been widely reported as owing to staffing pressures and we are investigating this further.

5.7 Brokerage – Packages by Number of People and Providers



Data Source: Liquid Logic.

No. of People by Month

Month	2020	2021	2022	**Total**
January		467	625	**1068**
February		465	568	**1010**
March		540	573	**1089**
April		501	602	**1079**
May		518	672	**1162**
June	280	516	675	**1412**
July	385	526	656	**1525**
August	424	557	649	**1560**
September	460	583		**1030**
October	444	578		**1007**
November	423	570		**980**
December	394	557		**938**
Total	**2151**	**3624**	**2284**	**6716**

Data Source: Liquid Logic.

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

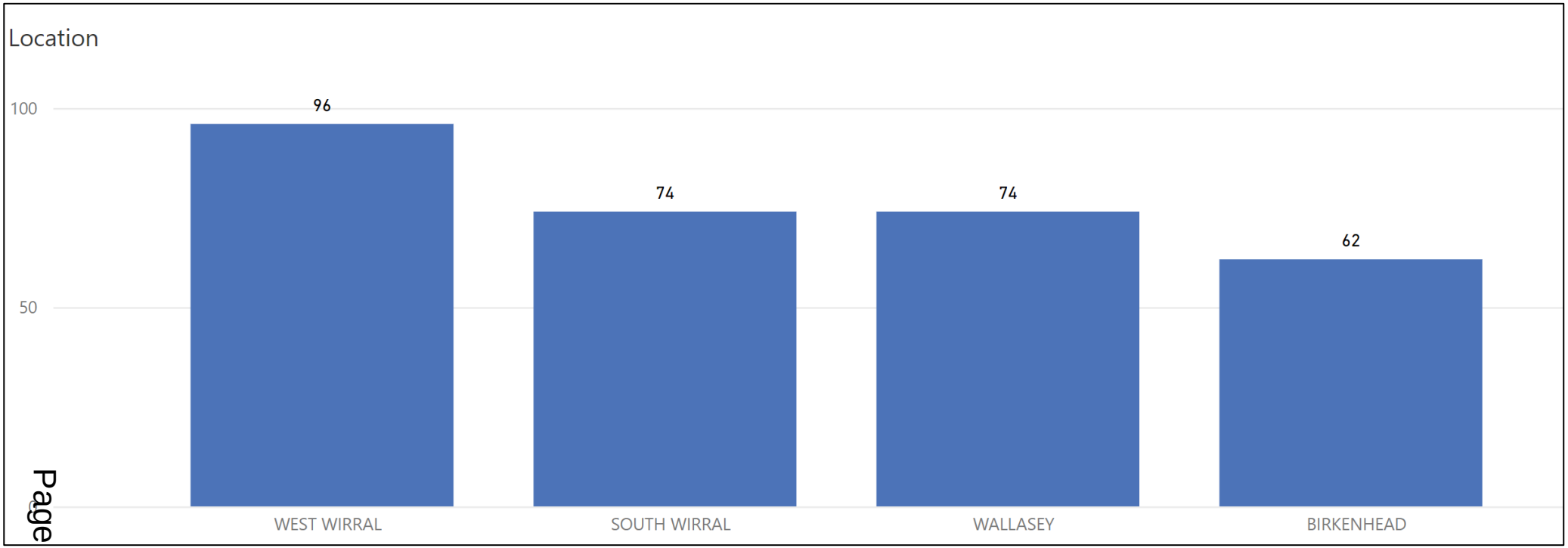
Number of People Waiting for Package

Days Live Group	No. of People
1 to 2 Weeks	52
2 to 3 Weeks	36
48hrs to 1 Week	27
Less than 48hrs	14
Over 3 Weeks	177
Total	**306**

Average No. of Packages Accepted per Week

67.6

Data Source: Liquid Logic.



Data Source: Liquid Logic.

Location

Location	No. of Clients
WEST WIRRAL	96
SOUTH WIRRAL	74
WALLASEY	74
BIRKENHEAD	62
Total	**306**

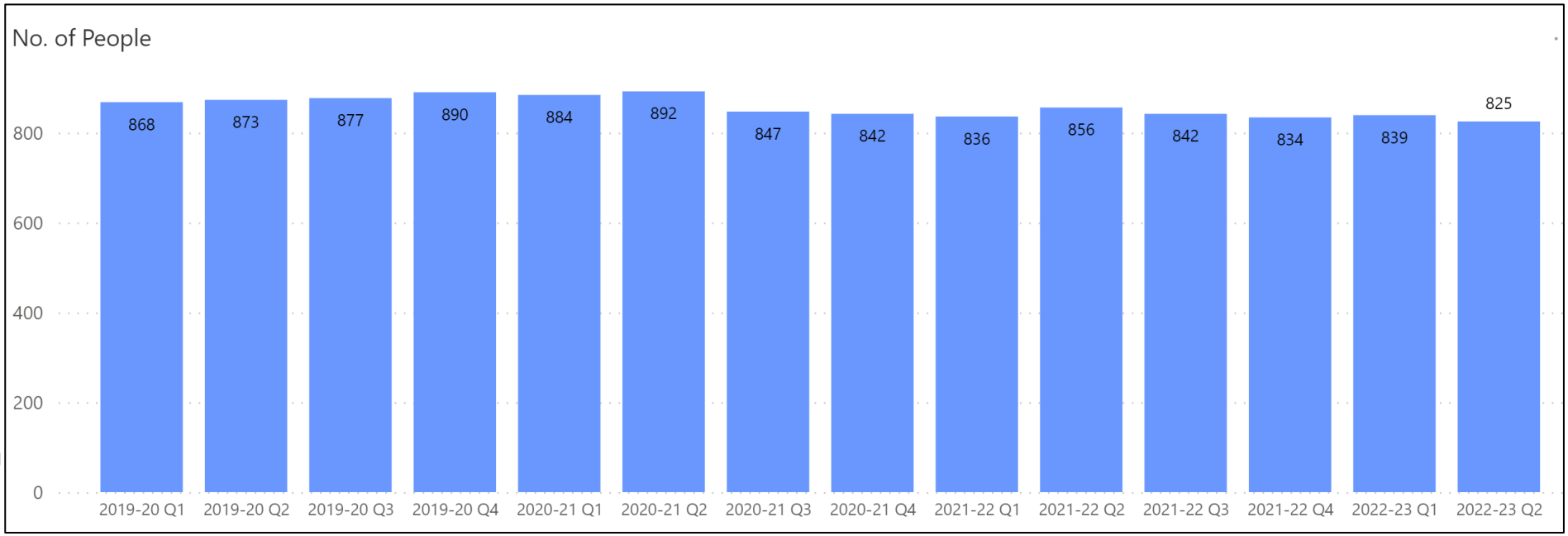
Data Source: Liquid Logic.

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)

Data Source: ContrOCC.



Data Source: ContrOCC.

No. of Clients

Month	2019	2020	2021	2022	**Total**
January		861	823	822	**1057**
February		859	820	822	**1052**
March		873	819	821	**1059**
April	846	861	817	821	**1140**
May	847	859	822	819	**1137**
June	848	862	818	814	**1136**
July	850	865	824	819	**1134**
August	847	866	831	820	**1130**
September	857	818	825		**1049**
October	857	817	826		**1051**
November	856	826	831		**1059**
December	857	827	821		**1055**
Total	**935**	**986**	**931**	**874**	**1216**

Data Source: ContrOCC.

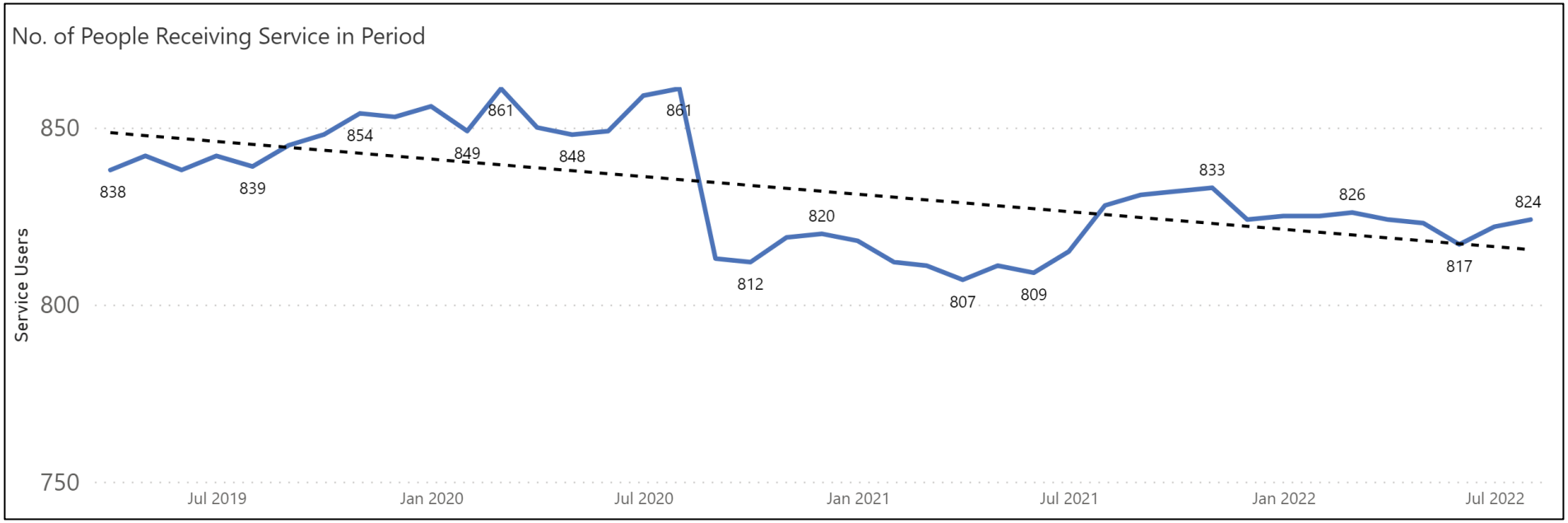
Data Source: ContrOCC.

Total Cost

Month	2019	2020	2021	2022	**Total**
January		£2,648,804.80	£2,837,068.80	£3,524,764.07	**£9,010,637.67**
February		£2,679,010.64	£2,834,477.63	£2,827,413.22	**£8,340,901.49**
March		£3,426,190.65	£3,551,377.98	£2,821,771.99	**£9,799,340.61**
April	£3,153,495.83	£2,916,813.71	£2,829,516.41	£2,843,874.34	**£11,743,700.29**
May	£2,506,205.82	£2,928,048.78	£3,509,488.02	£3,574,480.09	**£12,518,222.70**
June	£2,510,370.04	£3,561,926.88	£2,801,362.82	£2,863,413.87	**£11,737,073.60**
July	£3,158,437.80	£2,888,250.88	£2,807,154.21	£2,857,345.63	**£11,711,188.52**
August	£2,523,309.07	£3,520,278.75	£3,538,602.51	£2,890,683.55	**£12,472,873.89**
September	£3,162,132.80	£2,792,346.69	£2,841,599.78		**£8,796,079.27**
October	£2,568,507.05	£2,772,722.27	£2,817,608.67		**£8,158,838.00**
November	£2,573,913.92	£3,522,485.24	£3,557,021.95		**£9,653,421.12**
December	£3,219,687.05	£2,834,020.79	£2,819,243.84		**£8,872,951.67**
Total	**£25,376,059.38**	**£36,490,900.09**	**£36,744,522.62**	**£24,203,746.75**	£122,815,228.84

Data Source: ContrOCC

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



Data Source: ContrOCC.

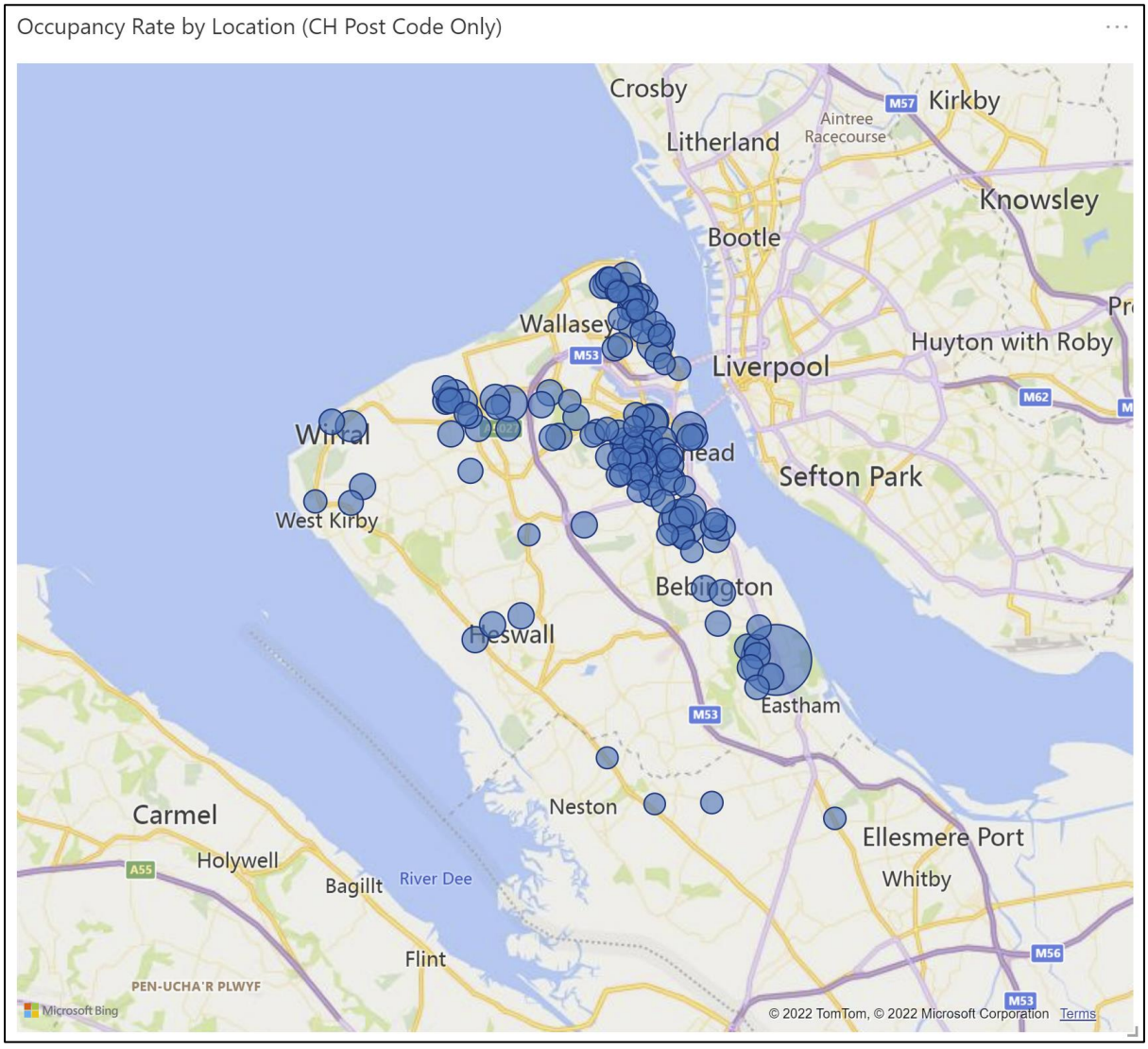
No. of People Receiving Service in Period

Month	2019	2020	2021	2022	**Total**
January		856	818	825	**1091**
February		849	812	825	**1082**
March		861	811	826	**1081**
April	838	850	807	824	**1179**
May	842	848	811	823	**1180**
June	838	849	809	817	**1175**
July	842	859	815	822	**1178**
August	839	861	828	824	**1178**
September	845	813	831		**1099**
October	848	812	832		**1098**
November	854	819	833		**1100**
December	853	820	824		**1096**
Total	**928**	**981**	**927**	**878**	1213

Data Source: ContrOCC.

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

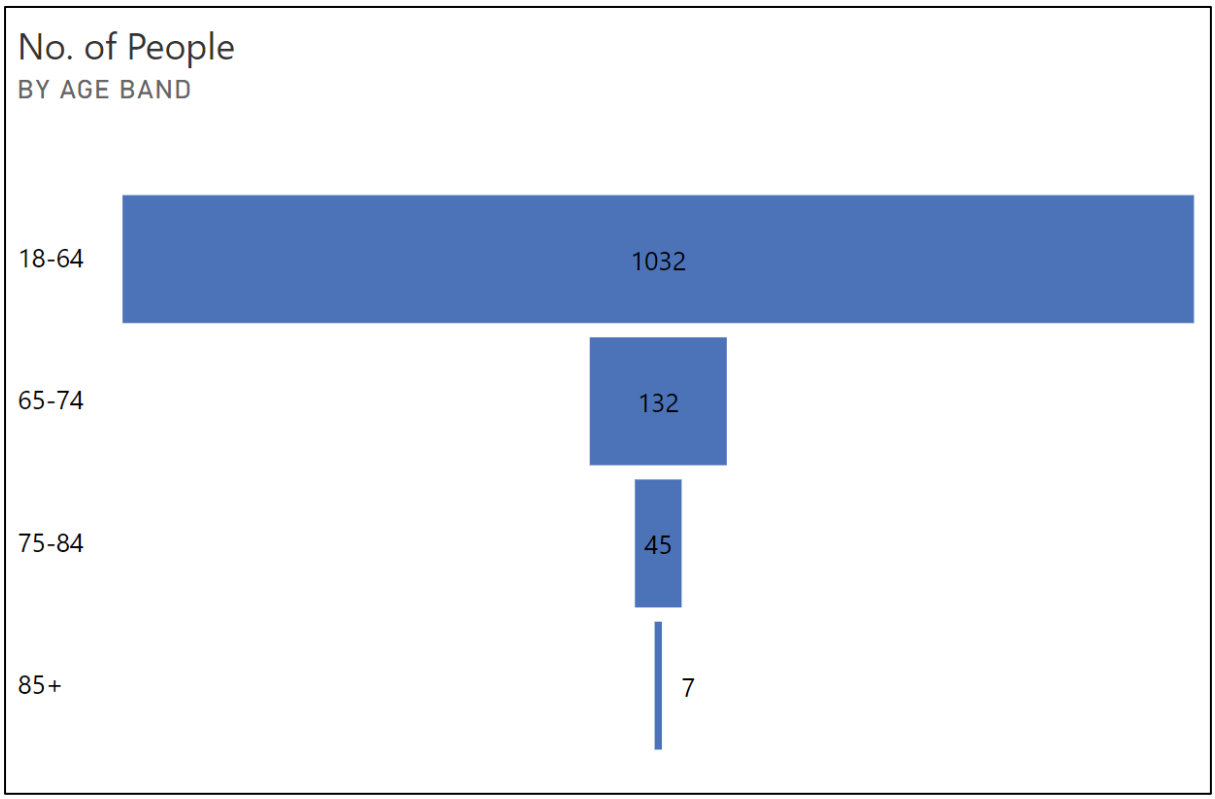
6.3 Supported Living – People Locations



Data Source: ContrOCC.

The above map shows the occupancy rate for Supported Living.

6.4 Supported Living – Demographics



Adults are between 18 and 64.

18-64	1032
65-74	132
75-84	45
Over 85	7

Data Source: ContrOCC.

The data shows that the number of people living in Supported Independent Living is relatively static, due to people having long term tenancy based accommodation.

7.0 Cheshire Wirral Partnership

7.1 Key Measures - monitored monthly

Due to the timescales involved the most recent available data is June 2022.

No	Description	Green	Amber	Red	Target	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	YTD From Aug	Comments
KPI 1	% of initial contacts through to completion of assessment within 28 days	>=80%	>=70% <=80%	<70%		80%	81%	93%	78%	86%	85%	86%	85%	74%	75%	75%	73%	80.0%	There are 0 people awaiting assessment, which is the same as last month.
Total Assessments Completed within 28 Days						16	13	14	7	6	17	18	17	17	21	18	16	164	
Total Completed Assessments						20	16	15	9	7	20	21	20	23	28	24	22	205	
KPI 2	% of safeguarding concerns (Contacts) initiated by CWP within 5 days (exc. EDT)	>=99%	<99% >=95%	<95%		100%	100%	95%	94%	95%	89%	91%	83%	95%	88%	94%	100%	93%	
Total Safeguarding Concerns Completed within 5 Days						79	26	63	65	86	51	50	39	62	50	48	21	561	
Total Safeguarding Concerns Completed						79	26	66	69	91	57	55	47	65	57	51	21	605	
KPI 3	% of safeguarding enquiries concluded within 28 days	>=80%	<80% >=60%	<60%		97%	82%	86%	81%	87%	86%	63%	100%	93%	88%	64%	71%	82%	Currently 17 active enquiries of which 5 have breached the 28 target.
Total Safeguarding Enquiries Completed within 28 Days						29	14	12	17	26	19	12	13	14	7	7	12	153	
Total Safeguarding Enquiries Completed						30	17	14	21	30	22	19	13	15	8	11	17	187	
KPI 4	% of individuals who have had an annual review completed	>= 70%	<70% >= 60%	<60%		69%	65%	67%	67%	69%	68%	68%	66%	63%	75%	74%	84%	84%	There are 10 people who have not been reviewed for 2+ years which is a decrease of 1 from last month.
Forecast Total Reviews						813	765	789	786	809	794	787	771	734	857	847	962	962	
Total Reviews Required						1174	1173	1175	1174	1173	1168	1162	1168	1168	1143	1140	1141	1,141	
KPI 5	% of care packages activated (in Liquidlogic) in advance of service start date (exc. Block services)	>= 65%	<65% >=50%	<50%		52%	32%	27%	45%	23%	38%	28%	36%	40%	43%	39%	43%	36%	
Total number of care packages activated in advance of start date						47	32	20	43	25	21	18	23	30	42	41	33	328	
Total number of care packages activated						91	100	75	96	110	55	65	64	75	97	104	77	918	
KPI 6	% of adults with a learning disability who live in their own home or with their family	>88%	<88% >= 80%	<80%		80%	80%	80%	80%	80%	80%	80%	80%	80%	82%	82%	82%	81%	
						428	435	429	428	428	428	428	430	430	413	410	410	4,669	
						537	542	535	533	533	533	534	536	535	505	500	499	5,785	

Data Source: CWP

8.0 WCFT

8.1 Key Measures - monitored monthly

Due to the timescales involved the most recent available data is June 2022.

No	Description	Green	Amber	Red	Target	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	YTD
KPI 1	% of initial contacts through to completion of assessment within 28 days	>=80%	<80% >= 70%	<70%	80%	89.8%	85.6%	83.9%	76.3%	81.9%	82.1%	80.7%	77.0%	76.2%	73.4%	74.7%	73.5%	73.9%
Total Assessments Completed within 28 Days						292	238	235	209	249	215	192	187	215	207	216	208	631
Total Assessments Completed						325	278	280	274	304	262	238	243	282	282	289	283	854
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%	41.0%	51.5%
Total Assessments Completed within 28 Days									27	22	30	14	20	24	25	44	16	85
Total Assessments Completed *(3C's Process)*									44	31	40	19	29	41	48	78	39	165
KPI 2	% of safeguarding concerns (Contacts) completed within 5 Days	>=99%	<99% >=95%	<95%	99%	99.7%	98.7%	100%	100%	99.7%	99.0%	99.1%	99.7%	100%	99.6%	99.7%	99.6%	99.6%
Total number of safeguarding concerns completed within 5 days						313	293	293	303	289	285	224	301	302	247	329	267	843
Total number of safeguarding concerns completed						314	297	293	304	290	288	226	302	302	248	330	268	846
KPI 3	% of safeguarding enquiries concluded within 28 days	>=80%	<80% >=60%	<60%	80%	56%	67%	73%	60%	68%	39%	49%	49%	31%	40%	50%	57%	48%
Enquiries Closed within 28 Days						38	43	41	34	28	20	24	23	17	17	18	17	52
Total Enquiries Closed						68	64	56	57	41	51	49	47	54	42	36	30	108
Total New Enquiries						74	45	60	68	51	58	40	40	46	20	53	33	106

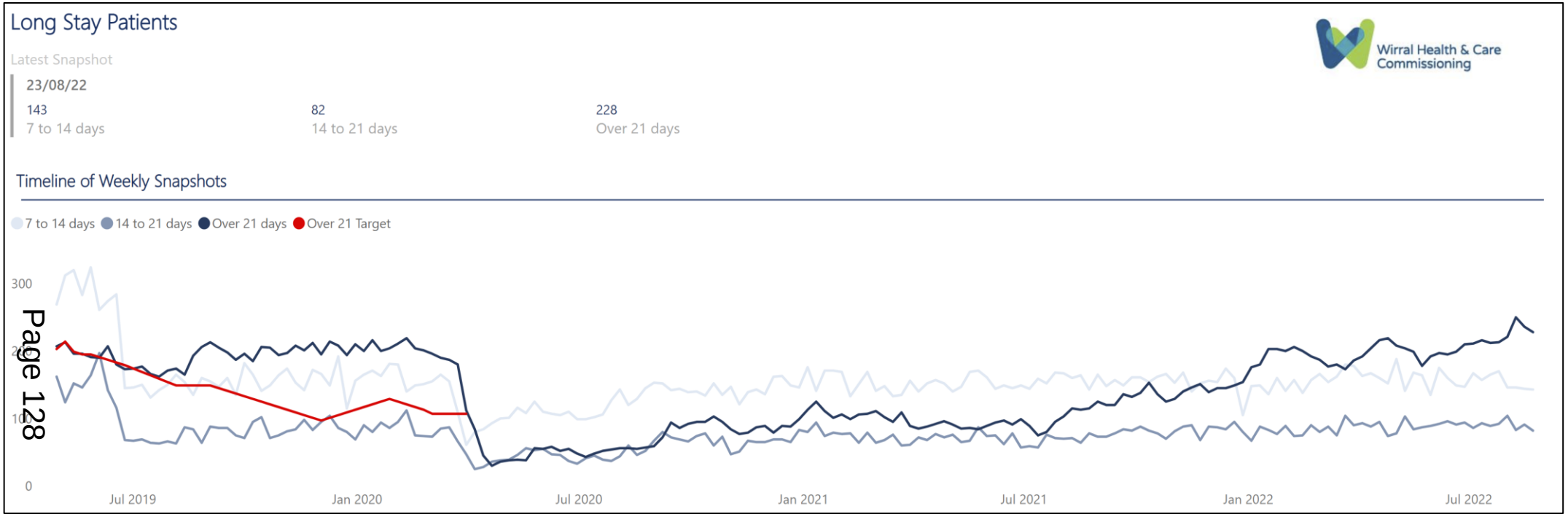
No	Description	Green	Amber	Red	Target	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	YTD
KPI 4	**% of individuals who have had an annual review completed**	>=70%	<70% >=60%	<60%	70%	55%	55%	55%	54%	55%	55%	54%	55%	55%	55%	55%	53%	55%
Total number of reviews forecast to be completed						3325	3306	3291	3242	3280	3271	3248	3276	3284	3253	3218	3091	3,253
Total number of people in receipt of a long term service on 1st April						6046	6010	6005	5991	5976	5973	5961	5932	5932	5914	5853	5832	5,914
KPI 6	**% of adults with a learning disability who live in their own home or with their family**	>=88%	<88% >=70%	<70%	88%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	95%	95%	95%
Total number of people aged 18-64 with a learning disability living in their own home or with their family						443	447	443	451	455	456	454	459	460	439	444	444	1,327
Total number of people aged 18-64 with a learning disability in receipt of a long term service during the year						472	475	473	480	485	485	483	488	490	465	469	469	1,403
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%	80.0%	84.5%	84.4%	91.3%	96.0%	87.0%	100.0%	82.6%	85.7%	100%	100%	89%	97.4%
Total number of people at home 91 days post discharged from hosptial into a reablement service						56	49	38	21	24	20	16	19	12	11	18	8	37
Total number of people discharged from hospital into a reablement service						70	58	45	23	25	23	16	23	14	11	18	9	38

Data Source: WCFT

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

9.0 Length of Stay Report

9.1 Long Stay Patients:



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

- The three series did not all move in a similar direction from 04/30/2019 to 08/23/2022, with Over 21 days rising the most (10%) and 14 to 21 days falling the most (49%).
- 14 to 21 days finished trending downward 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 77.45 across all 174 periods.
- Values ranged from 25 (04/07/2020) to 197 (06/04/2019).
- 14 to 21 days decreased by 49% over the course of the series and ended on a positive note, decreasing 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 decreased by 172 (87%). This net improvement was more than two times larger than the overall movement of the entire series.
- Contrasting with the overall decrease, the largest net growth was from 04/07/2020 to 03/22/2022, when 14 to 21 days rose by 79 (316%).
- 14 to 21 days experienced cyclicality, repeating each cycle about every 43.5 periods. There was also a pattern of bigger cycles that repeated about every 87 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 76.67 on average. 14 to 21 days was less than Over 21 days 94% of the time (lower by 65.01 on average).

For Over 21 days:

- Average Over 21 days was 142.46 across all 174 periods.
- Values ranged from 30 (04/21/2020) to 250 (08/09/2022).
- Over 21 days rose by 10% over the course of the series but ended with a downward trend, decreasing in the final period.
- The largest single increase on a percentage basis occurred in 05/26/2020 (+47%). However, the largest single increase on an absolute basis occurred in 08/09/2022 (+29).
- The largest net growth was from 04/21/2020 to 08/09/2022, when Over 21 days rose by 220 (733%).
- Contrasting with the overall increase, the largest net decline was from 02/11/2020 to 04/21/2020, when Over 21 days fell by 189 (86%).
- Over 21 days experienced cyclicality, repeating each cycle about every 58 periods. There was also a pattern of smaller cycles that repeated about every 43.5 periods.
- Over 21 days had a significant dip between 02/11/2020 and 06/09/2020, starting at 219, falling all the way to 30 at 04/21/2020 and ending slightly higher at 58.

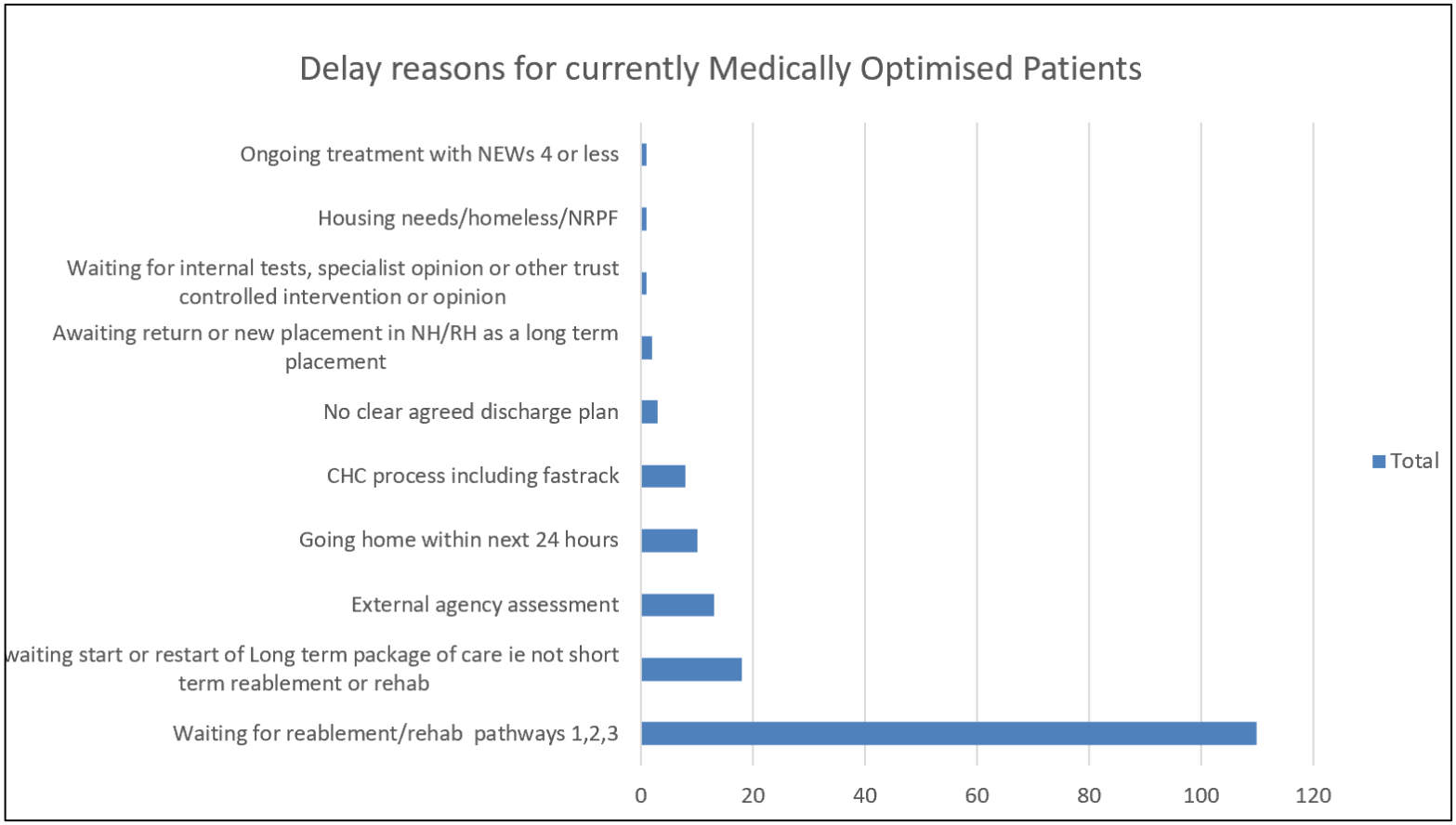
- Over 21 days was most closely correlated with 14 to 21 days, suggesting that as one (Over 21 days) increases, the other (14 to 21 days) generally does too, or vice versa.
- Over 21 days was greater than 14 to 21 days 94% of the time (higher by 65.01 on average).

For 7 to 14 days:

- Average 7 to 14 days was 154.13 across all 174 periods.
- Values ranged from 61 (03/31/2020) to 324 (05/28/2019).
- 7 to 14 days improved by 47% over the course of the series and ended on a good note, decreasing in the final period.
- The largest single decline occurred in 06/25/2019 (-49%).
- The largest net decline was from 05/28/2019 to 03/31/2020, when 7 to 14 days decreased by 263 (81%). 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 03/31/2020 to 05/03/2022, when 7 to 14 days increased by 127 (208%).
- 7 to 14 days experienced cyclicality, repeating each cycle about every 87 periods. There was also a pattern of smaller cycles that repeated about every 348 periods.
- 7 to 14 days was higher than 14 to 21 days over the entire series, higher by 76.67 on average. 7 to 14 days was greater than Over 21 days 56% of the time (higher by 11.67 on average).

Data Source: NHS

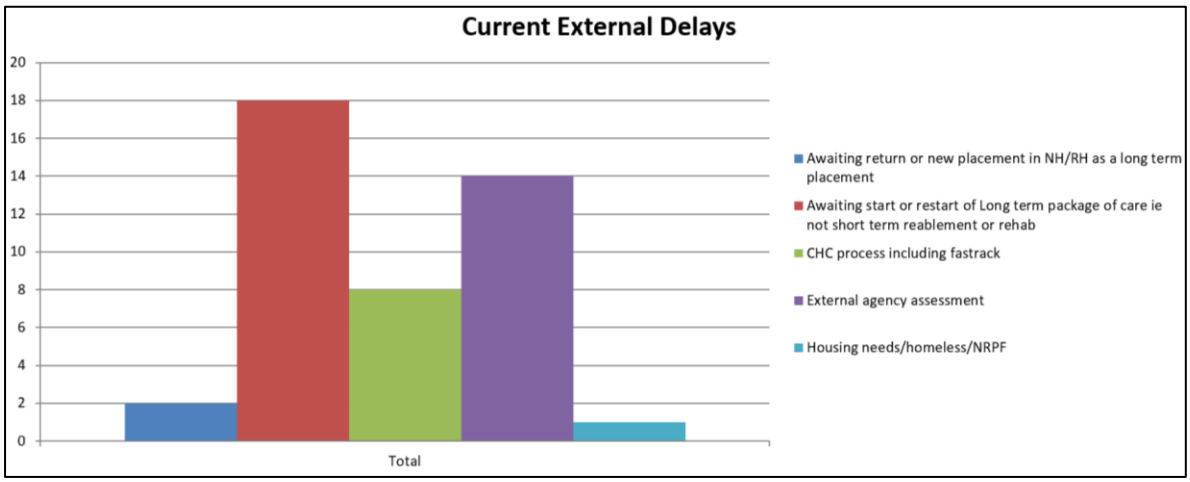
9.2 Delay Reasons for Medically Optimised Patients (Sum of 21 days)



Delay Reasons for Currently Medically Optimised Patients	
Row Labels	**Sum of Over21days**
Waiting for reablement/rehab pathways 1,2,3	110
Awaiting start or restart of Long term package of care ie not short term reablement or rehab	18
External agency assessment	13
Going home within next 24 hours	10
CHC process including fastrack	8
No clear agreed discharge plan	3
Awaiting return or new placement in NH/RH as a long term placement	2
Waiting for internal tests, specialist opinion or other trust controlled intervention or opinion	1
Housing needs/homeless/NRPF	1
Ongoing treatment with NEWs 4 or less	1
Grand Total	**167**

Data Source: NHS

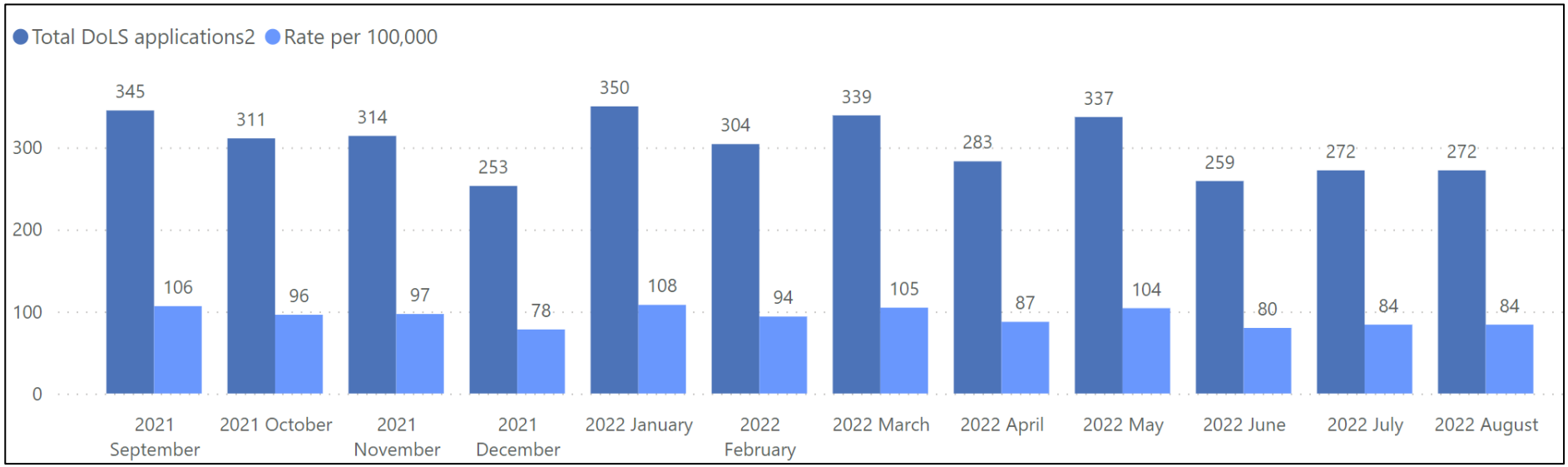
9.3 Current External Delays



Current External Delays	
Awaiting return or new placement in NH/RH as a long term placement	2
Awaiting start or restart of Long-term package of care i.e. not short term reablement or rehab	18
CHC process including fastrack	8
External agency assessment	14
Housing needs / Homeless / NRPF	1

Data Source: NHS

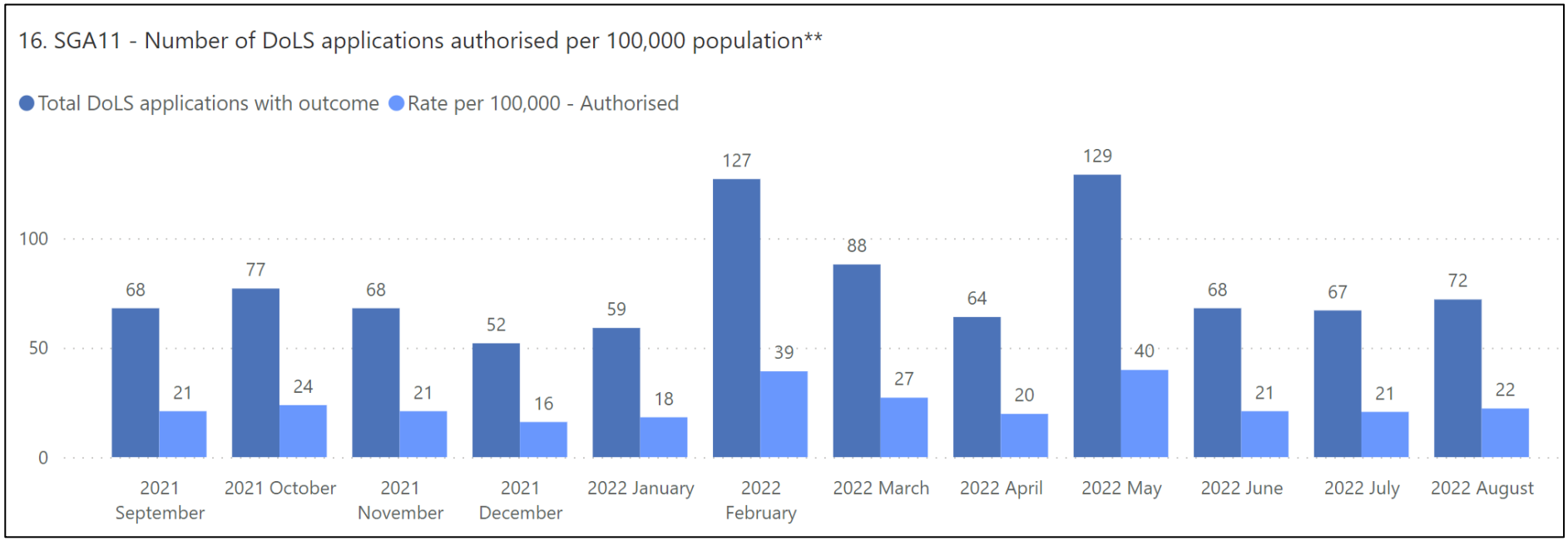
10.0 Deprivation of Liberty Safeguards (DOLS)



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

Quarter	Q1		Q2		Q3		Q4		**Total**	
Year	Count of Applications	Rate per 100,000	Count of Applications	Rate per 100,000	Count of Applications	Rate per 100,000	Count of Applications	Rate per 100,000	**Count of Applications**	**Rate per 100,000**
2021			1223	377.47	878	270.99			**1223**	**377.47**
2022	879	271.30	2416	745.68			993	306.48	**2416**	**745.68**
Total	**879**	**271.30**	**3639**	**1,123.15**	**878**	**270.99**	**993**	**306.48**	**3639**	**1,123.15**

Data Source: Liquid Logic.



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

Quarter	Q1		Q2		Q3		Q4		**Total**	
Year	Count of Applications with Outcome	Rate per 100,000 - Authorised	Count of Applications with Outcome	Rate per 100,000 - Authorised	Count of Applications with Outcome	Rate per 100,000 - Authorised	Count of Applications with Outcome	Rate per 100,000 - Authorised	**Count of Applications with Outcome**	**Rate per 100,000 - Authorised**
2021			68	20.99	197	60.80			**265**	**81.79**
2022	261	80.56	139	42.90			274	84.57	**674**	**208.02**
Total	**261**	**80.56**	**939**	**289.81**	**197**	**60.80**	**274**	**84.57**	**939**	**289.81**

Data Source: Liquid Logic.

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WIRRAL

ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Monday, 24th October 2022

REPORT TITLE:	**SOCIAL CARE REFORM**
REPORT OF:	**DIRECTOR OF CARE AND HEALTH**

REPORT SUMMARY:

This is a summary report to inform the Committee on the Social Care Charging Reforms and the implications for people who access care and support services and the considerations that are required for the Council's Adult Social Care services.

This is not a key decision as the decision to apply the new charging regime is mandated by Government. This affects all wards.

The report supports the following priority from the Council's Wirral Plan:

- Working to provide happy, active and healthy lives for all, with the right care, at the right time to enable residents to live longer and healthier lives.

RECOMMENDATION/S

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

1) Endorse the approach to the Council's implementation of the charging reforms
2) Recognise the significant impact of the social care charging reforms, including on the Adult Care and Health budget and resources.
3) Accept a further report on progress of implementing the reforms in Spring 2023.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 The Social Care Charging Reform is a significant change in the Council's response to people who need care and support. The reforms require support for implementation from across the Council. The Charging Reforms are both a complex and costly exercise for all local authorities to implement and they will have far reaching implications. Guidance and information on the reforms is developing nationally, regionally and locally. It is important that Committee Members are appraised of the significance of the reforms and the arrangements for implementation in Wirral.

1.2 The reforms present significant additional budgetary pressures for Adult Social Care and for the wider Council.

1.3 The reforms also present a more generous financial contribution to more people who need care and support and who currently pay all of, or more of, their care costs themselves.

2.0 OTHER OPTIONS CONSIDERED

2.1 No other options are considered as it is a statutory requirement to implement reforms, Council's approach is detailed in the report. The reform necessitates a review of the charging policy which is underway.

3.0 BACKGROUND INFORMATION

3.1 On 07/09/2021, the Government set out its new plan for Adult Social Care reform in England 'Build back better': our plan for health and social care (background papers). This was further detailed in the White Paper, People at the Heart of Care (background papers).

The plan sets out a range of measures, including reforming the way that adult social care is paid for and funded. There are key elements of the plan's social care proposals which include:

- a lifetime cap on the amount anyone in England will need to spend on their personal care
- a more generous means-test for local authority financial support
- the ability for self-funders to ask their council to arrange their care
- moving towards a fair rate of care in respect of councils' fees to providers

3.1.1 The plan announced the creation of a new Health and Social Care Levy to fund the changes. This measure provides for a 1.25 percentage point increase to National Insurance contributions for the 2022 to 2023 tax year, and revenue raised will go directly to support the NHS and Social Care.

3.1.2 The reform proposes a more generous means-test for those with eligible care and support needs for local authority financial support, tabled below; existing financial charging under the Care Act 2014 is linked in background papers. The proposal will

result in more individuals becoming eligible for Council support to fund their care costs.

	Current Threshold	**Proposed Threshold**
Lower limit (Below which the Council will fund care costs)	£14,250	£20,000
Upper limit (above which the person is responsible for the full cost of their care)	£23,250	£100,000
Means test (where the Council will contribute funding towards care costs on a sliding scale)	£14,250 to £23,250	£20,000 to £100,000
Cap of what people will pay for their social care	£ unlimited	£86,000

This is to be implemented from October 2023 when the new lower and upper thresholds for charging will apply and when people can start metering their care costs towards the lifetime cap.

3.2 Currently, charging for care and support is arranged under the Charging and paying for adult care and support services in Wirral guidance. This means that people who have over £23,250 are responsible for the full cost of their care and support. There is no limit as to how much a person has to fund themselves for their care and support during their lifetime.

3.3 As such, individuals face the risk of unpredictable and unlimited social care costs - one in seven individuals over 65 will face care costs above £100,000 and roughly one in ten individuals will face care costs above £120,000 over their lifetime.

3.4 The primary objective of charging reforms is to provide people with financial protection from unlimited care cost and increase the protection of those with lower wealth and incomes.

3.5 In line with the intention of personalisation in the Act, as part of the person's needs assessment, local authorities must consider all of the adult's care and support needs; establish the impact of those needs on the individual's day-to day life; and decide how the person's needs will be best met, for example whether they are best met in a care home, or whether the person could benefit from community-based services. It is the provision of care to meet eligible care needs which forms the basis of the costs that count towards the cap (less daily living costs where applicable).

3.6 As set out in the Care Act, in order for costs to accrue the local authority must consider whether the person's eligible needs are being met in whole or in part by a carer, as defined in section 10 of the Care Act. Any eligible care needs met by a carer do not count towards the cap. A carer's assessment may need to be undertaken at the same time as the needs assessment, to ascertain the extent to which a person's eligible needs will be met by a carer.

3.7 Councils are encouraged to maximise the use of trusted assessment, online assessment processes and IT solutions to manage the impact of the changes and to support people to access the available support.

3.8 Councils are required to develop and manage care accounts to track the costs that self-funding people are paying towards their eligible care and support, and as the balance meters towards the cap and the point at which the Council will be responsible for meeting the costs of care.

3.9 Under the new arrangements, for a self-funder paying for services to meet their own eligible care and support needs, the costs that the Council will count towards the care cap are the costs that the local authority would pay to meet the eligible needs of the person, at the rate that the Council would pay for the services provided and less the daily living costs (where applicable). This is to ensure that the council are unduly burdened by excessive care costs from self-funding.

The following costs do not count towards the cap:

- costs of meeting eligible care and support needs incurred before October 2023, unless the person is resident in a local authority that participates in the trailblazer initiative
- any financial contribution from the local authority towards an individual's care package
- for people who receive residential care, daily living costs at the level set in regulations
- for people whose needs are being met by the local authority, any top-up payments the person or a third party chooses to make for a preferred choice of accommodation
- any administrative or brokerage fees that the local authority may charge for arranging support
- costs of meeting non-eligible needs, even where the local authority has chosen to meet those needs
- costs of any services that the local authority are providing as a means of prevention and that do not meet an eligible need
- the cost of care and support services that are provided under other pieces of legislation (for example, free care provided under section 117 of the Mental Health Act 1983) (Linked in background papers)
- services that the local authority does not charge for (for example, NHS funded nursing care for people in care homes, Continuing Health Care (Linked in background papers)

- interest or fees charged under a deferred payment agreement

3.10 The local authority must make self-funders who want to progress towards the cap aware that they can ask the local authority to meet their needs at any time. A local authority will have a duty to meet the self-funder's needs, if all of the following conditions are met:

- the person asks them to
- the local authority finds (through an assessment) that the person has eligible care and support needs (defined as such under the Act)
- the person is not, and has not been, in residential care in the 6 months preceding October 2023 (unless this residential care was paid for by the NHS, or purchased by the individual on a temporary basis, for example respite care)

3.11 The local authority should ensure that the person understands from the outset that their independent assessment of the cost of their care must reflect, and will only reflect, what the cost would be to the local authority of meeting their eligible care and support needs as defined in the Act, which may be different to the rate the person has been quoted, is paying, or is expecting to pay. In particular, the local authority should communicate clearly to the person that the monetary values contained in an independent assessment of the cost of their care is reflective of what the local authority (and not the person, or their current provider) deems to be sufficient for meeting a person's needs, following the needs assessment and eligibility determination.

3.12 Currently in Wirral 1738 people live in care homes funded by the Council. Work is underway to identify the likely number of additional people who will come forward for assessment, but it is estimated that there are a further 950 people who are self-funding their own care in care homes who will come forward for assessment and to create a care account to meter their care costs towards the cap.

3.13 Currently in Wirral 1122 people are in receipt of chargeable care services in their own homes which are funded by the Council. Work is also underway to identify the likely number of additional people who will come forward for assessment, but it is estimated that there are a further 900 people who are self-funding their own care in their own homes who will come forward for assessment and to create a care account to meter their care costs towards the cap. These figures are subject to change with further modelling taking place and more detail is provided in appendix 4.

4.0 FINANCIAL IMPLICATIONS

4.1 It is accepted that there will be an additional financial burden both in administrative and professional staffing resource in conjunction with the additional costs to the Council, due to the care cap and the changes in the lower and upper thresholds, leading to a more generous contribution to care costs by the Council. It is also important to note that institutes such as Newton Europe have estimated significantly larger cost burdens to Councils than the Department of Health and Social Care (DHSC) have for the implementation of the reforms. However, DHSC have communicated that they will keep this under review.

4.2 DHSC are making an additional £5.4bn nationally available in the first 3 years to implement and fund the charging reforms (background papers).

4.3 DHSC has estimated the national financial implications of the charging reform, along with the fair cost of care, will be £19bn over a 10 year period from implementation. Analysis by Newton Europe suggests the impact could be nearer to £29bn - £32bn for the same period (background papers). Newton Europe estimate the impact for Wirral over this same period to be between £248m - £269m, of which £107m - £128m relates directly to the charging reform.

4.4 At this time it is estimated that there is a potential need for approximately an additional £1m (recurrent) for additional staffing to support functions such as Care Act assessments and financial assessments. Wirral Adult Care and Health have undertaken preliminary calculations based on the reports available and the suggested increases to the workforce which validates this estimate. This is planned to be mitigated, in part, by increased online functionality such as, IT system provider solutions, metered care accounts, online financial assessments and online care assessments, once these are developed (Appendix 1).

4.5 The calculations for Wirral provided by Newton Europe have identified the potential impact due to lost income relating to the means test and cap on care could be between £1.7m - £2.2m in the first year commencing October 2023. This is expected to increase to a yearly impact of £21.5m - £25.6m by year 10. Wirral Adult Care and health are currently working to validate these expected costs by learning from the experiences of the trailblazers, particularly Cheshire East.

4.6 Wirral Adult Care and Health are currently gathering information from market care providers on self funders to inform the true financial impact of the reforms.

4.7 The Council's Personal Finance Unit, who administer the Council's financial assessment, charging and invoicing for care services, are working with Adult Care and Health to model and validate the anticipated impact and also to implement the necessary arrangements for the reforms.

5.0 LEGAL IMPLICATIONS

5.1 If Wirral does not implement the charging reforms it will be in breach of its statutory duties under the Care Act 2014. The Care Act 2014 and Health and Care Act 2022 provide the legal framework for the proposed changes.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 Newton Europe estimate that to implement the charging reforms under the current system it will require up to 6000 more Social Workers for England. This can be mitigated through a number of means, such as trusted assessments and online access and functionality. It is also widely recognised nationally that there is a lack of available workforce for the social care sector and a risk that the staff required will not be available.

6.2 ICT and asset implications are being considered and IT service provider development work is under way with our system partners to review and plan for the

increased need and functionality regarding online assessment and the creation of online care accounts

6.3 Programme Management Office support to create a robust project management structure around the reforms implementation has been requested.

6.4 Consideration is being given as to the need for external specialist support for the implementation of the reforms.

7.0 RELEVANT RISKS

7.1 The potential financial and staffing risks cannot be overstated at this point. The social care charging reforms require support across all levels of the directorate and wider Council. It is also important to note that the recruitment and retention of the Adult Social Care workforce remains a challenge, as it does across the region and nation.

8.0 ENGAGEMENT/CONSULTATION

8.1 Government have consulted on the Charging Reforms, and it is expected that publications and communication materials will be coordinated on a national level. This will inform the Wirral communications plan that will also be required, and which will form part of the project planning.

9.0 EQUALITY IMPLICATIONS

9.1 An Equality Impact Assessment (EIA) has been completed and is located: - https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments/equality-impact-assessments-january-202-6.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 There will be no environment or climate implications as a result of this report.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 The Community Care market is a significant employer of staff in Wirral, employing approximately 6000 staff across all social care sectors. This proposal will result in more individuals becoming eligible for council support to fund their care costs, which may bring more job opportunities for people in the community.

11.2 This will support vulnerable people in receiving affordable care at the right time, enabling independence for individuals to live fulfilling lives to the best of their abilities.

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APPENDICES

Appendix 1 Systems Update/Timeline on progress to implementing the Social Charging Reforms

Appendix 2 Short, medium and long term plan for implementation

Appendix 3 Presentation for Adult Social Care Charging Reforms

Appendix 4 Charge Reform Modelling

BACKGROUND PAPERS

Preparing for reform: understanding the impact of adult social care charging reform and planning for successful implementation

Department of Health and Social Care – National costs for charging reform and estimating demand at a local level

Care Act Statutory Guidance on Financial Charging and Assessment:
https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#Chapter8

Build Back Better - Our Plan For Growth
https://www.gov.uk/government/publications/build-back-better-our-plan-for-growth

People at the Heart of Care White Paper
https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper

Care Act: Charging and Financial Assessment Factsheet
https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets#factsheet-5-charging-and-financial-assessments

S.117 Mental Health Act 1983 (as amended 2007)
https://www.legislation.gov.uk/ukpga/1983/20/section/117

Continuing Health Care (CHC) under the NHS.

https://www.nhs.uk/conditions/social-care-and-support-guide/money-work-and-benefits/nhs-continuing-healthcare/

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

Appendix 1

Systems Update/Timeline on progress to implementing the Social Charging Reforms:

Liquidlogic is the Adult Social Care IT Case Record system. It is the case management system where Social Care staff record assessments, support plans and professional interventions with people supported by the Council's Adult Social Care and Health directorate. Controcc is the financial IT system that links to Liquidlogic and which supports care provider payments for services provided.

Autumn 2022

- Upgrade Liquidlogic test system to v11 and upgrade ContrOCC Financial System to v13.600
    - Complete user acceptance testing for both applications
- Portals may require upgrades to ensure in line with system releases
    - Queried with Liquidlogic (also effects Childrens Liquidlogic)
- Care Cap functionality not fully released in these versions therefore, no new/additional functionality released for Charging reform but required to have systems as up to date as possible prior to v12/v14 for charging reform functionality implementation
- Continue to attend system supplier webinars when scheduled to understand system changes
- Discussions to take place with relevant people to start planning for how pathways/processes may want to be implemented to support with charging reform with existing functionality in the systems
    - A lot of the charging reform functionality in v12/13.600 is around supporting workers to 'auto' process information reducing system inputting burdens on staff
    - Additional information to be captured – consider how to do in line with existing processes
    - Review self-assessment forms and add in the
    - Reviewing of ContrOCC functionality – additional functionality required to start the metering towards care cap
    - Understanding how to 'split' costings of services e.g. Care Home cost of £600 per week – how much is accommodation costs and how much is care costs
    - Capturing self-funders – how is this going to be done (via online form)
- Plan for dates to upgrade live systems

January 2023

- Upgrade live Liquidlogic and ContrOCC to v11 and v13.600
- Possible upgrade to portals
- Continue with discussions around pathways/processes

Spring 2023

- Upgrade Liquidlogic and ContrOCC test systems to v12/v14
    - This will include any charging reform functionality which is at no additional cost
    - Review whether want the additional functionality which is chargeable
- Portals may require upgrading also
    - To query with Liquidlogic (also effects Childrens Liquidlogic)

• Complete user acceptance testing
Spring cont./Summer 2023
• Review pathways/processes and build/configure these in test system ready for roll out in live systems • Upgrade live systems as soon as possible after user acceptance testing to include new functionality • Training sessions to be planned with teams on ContrOCC (as may need to start using ContrOCC web) • Start collating self-funder details/capturing those coming through front door pathways to 'start' their care accounts • Training sessions for staff on any new processes/pathways for care account recording in the system
September 2023
• All pathways/processes implemented in the system and ready to go live October 2023

The short, medium and long term plan for implementation is:

Short Term (ASAP)
• Workforce / Recruitment Strategy to build resilience • Develop a Tailor Approach to Assessments and Case Management (The role of digital, Trusted assessment, the use of qualified and unqualified staff) • IT/System Strategy (Managing Personal Care Accounts, Metered Care Account and increased use online financial and care self assessment) (See Appendix 1) • Increase development of council financial systems to ensure that charging administration functions can manage the additional demand on the service. • Design and Deliver a comprehensive communications plan for Residents • Factor in expected pressure into budget planning processes for 2023/24
Medium Term (Oct 2023)
• Engage system partners through ICS's to build awareness of the risks and support for implementation • Promoting independence: Maximise throughput and effectiveness through the 3 conversations model, strengths based decision making and reablement • Identify and deliver on further opportunities to improve workforce productivity • Establish tracking to monitor actual changes in demand and cost • Adult social care to develop its position on a proportional approach to validation of Care Act Eligibility Status. • To inform, through improved data collection following implementation, longer term budget planning.
Long Term
• Long Term Prevention strategy using increased data and information of population and need • Continuing to Develop New Models of support with providers, such as trusted assessment and outcomes based commissioning.

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ADULT SOCIAL CARE REFORMS

Jason Oxley / Assistant Director
Care and Health, and Commissioning for People

WIRRAL

Areas to Cover

- Adult Social Care Reform Headlines
- Charging Reforms
- Fair Cost of Care
- Considerations / Risks
- Questions?

Headlines

- On 7th September, Government set out its new plan for Adult Social Care reform in England ‘Build back better: our plan for health and social care. This was further detailed in the White Paper, People at the Heart of Care.
- Plan sets out a range of measures, including reforming the way adult social care is paid for and funded.
- The key elements of the plan’s social care proposals included:
  - a lifetime cap on the amount anyone in England will need to spend on their personal care
  - a more generous means-test for local authority financial support.
  - the ability for self-funders to ask their council to arrange their care
  - moving towards a fair rate of care in respect of councils’ fees to providers.
- The plan announced the creation of a new Health and Social Care Levy to fund the changes.

Charging Reforms

Paying for Care – Current Position

- Only individuals with savings and assets worth less than £23,250 qualify for financial support for social care costs from their local authority.
- Those with savings and assets worth more than £23,250 are expected to pay for care costs over their lifetime in full with no overall limit on costs
- As such, individuals face the risk of unpredictable and unlimited social care costs - one in seven individuals over 65 will face care costs above £100,000 and roughly one in ten individuals will face care costs above £120,000 over their lifetime.
- Primary objective of charging reforms is to provide people with financial protection from unlimited care cost and increase the protection of those with lower wealth and incomes

Cap on personal care costs

- A **£86,000 cap** is proposed on the amount that anybody would have to pay towards the cost of their eligible personal care
- Subject to parliamentary approval, **only the contributions made by individuals** will count towards the cap.
- Self-funders who do not have their care commissioned by the LA on their behalf, will progress towards cap at rate of what it **would cost the local authority** if it was meeting their eligible needs. This will be set out in an **Independent Personal Budget (IPB)**.
- Self-funders will be able to ask their local authority to meet their eligible needs by arranging their care.
- A person's progress towards the cap will be recorded in a **Care Account** which will need to be set up and administered by the LA.
- When a person reaches the cap, the LA becomes responsible for meeting the person's eligible care and support needs and for paying the cost of the care needed to meet those needs.
- Implemented wef **October 2023** (early assessments to be available wef **April 2023**)

Extended Means Test

- The reform propose a more generous means-test for those with eligible care and support needs to be eligible for local authority financial support.

	Current	Proposed
Lower limit	£14,250	£20,000
Upper limit	£23,250	£100,000
Means test	£14,250 to £23,250	£20,000 to £100,000

- Proposal will results in more individuals becoming eligible for council support to fund their care costs.
- To be implemented from October 2023

Key areas of focus

Government's Local Authority 'Operational guidance around supporting local preparation' sets out 5 key areas of focus:

1. **Identify additional demand** – identification of and modelling around self-funders is a significant and immediate piece of work
2. **Raising awareness and communications** within the service user community, self-funders and providers
3. **Early assessment of service users** - preparation for April 2023
4. **Identifying Capacity requirements** – impact on existing resources, processes etc to implement these reforms & identifying additional long term capacity requirements.
5. **System requirements** – identifying changes required and working with suppliers

There will also need to be a strong focus on the proposed financial impact and financial modelling of each of these areas of focus both in terms of any one off implementation costs but also ongoing additional costs / loss of income.

Cost of Care

Fair Cost of Care

Further grant funding in 2023-25 will be provided, conditional on evidencing the following – for submission to DHSC by **14 October 2022**:

- **cost of care** exercises for **65+ care homes and 18+ domiciliary care**
    - engagement between LAs, commissioners and providers to arrive at a shared understanding of the cost of care – "Fair" is the median actual operating costs and must include and evidence values for return on capital and operations, and travel time for dom care.
    - Report to be produced setting out how the cost of care exercises were carried out incl; provider engagement; the lower quartile, median and upper quartile for costs collected; how the resulting cost of care for the local area has been determined, including the approach taken for return on capital and return on operations.
- a **provisional market sustainability plan -** a final plan will be submitted in **February 2023**
    - Plan will **assess the impact current fee rates are having on the market and the potential future risks**, particularly in the context of adult social care reform
    - It will **outline mitigating actions, including the pace at which the local authority intends to move towards the fair cost of care (where it is not being paid already)** between 2022 to 2025, in order to ensure improved market sustainability.
- a **spend repor**t detailing how funding allocated for 2022 to 2023 is being spent in line with the fund's purpose

Considerations / Risks

Cost vs Funding

- From 2022 to 2025, Government will provide £5.4 billion to local authorities to fund the overall social care reforms included in the White Paper, funded from the Health and Social Care levy
- A report from the County Councils Network (CCN) estimates reforms will cost authorities between **£29bn-£32bn over a 10yr period**, compared to governments **£20bn** estimate. Potential shortfall for North West England is £1.3bn per report

Resourcing

- Reforms will result in many more people being eligible for some means-tested Local Authority support - resulting in additional social work capacity and financial assessment capacity requirements - current workforce capacity issues mean meeting existing demand is a challenge
- CCN report suggests approximately **200,000 more assessments** per annum will need to be conducted requiring **4,300 additional social work** staff (a 39% increase in posts currently filled) and an **additional 700 financial assessors** (a 25% increase in posts currently filled) if no changes to existing ways of working are made.

Timescales and Implementation

- Extremely challenging timescales for implementation with detail still outstanding
- Significant resource required for initial implementation of the reforms e.g. changes to charging policies, system changes – care account , new processes and procedures, communications, provider and service user engagement

Financial impact for Wirral 2023-24

- **Charging Reform: £1.7m - £2.2m**
- The cost impact for Wirral is estimated between £1.7m - £2.2m for the financial year 2023-24 with implementation from October 2023. This increases to between £5.3m - £6.9m in the second year reflecting full year impact of the new reforms.
- **Operational Spend: £1m**

A requirement of 17 additional Social Workers is estimated to meet the reform demand and 4 Financial Assessment staff.

- **Cost of Care: £17.9m**
- LaingBuisson published a report for the County Councils network in March 2022 estimating the impact of the implementation of a fair cost of care for residential services in the over 65 care population. The outcome of the local Market Sustainability exercise will provide further insight into this cost along with the anticipated impact on the domiciliary care market.

Questions?

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Modelling for potential number of self funding individuals currently placed with Wirral Residential and Nursing Homes

This modelling is based off the total capacity of residential and nursing homes on the Wirral minus the vacancies currently available (Table 1). This was then set against the number of placements current partially or fully funded by Wirral Council (Table 2).

We are still working on data for respite support within our community support functions and to review and remove from the data individuals placed within Wirral from other local authorities or NHS Trusts.

Table 1:

Information taken from NHS Capacity Tracker (Information correct as of 14th September 2022)

Vacancy Type	Total Capacity	Vacancies Admittable	% of Bed Vacancies
General Residential	860	100	11.63%
Dementia Residential	660	49	7.42%
LD Residential	240	16	6.67%
MH Residential	147	4	2.72%
Total Residential	**1907**	**169**	**8.86%**
General Nursing	834	137	16.43%
Dementia Nursing	454	69	15.20%
LD Nursing	16	2	14.29%
MH Nursing	28	4	14.50%
Total Nursing	**1332**	**210**	**15.76%**

Total Residential placements on Wirral at this time is 1738 (Total Capacity – Vacancies Admittable)

Total Nursing placements on Wirral at this time is 1122 (Total Capacity – Vacancies Admittable)

Table 2:

Information taken business intelligence team (Information correct as of 9th September 2022)

Residential & Nursing	Fully LA Funded	Part LA Funded	Grand Total
Nursing Care - EMI - Long Term	2	163	165
Nursing Care - EMI - Short Term	1	13	14
Nursing Care - EMI - Short Term (Non-Chargeable)		19	19

Nursing Care - Long Term		11	233	244
Nursing Care - Short Term	2		26	28
Nursing Care - Short Term (Non-Chargeable)			48	48
Residential - EMI - Long Term	12		270	282
Residential - EMI - Short Term		2	32	34
Residential - EMI - Short Term (Non-Chargeable)			21	21
Residential - Long Term		14	559	573

Total Number of Nursing Placements Part/Fully Funded by LA (removing respite) = 494

Total Number of Residential Placements Part/Fully Funded by LA (removing respite) = 910

Going from the figures above there are 1738 total residential placements and 910 of those placements are either part funded or fully funded by the local authority.

This means that are 828 residential placements that could be potentially self funded.

Regarding Nursing Placements there are 1122 total nursing placements and 494 of those are either part funded or fully funded by the local authority.

This means there are potentially 628 self funding nursing placements at this time.

This leaves a total of potentially 1456 self funding individuals on the Wirral

Conclusion:

According to estimates based on recent data collected for market sustainability there are 259 CHC funded placements with reduces this further to 1197 potential self funding individuals on the Wirral in residential and nursing care at this time.

WIRRAL

ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Monday, 24th October 2022

REPORT TITLE:	**EXTRA CARE HOUSING**
REPORT OF:	**DIRECTOR OF CARE AND HEALTH**

REPORT SUMMARY

This report provides an update on Extra Care Housing in Wirral. The report sets out the plan to provide appropriate Extra Care Housing schemes in Wirral that will support Wirral residents with eligible needs. These are needs that are assessed as eligible under the Care Act 2014.

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

The report supports the following priority from the Council's Wirral Plan:

- Working to provide happy, active and healthy lives for all, with the right care, at the right time to enable residents to live longer and healthier lives.

RECOMMENDATION/S

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

1) Endorse the development of further plans for the growth of Extra Care Housing for Wirral.
2) Support engagement with potential partners to identify opportunities for further Extra Care schemes to meet local need.
3) Note progress of existing schemes that are in development.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 The development of Extra Care Housing is a priority for the Wirral Plan 2021-26 and the Wirral Housing Strategy. The work is delivered under the theme of 'Active and Healthy Lives': "Working for happy, active and healthy lives where people are supported, protected and inspired to live independently.

1.2 The Council has stated its commissioning intentions in its Market Position Statement to reduce demand on residential and nursing placements and increase the Extra Care Housing offer.

2.0 OTHER OPTIONS CONSIDERED

2.1 Not having sufficient Extra Care Housing may lead to less people being supported to live in the community and more people requiring residential and nursing care. It may also reduce choices for people in how their care needs are met.

2.2 Not developing Extra Care Housing could mean that more costs are incurred for the Adult Social Care budget, as placements in residential and nursing care are more expensive than placements in Extra Care Housing schemes.

3.0 BACKGROUND INFORMATION

3.1 The Extra Care Housing Programme being delivered by Wirral Council will support older people and people with a learning or physical disability achieve greater independence and wellbeing, by giving them more choice over their care and housing options. Developments will contribute significantly to the shift required from residential and nursing care placements to community-based living and will reduce the proportion of Adult Social Care expenditure for people aged 65+ on residential and nursing care.

3.2 Our stated commissioning intention is to reduce reliance on residential care and promote supported housing options. Therefore, it is not anticipated that we would grow our residential care sector. This is reflected in Wirral Council's Market Position Statement.

3.3 Wirral has a Strategic Housing Market Assessment (SHMA) that provides analysis of long-term specialist housing needs. The SHMA takes into account future housing with care needs and assessment based on population up to 2037 for the 75+ age group projection. For the Wirral 2021-26 plan, it is suggested that 725 new units of Extra Care Housing and Sheltered Housing be developed by 2026. The development plan is on track to deliver the 725 units by 2026.

3.4 The Liverpool City Region Extra Care Strategic Group, is working collaboratively on a regional basis to:

- Assess the regional need
- Develop the model of Extra Care
- Support and promote the Extra Care within Operational teams and with local communities

- Work collaboratively with Homes England on funding bids to support the region

3.5 The cost of Older People's extra care provision for financial year 2021/2022 was £4.04m, with a total number of 329 clients active in Extra Care during that period.

3.6 Existing Schemes

Scheme	Client Group	Area	Housing Provider	Total Units
Harvest Court	Older People (OP)	Moreton	Housing 21	39
Granville Court	OP	Wallasey	Housing 21	34
Mendell Lodge	OP	Bromborough	Housing 21	49 (12 shared ownership)
Willowbank	OP	Wallasey	Housing 21	71 (20 shared ownership)
Cherry Tree	Early Onset Dementia (EOD)	Liscard	Liverpool Housing Trust	10
St Oswalds Court Barncroft	OP OP	Bidston Rise Pensby	Inclusion Housing Magenta Living	27 21
Poppyfields	OP	Saughall Massie	Alpha Living	78
Mersey Gardens		Rockferry	Chrysalis Supported Association	20
Balls Road Pensby Road Alexandra Apartments	Learning/Physical Disability (LD/PD) LD/PD LD/PD	Birkenhead Heswall Tranmere	Inclusion Housing Inclusion Housing Independent Housing	15 19 7
Shrewsbury Road LD/PD	LD/PD	Oxton	Halo Housing	7
Walker Heights		Rockferry	Independent Housing	17
Total OP	329			
Total LD/PD	85			

3.7 Schemes currently in development

Scheme	Client Group	Area	Housing Provider	Total Units	Delivery Date
Ravenswood	LD/PD	Rockferry	Warwick Investments Developments	11	July 2022
Knowsley Road	LD/PD	Rockferry	Warwick Investments Developments	10	September 2022
Spinnaker House	OP	Rockferry	Taurus	102	May 2023
Green Heys	OP	Liscard	Magenta Living	54	March/April 2023
Belong	OP	Wirral Waters	Belong are	34	2023
Total OP	156				
Total LD/PD	21				

3.8 Adult Social Care Commissioning Leads are working closely with strategic housing colleagues on new site opportunities which are either at planning or pre-planning stage. There are several sites under current consideration across the Wirral but are not yet confirmed for progression. Some areas have multiple sites for consideration, and Officers are mindful to develop where there is an evidenced need or gap in provision, and not over develop.

3.9 As of July 2022, there are 113 people who meet the eligibility criteria for Extra Care Housing and are currently on the waiting list for general Extra Care Housing in Wirral.

Of the 113 waiting for general Extra Care Housing:

Area	of 113 people
Birkenhead	20
South Wirral	30
Wallasey	39
West Wirral	24

3.10 Procurement activity for the new schemes at Green Heys and Spinnaker House will commence in August 2022 and complete in December 2022. The successful providers will then mobilise services prior to the 2023 opening dates. The long lead-in time reflects the size of schemes and the recruitment activity required to establish the size of care team required to meet.

3.11 Allocations for schemes are agreed with 100% nomination rights for Wirral Council Adult Social Care and Health Directorate, and places are allocated via a digitalised application and assessment process, managed by a Panel with social care assessment teams.

4.0 FINANCIAL IMPLICATIONS

4.1 Extra Care Housing schemes will contribute to reducing future demands and cost pressures relating to more expensive forms of care. The cost of Extra Care Housing can be on average a third of the cost of residential care at Local Authority rates.

5.0 LEGAL IMPLICATIONS

5.1 The Council has a duty under the Care Act to provide a range of services to meet assessed needs under the Care Act and the provision of Extra Care Housing is one of the options available to people.

5.2 The care provision procurement is undertaken in accordance with The Public Contract Regulations 2015 and the Council's Contract Procedure Rules.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 There is potential for further Capital investment into Extra Care Housing schemes, to support housing providers with development opportunities. Capital requirement is currently under review with Officers in Housing and Regeneration Directorate of Wirral Council.

7.0 RELEVANT RISKS

7.1 A lack of sufficient Extra Care Housing schemes in Wirral increases the likelihood of people having to move to residential care, as their care and health needs increase, and may also increase the cost to the Council.

8.0 ENGAGEMENT/CONSULTATION

8.1 Stakeholders should be identified and involved early in the design process of Extra Care Housing schemes, and consultation undertaken during the design development. Extra Care Housing should be discussed with Local Authority Housing and Adult Social Care and Public Health Directorates, local GPs, NHS Clinical Commissioning Groups (CCGs) and other community interest groups to establish support and ensure the proposals are in line with local need. Consultation with older people and prospective residents in the surrounding community can be very helpful in agreeing which facilities to provide in the communal area, to establish 'buy-in' and to avoid objections during the planning process.

9.0 EQUALITY IMPLICATIONS

9.1 An Equality Impact Assessment has been produced and can be accessed by the following link: https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments/equality-impact-assessments-january-202-6

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 The content and/or recommendations contained within this report are expected to reduce emissions of greenhouse gases through design expectations. Examples can include undertaking a whole life carbon assessment of any design proposals to enable construction options to be considered to reduce embodied carbon.

10.2 Staff are situated in one Extra Care site and therefore do not need to travel between multiple homes.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 Extra Care Housing provides opportunities for local employment in the housing and care sector.

11.2 Extra Care development supports resilient local communities and community support through enabling independence and engaging the local community in supporting people.

11.3 Developers of Extra Care Housing have requirements to meet in relation to protecting the environment, minimising waste and energy consumption and using other resources efficiently, within providers' own organisations and within their supply chain.

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APPENDICES
N/A

BACKGROUND PAPERS
Wirral Strategic Housing Market Assessment 2020
Design Principles for Extra Care Housing (Housing LIN) 23/06/2020
Wirral Market Position Statement
Extra Care Housing Gap analysis

SUBJECT HISTORY (last 3 year

Council Meeting	Date
Adult Social Care and Public Health Committee	18 January 2021
Adult Social Care and Public Health Committee	3 March 2021

WIRRAL

ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

24th October 2022

REPORT TITLE:	**HEALTH AND WELLBEING STRATEGY**
REPORT OF:	**DIRECTOR OF PUBLIC HEALTH**

REPORT SUMMARY

This report presents the Health and Wellbeing Strategy for 2022 – 2027 and sets out the proposals for monitoring the progress of delivery of the Strategy.

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

The priorities of the Health and Wellbeing Strategy 2022-2027 are aligned to the ambitions of the Wirral Plan 2021-2026, to 'create equity for people and place' and will contribute directly or indirectly to all five of the Wirral Plan themes:

- Sustainable Environment
- Brighter Futures
- Inclusive Economy
- Safe and Pleasant Communities
- Active and Healthy Lives

RECOMMENDATION/S

The Adult Social Care and Public Health Committee is recommended to note the Health and Wellbeing Strategy 2022 – 2027.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 This report presents Wirral's Health and Wellbeing Strategy 2022 – 2027, which was presented to the Health and Wellbeing Board in September 2022, see Appendix 1. The Strategy sets out the agreed strategic priorities for improving public health outcomes, health inequalities and resident wellbeing, and is therefore shared with the Adult Social Care and Public Health Committee, as the lead committee on matters of Public Health.

2.0 OTHER OPTIONS CONSIDERED

2.1 The Adult Social Care and Public Health Committee is the lead committee for matters of Public Health, therefore appropriate to present the Health and Wellbeing Strategy to this Committee. Alternative options have not been considered.

3.0 BACKGROUND INFORMATION

3.1 The Health and Social Care Act 2012 established Health and Wellbeing Boards and set out their statutory duties. This included the requirement to produce a joint Health and Wellbeing Strategy which describes how the Board, working with partners, will improve health and wellbeing.

3.2 National guidance states that a Health and Wellbeing Strategy should provide a framework for improving health and wellbeing in the area. The Health and Wellbeing Strategy should influence policy, commissioning and services beyond the health and care sector, in order to make a real impact upon the wider determinants of health. The Strategy should enable the Board to address shared local issues collectively, in addition to the work as individual organisations.

3.3 The implementation of a local Health and Wellbeing Strategy will help to set local priorities for joint action, following the identification and assessment of the needs and priorities of the local population, adopting an outcomes-based approach, and considering those issues which matter the most to local people.

3.4 A key priority for the Health and Wellbeing Strategy is to enable the Board to hold the system to account on the identified priorities and areas for action, ensuring that plans are delivered, meet local resident needs, and are aligned to a strategic outcomes framework.

4.0 WIRRAL'S HEALTH AND WELLBEING STRATEGY

4.1 Wirral's Health and Wellbeing Board agreed in November 2021 for a Working Group to be established with representation from partners to produce a local Health and Wellbeing Strategy. The Board has received regular updates throughout the development of the Strategy, on the progress of the Working Group.

4.2 The Strategy takes forward the recommendations of the 2021 Public Health Annual Report and is aligned to the All Together Fairer Report for Cheshire and Merseyside Health and Care Partnership, delivered through the Marmot Communities Programme.

4.3 The Director of Public Health has led on collaboration and engagement across the Council and with partner organisations as well as community representatives to inform the Strategy. Feedback from the Working Group and individual input has been received from all system and partner leaders which has been used to develop the strategy's principles, priorities and deliverables. Through this collaborative approach, the Working Group has ensured that the Strategy aligns with other relevant plans and strategies, either existing or in development.

4.4 To ensure that the voice of Wirral residents and communities is reflected within the Strategy, a programme of engagement commenced during 2022, overseen by the Working Group. Working with the Health and Wellbeing Board Reference Group, and the Community, Voluntary and Faith Network, as well as other partners and groups, resident input has been obtained via a programme of qualitative insight to inform the Strategy. This programme of work will continue to support the ongoing delivery and monitoring of the Strategy implementation.

4.5 The Strategy describes five key priorities for the Health and Wellbeing Board to focus joint efforts to improve the health of the local population, addressing inequalities, working in partnership with residents:

1. Create opportunities to get the best health outcomes from the economy and regeneration programmes.
2. Strengthen health and care action to address differences in health outcomes.
3. Ensure the best start in life for all children and young people.
4. Create safe and healthy places for people to live that protect health and promote a food standard of living
5. Create a culture of health and wellbeing, listening to residents and working together.

The Strategy sets out how each of the priorities will be achieved and details the initial areas for focus.

4.6 The Working Group has identified the importance of holding the system to account on the delivery of the Strategy and monitoring its impact over time. A range of quantitative and qualitative measures will support the Health and Wellbeing Board oversight of the Strategy deliverables. Appendix 2 maps the Health and Wellbeing Strategy priorities, alongside the Marmot and Public Health Annual Report recommendations, setting out the indicators that will be used to support the Health and Wellbeing Board oversight of the Strategy deliverables and measuring progress. Regular performance reports will be made to the Health and Wellbeing Board, including a 12 monthly review of impact over the last period, and setting priorities for the next 12 months.

4.7 To deliver the ambitions and priorities of the Health and Wellbeing Strategy will require ongoing commitment across the Health and Wellbeing Board. To support

the delivery of the Strategy, the Board will consider building on the success of bringing together the Working Group to collaborate on the Strategy development, developing a Health and Wellbeing Board Steering Group, responsible for developing and overseeing a more detailed Implementation Plan.

5.0 FINANCIAL IMPLICATIONS

5.1 The cost associated with the design and production of the Strategy, is being met from the Public Health grant.

5.2 There may be financial implications for the delivery of the Strategy. The Health and Wellbeing Strategy sets out our approach for reducing health inequalities, however there are significant financial constraints across the system meaning the focus must be on how we can work in different ways as a system to deliver the priorities.

6.0 LEGAL IMPLICATIONS

6.1 Development of a Health and Wellbeing Strategy is a legal duty under the Health and Social Care Act 2012.

7.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

7.1 The work referenced within the report was developed by existing officers and partners.

7.2 There is a need for ongoing commitment of officer time from partners to oversee the implementation and monitoring of the Health and Wellbeing Strategy, keeping the Health and Wellbeing Board regularly updated on progress and engaging with their respective organisations.

7.3 There may be resource implications for partners, services and programmes as a result of the implementation of the Health and Wellbeing Strategy.

8.0 RELEVANT RISKS

8.1 Any risks related to the development of a Health and Wellbeing Strategy will be identified and reported to the Health and Wellbeing Board.

9.0 ENGAGEMENT/CONSULTATION

9.1 A programme of engagement with local people on the development of the new Health and Wellbeing Strategy is ongoing, delivered in partnership with representatives across the Health and Wellbeing Board, community, voluntary and faith sectors.

10.0 EQUALITY IMPLICATIONS

10.1 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 Health and Wellbeing Strategy. There are no further direct equality implications arising as a result of this report. An Equality Impact Assessment for the Health and Wellbeing Strategy can be located at https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments .

11.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

11.1 The link between both internal and external environments and health is well evidenced. The delivery of the Health and Wellbeing Strategy will support and supplement the Cool Wirral 2 partnership strategy to tackle climate impacts.

Work with the NHS will also be important to tackle poor indoor environments caused by indoor air pollution e.g. smoking.

12.0 COMMUNITY WEALTH IMPLICATIONS

12.1 The Health and Wellbeing Strategy will support the delivery of the concepts of community wealth building e.g. community resilience.

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APPENDICES

Appendix 1: Health and Wellbeing Strategy 2022 – 2027

Appendix 2: Outcomes Framework

BACKGROUND PAPERS

Public Health Annual Report 2021: ‘Embracing Optimism - Living with Covid-19’

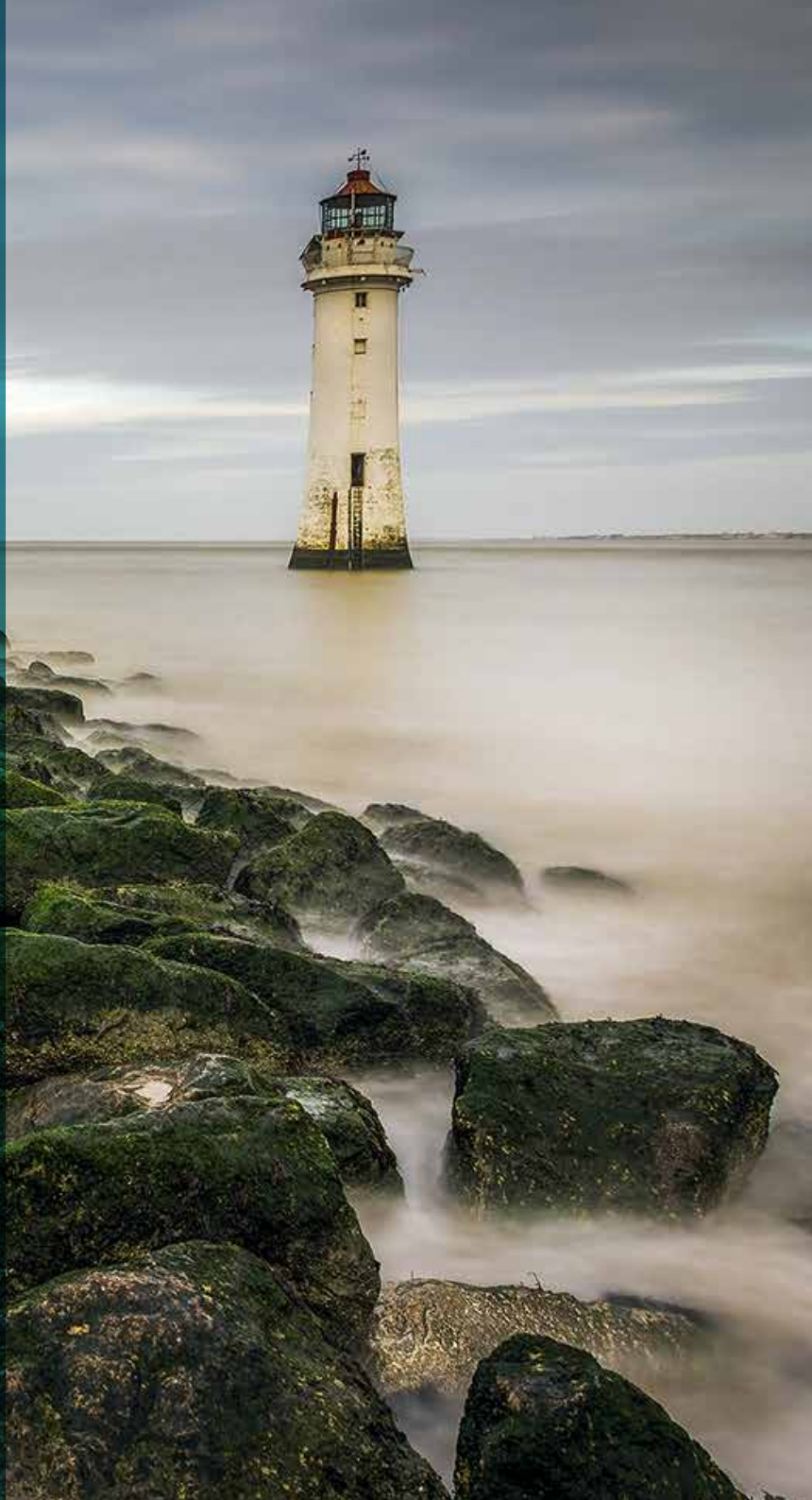
SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Health and Wellbeing Board Health and Wellbeing Strategy	29th September 2022
Health and Wellbeing Board Developing a Health and Wellbeing Strategy	15th June 2022
Health and Wellbeing Board Developing a Health and Wellbeing Strategy	23rd March 2022
Health and Wellbeing Board Marmot Communities Programme Update	9th February 2022
Health and Wellbeing Board Developing a Wirral Health and Wellbeing Strategy with support from the Marmot Community Programme	3rd November 2021
Health and Wellbeing Board 2021 Public Health Annual Report: Embracing Optimism – Living with COVID-19	29th September 2021

Wirral Health and Wellbeing Strategy 2022-2027

Starting Well. Living Well. Ageing Well.

Keep Wirral Well



Contents

Wirral Health and Wellbeing Board Chair - Cllr Janette Williamson

Being healthy gives us opportunities, freedom and independence. And when everyone is healthy our communities thrive and prosper. Ultimately the health of the population mirrors the welfare of its residents and when everyone is healthy, everyone benefits.

The COVID-19 pandemic reminded us of this and how much we all value being healthy as individuals and as a community. The pandemic also highlighted the devastating impact of poor health on people, their families and friends, our public services and the economy. These impacts were not felt equally, and the pandemic underlined the enduring differences in health experienced by some people and communities.

Further challenges are now being faced by local people, with the rising cost of living having an impact on residents, many of whom will be experiencing hardship for the first time in their lives. This will present further challenges to improving the health of the population.

Over the last century, we have made great progress to improve health, with life expectancy improving and illness and deaths from preventable respiratory diseases, heart disease and cancer reducing. However, in more recent decades increases in life expectancy have significantly slowed, and over the last couple of years have worsened.

Whilst some communities continue to experience better health than others, differences in health mean that some people die earlier than others and spend more of their life in poor health. This is not acceptable. Nor is the impact on our people, community and services. Working together we must improve the health of those experiencing the worst impacts of poor health faster.

We want everyone in Wirral, no matter who they are or where they live, to enjoy all the benefits of being healthy. Our Health and Wellbeing Board partnership is committed to making this a reality. We have listened to what local people have told us about what they need to stay well and what we know about what works to help. This Strategy sets out our ambition and describes how we will achieve it, focusing on the things which can make the biggest difference when we work together.

We have a once in a lifetime opportunity to build on the shared commitment and effort demonstrated during the pandemic to tackle our most deep-rooted health challenges.

Cllr Janette Williamson,
Chair,
Wirral Health and Wellbeing Board

Embracing opportunity

We are proud of our borough; our local partnerships are strong and our community spirit abundant.

Wirral is an amazing place. Named as one of the happiest places to live in the UK, we are surrounded by beautiful beaches, parks and historic, industrial and maritime architecture. It is a great place to grow up, live and work. We are proud of our borough; our local partnerships are strong and our community spirit abundant. Wirral is however a borough of contrasts with some of the most affluent and deprived wards in the UK and where life expectancy varies by around 10 years between the rural and urban areas that sit alongside each other.

Over decades, we have made notable progress in supporting people to live healthier lives, and have reduced deaths from heart disease, respiratory illness and cancers, taking action on things that cause these illnesses. However this trend of improving healthy life expectancy has stalled in more recent times. People in Wirral do not live as long as the England average, and within Wirral this difference is even greater with people living in the east of the borough dying around 12 years earlier than those living in the west and with more years lived in poor health.

The pandemic revealed the vulnerabilities in the health of local people and reinforced the differences in health across Wirral. These differences are not limited to COVID-19 and have been evident across a range of health indicators for many years whether it is breastfeeding, tooth decay, hospital admissions for alcohol, obesity, diabetes, heart disease or cancer. Depending on where you live these disparities also exist in education, housing, employment and community safety. For the first time in decades life expectancy is falling and falling faster in the most deprived areas and differences in health have worsened.

The conditions and environment in which we are born, grow, live and work are the main reasons for these differences. Whilst there are some things that cannot be changed, such as our age and genes, we know that good work, our surroundings, money, housing, education and skills, transport, our family, friends and communities make us healthy and keep us well. Making sure people have access to health care is important but on its own does little to improve health. Local people have told us that it is easier to keep well when they have a decent job, a safe and secure roof over their head, feel good about themselves and enjoy stable relationships, interests and have good friends.
This Strategy concentrates on increasing action on these things.

Embracing opportunity

This strategy complements the work of individual organisations and contributes to the delivery of the Wirral Plan.

Whilst there are considerable health and economic challenges, nationally and globally, that we must withstand it is an exciting time for Wirral. We have a unique and timely opportunity to make a big difference. The programme of regeneration in the borough is one of the biggest in Europe and will create a world class standard of economic opportunity, digital connectivity and growth for Wirral and our residents. The new Integrated Care System offers an opportunity to further improve health outcomes through stronger collaboration between health services and partners. And the relationship between partners and with residents has never been stronger being underpinned by a plan for Wirral which aims to drive inclusive economic growth as well as improving services for health and social care, families, the environment and housing.

This Strategy has been developed by the Health and Wellbeing Board, which is a collective of local organisations including the Council, NHS, Healthwatch, the Community, Voluntary and Faith Sector, Merseyside Fire and Rescue Authority, Merseyside Police, the Department for Work and Pensions and Wirral Metropolitan College. Every area is required to have a Health and Wellbeing Board. Our job is to improve the health and wellbeing of the local population, as a partnership committee, producing a joint assessment of health needs and a joint health and wellbeing strategy.

This is our Strategy. It focuses on our mutual priorities, resources and assets that will make the biggest difference to improving health in Wirral. It sets out our shared ambition, solutions and approaches using the best of our combined strengths and capabilities. It is built upon what you have told us about being healthy and what we know works to help.

This Strategy complements the work of individual organisations and contributes to the delivery of the Wirral Plan. It is also a key part of the vision for the Integrated Care System, that has a duty to work closely with the Health and Wellbeing Board. More broadly it supports the local delivery of All Together Fairer, Cheshire and Merseyside's collaborative approach to reducing differences in health outcomes. It is important that these other strategic commitments continue to be delivered as part of our overall approach to realise this Strategy.

State of the Borough

78 **82**

Life expectancy has worsened in recent years and is lower than the England average

12 years

A child born today in Greasby, can expect to **live 12 years longer** than a child born in Tranmere

18 years

People in Wirral are spending around **18 years of their lives in poor health**

115,000

1 in 3 people in Wirral live in areas reported as the **most 20% deprived in England**

1 in 4

people in Wirral will **die from Cancer** - this is the leading cause of death

1 in 5

Wirral people **have Circulatory problems** such as heart disease - the 2nd highest cause of death

50%

Poor mental health accounts for more than half of all people out of work, due to a health condition

1 in 3

working age adults in the most deprived area of Wirral, are **claiming out of work benefits**

Cancers

circulatory & respiratory diseases are **more likely in Wirral people**, compared with England overall

Children

achieving a good level of development in Wirral at the end of Reception has worsened

Lower

achievement of children receiving Free School Meals at Reception age

22%

of people in Wirral **earn below the Real Living Wage**, a fall in recent years, from 30% in 2018

Our ambition

Five priorities which, by working together, will make the biggest difference to improving health for everyone.

We want Wirral to be a place where everyone has the opportunity to live a healthier life, no matter who they are or where they live.

We will turn this ambition into a reality by focusing on the following five priorities which, by working together, will make the biggest difference to improving health for everyone and to help reduce health differences within Wirral:

Our Priorities

1 Create opportunities to get the best health outcomes from the economy and regeneration programmes.

2 Strengthen health and care action to address differences in health outcomes.

3 Ensure the best start in life for all children and young people.

4 Create safe and healthy places for people to live that protect health and promote a good standard of living.

5 Create a culture of health and wellbeing, listening to residents and working together.

Priority 1

Create opportunities to get the best health outcomes from the economy and regeneration programmes

Our health and the economy are the twin pillars of a resilient, thriving and prosperous society. The economy is also a major reason for the differences experienced in health outcomes. Wirral is at an important point in its economic history. We have embarked on a transformational regeneration programme along the 'Left Bank' of the River Mersey stretching from New Brighton to Bromborough, underpinned by the Birkenhead 2040 Framework and Local Plan. There are new opportunities with the transformation of Seacombe, and developments in Birkenhead Town Centre, all of which provides a unique and unprecedented opportunity for positive change.

We will use our significant regeneration programme to drive health improvement in the areas where health is poorest by addressing the income and employment issues that cause ill health. With Community Wealth Building principles at its heart to help build an inclusive, fairer economy, our inclusive economic growth will generate jobs and prosperity for the people of Wirral in the future. The ambition and scale of these programmes gives us the greatest opportunity in generations to redress the economic and health differences within Wirral, and between England.

Once I find a job, things will get better. It will be a distraction for me and I won't be stuck in the house thinking all day."

I have been thinking about going to college - doing a part time craft course in Liverpool. But you have to buy your own equipment, and they don't provide help. Every step I take, there's something else to block the way."

To do this we will

- Complement the Wirral Economic and Community Wealth Building Strategies focusing on the role of the Health and Wellbeing Board member organisations as businesses and local employers, support for people unable to work due to ill health and creating communities that are flourishing and connected.
- Enable people to live well, helping those who are unemployed into work or training and helping them to benefit from economic and regeneration programmes.
- Use our individual organisations' resources and assets as local anchor institutions to ensure, how we spend our money, use our buildings, who we employ and how they develop, benefits the Wirral economy and health of our residents.
- Build Health Impact Assessment into our regeneration schemes to ensure living, working and community conditions benefit health.
- As partners, align capital infrastructure projects and asset plans with the place regeneration programme for Wirral, where they are mutually beneficial for local people.

We will initially focus on

- Making sure that services help people, who are unemployed and those experiencing health related worklessness, responding to the current economic challenges, the cost of living crisis and the aftermath of the pandemic.
- Piloting the Healthy Cities Tool, in a regeneration area, to measure health impacts; applying the learning into planning and how we can use this in other major redevelopment and regeneration schemes.
- Reviewing our individual anchor institution plans to learn from each other and identify opportunities to work together so that they have more reach into our communities and support the work of this Strategy, the Wirral Plan and the current financial challenges experienced by our residents and businesses.

Priority 2

Strengthen health and care action to address differences in health outcomes

We all want the very best health and wellbeing for our families, friends, communities and for ourselves. And when we need to access health and care services, we want these to provide us with excellent care and the best outcomes. Preventing mental and physical health conditions before they develop is better for everyone. It helps people to be healthier for longer and reduces pressure on health and care services so that everyone can get the right quality care, treatment and support when they need it most. Focusing on preventable conditions, targeting those most at risk, will also help us to reduce differences in health outcomes.

The new Integrated Care System is a partnership that brings NHS services together with local authorities and other local partners to collectively plan health and care services to meet the needs of the local population. As part of the developing Integrated Care System arrangements, we have an opportunity to ensure Wirral's Place Based Partnership builds on the collaboration achieved through the pandemic and has a clear focus on reducing health differences in Wirral.

This opportunity is being matched by action. The Wirral Place Based Partnership is committed to ensuring reducing health differences runs through everything we do. This work is already underway with the agreed 2022/23 operational plan outlining how reducing inequalities will be embedded across all priorities.

I don't see anyone at the moment, I just take the meds. Some days it's so bad I don't want to get out of bed."

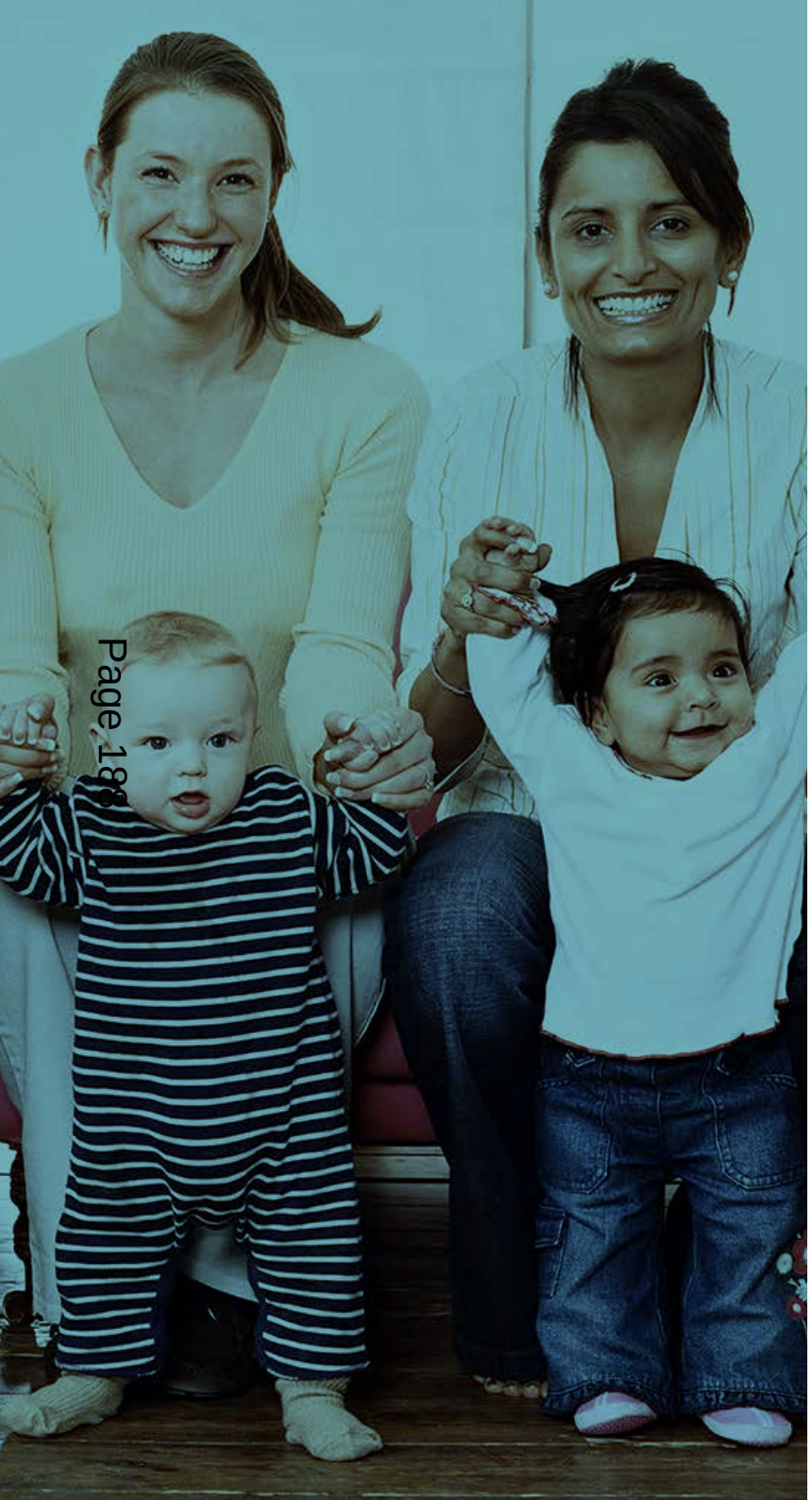
I have been unable to work since 2001 due to a number of chronic and painful health problems. I knew from early on that my health wasn't going to improve. I had no support network, couldn't see a future for me and it felt as if my life was over."

To do this we will

- Make sure that all local people have easy and timely access to health and care services shaped around them to screen, diagnose, treat and prevent disease as early as possible through the Integrated Care Partnership and Wirral Place Plan.
- Address differences in health outcomes by changing the way we deliver health and care services focusing on population health outcomes, with an understanding of needs within our communities and an emphasis on those who can benefit most.
- Increase interventions that prevent health problems and offer support at an early stage focusing on people and communities at greatest risk of poor health outcomes. For example through joint efforts to provide opportunities for all Wirral residents to be more active, increasing vaccination uptake, tobacco control and fuel poverty.
- Ensure high quality and safe health and care service delivery with strong attention to good infection prevention and control to prevent avoidable harm.
- Assist people to age well by keeping them healthy and connected to their communities for as long as possible in their own home.
- Use our collective resources and our role as an anchor institution to deliver across other key priorities within this strategy e.g. employment, regeneration, housing, climate change.

We will initially focus on

- Making sure that the new Wirral Place Plan delivers on the work of the health and care collective to improve health, empower individuals and create a sustainable health and care system.
- Ensuring access to high-quality disaggregated data to measure performance and outcomes, including by deprivation and ethnicity.
  In particular, all organisations should review and improve the quality and accuracy of their data on patient ethnicity.
- Developing integrated, seamless support services within local areas, delivering health and care services with local people as equal partners.
- Using the Core20PLUS5 approach to guide and drive local action.
- Systematically assess health inequalities related to our work programmes and collectively identify and implement actions to help reduce differences in health outcomes.
- Ensuring a collective approach to protecting the health of Wirral Communities from infectious diseases and environmental hazards. With a strong focus on improving quality, infection and prevention control and reducing inappropriate antibiotic prescribing, which will keep people safe and support health and care service resilience.
- Implementing new ways of reducing illness and deaths from alcohol and drug misuse, through the development of a Wirral substance misuse strategy aligning work and priorities between the Wirral Health and Wellbeing Board and the Safer Wirral Partnership Board (Safer Wirral).



Priority 3

Ensure the best start in life for all children and young people

We know that having a safe, loving and nurturing start in life supports children to enjoy happy and fulfilling lives, which is something we want for all children growing up in Wirral. We also know that most of the poor health experienced in later life is the result of what happened in the earlier stages in life. Bad experiences in childhood can impact on health for life and can also carry through into future generations. Unfortunately, not all of our children and young people have the same life chances that enable them to live their best life. That is why this is a priority.

Help our parents look after themselves, so that they can look after us."

When we don't have extended family support I don't know anywhere to go for help when I've got the baby."

To do this we will

- Work together to support parents and carers to help their children to achieve a good level of development in their early years, and to prepare them for the school years (i.e. School Readiness). To have the biggest impact, we will focus most of our efforts in communities that need it the most, in order to reduce the unfair differences that too many of our children experience.
- Support parents and families (through a partnership approach) to address the issues that result in family disadvantage e.g. by improving employment opportunities, reducing levels of debt, improving housing conditions for struggling families.
- Make sure that help is provided to families, children and young people at an early enough stage to prevent issues from escalating to the point of having a major impact on their lives.
- Align what is taught in our schools and further education settings to the emerging training and employment opportunities associated with Wirral's regeneration programme.
- Redesign and improve our support and prevention services so that wherever possible, they are based in the heart of local communities and are easily accessible, integrated, modern and adaptable to the changing needs of children, young people and families.

We will initially focus on

- Developing a system-wide understanding of what School Readiness means and agree partner responsibilities for taking action (including those of parents and carers).
- Consulting with partners and local communities to produce 'Family Hubs' model for our future, where the local system will come together to provide high-quality, whole-family, joined up family support services.
- Identifying the elements of 'Cradle to Career', 'Breaking the Cycle' and '1001 Days' programmes that are making the biggest difference to local families, through evaluation and ongoing discussions with local people.
- Working with educational settings to understand how to better align what is taught locally, with Wirral's employment opportunities and skills gaps. This will also include an assessment of the impact of newer emerging qualifications (e.g. 'T' levels).
- Agreeing, together with young people, families and other partners, what is needed to properly help our young people to deal (at an early enough stage) with the variety of issues that can cause them problems (e.g. mental health, substance misuse, sexual exploitation).

Priority 4

Create safe and healthy places for people to live that protect health and promote a good standard of living

We know that where we live, and spend most of our time, has a huge influence on how healthy we are and how easy it is to stay well. You have told us that feeling safe where you live and having a secure home is important for your health and wellbeing. Creating safe, healthy and sustainable places and communities will make a big difference to reduce the variance in health between our communities.

Improvements to existing housing, alongside wider regeneration activity for new homes, is crucial. Having a home that is affordable and of a good quality is fundamental to achieve in life chances; without this there are so many barriers which widen the inequality health gap.

The current financial climate threatens the standard of living for everyone but especially for people already experiencing hardship and the global environmental emergency also compromises our health. We want everyone to live in thriving communities, enjoy where they live and in homes that support health using the opportunities we have within Wirral to make a positive impact.

"No one invests in this area... have you seen it? There are some pretty hopeless people."

"I'd like to get involved in doing a bit more locally - but I don't know where to start. Is there a list somewhere of things that need doing?"

To do this we will

- Complement the existing strategies and programmes that set out to improve the living and working conditions and environments in Wirral, such as the Climate Emergency Strategy, the Council's Local Plan, targeted housing programmes, Economic Strategy, Active Travel Strategy and Wirral Community Safety Strategy, making sure that they improve health.
- Enable people to connect with other people in their communities, feel safe and love where they live.
- Enable people to be active by providing a wide range of facilities within local communities including parks, open spaces, safe cycling and walking routes.
- Make sure there is an integrated information and advice offer to enable people to access support when they need it.
- Build on the progress made during the pandemic to support people who are homeless and ensure that housing programmes reflect the changing needs of residents to address the challenges that have emerged.
- All work together to respond to the environmental and climate emergency.

We will initially focus on

- Developing a partnership approach to the current cost-of-living crisis to ease the impact on people already experiencing financial hardship, prevent people becoming financially insecure and to help people when they need it.
- Making sure all Wirral Partners participate in the ongoing development and delivery of the Wirral COOL 2 Strategy and develop individual plans to collectively support Wirral's Climate Emergency Strategy.
- Implementing the new Local Plan in a way that improves health through the design of places and new homes, alongside existing homes, and access to services through co-location.
- Work together with partners to deliver the priorities of the Wirral Community Safety Strategy 2021-25, supporting residents to feel safe where they live, work and visit.

Priority 5

Create a culture of health and wellbeing, listening to residents and working together

Together, and only together, can we shift the long-standing health challenges in our borough. We are all part of the solution. To develop this Strategy we have listened, and talked, to local people and community groups working across Wirral. Building on the incredible teamwork between local people and organisations during the COVID-19 pandemic, we will continue to work together to do the things that we know make a difference to you.

We will also need you to take control and responsibility for your own health and wellness. We will need you to keep telling us about your health and how we can work with you to support you to do this.

"This feels very different, being asked to be involved in the Strategy from the beginning rather than it being written by officers and handed to us."

"We've learned down the years to trust each other and continue to build that trust which has been a key feature of this initiative."

To do this we will

- Continue listening to, and working with, local people and community groups to deliver this plan, feeding back what we have done together.
- Build on the strengths and assets of individuals and communities to protect and build health into all that we do.
- Every year we will measure how well we are working together by monitoring the difference this Strategy is making to local people listening to what you tell us about your health.
- Provide information about health as a single Wirral system and in a way that you want it.

We will initially focus on

- Working with the Health and Wellbeing Insight Group to establish an ongoing programme of community insight with local people linked to the Strategy priorities, to measure impact, and influence ongoing action and Strategy delivery.
- Connecting the work of the Community, Voluntary and Faith Network (formerly known as the Humanitarian Cell) and the Health and Wellbeing Board to make sure we are working together to support the delivery of this Strategy whilst reflecting the real time priorities of local people.
- Engaging proactively with communities to ensure that our actions are meeting the needs of local people and that we are doing things in a way that involves people with lived experience in the design of places and services.
- Equiping our workforce with the skills and tools to support people to improve health based on the things that matter to you and which builds on your strengths.
- Establishing a whole Wirral approach to media campaigns through the Keeping Wirral Well collaborative.

Our commitment

Improve health and support people when they are unwell or need help.

Wirral Health and Wellbeing Board brings together leaders from local organisations to focus on the things that we can do together to prevent people from becoming unwell and to make sure that we are doing all that we can to reduce differences in health outcomes. This is in addition to the work of the individual organisations, that make up the Board, to improve health and support people when they are unwell or need help.

Together, we have developed this 5-year Strategy, listening to, and learning from what you have told us. It relies on us all to achieve our ambition for Wirral. To do this we have all agreed that we will:

- Work as a Wirral collective to improve health and care outcomes for people and communities.
- Continue to listen to, and work with communities, so they are able to take control for their own health and wellbeing and live their lives as healthily and independently as they can.
- Focus on the things that together make the biggest difference to improving health.
- Make sure that everything that we do improves everyone's health, targeting our efforts to the people and communities where health is poorest.
- Do what we've committed to; individually and together.

Delivering this Strategy

There are many opportunities but there are also challenges.

This Strategy describes our 5-year ambition and includes the action we will initially focus on to start to make this happen. The actions will be reviewed and updated each year. There are many opportunities but there are also challenges. This plan is therefore a live document and may be refreshed in response to changes in the health of local people, what you tell us or developments in legislation, local and national policy.

Wirral Health and Wellbeing Board members, July 2022

Delivery of this ambitious Strategy requires the ongoing commitment and drive of all Health and Wellbeing Board members as we move into the new strategic landscape that also includes the Integrated Care System. All partners need to build and strengthen shared capacity across the system to support these priorities and improve the health and wellbeing of the people of Wirral.

An Implementation Plan will set out more details around how the actions will be delivered. A steering group, representing Health and Wellbeing Board Members will oversee the delivery of the Strategy.

Health and Wellbeing Board meetings will have a clear focus on issues related to the wider determinants of health. The meetings will provide partners with the opportunity to collaborate and where appropriate provide mutual challenge so that we are constantly driving forward better, more integrated, working based around the needs of the population.

Delivering this Strategy

Board members will work proactively to champion Wirral's Health and Wellbeing Strategy priorities.

Board members are system leaders who collectively set the direction of travel for health and wellbeing in Wirral. Additionally, they are all senior members of their own organisations and will work proactively to champion Wirral's Health and Wellbeing Strategy priorities.

For each priority, Board members will regularly report to the Health and Wellbeing Board on progress being made against actions and outcomes identified in the Strategy. This will provide the opportunity to share what is working well locally, and also act as a challenge to ensure that effective actions are being prioritised and as a means to identify barriers to progress that the Board can support partners to address. It will also enable actions and activity to flow across the system linking to the Integrated Care Board and Integrated Care Partnership, to place or locality level as well as other system boards where appropriate. These systems and processes will be refined throughout 2022-23 as the Integrated Care System develops.

To understand the impact that the Strategy may be having, we will track high-level indicators for each priority over time so we can demonstrate that we have begun to 'turn the curve' and address key health and wellbeing challenges in Wirral.

Making sure we do what we say we will

Through the Health and Wellbeing Board we will work on your behalf to ensure we do what we have committed to. The Board will continue to monitor the overall health and wellbeing of Wirral, but this represents an assessment of health rather than a measure of the success of this Strategy. Each year we will therefore review the difference this Strategy is making using health data and what you tell us about your health. We will publish regular updates and report on our progress.

We will hold ourselves to account by monitoring the progress we are making and work together to resolve any challenges to improvement collectively. Just as the actions to deliver on our ambitions must be developed and delivered together, we are reliant on the delivery of the wider ambitions in the Wirral Plan and the individual work of all the organisations that make up the Health and Wellbeing Board.

For more information on Health and Wellbeing in Wirral

This Strategy is built on data, research and what you have told us. It also supports the work of the organisations that make up the Health and Wellbeing Board. For more detail on this information, and to follow the work of the Health and Wellbeing Board, links are provided below:

Wirral Plan 2021 - 2026
https://www.wirralintelligenceservice.org/strategies-and-plans/wirral-plan-2021-2026/

State of the Borough
https://www.wirralintelligenceservice.org/state-of-the-borough/

Annual Report of the Director of Public Health for Wirral 2020 - 2021
https://www.wirralintelligenceservice.org/local-inequalities/2021-public-health-annual-report/

Wirral Economic Strategy 2021 - 2026
https://www.wirralintelligenceservice.org/strategies-and-plans/wirral-economic-strategy/

Wirral Place Based Partnership Plan
https://www.cheshireandmerseyside.nhs.uk/your-place/wirral/

All Together Fairer
https://www.champspublichealth.com/all-together-fairer/

Health and Wellbeing Board
https://democracy.wirral.gov.uk/mgCommitteeDetails.aspx?ID=630

Acknowledgements

This Strategy has been jointly developed by representatives of the member organisations of the Health and Wellbeing Board. Local resident insight obtained over recent years about the priorities of this Strategy, has been used to inform and refine each priority and what we have committed to do. Resident comments have contributed to the Strategy content, for which we are very grateful. The Health and Wellbeing Board would like to thank everyone who has participated in the development of this Strategy.

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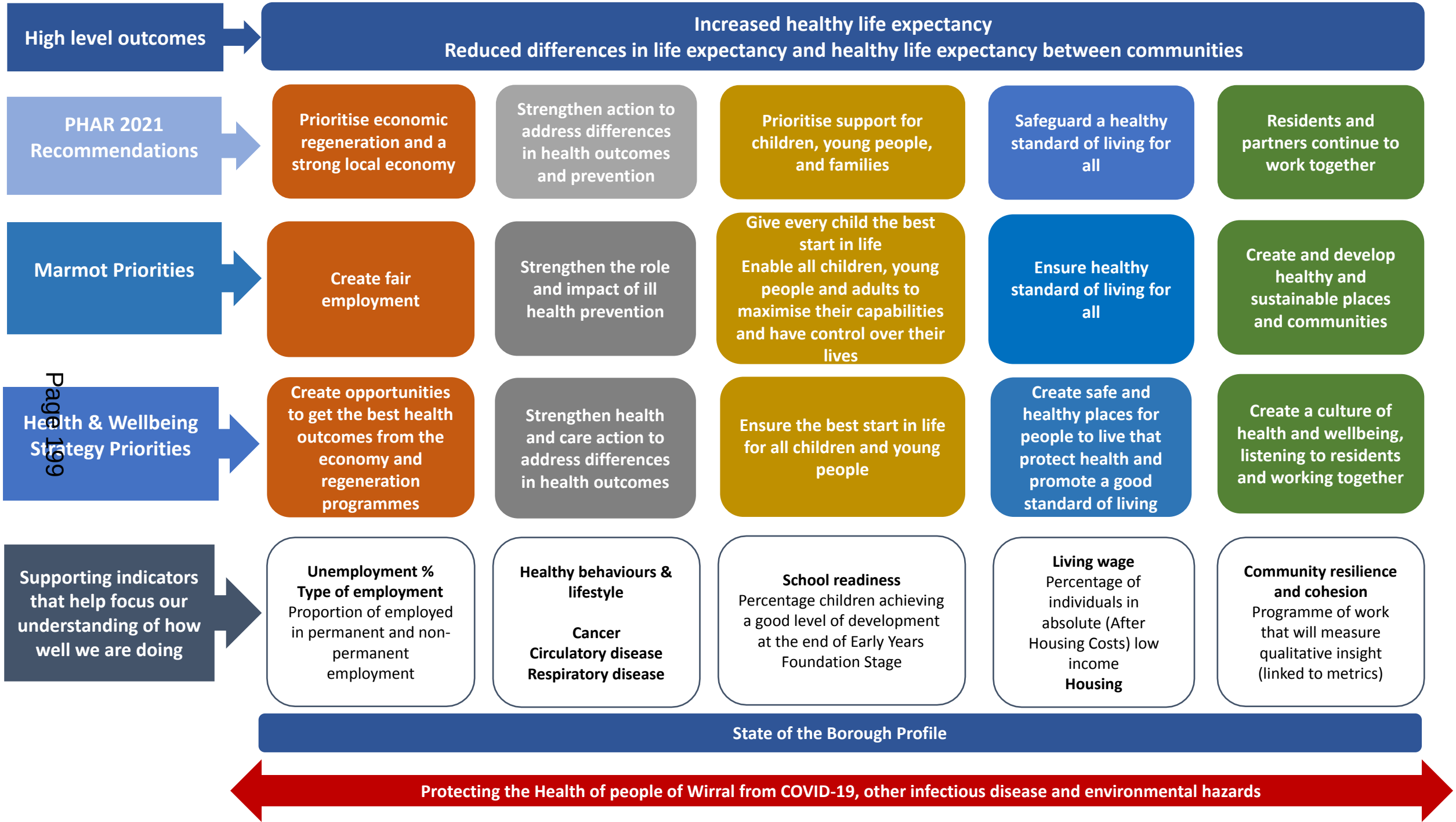
High level outcomes
Increased healthy life expectancy
Reduced differences in life expectancy and healthy life expectancy between communities
PHAR 2021 Recommendations
Prioritise economic regeneration and a strong local economy
Strengthen action to address differences in health outcomes and prevention
Prioritise support for children, young people, and families
Safeguard a healthy standard of living for all
Residents and partners continue to work together
Marmot Priorities
Create fair employment
Strengthen the role and impact of ill health prevention
Give every child the best start in life
Enable all children, young people and adults to maximise their capabilities and have control over their lives
Ensure healthy standard of living for all
Create and develop healthy and sustainable places and communities
Health & Wellbeing Strategy Priorities
Create opportunities to get the best health outcomes from the economy and regeneration programmes
Strengthen health and care action to address differences in health outcomes
Ensure the best start in life for all children and young people
Create safe and healthy places for people to live that protect health and promote a good standard of living
Create a culture of health and wellbeing, listening to residents and working together
Supporting indicators that help focus our understanding of how well we are doing
Unemployment %
Type of employment
Proportion of employed in permanent and non-permanent employment
Healthy behaviours & lifestyle
Cancer
Circulatory disease
Respiratory disease
School readiness
Percentage children achieving a good level of development at the end of Early Years Foundation Stage
Living wage
Percentage of individuals in absolute (After Housing Costs) low income
Housing
Community resilience and cohesion
Programme of work that will measure qualitative insight (linked to metrics)
State of the Borough Profile
Protecting the Health of people of Wirral from COVID-19, other infectious disease and environmental hazards

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WIRRAL

ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Monday 24 October 2022

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

REPORT SUMMARY

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

RECOMMENDATION

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

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email: pollyprice@wirral.gov.uk

APPENDICES

Appendix 1: Adult Social Care and Public Health Committee Work Programme

BACKGROUND PAPERS

Wirral Council Constitution
Forward Plan
The Council's transformation programme

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

WORK PROGRAMME 2022/2023

KEY DECISIONS

Item	Approximate timescale	Lead Departmental Officer
Carers Services and Carers Strategy Report	January 23	Jason Oxley/ Jayne Marshall
CVF Business Case	January 23	Nikki Jones
All Age disability review outcome	March 2023	Jason Oxley
Rates and Fees	Spring 2023	Jayne Marshall

ADDITIONAL AGENDA ITEMS – WAITING TO BE SCHEDULED

Item	Approximate timescale	Lead Departmental Officer
All Age disability update	Jan 23	Jason Oxley
Sexual Health Services (briefing note)	Jan 23	Public Health
All Age Disability final report	March 22	Jason Oxley
Health Protection Delivery Service work undertaken	March 23	Public Health

STANDING ITEMS AND MONITORING REPORTS

Item	Reporting Frequency	Lead Departmental Officer
Financial Monitoring Report	Each scheduled Committee Finance have set out the below for finance reports June September November February/March	Sara Morris
Performance Monitoring Report	Each scheduled Committee	Nancy Clarkson

Adult Social Care and Health Committee Work Programme Update	Each scheduled Committee	Daniel Sharples
Social Care Complaints Report	Annual Report – Jan	
Public Health Annual Report	Annually (September)	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 - June	Dan Sharples

WORK PROGRAMME ACTIVITIES OUTSIDE COMMITTEE

Item	Format	Timescale	Lead Officer	Progress
Working Groups/ Sub Committees				
Performance Monitoring Group	Workshops	Monthly from June 2021	Jason Oxley	
Task and Finish work				
CWP Mental Health Transformation Programme	Task & Finish	December 22-January 23	CWP	
Spotlight sessions / workshops				
Corporate scrutiny / Other				
Written briefings				
Thorn Heyes (written briefing after partnerships in Feb)	TBC	Simon Garner		
Position statement – Refugees (written briefing)	TBC	Lisa Newman		

Adult Social Care and Public Health Committee – Terms of Reference

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(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; 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.

(i) 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.
(ii) maintain an overview of health service delivery against national and local targets, particularly those that improve the public's health.
(iii) 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.

(vii) mental health services; and (viii) preventative and response services, including those concerning domestic violence.

f) a shared responsibility with the Children, Young People and Education Committee for ensuring the well-being and support of vulnerable young people and those at risk of harm as they make the transition into adulthood

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