



Adult Social Care and Public Health Committee

Date:	Tuesday, 29 November 2022
Time:	6.00 p.m.
Venue:	Committee Room 1 - Wallasey Town Hall

Contact Officer: Anna Perrett
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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. MINUTES (Pages 1 - 14)**

To approve the accuracy of the minutes of the meetings held on 11th and 24th October.

5. PUBLIC QUESTIONS

Public Questions

Notice of question to be given in writing or by email by 12 noon, 24 November 2022 to the Council's Monitoring Officer (via the online form here: [Public Question Form](#)) 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, 24 November 2022 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 minutes) to outline the aims of the petition. The Chair will refer the matter to another appropriate body of the Council within whose terms of reference it falls without discussion, unless a relevant item appears elsewhere on the Agenda. If a petition contains more than 5,000 signatures, it will be debated at a subsequent meeting of Council for up to 15 minutes, at the discretion of the Mayor.

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

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Member Questions

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

SECTION A - KEY AND OTHER DECISIONS

6. **DIRECT PAYMENTS REVIEW (Pages 15 - 28)**
7. **INFORMATION AND ADVICE SERVICE COMMISSION (Pages 29 - 36)**

SECTION B - BUDGET AND PERFORMANCE MANAGEMENT

8. **ADULT SOCIAL CARE AND PUBLIC HEALTH 2022/23 Q2 BUDGET MONITORING (Pages 37 - 50)**
9. **ADULT SOCIAL CARE AND PUBLIC HEALTH PERFORMANCE REPORT (Pages 51 - 126)**

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SECTION C - OVERVIEW AND SCRUTINY

10. **CARE HOME QUALITY WIRRAL (Pages 127 - 142)**
11. **COMMUNITY CONNECTOR SERVICE (Pages 143 - 154)**
12. **ADULT SOCIAL CARE AND HEALTH COMMITTEE WORK PROGRAMME UPDATE (Pages 155 - 164)**

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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ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Tuesday, 11 October 2022

Present:

Councillor Y Nolan (Chair)

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

32 WELCOME AND INTRODUCTIONS

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

33 APOLOGIES

No apologies for absence were received.

34 MEMBER DECLARATIONS OF INTEREST

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

The following declarations were made:

Councillor Mary Jordan	Personal interest by virtue of her employment in the NHS, her son's employment in the NHS and her involvement as a trustee for 'incubabies'.
Councillor Jason Walsh	Personal interest by virtue of a family member's employment in the NHS.
Councillor Angela Davies	Personal interest by virtue of her employment with Cheshire and Wirral Partnership.
Councillor Tracy Elzeiny	Personal interest by virtue of her employment in the NHS.
Councillor Yvonne Nolan	Personal interest by virtue of her role as a governor of Clatterbridge Cancer Centre and Cheshire and Wirral Partnership.
Councillor Chris Davies	Personal interest by virtue of his role on the board of governors for Wirral University Teaching Hospital.

Councillor Ivan Camphor	Personal interest as a General Practitioner at Heatherlands Medical Centre, Medical Secretary for Mid-Mersey Medical Committee and a GP representative for Cheshire Mid-Mersey and his involvement as trustee for 'incubabies'.
Councillor Clare O'Hagan	Personal interest by virtue of her employment in the NHS.

35 **MINUTES**

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

36 **PUBLIC QUESTIONS**

No public questions, statements or petitions had been received.

At the request of the Chair, the Committee agreed to alter the order of business to hear the Wirral Safeguarding Adults Partnership Board first and the Public Health Annual Report second.

37 **WIRRAL SAFEGUARDING ADULTS PARTNERSHIP BOARD**

The Wirral Safeguarding Adults Partnership Board Business Manager introduced the report of the Director of Care and Health which updated the Committee on the work of the Wirral Safeguarding Adults Partnership Board (WSAPB) and presented the last annual report of the Merseyside Safeguarding Adults Board.

The Merseyside Safeguarding Adults Board started in 2017 and was a collaboration between Wirral, Liverpool, Sefton and Knowsley. Following a peer review in January 2020 it was decided that the Board would go back to local arrangements.

In response to a query regarding whether recruitment of Social Workers would affect the WSAPB's strategy it was outlined that the WSAPB had a responsibility to assure itself appropriate arrangements were in place to ensure people were being safeguarded but didn't take any direct responsibility. This meant that individual services would have their own strategies and work plans.

Members noted that the data showed Wirral's safeguarding concerns were considerably higher than other authorities, it was clarified that the Merseyside Safeguarding Adults Board had identified that Wirral were processing all items as safeguarding concerns and that nationally Wirral was not an outlier.

Resolved – That the final annual report of the Merseyside Safeguarding Adults Board and the update report in relation to the work of the Wirral Safeguarding Adults Partnership Board be noted.

38 **PUBLIC HEALTH ANNUAL REPORT (PHAR)**

The Director of Public Health introduced the report which was an independent annual report of the Director of Public Health and was a statutory requirement. The 2022 report was presented in two parts. There was a video which focussed on the key role of the Community, Voluntary and Faith Sector in supporting local people and residents to be resilient in challenging circumstances and there was a State of the Borough report which used a range of statistics to report on health and wellbeing in the borough.

Some statistics were shared with the committee which demonstrated the challenges in Wirral which included over a third of Wirral residents living in the most 20% deprived areas of England and that the life expectancy gap between Wirral and Nationally was increasing.

Members queried different aspects of the interactive State of the Borough report and it was agreed that there were some gaps in information and officers were happy to work with Members to improve this. It was noted that when the 2021 Census was published there would be a lot of new data to add to the report.

The Chair emphasised the importance of the Community, Voluntary and Faith Sector in supporting local people and thanked the previous Director of Public Health, Julie Webster, who had recently retired but was in attendance for all the hard work her team had done.

Resolved – That

(1) the Public Health Annual Report (video) be endorsed and the role of the local Community, Voluntary and Faith sector in the local response to the COVID-19 pandemic and the huge contribution it continues to make for residents and the local economy be acknowledged.

(2) the ongoing development of the State of the Borough website be supported and an annual report on key indicators, themes, and the progress being made to improve health in Wirral be received.

39 **DEMENTIA CARE AND PREVENTION**

The Director of Care and Health introduced the report which described the work undertaken to produce the joint Wirral Dementia Strategy 2022-2025.

The Strategy aimed to bring greater alignment of services and more creative responses to people's needs and focussed on increased awareness, early diagnosis and an improved quality of care.

There were several pillars which supported the strategy which were preventing well, diagnosing well, supporting well, living well and planning well.

The report highlighted the work of dementia champions and the community, voluntary and faith sector.

In response to a query on how waiting times for diagnosis could be shortened and how community services could support people and their families, it was outlined that this was a key area the strategy aimed to deal with and that there was a link between primary care and specialist services and the ongoing partnership work required to continue to improve and develop both the waiting times for diagnosis and the post diagnosis support.

Members noted that there was a lack of detail in terms of measurables in the strategy and queried whether it could be enhanced to show the current position, the aspirational position and how it would be achieved.

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

Resolved – That

- (1) the Wirral Dementia Strategy 2022-2025 be approved.
- (2) the work undertaken across the Wirral system to establish Wirral as a place where people who are living with, or affected by, Dementia can truly 'live well' be noted.
- (3) the Wirral Dementia Strategy 2022-2025 be referred to the Wirral Place Based Partnership Board.

40 **REABLEMENT REVIEW**

The Head of Community Care Market Commission introduced the report of the Director of Care and Health which provided the Adult Social Care and Public Health Committee with the outcome of a review of reablement provision in Wirral. It was reported that there had been a drop in activity of service provision over the past two years and the Council had an opportunity to transfer, recruit and train an experienced workforce to improve the reablement offer for Wirral residents. The current contract for direct provision was due to be under review in 2023 and officers were keen to specify the contract to align it with a new service offer.

The Director of Care and Health emphasised the importance of these services to get residents back on their feet and as independent as possible and stated that if the Council could drive the training and development of staff, better support would be able to be provided to those who needed it.

Members highlighted concern over recruitment and whether the Council intended to recruit staff who were already fully trained or those who wanted to be trained and it was reported that there would be a blended approach which would take into account the potential transfer of staff into the new service offer, the Healthy Wirral Workforce Academy and recruiting new and experienced staff.

Resolved – That

- (1) the content of the report and the options described at section 2 be considered, and the recommended Option 1 - To establish an in-house reablement service delivered by the Council be approved in principle.
- (2) the Director of Care and Health be requested to progress with engagement, service design and financial modelling for an in-house service, and a further report be brought to a future committee detailing the proposed service arrangements.

41 **SUPPORTED INDEPENDENT LIVING MODEL**

The Head of Community Care Market Commission introduced the report of the Director of Care and Health provided an update for Members on the work undertaken to develop a new model for Supported Independent Living in Wirral for Adults with Learning Disabilities, Autism and Mental Health needs. It was reported that colleagues across the Liverpool City Region had been working on developing a spectrum of accommodation which ranged from renting or owning homes to living in supported or specialist accommodation which looked to enable people to have their own front door and facilities.

A framework of providers had been established with 71 providers on that framework which meant that there was a broader range available for people to choose from when there was a complex case and this enabled officers to undertake effective future planning also. A care and accommodation panel had been established which looked to place people in existing accommodation and also identified unmet need where there is a requirement for more bespoke arrangements.

There were alternative services for young people in transition and officers were looking at accommodation with skills development to enable people to move on to employment.

In response to a query about engagement with the community and self-advocacy groups it was reported that the Council wanted to co-produce the schemes and had worked with a wide range of parents, carers and groups with some bespoke and some generic engagement and that part of the work of the Liverpool City Region group was to widen the co-production element and ensure peoples voices were heard.

Resolved – That the approach to developing the Supported Independent Living offer to people in Wirral with a learning disability, autism or mental health need be approved.

42 **ADULT SOCIAL CARE AND PUBLIC HEALTH 2022/23 Q1 BUDGET MONITORING**

The Director of Care and Health introduced the report which set out the financial monitoring information for the Adult Social Care and Public Health Committee as at Quarter 1 (1 Apr – 30 Jun) 2022/23 and provided Members with an overview of budget performance for this area of activity, including progress on the delivery of the 2022/23 saving programme and a summary of reserves to enable the Committee to take ownership of the budgets and provide robust challenge and scrutiny to Officers on the performance of those budgets.

The pressures around hospital discharge and placement were reported as significant and the Q1 report didn't show one of the key problems within the financial year which had been the withdrawal of the hospital discharge fund nationally which had been a key factor in enabling people to get out of hospital and be supported locally.

The forecast assumed full achievement of £3.9M of savings.

Resolved – That

- (1) the projected adverse revenue position at Quarter 1 be noted.
- (2) the progress on delivery of the 2022/23 savings programme at Quarter 1 be noted.
- (3) the reserves allocated to the Committee for future one-off commitments be noted.
- (4) the forecast level of reserves at Quarter 1 be noted.
- (5) the current activity profiles from 2018 to Quarter 1 of 2022/23 be noted.
- (6) the forecast capital position presented at Quarter 1 be noted.

43 **ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE WORK PROGRAMME**

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

Members requested an update on the transfer of Wirral Evolutions to an in house Council service, the Director of Care and Health provided an update which outlined that staff have successfully moved across and he had met with the day services staff and discussed how they felt about the changes and areas for improvement and that there was a two way conversation happening.

In response to a query regarding the Cheshire and Wirral Partnership Community Mental Health Transformation task and finish group it was reported that a meeting would be scheduled as soon as possible.

Resolved – That the proposed Adult Social Care and Public Health Committee work programme for the remainder of the 2022/23 municipal year be noted.

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ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Monday, 24 October 2022

Present: Councillor Y Nolan (Chair)

Councillors A Davies S Mountney
T Elzeiny C O'Hagan
P Gilchrist A Onwuemene
M Jordan C Povall (In place of
J Bird (In place of J I Camphor)
Walsh)

Apologies Councillors C Davies

44 WELCOME AND INTRODUCTIONS

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

45 APOLOGIES

Apologies had been received from Councillor Chris Davies, Councillor Jason Walsh and Councillor Ivan Camphor. Councillor Jo Bird and Councillor Cherry Povall deputised.

46 MEMBER DECLARATIONS OF INTEREST

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

The following declarations were made:

Councillor Mary Jordan	Personal interest by virtue of her employment in the NHS, her son's employment in the NHS and her involvement as a trustee for 'incubabies'.
Councillor Angela Davies	Pecuniary interest in item 5 by virtue of her employment with Cheshire and Wirral Partnership.
Councillor Tracy Elzeiny	Personal interest by virtue of her employment in the NHS.
Councillor Yvonne Nolan	Personal interest by virtue of her role as a governor of Clatterbridge Cancer Centre and Cheshire and Wirral Partnership.

Councillor Clare O'Hagan	Personal interest by virtue of her employment in the NHS.
Jo Bird	Personal interest by virtue of a family member's employment in Social Care.
Cherry Povall	Personal interest by virtue of her role as a trustee for 'incubabies'.

47 **PUBLIC QUESTIONS**

No public questions, statements or petitions had been received.

48 **SOCIAL CARE DELIVERY REVIEW (SOCIAL WORK ARRANGEMENTS)**

Councillor Angela Davies left the meeting during the consideration of the item

The Head of Service for Integrated Services introduced the report of the Director of Care and Health which presented a summary of the review undertaken and made recommendations to Members for the future director on delivering statutory adult social care services and functions. It was reported that both NHS Wirral Community Health and Care Foundation Trust (WCHCFT) and NHS Cheshire and Wirral Partnership Foundation Trust (CWP) had identified risks associated with the delivery of the recommended option in the time period proposed to extend the contract for a further year until September 2024.

The intention during the contract extension would be to consider the benefits of returning the service to the Council's direct delivery while retaining the best aspects of integration. The review found good evidence of positive outcomes of the integrated service model in many areas but noted that areas of potential opportunity had not been fully realised and that at times, the Council's priorities were not reflected in the trusts.

Members felt that processes being brought in house didn't necessarily mean that quality would improve and that there would be a cost element to this.

Members noted that effective integrated services were influenced by the leadership and culture of the organisation and that integration should continue and develop throughout the process of transfer.

Resolved – That

- (1) (a) 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 be extended for a period of 1 year as set out in para 2.1 of this report**

- (b) 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 be extended 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 be brought by the Director of Care and Health to this Committee setting out the considerations involved in moving towards returning the provision of these social care services and all age disability and mental health services to the Council's direct delivery.**

49 ADULT SOCIAL CARE AND PUBLIC HEALTH PERFORMANCE REPORT

The Assistant Director of Care and Health introduced the report of the Director of Care and Health which provided a performance update 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.

Attention was drawn to key areas of the report such as care home figures, the number of people supported by the Council in care homes remained at the high level of 1670 people this was believed to largely be due to pressures in the domiciliary care sector and the level of activity in hospitals and the number and speed of discharges. Care home vacancies were adequate for the needs of the population at 12.6%.

There was a marked reduction in the number of people supported with domiciliary care in their own homes however it was noted that over the last few months, there had been a sustained increase in the numbers and the trajectory was going in the right direction. Officers felt this was due to their investment and support to the sector including the increase of hourly rate to pay carers £11 per hour.

Members requested further information to be added to future reports such as capacity across all types of care not just care homes and detail on the Discharge to Assess beds at Clatterbridge.

In response to a query surrounding care home waiting times, it was outlined that a report was to be brought to the next committee meeting which detailed care home quality improvement.

Resolved – That the content of the report be noted.

50 **SOCIAL CARE REFORM**

The Assistant Director of Care and Health introduced the report of the Director of Care and Health which informed the Committee on the Social Care Charging Reforms and the implications for people who accessed care and support services and the considerations that were required for the Council's Adult Social Care services. The report included information on future requirements for charging for care services and the cost of care.

The reforms set out four main areas of difference, firstly that there would be a lifetime cap of £86,000 on the amount people pay for care, a more generous means test for local authority financial support would be introduced, self-funders would have the ability to ask the Council to arrange their care and a move towards a fair rate of care in respect of Council's fees to providers. The primary objective of the reforms was to protect people from devastating care costs.

It was reported that Councils would face a significant increase in care costs and loss of income, and it was estimated that in the 2023-24 financial year, an additional £1M would be needed for additional staffing and a loss of income of around £2.2M.

In response to a Member's question, assurance was given that processes used to implement the reforms wouldn't digitally exclude residents that were unable to access online forms and systems and that there would be staff to ensure people were supported as well as collaboration with community, voluntary and faith organisations and third sector colleagues.

Resolved – That

- (1) the approach to the Council's implementation of the charging reforms be endorsed.**
- (2) the significant impact of the social care charging reforms, including on the Adult Care and Health budget and resources be noted.**
- (3) A further report on progress of implementing the reforms be brought in Spring 2023.**

51 **EXTRA CARE HOUSING SCHEME UPDATE**

The Head of Community Care Market Commission introduced the report of the Director of Care and Health which provided an update on Extra Care Housing in Wirral. The report set out the plan to provide appropriate Extra Care Housing schemes in Wirral that will support Wirral residents with eligible needs.

Work had been undertaken on a strategic housing management assessment to enable future planning for schemes. Projections estimated that by 2026, Wirral would need 725 units of extra care housing. It was reported that by October 2023 there would be 491 units. There were 113 people on the waiting list for extra care with high numbers in Wallasey and South Wirral. It was reported that capital had been identified that could be drawn upon for the next three years and further capital could be bid for in order to fund schemes.

In response to a query about sites across other wards, Members were informed that there were several sites currently under consideration but were not yet confirmed for progression.

Members sought clarity on the real living wage and how it was applied. The Head of Community Care Market Commission outlined that the Council supported the real living wage being applied across all sectors, there were two rates that were offered, minimum wage and real living wage. It was reported that some employers were unable to accept the real living wage rate for various reasons and then the minimum wage rate was applied.

On a motion by Councillor Phil Gilchrist, seconded by Councillor Clare O'Hagan it was -

Resolved – That

- (1) the development of further plans for the growth of Extra Care Housing for Wirral be endorsed.**
- (2) engagement with potential partners to identify opportunities for further Extra Care schemes to meet local need be supported.**
- (3) the progress of existing schemes that are in development be noted.**
- (4) officers be requested to develop a bid for the level of capital considered necessary for progress of the programme.**

52 **HEALTH AND WELLBEING STRATEGY**

The Assistant Director: Consultant In Public Health introduced the report of the Director of Public Health which presented the Health and Wellbeing Strategy for 2022 – 2027 as approved by Health and Wellbeing Board on 29th September 2022 and set out the proposals for monitoring the progress of delivery of the Strategy. The report described five priorities to improve the health of the local population and address deep rooted health inequalities across the borough, progress would be monitored by engaging with

communities and evidence based factors such as unemployment, school readiness and cost of living poverty indicators.

The Director of Care and Health endorsed the approach and the opportunities for integration and noted that the Adult Social Care and Public Health Committee would undertake work to support priorities two and five of the strategy.

In response to queries from members, it was confirmed that there were a set of evidence based performance indicators and milestones for measuring the delivery of the strategy against.

Resolved – That the Health and Wellbeing Strategy 2022 – 2027 be noted.

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

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

Members requested that an item on the Health and Wellbeing Strategy priorities two and five be brought back to the committee before the end of the municipal year.

Resolved – That the proposed Adult Social Care and Public Health Committee work programme for the remainder of the 2022/23 municipal year be noted.



ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Tuesday, 29th November 2022

REPORT TITLE:	DIRECT PAYMENTS REVIEW
REPORT OF:	DIRECTOR OF CARE AND HEALTH

REPORT SUMMARY

It is a statutory duty as defined by the Care Act 2014 to offer a person a Direct Payment as a cash alternative to a directly commissioned care and support service where a person has been assessed as having eligible needs. This applies both to carers and people in need of care and support. The regulations of the Children's Act also place a duty on Local Authorities to offer a Direct Payment to disabled children.

A report was presented to Adult Social Care and Public Health Committee on the 3rd of March 2022 where it was noted the number of people and carers in receipt of a Direct Payment was relatively low. A recommendation to review and improve this position was approved, this report contains a summary of the review and describes to members the work underway to unpick the barriers it identified and to set out what we need to change.

This review has been a collaborative exercise and included, as equal partners, officers of the Council, people with lived experience, voluntary sector providers and representatives from Cheshire and Wirral Partnership NHS Foundation Trust (CWP) and the Wirral Community Health and Care NHS Foundation Trust (WCHCFT).

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 affects all wards and is a key decision.

RECOMMENDATION/S

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

1. Direct Payment hourly rates for Personal Assistants for adults to be aligned to that of a Domiciliary Care Worker from April 2023.
2. Work commences towards reconciling the Direct Payment hourly rates for adults and children.
3. A future report be brought to this committee exploring the options of either providing

- (a) Council Coordinated Personal Assistant register
- (b) Tender for a full Direct Payment Service to include a Personal Assistant Register, Payroll, a Managed Accounts Service and Information and Advice

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 Aligning the hourly rate for PAs and Domiciliary Care staff is recommended to incentivise the role of PA as a career of choice. It will provide parity of pay with the Domiciliary Care Sector and retain PAs already employed. Additional PAs will enable more people to exercise control over their care and support arrangements and better enable the Council to meet the statutory duty to offer people and carers eligible for support of a Direct Payment. It is anticipated this will also reduce reliance on commissioned care and will contribute to achieving efficiencies.
- 1.2 Reconciling the Direct Payment hourly rates for adults and children will provide consistency.
- 1.3 Further work is needed to determine whether the most effective delivery model would be to include the development of a PA register as part of the Council's direct delivery arm, or to tender separately for a full Direct Payments service including the development of a PA register and other functions associated with Direct Payments.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 No change to the current provision.

3.0 BACKGROUND INFORMATION

3.1 Statutory Duties and Performance

It is a statutory duty as defined by the Care Act and the Children's Act to offer a person or a child with a disability a Direct Payment as a cash alternative to a directly commissioned care and support service. There are several ways a Direct Payment can be used and paid (Appendix 1) In Wirral there are currently 7963 adults eligible and in receipt of support. Of that number 535 people have a Direct Payment equating to 6.7% of that population. The review has identified several barriers which act as a disincentive to accessing a Direct Payment and proposes some potential solutions

- 3.2 The take up of direct payments is recorded as an Activity Measure for both the WCHCFT and the CWP. In the lifetime of both contracts, Direct Payment take up has remained relatively static. This is a key area of improvement, and a variation will be made to the contract to convert the activity measure to a Key Performance Indicator (KPI) enabling more rigorous scrutiny.
- 3.3 On the 11th of August 2021, a partnership arrangement with Partners for Change, WCHCFT and the Council called the Three Conversations (Making it Happen) model was adopted; this approach places an improved focus on relationships, an individuals' strengths, and those assets available to them in the community. As a result, many people developed their own solutions and there was a reduced reliance on commissioned support. This approach was deployed across several Innovation Sites and within each site a 3.7% increase in the use of Direct Payments was realised. This approach will be rolled out across both Trusts, and it can be assumed,

with some confidence, that this will be replicated leading to an improved quality of life for greater numbers of people and the achievement of further efficiencies.

3.4 **Direct Payment Rates**

Following a listening exercise with people with lived experience and social workers several disincentives for people who might otherwise elect to have a Direct Payment have been identified. Primary amongst these are the variable Direct Payment rates. For example, the hourly rate for PAs supporting children is £10.50 for a weekday and £14.14 for weekend support whilst for adults it is £9.90. The further report recommended will propose a way forward for the reconciliation of rates for PAs for adults and children.

3.5 The current hourly rate for domiciliary care has been increased as a result of bringing forward the 2023/24 fee rate rise to deal with current pressures in the market and was funded in year by cost of care grants. The cost to the Council per hour of support is £20.17, staff working in the sector are paid £11 per hour.

3.6 If the Council align the PA and Domiciliary hourly rates in April 2023, there is potential to increase PA recruitment. By reducing reliance on domiciliary care an efficiency will be realised, at this stage it is difficult to predict what that will be. Since the inception of the new rate in the domiciliary care sector in August 2022, increased recruitment and retention of staff has been reported.

3.7 **PA Finder Service and Direct Payment Support**

The issues associated with providing a PA finder service and Direct Payment support are complex.

3.8 A Soft Market exercise was undertaken in August 2022 to identify organisations that could provide a PA Register. A copy of the questionnaire is attached (Appendix 2). It is important to note that assurance was sought from all providers that they would engage with people with lived experience whilst developing the PA Register with a view to them assuming responsibility for the operational delivery of it once embedded. Eight providers submitted expressions of interest.

3.9 The Council Delivery arm also has the potential to provide a PA Register.

3.10 It is recommended a further report be brought to this committee, describing the benefits and detriments of both options.

3.11 **Barriers**

Some of the other areas of greatest challenge, as identified by the engagement exercise with social workers and people with lived experience are set out below.

3.12 **Appropriately Trained Staff**

The lack of access to appropriately trained and skilled individuals, can exclude people with eligible but more complex needs from exercising autonomy over their lives. The intention is to work with CWP and WCHCFT, to provide training pathways for PAs enabling them to access opportunities to enhance their skill set leading to more people in need of specialist support being able to access a Direct Payment. These skills could be included in the PA register leading to better matching of PAs and people. Further work needs to be undertaken to develop a training framework

enabling the more highly skilled staff to attract a higher rate of pay. Developing a skilled workforce could support more people to stay at home and reduce reliance on costly commissioned services and out of area placements. As a result, a stratified rate of pay could be introduced to reflect the skill set of PAs.

3.13 Personal Health Budgets (PHB)

A Personal Health Budget is an amount of money to support an individual's health and well-being needs. People who qualify for Continuing Health Care or, Section 117 Aftercare as a result of being detained under the Mental Health are amongst the groups eligible for a PHB. Closer working with the Integrated Care Board (ICB) is critical to improve access to PHBs and will form a key work stream of this strategy.

3.14 Access to Benefits

There is a lack of clarity in respect of eligible mobility benefits, for example there is no allowance built in for people who can walk but need to cover the travel costs of a PA. As part of the Keep Wirral Well Collaborative, information in respect of Mersey Travel and other concessionary travel arrangements has been made available and will also be included on the Council's Information Bank. Care Act assessors will systemically make this information available to people and ensure, as part of the support planning process, that if support is needed to access public transport to meet an identified eligible need it will be reflected in an individual's support plan and the associated personal budget. A workstream, led by people with lived experience, is undertaking research to identify and learn from exemplar Councils.

4.0 FINANCIAL IMPLICATIONS

4.1 Any financial implications will be subject to rates and fees negotiations.

5.0 LEGAL IMPLICATIONS

5.1 The Care Act 2014 places a statutory duty on Councils to assign a personal budget to all people who are eligible for support, the personal budget is the amount of money needed to cover the cost of support for which a person is eligible. The Children's Act 1989 places a duty on Local Authorities to offer a Direct Payment to disabled children. If Direct Payments were not available, the Council would fail to meet its statutory duties.

5.2 The High Court, following a challenge from a family, recently ruled that: "Suffolk County Council wrongly stopped funding (via Direct Payments) family holidays in 2020 for two disabled brothers by adopting a "restrictive and wrong" interpretation of the Care Act 2014". The Council's legal service and the Principal Social Worker will continue to advise and revise policies in the light of this and any future judgements. We need to be assured that the CWP and the WCHCFT who hold the delegated duty for Care Act assessments, are communicating any changes to employees and that accessible information is made available to the public.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 The further report recommended will set out any resource implications.

7.0 RELEVANT RISKS

7.1 If Direct Payments were not available, the Council would fail to meet its statutory duties. If the number of people in receipt of a Direct Payment is not increased, the CWP and WCHCFT would fail to meet the targets of Adult Social Care Outcomes Framework (ASCOF). Fewer people would be able to exercise autonomy over their care and support.

8.0 ENGAGEMENT/CONSULTATION

8.1 This review has been a collaborative exercise and included, as equal partners, officers of the Council, people with lived experience, voluntary sector providers and representatives from Cheshire and Wirral Partnership NHS Foundation Trust and the Wirral Community Health and Care NHS Foundation Trust.

9.0 EQUALITY IMPLICATIONS

9.1 An Equality Act 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 are no environment or climate implications associated with this report.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 The flexibility a Direct Payment affords enables more people with eligible needs to lead happy, healthy, and active lives and creates opportunities to enter the job market or return to education. The recruitment of more PAs offers the opportunity for Wirral residents to enhance their skills and enjoy a rewarding career.

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APPENDICES

Appendix 1 Ways a Direct Payment can be used and paid
Appendix 2 Soft Market exercise questionnaire

BACKGROUND PAPERS

The Care Act 2014

TERMS OF REFERENCE

This report is being considered by the Adult Social Care and Public Health Committee in accordance with Section 2.2(a) and (b) of its Terms of Reference: adult social care matters (e.g., people aged 18 or over with eligible social care needs and their carers) and promoting choice and independence in the provision of all adult social care).

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Public Health Committee	03.03.2022

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Appendix 1 - Ways a Direct Payment can be used and paid

- It is a statutory duty to offer a person a Direct Payment as a cash alternative to a directly commissioned care and support service in most cases.
- A Direct Payment can be paid to a person to enable them to employ a personal assistant or to purchase care and support services from a care provider of their choice to provide the care that they have been identified as needing through a Care Act (2014) assessment.
- Direct Payments can also be made to carers who have an identified need as a carer.
- A person can use their Direct Payment flexibly to meet their assessed needs, in a way that suits them, and in a way that provides them with choice and control over their care arrangements.
- People in receipt of a Direct Payment could choose to have their Direct Payment made directly to a care provider or a third party to manage on their behalf.
- People may also choose to pool their Direct Payment with other people in receipt of a Direct Payment where they share support with a number of other people and all wish to receive care flexibly from the same care provider.
- Direct Payments are used to pay for goods and services that are identified in a Support Plan that has been agreed between the person and the Council as meeting the person's assessed needs.
- The preferred method of payment for Direct Payments is by way of a Pre-Paid Card which provides ease of administration and ease of use by the recipient. Pre-Paid Cards also facilitate an efficient way for the recipient to keep records of expenditure and for the Council to undertake audits of Direct Payments account.
- The breakdown of the current route of payment for Direct Payments for adults is set out below:
- Individual Service Funds (an arrangement where a local authority transfers the funds agreed for a person's care and support arrangements to an organisation of their choice, so that the person can be in control of how their support is designed and delivered. This can be where a person wishes to pool their Direct Payments with other Direct Payment recipients to share a service provision) - 119
- Managed Accounts (the Council pays the payroll provider, WIRED, directly so that they can provide the payroll service and pay other associated costs (tax, insurance etc) on behalf of the direct payment recipient, thereby relieving them of the administrative burden of managing the money) - 139
- Individuals managing their own payment (individuals manage their own payment by opening a separate bank account or using a pre-paid card. The individual retains responsibility for the funds but may need a payroll service. They pay all other associated costs such as tax, insurance which are included in their Direct Payment) - 278.

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PRE-PROCUREMENT CONSULTATION QUESTIONNAIRE

DN622575 Personal Assistant Register Wirral 14th July 2022

To help inform its procurement process, Wirral Council wishes to consult with organisations who have an interest in the provision of a **Personal Assistant (PA) Register**.

The aim of this short questionnaire is to gauge interest in this opportunity from providers within the social care market and identify potential suppliers to express an interest to deliver this service.

Overview of the Service:

Wirral Council are looking to establish a Personal Assistant Register to be accessed by:

- people in Wirral who are in receipt of a Direct Payment
- Personal Assistants looking for work
- Self-funders to access support.

Wirral Council are committed to increase the number of people who wish to access a social care Direct Payment that enables individuals to remain independent through developing their own packages of care and support.

Wirral Council consider the availability of a PA Register will assist people receiving a Direct Payment to identify and employ a Personal Assistant (s) who have the necessary skills and qualities to support and meet their needs, and also provide a platform for Personal Assistants to advertise their availability for work. We would expect the supplier to have the capability to deliver a digital offer as a sole provider or in partnership.

Wirral Council wish to commission a Personal Assistant Register for Wirral, primarily to support people receiving a Direct Payment, but also for Personal Assistants and self-funders. We would need assurance that the successful provider would engage with people with lived experience whilst developing the PA Register and support service with a view to them assuming responsibility for the operational delivery of it once embedded.

The provider will have a clear understanding of the regulations associated with Direct Payments and the barriers that currently exist for people who are looking to manage their own care needs.

The anticipated contract start date is late 2022.

Pre-Procurement Questionnaire:

Interested parties should respond to the questions outlined below.

Please respond via The Chest by 5th August 2022



Interested parties should respond to the questions outlined below. Please do not exceed the word count limit stated. All submissions will be treated confidentially. Please note you are **not** required to respond to all questions.

1. Have you in the past, or are you currently providing a Personal Assistant Register or similar service in other areas? Please provide a short explanation of the scope of the service you offer.
(max. 350 Word Count)
2. Please can you tell us the nature of your business, for example are you a charity, private health or social care company, Community Interest Company, User led organisation etc.
(max. 350 Word Count)
3. Would you be interested in submitting a quote for the development and management of the service?
Yes
No
Comment: (max. 100 Word Count)
4. What mobilisation period would you need if you were awarded a contract for this service?
(max. 350 Word Count)
5. What would be your preferred contract length? And why?
(max. 100 Word Count)

Your Organisation details:

Organisation name:	
Contact name for enquiries:	
Contact position (job title):	
Telephone No.:	
Email:	
Website address:	
Submission Date:	



PLEASE NOTE:

Any responses to this Early Market Engagement Exercise imply no commitment on Providers to engage in any subsequent procurement process, nor do they confer any advantaged status or guarantee of inclusion in any subsequent procurement process for those Providers who do respond. The questionnaire and all responses received are in no way legally binding on any party.

Wirral reserve the right to withdraw this notice at any time. Wirral Council are not bound to accept any proposals submitted by Providers and will not be liable for any costs incurred as a result of Providers engaging with this process. This Early Market Engagement Exercise does not guarantee that procurement will take place and Wirral Council reserves the right to defer from any procurement entirely.

Terms and Conditions

No terms and conditions are issued with a Soft Market Testing exercise; these will be issued if a tender process is initiated through Procurement.

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Adult Social Care and Public Health Committee

29th November 2022

REPORT TITLE:	INFORMATION AND ADVICE SERVICE COMMISSION
REPORT OF:	DIRECTOR OF PUBLIC HEALTH

REPORT SUMMARY

This report seeks agreement from the Adult Social Care and Public Health Committee to progress proposed commissioning intentions for information and advice services.

The report sets out the requirement for a local information and advice service to be recommissioned from April 2024, as a joint commission. The current service is experiencing increasing demand, supporting residents and communities with a wide range of issues. This report sets out the proposed funding model for the re-commission, including use of the Public Health Grant, given the strong links between the service outcomes, and improved population health.

As part of the re-commissioning process, the potential to further integrate other information and advice services in Wirral will be explored. Evaluation undertaken to date will shape the delivery and outcomes of this recommission, and an evaluation of the new service will take place to inform future recommissions.

The report supports the implementation of the Wirral Plan 2021 - 26 and its core purpose to improve equity for people and place through the provision of a pan-Wirral, commissioned service that directly supports people in need

The proposed actions affect all wards within the borough and is a key decision.

RECOMMENDATION/S

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

1. Authorise the Director of Public Health to re-commission the Wirral Information and Advice service totalling up to £7,000,000 (£1,400,000 per annum) for a three-year contract (1st April 2024 – 31st March 2027) with the option of a one year plus further one year extension.
2. Agree that delegated authority be given to the Director of Public Health to award the tender to the successful bidder following the tender process.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 To allow Public Health to implement the commissioning intentions for Information and Advice services as outlined in this report.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 It is necessary to recommission the service highlighted to comply with Public Contract Regulations and Wirral Council Contract Procedure rules. Other options related to contract length and contract value were considered, including an option not to renew the contract, and provide this service in house. A cross directorate group formed in 2021 to look at the options however given the current cost-of-living crisis, levels of demand on the current service and in house departments, the skills and qualifications required and the volunteer capacity which subsidises the service to operate it was agreed that the recommission was the best option for economic reasons.

3.0 BACKGROUND INFORMATION

- 3.1 Ask Us Wirral is the current Information and Advice Service in Wirral. It provides advice and information to all Wirral residents. The service assists with a wide range of issues including benefits advice, debts, employment, housing, relationship and families, legal, consumer, immigration and asylum, utilities, phones, travel, transport, holidays, tax, education and discrimination.
- 3.2 A one year contract, with the option to extend for a further one year, was awarded to Wirral Citizen's Advice Ltd as the lead provider for Ask Us Wirral following a tender process in 2021. This contract commenced in April 2022 and is due to end on 31st March 2024. To ensure compliance with Public Contract Regulations and Wirral Council contract procedure rules it is necessary to retender this service.
- 3.3 The existing contract value is £1,112,499 per annum and the current service is a joint commission between the Council and the NHS. Wirral Council contributes £735,499 from the Public Health Grant, with a further £35,000 from Housing, and £42,000 from Children's Services. Local NHS fund the service to the value of £300,000 per year. Ask Us Wirral have also received additional one-off funding of £135,000 in 2022/23, through the Contain Outbreak Management Fund, for specific fuel poverty initiatives. Given the current cost-of-living pressures and increasing demand on service provision, this report is seeking an increase to the financial envelope for the service to £1,400,000 per annum, a total of £7,000,000 over the term of the contract.
- 3.4 The service currently supports approximately 60,000 residents a year and is performing at 180% over target and capacity due to demand. There has also been a 40% increase in more complex cases and clients presenting with multiple needs requiring intensive case work. Alongside these changes several third sector organisations who were supporting clients alongside the service have ceased operation or are no longer providing advice which has also contributed to the increase

in service demand. The COVID-19 pandemic has compounded these challenges along with the increases in cost of living. The service has seen a major increases in demand for issues such as food poverty, fuel poverty, employment, unemployment, benefits, tribunal support and domestic abuse.

- 3.5 Cost-of-living pressures are having impacts on people in every part of our borough. Price rises driven by energy price inflation are having an impact on most households, with those on the lowest incomes likely to be hardest hit, particularly as benefit uplifts do not align with inflation.
- 3.6 By driving people deeper into poverty, or by pushing those who had previously been just coping into financial hardship, it is very likely that the continued rise in the cost of living is going to intensify health inequalities.
- 3.7 Poverty, poor health outcomes and health inequalities are inextricably linked. Professor Sir Michael Marmot and others have set out that the lower one's social and economic status, the poorer one's health is likely to be. People living in the poorest neighbourhoods in Wirral will, on average, die twelve years earlier than the people living in the richest neighbourhoods. People living in poorer areas also spend more of their lives with a disability – an average total difference of seventeen years.
- 3.8 Extensive qualitative and quantitative analysis has been collated to understand current and projected impacts on residents, as well as reviewing evidence for local action that can be taken to mitigate the impacts; this can be found here:
<https://www.wirralintelligenceservice.org/state-of-the-borough/cost-of-living-crisis-2022-23/>
- 3.9 These ongoing pressures on the cost of living pose a significant risk to health, wellbeing, social care and public health because:
- Low-income households spend a larger share of their income on energy and food; the Office for Budgetary Responsibility (OBR) is projecting real disposable incomes to fall by 2.2% this year (this would be the largest decline on record), which will therefore particularly affect low-income households and push more people into poverty.
 - It is already well evidenced that deprivation is associated with poorer health outcomes (including through stress; anxiety; substance misuse, diet etc.), further inflationary pressures are likely to widen already existing health inequalities.
 - Rates of fuel poverty have increased since summer 2021 largely due to the increasing cost of fuel, which is predicted to continue to rise. Homes that are cold due to fuel poverty exacerbate health inequalities. Cold homes can cause and worsen respiratory conditions, cardiovascular diseases, poor mental health, dementia, hypothermia, and problems with childhood development. In some circumstances, health problems may be exacerbated to a degree that they may cause death.
- 3.10 The current contract will continue during the recommissioning process and a period of service mobilisation will be built into the tender process to ensure there is no loss of service and a seamless transition for existing service users is maintained.

3.11 The current service is being independently evaluated by Liverpool John Moore's University, and the final report will be due in early 2023 to inform the specification development and forms part of a clearly defined commissioning cycle, which is designed to maximise return on investment and improve outcomes. This methodology ensures that Public Health services and contracts are consistently and routinely tested against a range of criteria, including:

- Evidence base e.g., academic research, engagement feedback, Joint Strategic Needs Assessment
- Performance of targets e.g., financial and activity based and outcomes against plans and benchmarking information
- Value for money
- National policy and technical guidance e.g., Public Health Outcomes Framework
- Strategic direction e.g., Wirral Plan strategic aspirations (narrowing the gap in life expectancy), delivery of Public Health outcomes through Council services
- Legal and contractual frameworks e.g., incorporate national updates to contract templates used for NHS providers.

3.12 A cross directorate and partnership group will be formed to inform the development of the specification to avoid duplication across service areas and ensure the aims and objectives of the proposed service are fit for purpose and ensure value for money. Officers will explore the potential to further integrate other information and advice services in Wirral.

4.0 FINANCIAL IMPLICATIONS

4.1 This contract is commissioned by Wirral Council with financial contribution from NHS partners. There is confirmation of available funding from the Public Health grant and partners to support the continued commissioning of a local information and advice service.

4.2 The value and availability of the Public Health grant for 2024/25 onwards is not yet known. The budget has been allocated based on the grant funding being consistent with this financial year. Should the grant vary and be reduced then contract amounts may need to be varied, and the proposed tender exercises will consider appropriate mitigating measures.

5.0 LEGAL IMPLICATIONS

5.1 The recommissioning of the service detailed within this report will need to be undertaken in accordance with the Public Contract Regulations and Wirral Council Contract Procedure rules.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) will be applicable.

7.0 RELEVANT RISKS

- 7.1 It is necessary to recommission the services highlighted in order to comply with the Public Contract Regulations 2015 and Wirral Council Contract Procedure rules. There is always a risk of disruption to service provision during service redesign, re-commissioning, and commencement of new services. To mitigate against this and minimise disruption, adequate time to plan for, and implement the mobilisation of new services, is built into the procurement process between contract award and commencement.
- 7.2 The procurement process is also subject to scrutiny and at risk of legal challenge. Particular regard is given to contract procedure rules and relevant legislation at all stages of the process and the Public Health team works closely with the Procurement team to ensure compliance.
- 7.3 In the current challenging financial climate, the impact of any future reductions in budget or policy implications on the amount of funding available for Public Health is unknown. The value and availability of the Public Health grant for 2024/25 onwards is not yet known. This risk will be mitigated by the insertion of appropriate termination clauses in the contract.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 In order to inform the development and design of the future service, engagement and consultation will be undertaken with key partners, stakeholders, and local communities. This will include:
- Engagement with local commissioners of health and care and community services to understand the impact of increasing cost of living.
 - Engagement sessions with a wide range of stakeholders to understand their current concerns and challenges that are affecting local residents including any key policy changes.
 - Working with third sector and community partners to engage with local communities to understand their needs in relation to information and advice services.
 - Qualitative insight work with local residents to understand the impact and ways support can be tailored to meet their needs.

9.0 EQUALITY IMPLICATIONS

- 9.1 Public Health will adhere to Wirral Council's legal requirement to make sure its policies, and the way it carries out its work do not discriminate against anyone. As part of the recommission an equality impact assessment (EIA) will be undertaken to ensure all equality impacts are considered and relevant actions are taken to mitigate any potential negative impacts. The current EIA is available here:
<https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments>

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 During the procurement process, bids will be evaluated on any social value added to the service. Bidders will need to consider and demonstrate how they can have a positive impact on Wirral’s environment and climate.
- 10.2 The content and/or recommendations contained within this report are expected to have no direct impact on emissions of carbon dioxide.

11.0 COMMUNITY WEALTH BUILDING

11.1 Community Wealth Building is a people-centred approach to economic growth which reorganises local economies to be fairer and stops wealth flowing out of communities, towns, and cities, and instead places control of this wealth into the hands of local people, communities, businesses, and organisations. This commission will support several of the key outcomes within the strategy.

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 Senior Public Health Manager
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APPENDICES

N/A

BACKGROUND PAPERS

- Public Health Grant 2022-23
- Wirral Citizen’s Advice Bureau Ltd Wirral Council Public Health Services Contract (DN568876)
- Information and Advice Commission
- <http://democracy.wirral.gov.uk/documents/s50080457/PUBLIC%20HEALTH%20INFORMATION%20AND%20ADVICE%20SERVICE%20COMMISSION.pdf>

TERMS OF REFERENCE

This report is being considered by the Adult Social Care and Public Health Committee in accordance with Section 2.2(c) of its Terms of Reference:

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)

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
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ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Tuesday, 29 November 2022

REPORT TITLE:	2022/23 REVENUE AND CAPITAL BUDGET MONITORING FOR QUARTER 2 (1 APR – 30 SEP)
REPORT OF:	DIRECTOR OF CARE AND HEALTH

REPORT SUMMARY

This report sets out the financial monitoring information for the Adult Social Care and Public Health Committee as at Quarter 2 (1 Apr – 30 Sep) 2022/23. The report provides Members with an overview of budget performance for this area of activity, including progress on the delivery of the 2022/23 saving programme and a summary of reserves to enable the Committee to take ownership of the budgets and provide robust challenge and scrutiny to Officers on the performance of those budgets.

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

At the end of Quarter 2, there is a forecast adverse position of £0.629m on the Committees net revenue budget of £115.107m with mitigations to balance the budget at year end. This position is based on activity to date, projected trends in income and expenditure and potential mitigation to offset areas of adverse variance.

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

The report contributes to the Wirral Plan 2021-2026 in supporting the organisation in meeting all Council priorities.

RECOMMENDATION/S

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

- 1) Note the projected adverse revenue position at Quarter 2.
- 2) Note progress on delivery of the 2022/23 savings programme at Quarter 2.
- 3) Note the reserves allocated to the Committee for future one-off commitments.
- 4) Note the forecast level of reserves at Quarter 2.
- 5) Note the current activity profiles from 2017 to Quarter 2 of 2022/23.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 It is vitally important that the Council has robust processes in place to manage and monitor the in-year financial position, to ensure it delivers a balanced position at the end of the financial year.
- 1.2 Regular monitoring and reporting of the Revenue Budgets, savings achievements and Medium-Term Financial Strategy (MTFS) position enables decisions to be taken faster, which may produce revenue benefits and will improve financial control of Wirral Council.
- 1.3 This report presents timely information on the Quarter 2 financial position for 2022/23.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 The Policy & Resources Committee has previously determined the budget monitoring process to follow, and this report details the agreed course of action.
- 2.2 In striving to manage budgets, available options have been evaluated to maintain a balance between service delivery and a balanced budget.

3.0 BACKGROUND INFORMATION

- 3.1 This section provides a summary of the projected year end revenue position as at the end of Quarter 2, month 6 (September 2022) of the 2022/23 financial year.
- 3.2 As at the end of September 2022 (Quarter 2), the financial forecast year end position for Adult Social Care and Public Health is an adverse position of £0.629m against a total net budget of £115.107m. This will be mitigated with £0.567m use of the social care grant reserve set aside from 2021/22 and a further use of corporate reserves to meet the remaining pressure representing the impact of the current pay offer.
- 3.3 The current forecast assumes full achievement of the £3.89m savings target.
- 3.4 The current forecast position anticipates improvement within the domiciliary care market to reduce levels of placements within residential care settings. Should the level of placements within residential settings continue to increase, the current forecast position will be unsustainable.

TABLE 1: 2022/23 Adult Care and Health – Service Budget & Outturn

	Budget	Forecast	Variance (+ Fav, - Adv)		Adv/ Fav
	£000	£000	£000	%	
Adult Social Care Central Functions	8,400	8,263	137	2%	Favourable
Older People Services - Wirral Community Health and Care Foundation Trust	52,228	54,060	-1,831	-4%	Adverse
Mental Health & Disability Services - Cheshire and Wirral NHS Partnership Trust	54,129	53,334	795	1%	Favourable
Other Care Commissions	93	-177	270	291%	Favourable
Public Health	-262	-262	0	0%	
Wirral Intelligence Service	519	519	0	0%	
Committee Budget	115,107	115,736	-629	-1%	Adverse

3.6 **Central Functions:** A favourable variance of £0.137m is reported at quarter 2. The staffing budgets are reported here current reflecting a variance against a small number of vacancies and delays in recruitment. The employee forecast contains £0.062m pressure from the current pay offer proposed. This will be met by the use of Corporate reserves.

3.7 **Older People Services:** An adverse variance of £1.831m is reported at quarter 2. The variance reflects the pressure within community care of discharging clients from hospital into short term residential settings. This had previously been supported by the hospital discharge fund in the last financial year. The forecast assumes full achievement of the £1.945m savings target attributed to Older People services.

3.8 **Mental Health & Disability Services:** A favourable variance of £0.795m is reported at quarter 2. Savings made in 2021-22 are having a cumulative impact on the forecast for 2022-23. The forecast assumes full achievement of the £1.945m savings target attributed to complex care services for the current financial year.

3.9 **Other Care Commissions:** A favourable variance of £0.270m is reported at quarter 2. This area contains services accessed across all client groups, for example the Early Intervention and Prevention services and the hospital discharge provisions. The favourable position reflects the movement from reserves of the Better Care Fund balance supporting hospital discharge costs in the first quarter of the financial year.

3.10 **Public Health:** A balanced position (following contribution to reserves) is reported at quarter 2. The Public Health Grant for 2022-2023 is £30.99m an increase of £0.857m from the 2021-22 allocation of £30.142m. Approximately £20m of the grant is assigned to commissioning services delivering Wirral residents services in the following areas:

- The 0-19 Healthy Child Programme
- Drug and Alcohol prevention and Treatment
- Sexual Health services

- Community Connectors
 - Information and Advice support
 - Smoking Cessation
 - Infection Control
 - NHS Healthcheck programme
- 3.11 A further £6.7m of the grant funds internal Council services which meet the following priorities:
- Economic regeneration and a strong local economy
 - A healthy standard of living for all
 - Support for children, young people, and families
 - Action to address differences in health outcomes and prevention
 - Facilitating residents and partners working together
- 3.12 £0.390m funds directly delivered services within the Council such as Drug and Alcohol support for Young People and the Response service.
- 3.13 Finally running costs for the service equates to approximately £2m.
- 3.14 In addition to the Public Health Grant, Wirral has been awarded £1.72m in supplemental funding for substance misuse and recovery, inpatient placement support and inpatient detox.
- 3.15 An assessment of the pressures associated with the cost of living on current Public Health contracts is being undertaken. Once completed the recommendations will go to Committee for approval which will further diminish Public Health reserves recurrently.
- 3.16 **Wirral Intelligence Team:** A balanced position is reported at Quarter 2.

TABLE 2: 2022/23 Adult Care and Health – Subjective Budget & Outturn

	Budget	Forecast	Variance (+ Fav, - Adv)		Adv/ Fav
	£000	£000	£000	%	
Income:	-87,149	-88,131	982	1%	Favourable
Expenditure:					
Employee	7,838	7,586	252	3%	Favourable
Non Pay	59,672	59,873	-201	0%	Adverse
Cost of Care	134,746	136,407	-1,661	-1%	Adverse
Total Expenditure	202,256	203,867	-1,611	-1%	Adverse
Committee Budget	115,107	115,736	-629	0%	Adverse

Progress on Delivery of the 2022/23 Savings Programme

- 3.17 In terms of savings, £2.425m of the £3.89m savings target is delivered. Representing 62% of the total savings target with a further 38% or £1.46m anticipated to be delivered.

TABLE 3: 2022/23 Adult Care and Health – Budget Savings

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

- 3.18 On target to be achieved. Adult Care and Health work closely with both NHS Wirral Community Health and Care Foundation Trust (WCHFT) and Cheshire and Wirral NHS Partnership Trust (CWP) to achieve the savings target set each year. The Trusts have been informed of the 2022/23 target and regular meetings are set up to discuss their approach and progress throughout the year. They are currently progressing well with £2.425m achieved to date and further savings identified by the Trusts but yet to be validated. This will be completed during month 7.

Earmarked Reserves

- 3.19 Earmarked reserves represent money that has been set aside for a clearly defined purpose, and which is available to meet future expenditure in that area. Table 4 below sets out the reserves within Adult Care and Health and the movement in year.

TABLE 4: 2022/23 Adult Care and Health – Earmarked Reserves

Reserve	Opening Balance £000	Forecast Use of Reserve £000	Forecast Contribution to Reserve £000	Closing Balance £000
Adult Social Care – Safeguarding	106	106	0	0
Public Health Ringfenced Grant	6,594	526	0	6,068
Champs Innovation Fund	3,163	0	0	3,163
Champs Covid-19 Contact Tracing Hub	3,894	3,894	0	0
Project ADDER (Addiction, Diversion, Disruption, Enforcement, Recovery)	872	872	0	0
Better Care Fund	236	236	0	0
Total	14,865	5,634	0	9,231

- 3.20 The Safeguarding reserve within Adult Social Care has an opening balance of £0.106m. The funding for the combined Board has now ceased. The residual funds have been used to support the Merseyside Safeguarding Adults Board business unit transition period and any residual SARs (Safeguarding Adults Reviews). A small amount of costs remains outstanding which will be offset against the balance of the reserve during 2022/23.
- 3.21 The Public Health Ringfenced grant reserve has an opening balance of £6.6m. The 2022/23 outturn anticipates use of £0.526m reserve alongside this year's grant allocation. This leaves a closing balance of £6.068m to meet future year contractual commitments.
- 3.22 Wirral has been awarded £2.8m as part of the ADDER/Accelerator programme for a two-year period covering 2021-2023. This is one-off funding supporting the national drug treatment and recovery programme. The reserve is expected to be fully spent this financial year.
- 3.23 The Better Care Fund forms part of the S75 agreement in place between the LA and Wirral CCG and allows for unspent funds to be carried forward for use in the following financial year. This reserve will support the continued hospital discharge process for the first quarter of the 2022/23 financial year.

Capital Programme

- 3.24 Table 5 below sets out the planned spend against the capital programme for Adult Social care during 2022/23

Table 5 – Capital Programme 2022-23

Capital Programme	2022-23	2022-23 Spend Profile					
	Total	Q1	Q2	Q3	Q4	2023-24	2024-25
	£0						
Disabled Facilities Grant (DFG)	433	0	0	0	433		
Citizen and Provider Portal/Integrated I.T.	76	6	6	4	61		
Extra Care Housing	2,764	0	0	0	0	1,776	691
Liquid Logic – Early Intervention & Prevention	219	5	0	0	245		
Telecare & Telehealth Ecosystem	520			389	279	520	324
Total	4,012	10	6	392	1,018	3,416	1,015

3.25 **Telecare & Telehealth Ecosystem:** This scheme is replacing out of date analogue equipment with new digital equipment, such as falls detectors, panic buttons and activity tracking which will help with early diagnosis of health issues, thus assisting with independence and reduce pressure on hospitals and health providers.

3.25.1 543 units have been installed to September 2022. The remainder of the year is estimated at 180 units per month.

3.26 **Extra Care:** There are currently five schemes in development with two due to complete in 2022 and three in 2023. 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.

3.26.1 There are several sites under current consideration across the Wirral but are not yet confirmed for progression. Some areas have multiple site options and Officers are mindful to develop where there is an evidenced need or gap in provision, and not over-develop.

3.26.2 The Housing 21 scheme at Moreton Road, Moreton is not expected to progress and thus the previously identified Quarter 4 allocation of £2.764m is not expected to be disbursed this financial year.

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

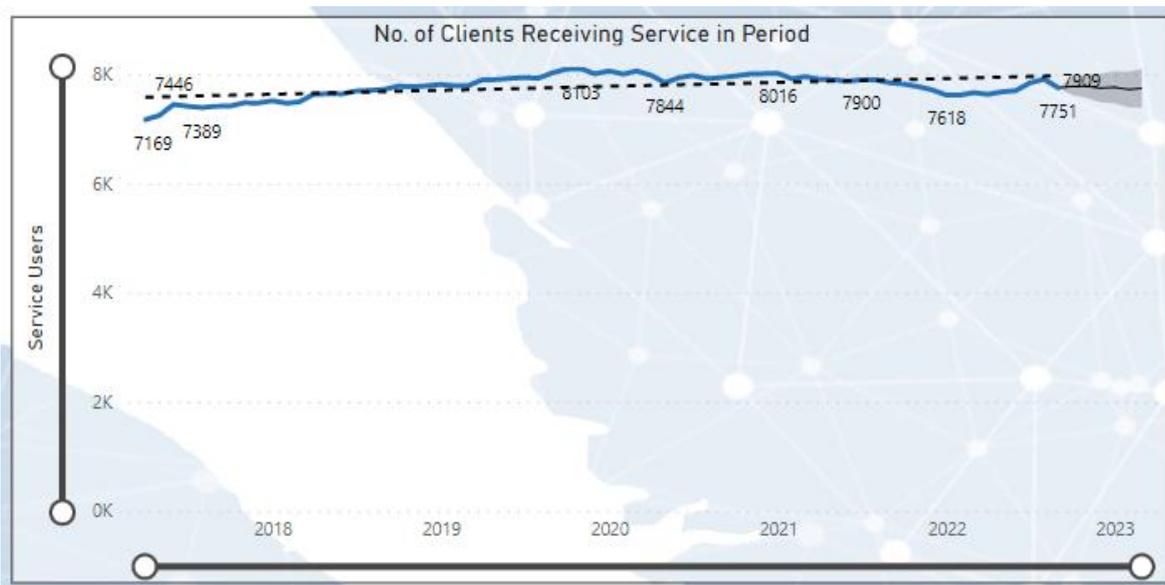
3.28 **Liquid Logic and Early Intervention:** The project covers the development of an Early Intervention & Prevention Module within the Adult Social Care system – Liquid Logic, to provide the ability to import identified data sets for risk factors and

stratification to enable early intervention and prevention. Initial development of the new Liquid Logic module is underway with the supplier, with plans to install and commence testing and initial piloting from Jan/Feb 2023.

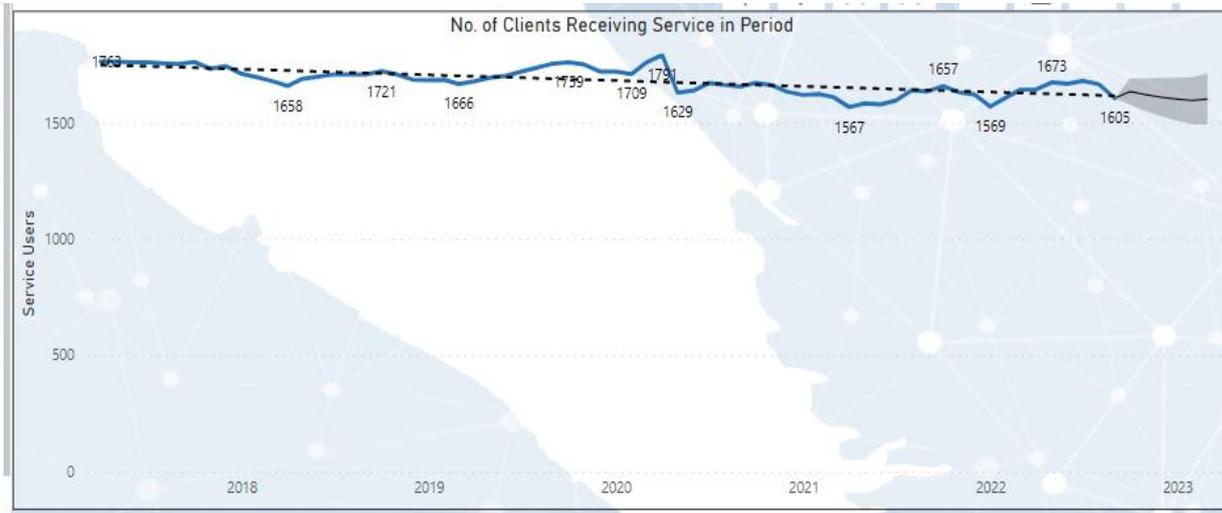
Activity Data

3.29 The tables below represent the activity profiles from 2017 to date for the current financial year.

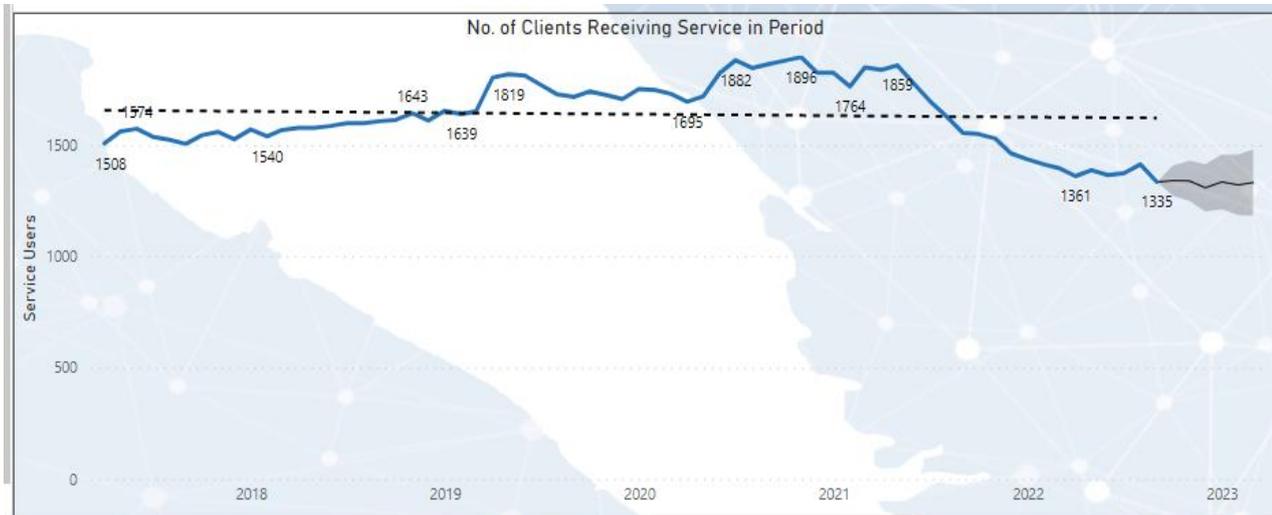
3.30 **All Current Services:** The table below identifies the overall number of clients accessing services between 2017 and 2022. Overall client numbers have increased by 10% to the current August level of 7,909, with 3.41% increase in-year.



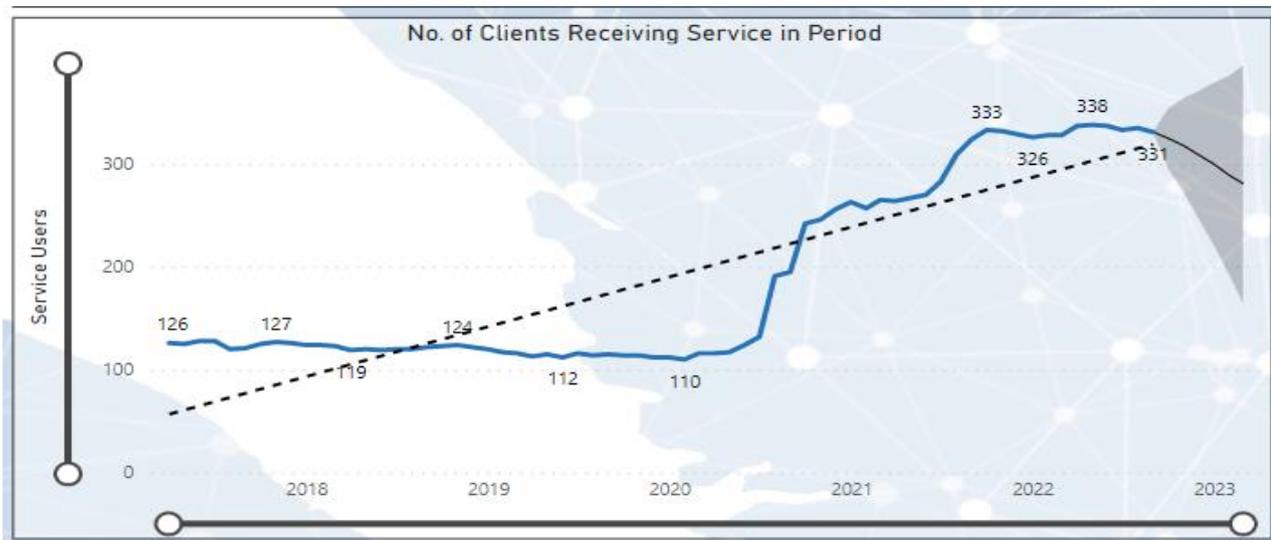
3.31 Residential/ Nursing Services: The table below identifies the number of clients accessing residential and nursing services between 2017 and 2022. The data shows client numbers reducing over this period by nearly 200 placements to mid 2021. However numbers have been increasing again to 1,665 in August 2022 – this is reflected within the current forecast pressure.



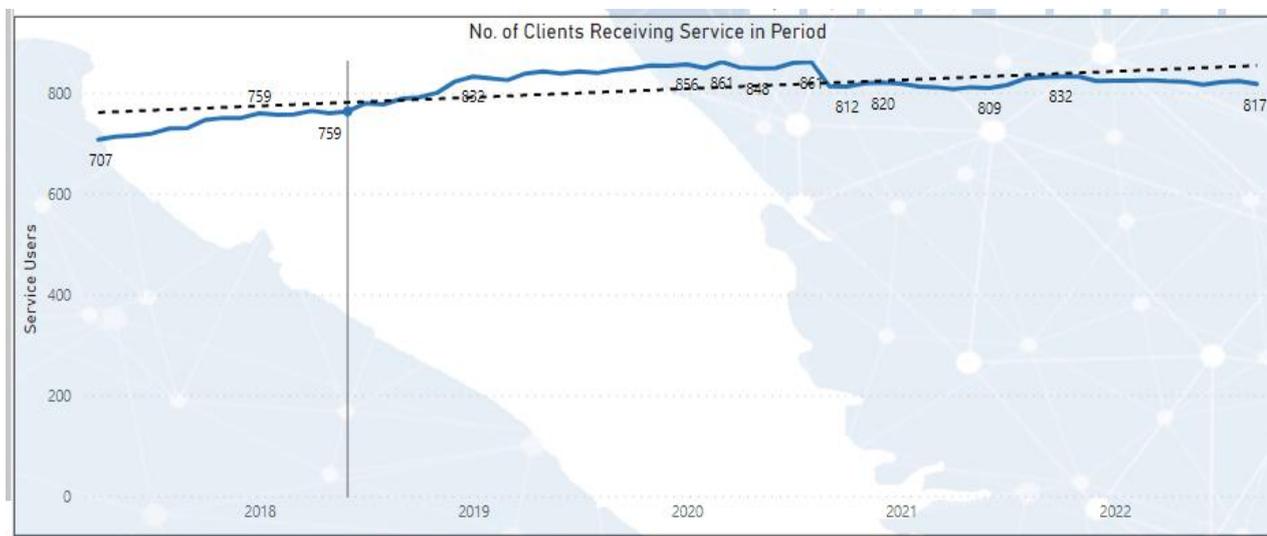
3.32 Domiciliary Care: The table below identifies the number of clients accessing domiciliary care between 2017 and 2022. The data shows client numbers reducing by 6% over this period – 1,508 in Apr-17 compared to 1,414 in Aug-22. There has been a small increase of 51 clients since the start of this financial year.



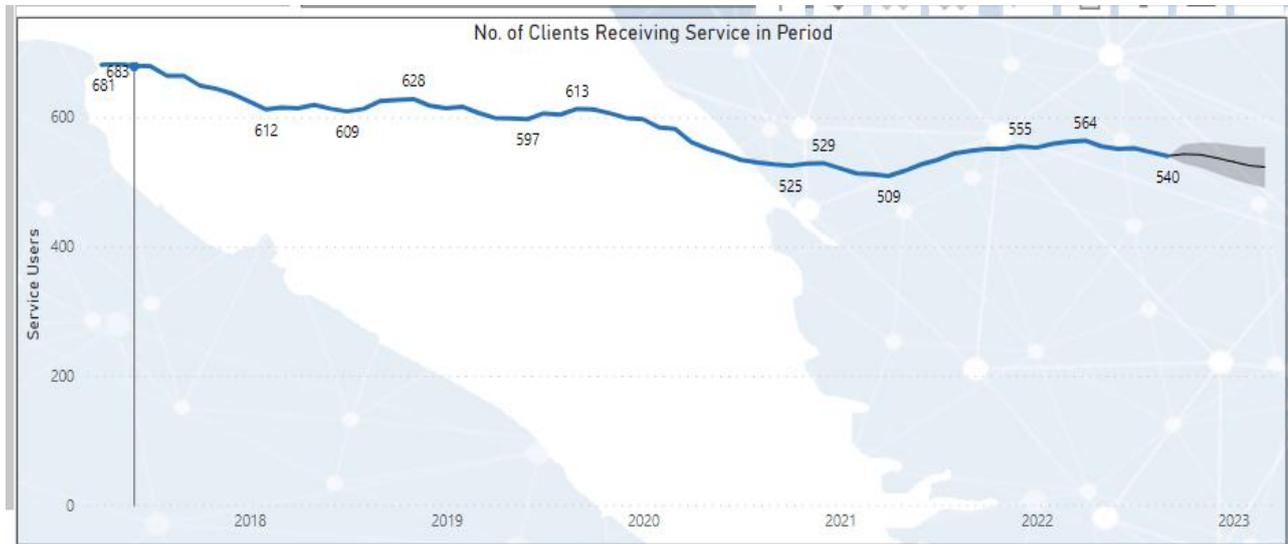
3.33 Extra Care Services: The table below identifies the number of clients accessing extra care between 2017 and 2022. Investment in extra care services is reflected in the data with numbers increasing by 66% over this period – 126 in Apr-17 compared to 333 in July.



3.34 Supported Living Services: The table below identifies the number of clients accessing supported living services between 2017 and 2022. The data shows client numbers increasing by 13% over this period from 707 to 823 in Aug-22. Numbers have remained stable during the financial year with a review of Supporting People provisions and some transferring to supported living. This has increased the costs of some care packages; however the overall impact is a favourable position and is reflected in the savings table.



3.35 **Direct Payments:** The table below identifies the number of clients receiving a Direct Payment between 2017 and 2022. The data shows client numbers reducing over this period by 21% - 681 as at Apr-17 compared to 546 in Aug-22. However, numbers did increase during last financial year by 9% from the start of the year and have remained fairly stable this financial year.



3.36 **Assistive Technology:** The table below identifies the number of clients accessing support from assistive technology between 2017 and 2022. The data shows an increase in client numbers of 21% over this period. Numbers reduced during 2020-22 but do appear to be increasing again of the last few months.



4.0 FINANCIAL IMPLICATIONS

4.1 This is the Quarter 2 revenue budget monitoring report that provides information on the forecast outturn for the Adult Care and Health Directorate for 2022/23. The Council has robust methods for reporting and forecasting budgets in place and alongside formal Quarterly reporting to the Policy & Resources Committee, the financial position

is routinely reported at Directorate Management Team meetings and corporately at the Strategic Leadership Team (SLT). In the event of any early warning highlighting pressures and potential overspends, the SLT take collective responsibility to identify solutions to resolve these to ensure a balanced budget can be reported at the end of the year.

5.0 LEGAL IMPLICATIONS

- 5.1 The Council must set the budget in accordance with the provisions of the Local Government Finance Act 1992 and approval of a balanced budget each year is a statutory responsibility of the Council. Sections 25 to 29 of the Local Government Act 2003 impose duties on the Council in relation to how it sets and monitors its budget. These provisions require the Council to make prudent allowance for the risk and uncertainties in its budget and regularly monitor its finances during the year. The legislation leaves discretion to the Council about the allowances to be made and action to be taken.
- 5.2 The provisions of section 25, Local Government Act 2003 require that, when the Council is making the calculation of its budget requirement, it must have regard to the report of the chief finance (s.151) officer as to the robustness of the estimates made for the purposes of the calculations and the adequacy of the proposed financial reserves.
- 5.3 It is essential as a matter of prudence that the financial position continues to be closely monitored. In particular, Members must satisfy themselves that sufficient mechanisms are in place to ensure both that savings are delivered, and that new expenditure is contained within the available resources. Accordingly, any proposals put forward must identify the realistic measures and mechanisms to produce those savings.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 At this time, there are no additional resource implications as these have already been identified for the proposals agreed and submitted. However, where the budget is unbalanced and further proposals are required, then there will be resource implications, and these will be addressed within the relevant business cases presented to the Committee.

7.0 RELEVANT RISKS

- 7.1 The Council's ability to maintain a balanced budget for 2022/23 is dependent on a static financial position. This is an impossible scenario due to estimated figures being provided in the calculation for the 2022/23 budget, albeit the best estimates that were available at the time, plus any amount of internal and external factors that could impact on the budget position in year. Examples of which are the significant emerging inflationary and cost of living pressures, new legislation, increased demand, loss of income, increased funding, decreased funding, inability to recruit to posts, ongoing impact of the pandemic etc

- 7.2 A robust monitoring and management process for the 2022/23 budget is in place. If at any time during the year an adverse position is forecast, remedial action must be agreed and implemented immediately to ensure the budget can be brought back to balanced position.
- 7.3 The risk of this not being able to be achieved could mean that the Council does not have enough funding to offset its expenditure commitments for the year and therefore not be able report a balanced budget at the end of the year. This could result in the Section 151 Officer issuing a Section 114 notice.
- 7.4 A key risk to the Council's financial plans is that funding and demand assumptions can change as more information becomes available. Significant inflation and cost of living pressures have already impacted the Quarter 1 forecast position. and the impact of these pressures will be reviewed and considered in the MTFP as part of routine financial management.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 Consultation has been carried out with the Senior Leadership Team (SLT) in arriving at the governance process for the 2022/23 budget monitoring process and the 2022/23 budget setting process. This report will also be shared and reviewed by the Independent Panel.
- 8.2 Since the budget was agreed at Full Council on 28 February, some proposals may have been the subject of further consultation with Members, Customer and Residents. The details of these are included within the individual business cases or are the subject of separate reports to the Committee.

9.0 EQUALITY IMPLICATIONS

- 9.1 Wirral Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. An Equality Impact Assessment is a tool to help council services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision, or activity.
- 9.2 At this time, there are no further equality implications as these have already been identified for the proposals agreed and submitted. However, where the budget is unbalanced and further proposals are required, then there may be equality implications associated with these, and these will be addressed within the relevant business cases presented to the Committee.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

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

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

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 In year activity will have incorporated community wealth implications. Consideration would have taken account of related matters across headings such as the following:

- **Progressive Procurement and Social Value**
How we commission and procure goods and services. Encouraging contractors to deliver more benefits for the local area, such as good jobs, apprenticeship, training & skills opportunities, real living wage, minimising their environmental impact, and greater wellbeing.
- **More local & community ownership of the economy**
Supporting more cooperatives and community businesses.
Enabling greater opportunities for local businesses.
Building on the experience of partnership working with voluntary, community and faith groups during the pandemic to further develop this sector.
- **Decent and Fair Employment**
Paying all employees a fair and reasonable wage.
- **Making wealth work for local places**

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APPENDICES

None

BACKGROUND PAPERS

- 2021/22 Revenue Budget Monitor Quarter 4 (Apr - Mar)
- Adult Social Care and Public Health 2022/23 Budget Monitoring and 2023/24 Budget Setting Process

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Public Health	16 November 2021
Adult Social Care and Public Health	25 January 2022
Adult Social Care and Public Health	14 June 2022
Adult Social Care and Public Health	11 October 2022



ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Tuesday, 29 November 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 are now available for all Committee members to access and appropriate support has been offered. Alongside the written report a verbal update on key NHS performance data will be provided at the Committee meeting.

3.0 BACKGROUND INFORMATION

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

4.0 FINANCIAL IMPLICATIONS

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

5.0 LEGAL IMPLICATIONS

- 5.1 There are no legal implications arising from this report.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 There are none arising from this report.

7.0 RELEVANT RISKS

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

8.0 ENGAGEMENT/CONSULTATION

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

9.0 EQUALITY IMPLICATIONS

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

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

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

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

11.0 COMMUNITY WEALTH IMPLICATIONS

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

REPORT AUTHOR: **Nancy Clarkson**
(Head of Intelligence)
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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	24 October 2022
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
04/10/2022**

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Table of Contents

1.0	Introduction	3
2.0	Care Market – Homes	3
2.1	Residential and Nursing Care - Cost and Numbers of People (since 01/04/2019).....	3
2.2	Residential and Nursing Care Over Time	8
2.3	Residential and Nursing – Current People by Service Type.....	10
2.3	Residential and Nursing – People Location	12
2.4	Care Homes – Current Vacancy Rate.....	13
2.5	Care Homes – Care Quality Commission Inspection Ratings.....	16
2.6	Care Homes – CQC Alerts: Care Quality Commission (Registration) Regulations 2009: Regulation 18.....	18
3.0	Direct payments	23
3.1	Direct Payments – Number of People Receiving a Service.....	23
4.0	Care Market – Block Commitments:	25
4.1	Discharge to Assess – Number of People (since April 2019).....	25
4.2	Discharge to Assess – Average Length of Stay	27
4.3	Discharge to Assess – Vacancy Rate	31
4.4	Short Breaks – Number and Occupancy Levels.....	32
5.0	Care Market – Domiciliary Care and Reablement.....	34
5.1	Domiciliary Care – Number of People and Cost (since 01/04/2019).....	34
5.2	Domiciliary Care – Locations of People Receiving Domiciliary Care	39
5.3	Reablement – People, Cost and Days (since 01/04/2019):.....	40
5.4	Reablement – Number of People.....	41
5.5	Reablement – End Reasons of Care Packages	45
5.6	Reablement – Length of Stay	47
5.7	Brokerage – Packages by Number of People and Providers	49
6.0	Care Market – Specialist (Supported Living).....	53
6.1	Cost (since 01/04/2019).....	53
6.2	Supported Living - Number of People (since 01/04/2019)	58
6.3	Supported Living – People Locations.....	60
6.4	Supported Living – Demographics.....	61
7.0	Cheshire Wirral Partnership	62
7.1	Key Measures - monitored monthly	62
8.0	WCFT.....	63
8.1	Key Measures - monitored monthly	63
9.0	Length of Stay Report	64
9.1	Long Stay Patients:	65
9.2	Delay Reasons for Medically Optimised Patients (Sum of 21 days)	68
9.3	Current External Delays.....	70
10.0	Deprivation of Liberty Safeguards (DOLS).....	71

1.0 Introduction

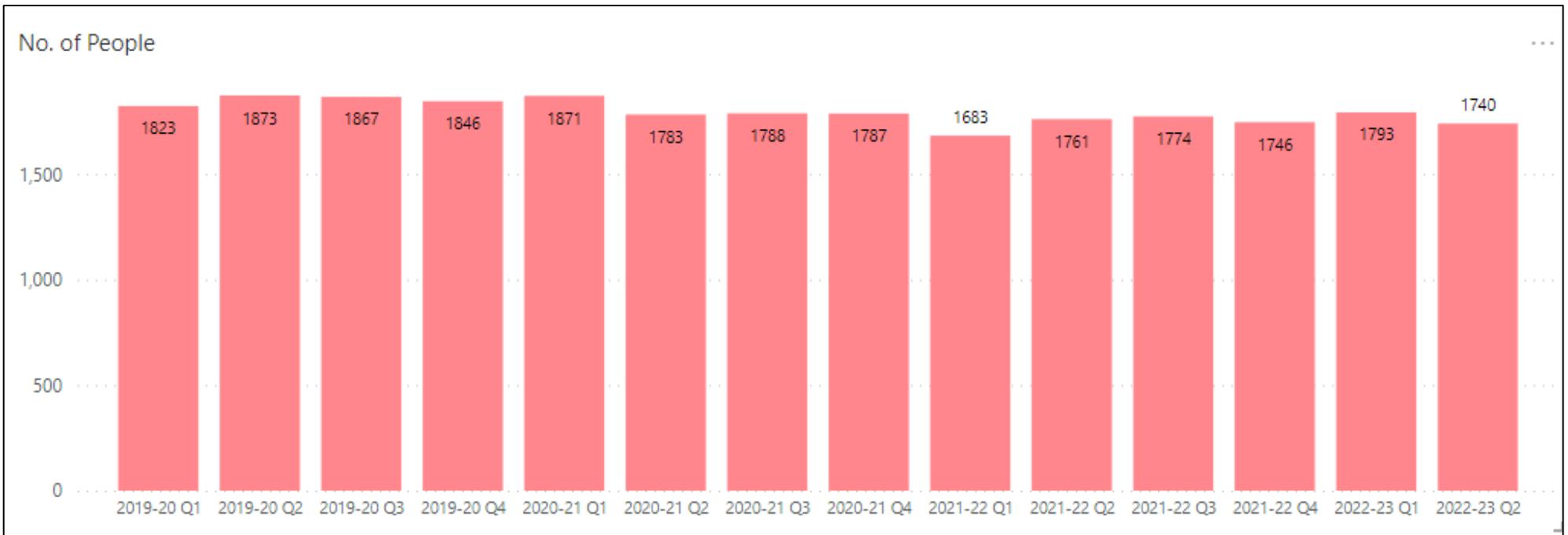
The Adult Care and Health Committee have requested a set of key intelligence related to key areas within Health and Care. This report supplies that information for review and discussion by members. If additional intelligence is required further development on reporting will be carried out.

2.0 Care Market – Homes

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

No. of People	Actual Cost
4724	£193.90M

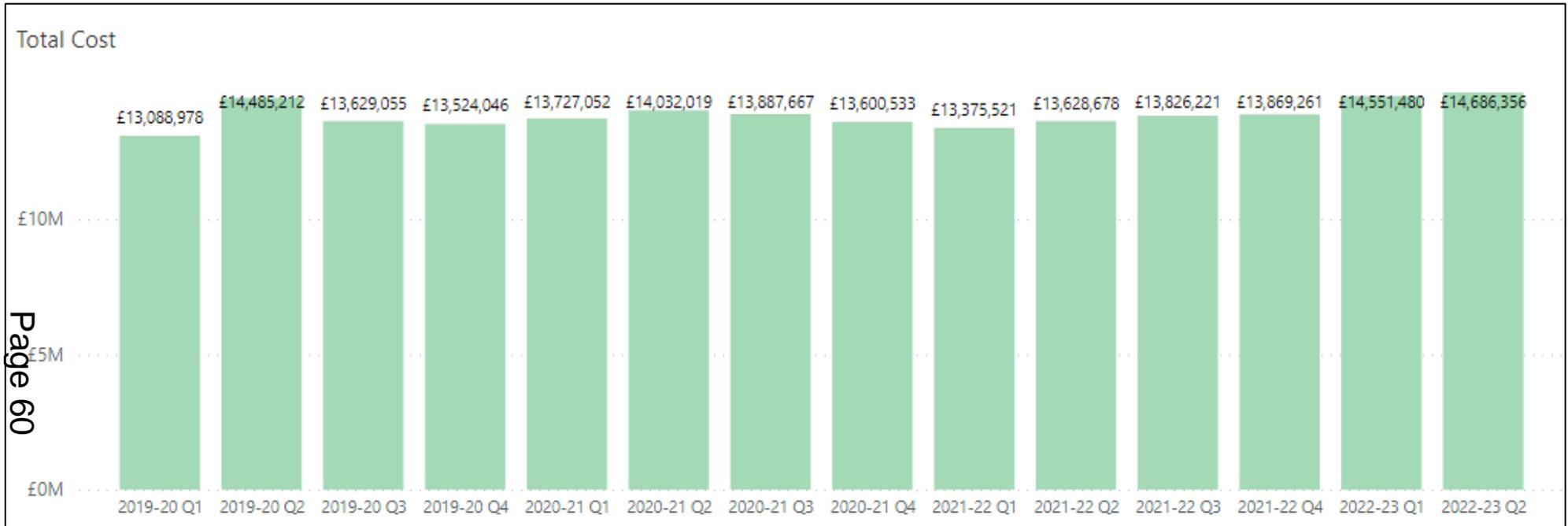
Data Source: ContrOCC.



Data Source: ContrOCC.

No. of People Receiving Service in Period					
Month	2019	2020	2021	2022	Total
January		1720	1618	1569	3711
February		1709	1622	1609	3731
March		1759	1609	1643	3765
April	1678	1791	1566	1643	4489
May	1693	1628	1582	1675	4517
June	1701	1637	1578	1668	4524
July	1720	1669	1594	1683	4534
August	1737	1661	1639	1669	4534
September	1754	1654	1634	1651	4530
October	1759	1670	1657		3739
November	1750	1660	1631		3752
December	1720	1632	1621		3740
Total	2279	2703	2583	2238	4786

Data Source: ContrOCC.

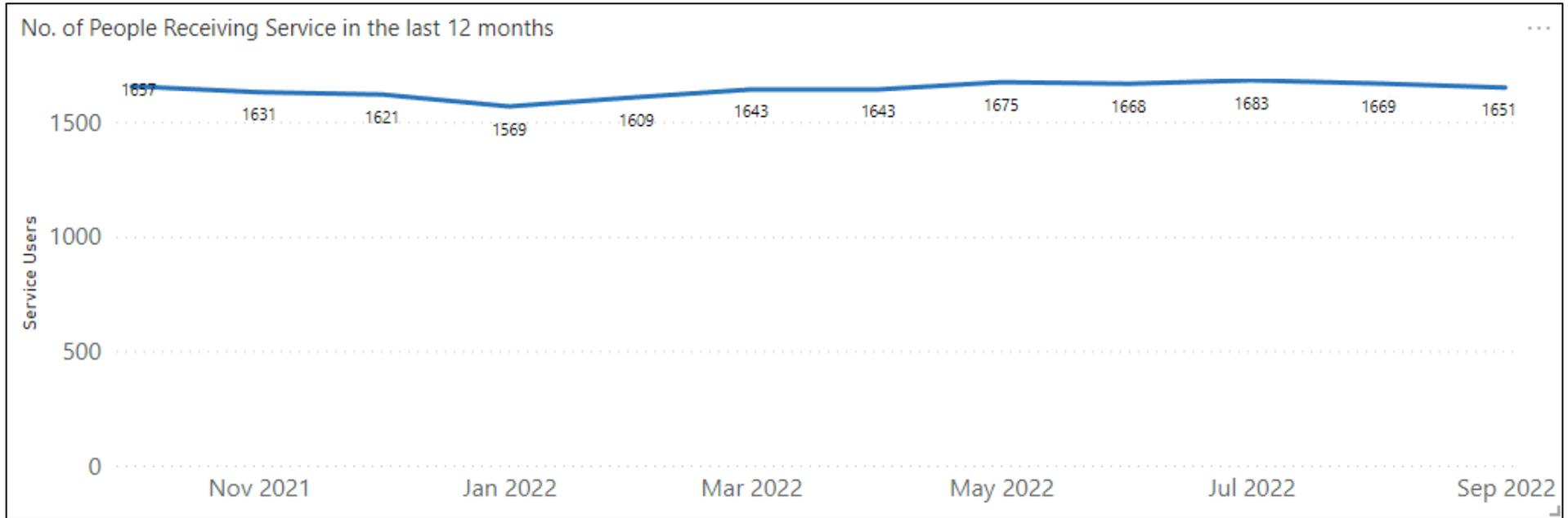


Data Source: ContrOCC.

Total Cost					
Month	2019	2020	2021	2022	Total
January		£4,154,539.13	£4,193,603.26	£5,218,022.87	£13,566,165.26
February		£4,135,041.53	£4,196,724.17	£4,260,306.79	£12,592,072.49
March		£5,234,465.81	£5,210,205.74	£4,390,931.44	£14,835,602.99
April	£5,012,796.71	£4,297,192.57	£4,107,207.68	£4,397,897.62	£17,815,094.58
May	£4,014,658.38	£4,190,132.99	£5,128,038.87	£5,579,857.42	£18,912,687.66
June	£4,061,523.21	£5,239,726.72	£4,140,274.31	£4,573,724.55	£18,015,248.79
July	£5,119,322.91	£4,300,115.69	£4,140,781.39	£4,595,978.46	£18,156,198.45
August	£4,152,193.59	£5,414,122.39	£5,230,433.64	£5,646,525.30	£20,443,274.92
September	£5,213,695.54	£4,317,781.26	£4,257,463.35	£4,443,851.76	£18,232,791.92
October	£4,212,990.22	£4,287,597.08	£4,277,192.47		£12,777,779.77
November	£4,209,799.84	£5,370,933.14	£5,316,327.76		£14,897,060.73
December	£5,206,264.92	£4,229,137.27	£4,232,700.34		£13,668,102.52
Total	£41,203,245.32	£55,170,785.59	£54,430,952.98	£43,107,096.20	£193,912,080.09

Data Source: ContrOCC.

2.2 Residential and Nursing Care Over Time



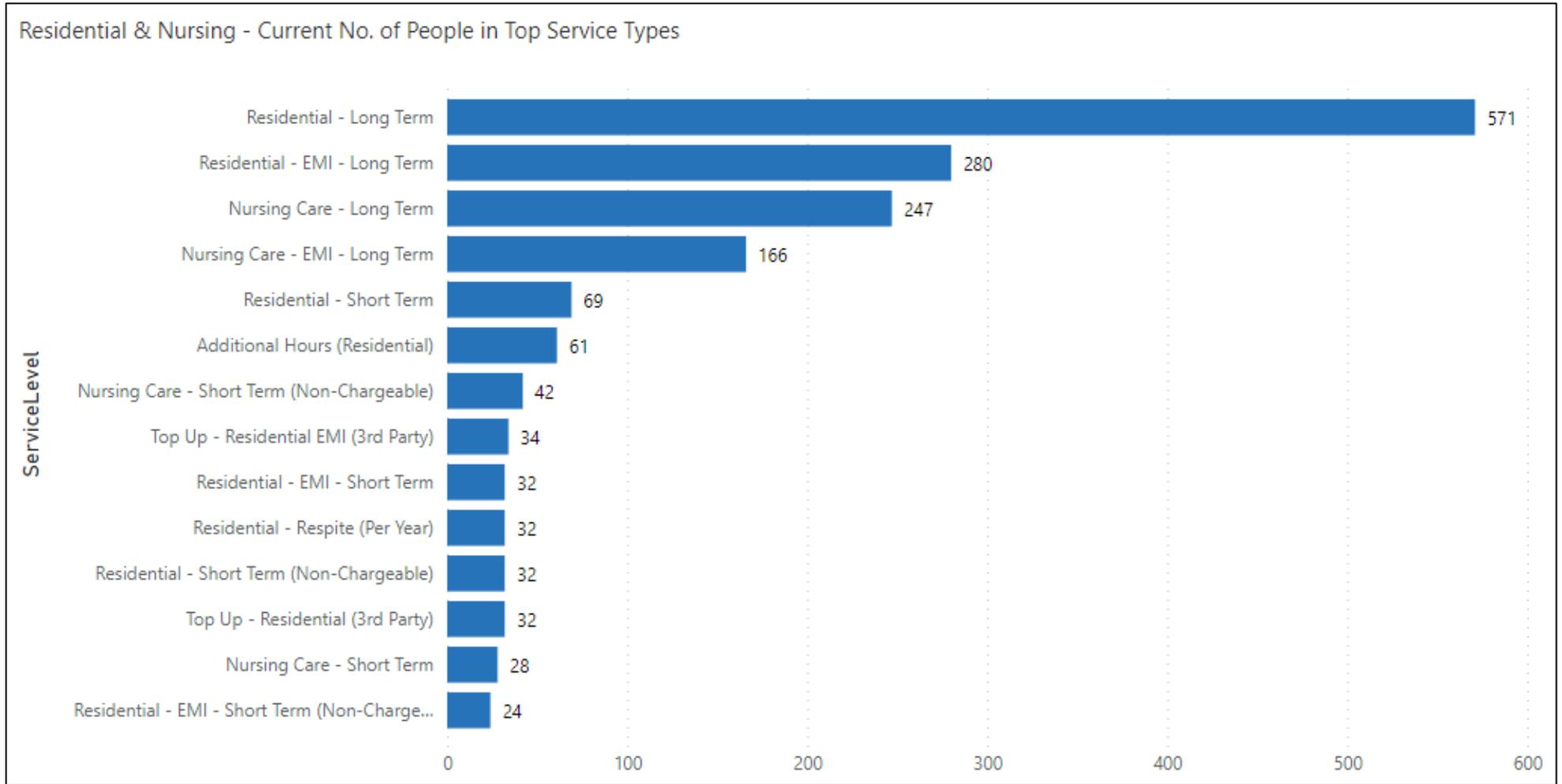
Data Source: Liquid Logic.

No. of People Receiving Service in Period													
Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
2022	1569	1609	1643	1643	1675	1668	1683	1669	1651				2238
2021										1657	1631	1621	1835
Total	1569	1609	1643	1643	1675	1668	1683	1669	1651	1657	1631	1621	2499

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.

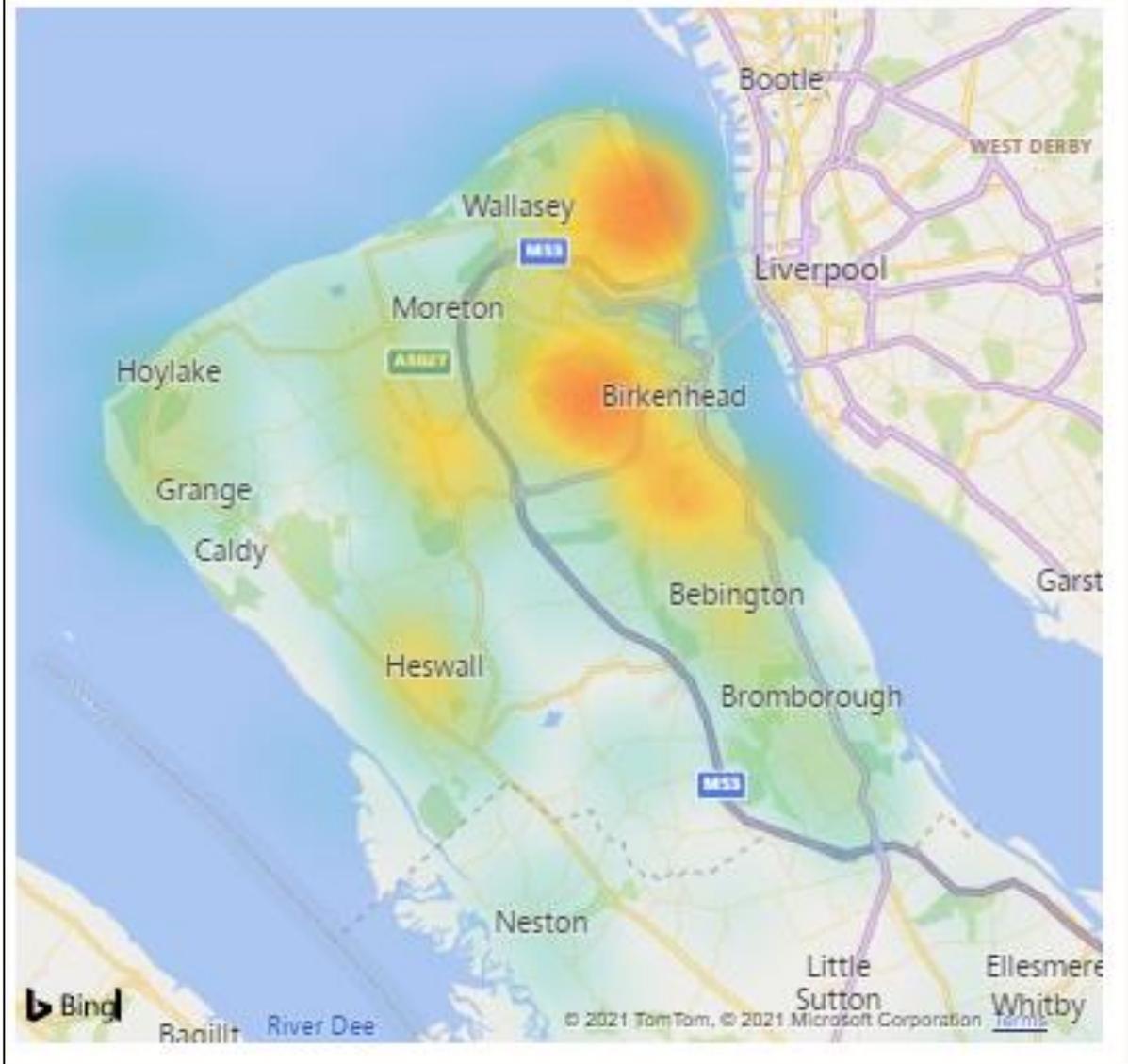
Residential & Nursing - Current No. of People by Top Service Types	
ServiceLevel	No. of People
Residential - Long Term	571
Residential - EMI - Long Term	280
Nursing Care - Long Term	247
Nursing Care - EMI - Long Term	166
Residential - Short Term	69
Additional Hours (Residential)	61
Nursing Care - Short Term (Non-Chargeable)	42
Top Up - Residential EMI (3rd Party)	34
Residential - EMI - Short Term	32
Residential - Respite (Per Year)	32
Residential - Short Term (Non-Chargeable)	32
Top Up - Residential (3rd Party)	32
Nursing Care - Short Term	28
Residential - EMI - Short Term (Non-Chargeable)	24
Total	1520

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

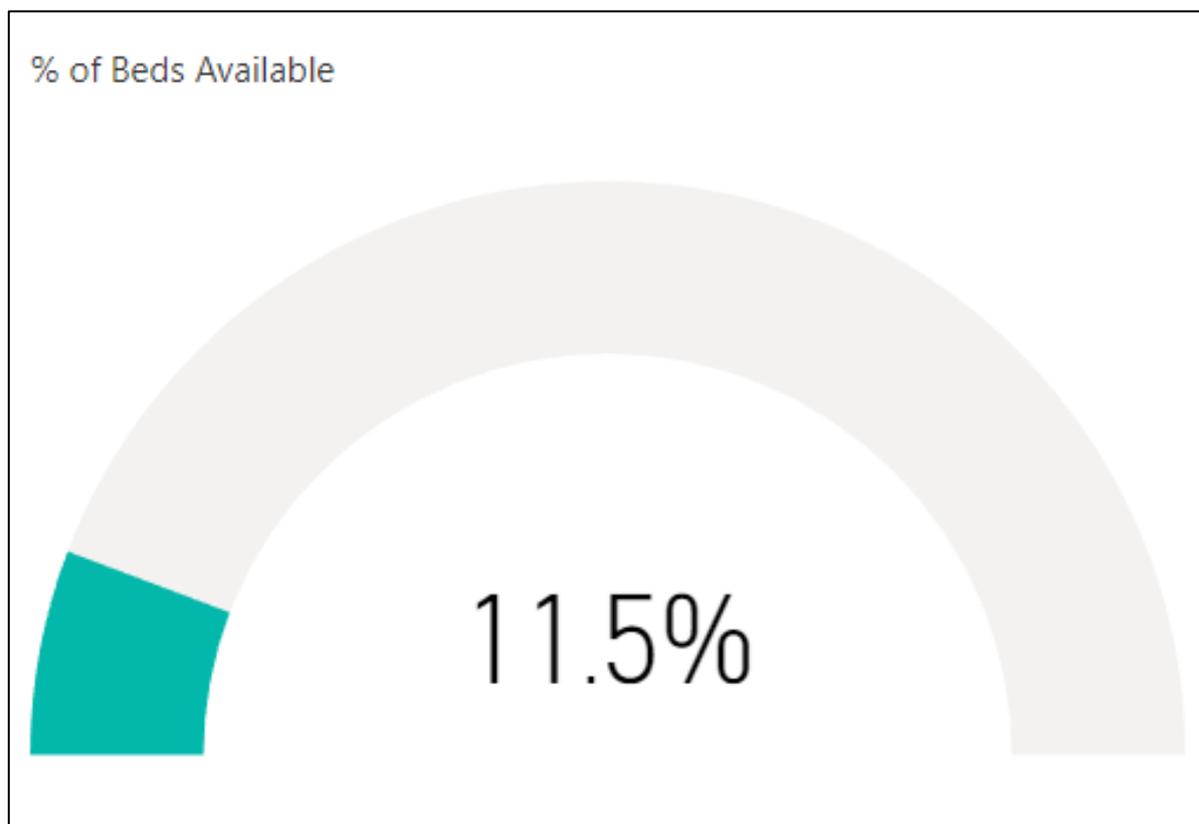
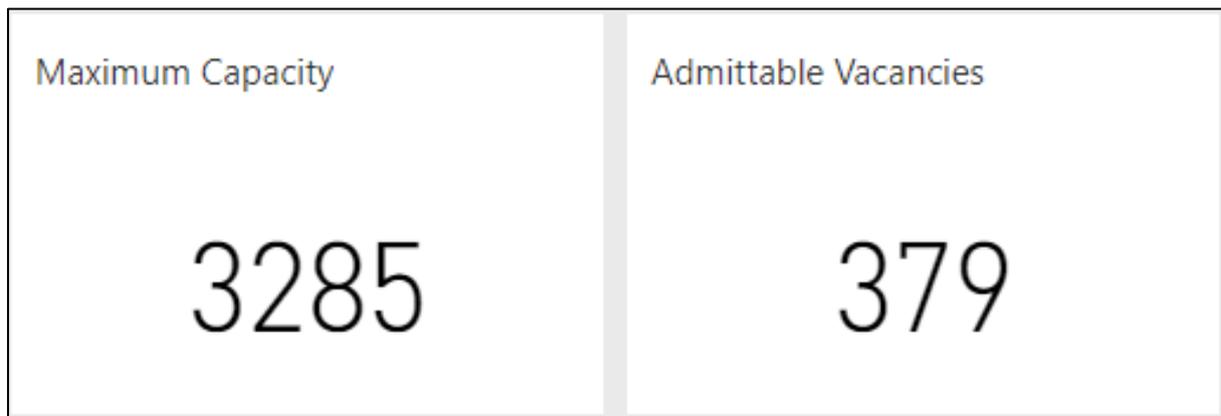
Care Home Location



The heat map shows the care home locations.

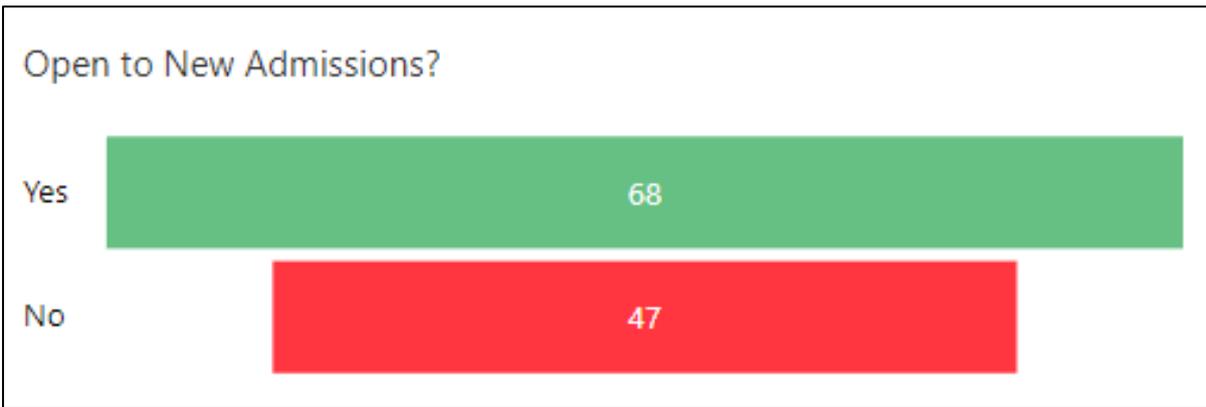
Data Source: Liquid Logic.

2.4 Care Homes – Current Vacancy Rate



Data Source: NHS Capacity Tracker.

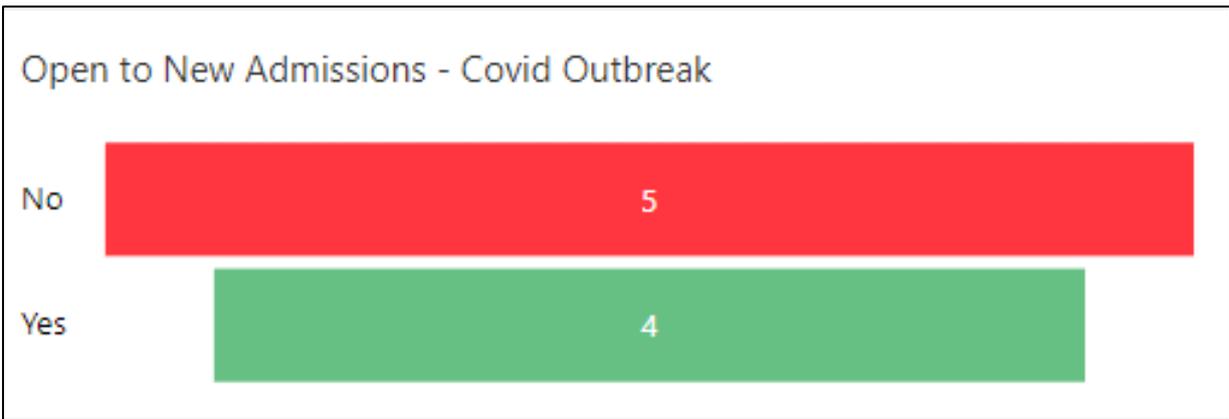
There is a capacity of 3285 places in care homes with a current vacancy rate as at 04/10/2022 of 11.5%.



Open to New Admissions?

Is Accepting Admissions	No. of Homes
Yes	68
No	47
Total	115

The number of care homes which are Open to new admissions on 04/10/2022.



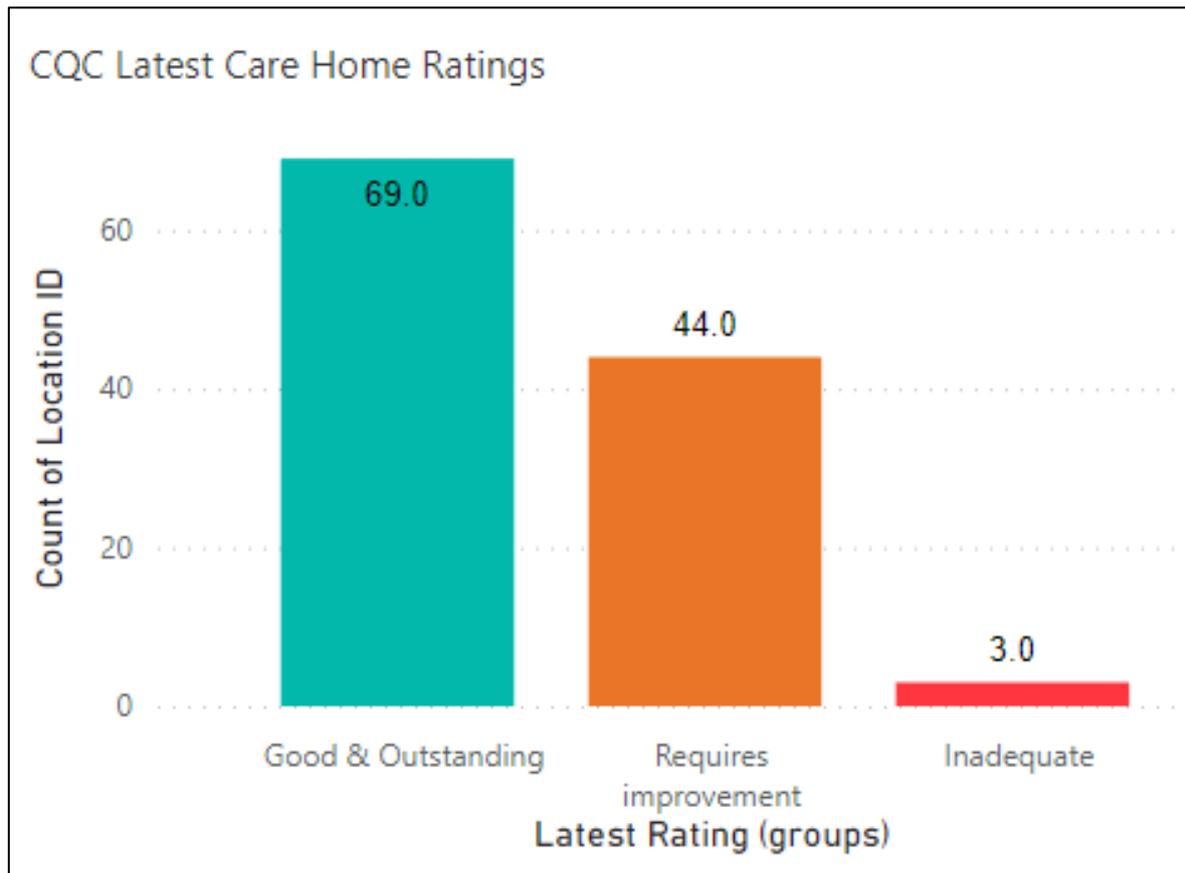
Open to New Admissions - Covid Outbreak

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

The number of care homes with a Covid outbreak which are Open to new admissions on 04/10/2022.

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 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 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 is at a slightly higher rate and this is being monitored.

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

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

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

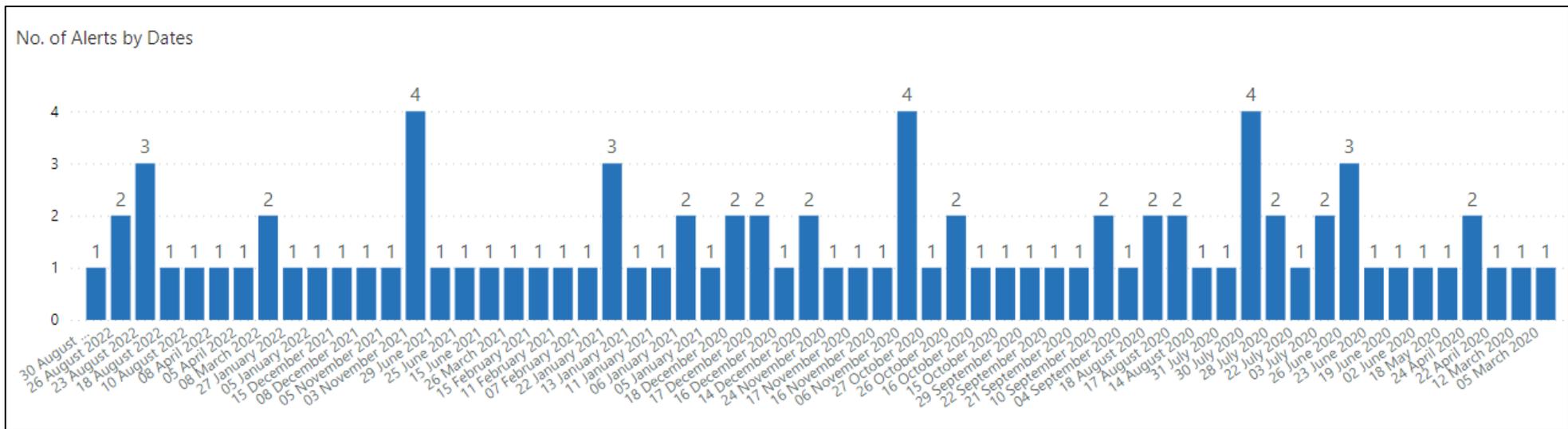
The team have taken steps to ensure that this information will be available going forward. Notifiable Incidents include: -

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

The below is a summary of CQC Alerts received

No. of Alerts	No. of People Identified
505	149

Data Source: ContrOCC.



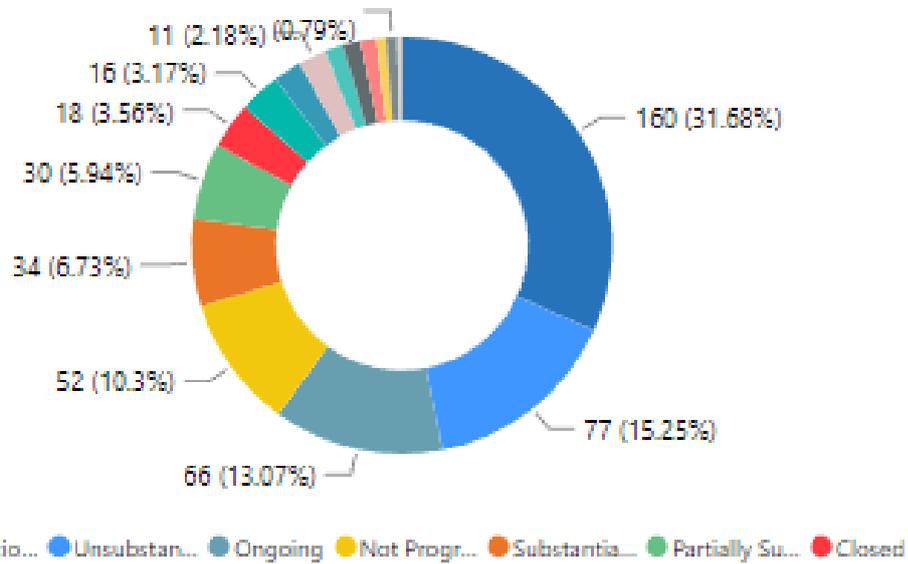
Data Source: ContrOCC.

No. of Alerts by Dates

Date	No. of Alerts
30 August 2022	1
26 August 2022	2
23 August 2022	3
18 August 2022	1
10 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

Total Page 74 505

**No. of Alerts
BY OUTCOME**

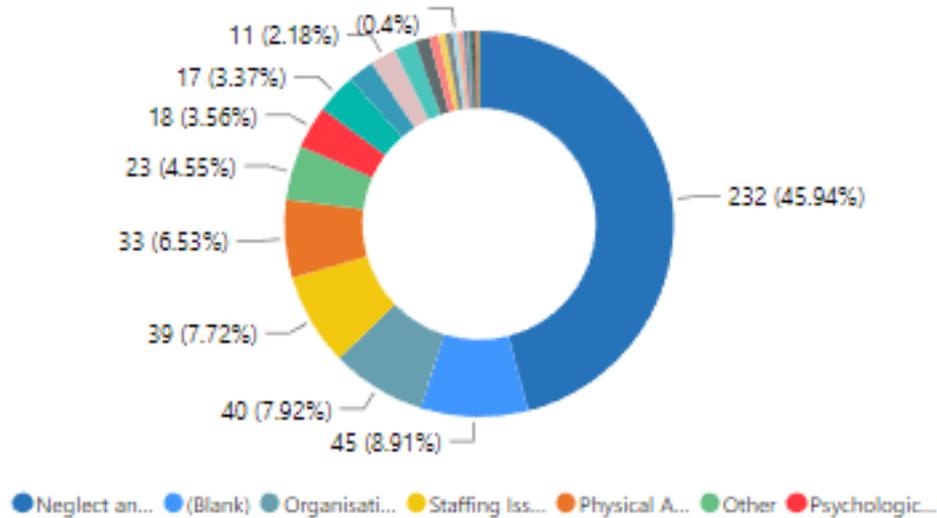


**No. of Alerts
BY OUTCOME**

Outcome	No. of Alerts
Information Only	160
Unsubstantiated	77
Ongoing	66
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	505

Data Source: ContrOCC.

No. of Alerts
BY SUB THEME



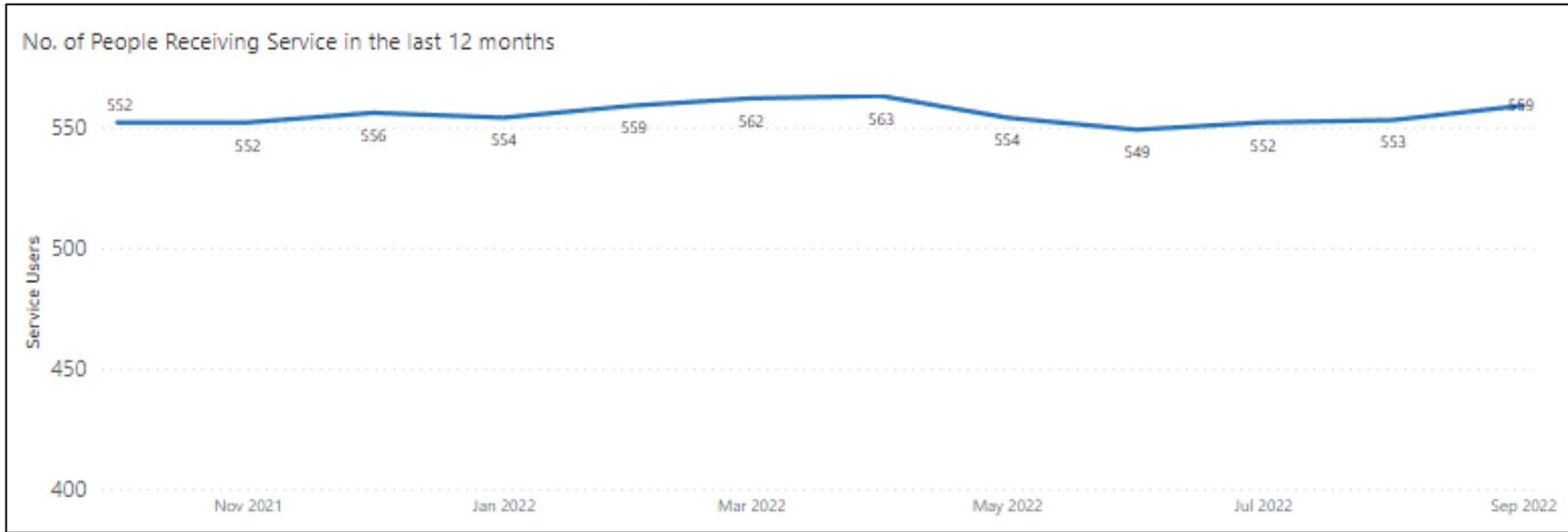
No. of Alerts
BY SUB THEME

Sub Theme	No. of Alerts
Neglect and Acts of Omission	232
Organisational Abuse	45
Staffing Issues	39
Physical Abuse	33
Other	23
Psychological Abuse	18
Medication	17
Management	11
Safe Environment	11
Financial or Material Abuse	9
Infection Control	6
Care Planning	4
Health and Safety	4
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	505

Data Source: ContrOCC.

3.0 Direct payments

3.1 Direct Payments – Number of People Receiving a Service



Data Source: ContrOCC.

Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
2022	554	559	562	563	554	549	552	553	559				663
2021										552	552	556	573
Total	554	559	562	563	554	549	552	553	559	552	552	556	689

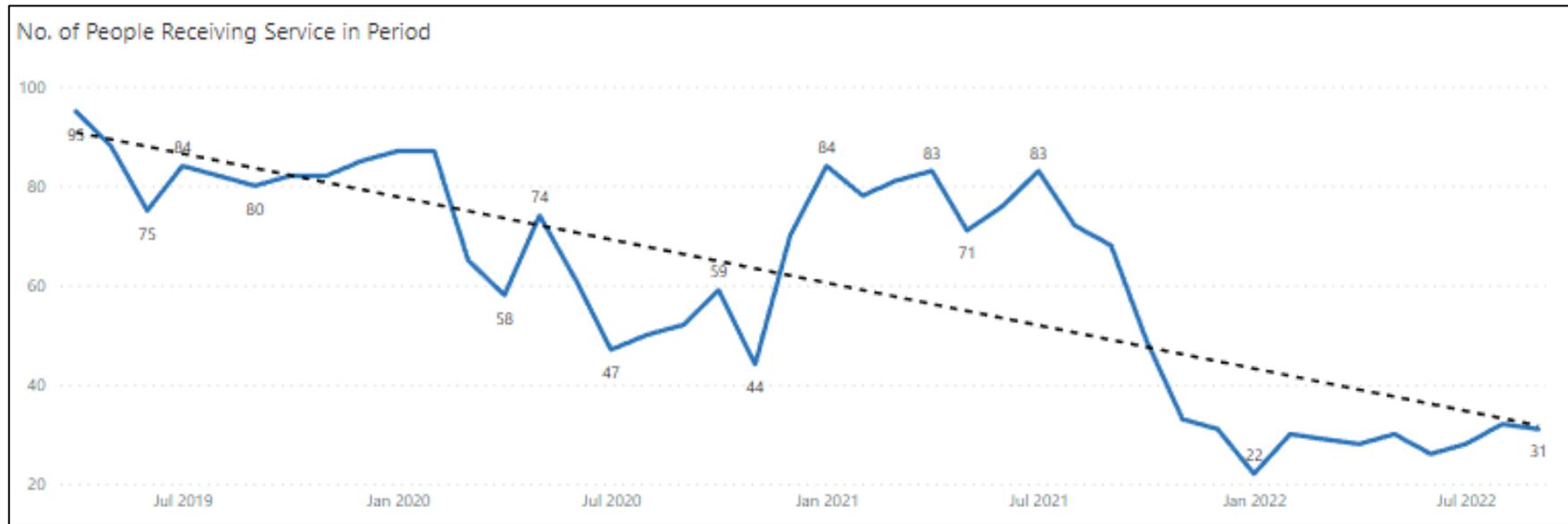
Data Source: ContrOCC.

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 04/10/22 is 559.

The number of people who arrange their support with a Direct Payment has remained at a similar level. 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)

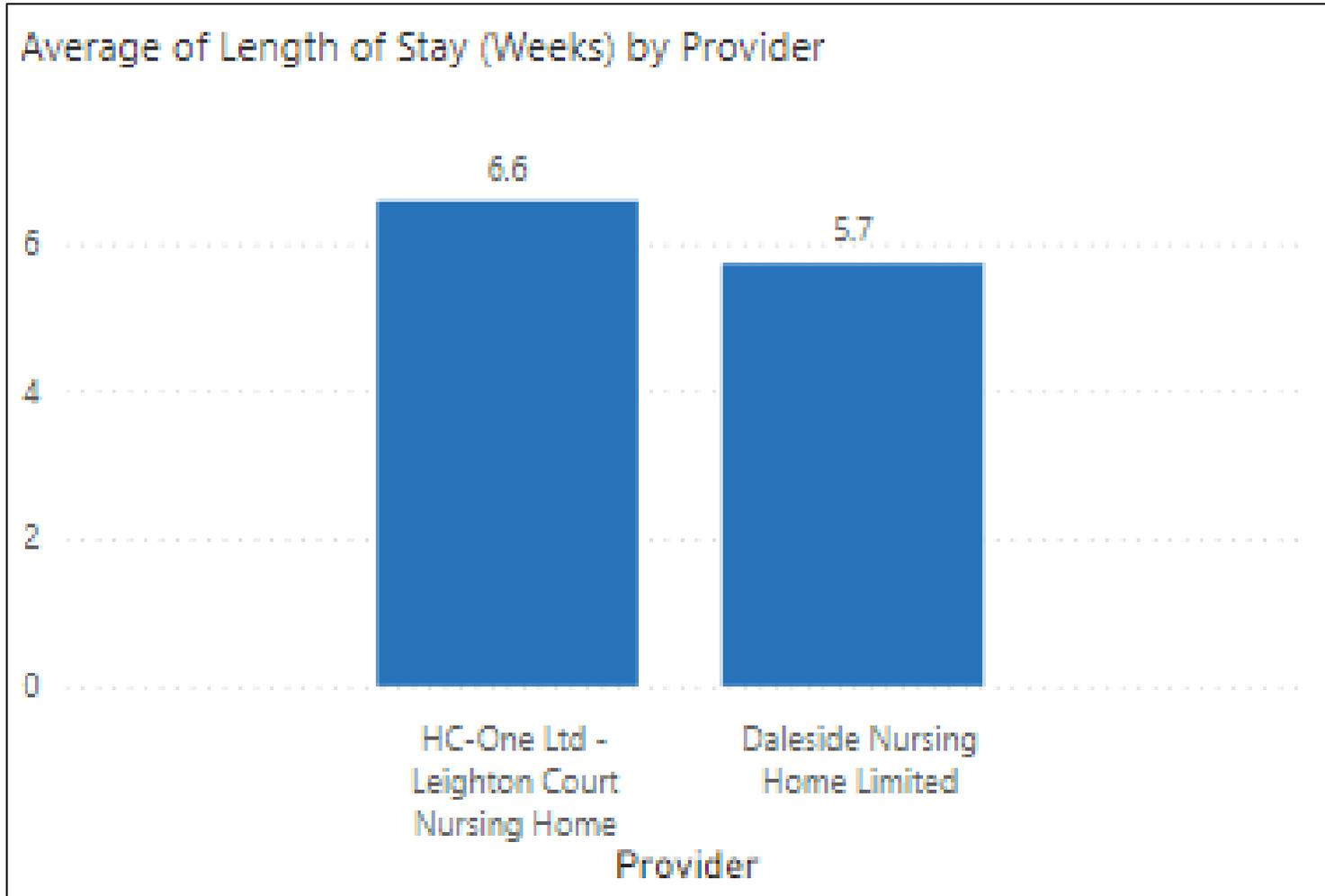


No. of People Receiving Service in Period					
Month	2019	2020	2021	2022	Total
January		87	84	22	22
February		87	78	30	30
March		65	81	29	29
April	95	58	83	28	28
May	88	74	71	30	30
June	75	61	76	26	26
July	84	47	83	28	28
August	82	50	72	32	32
September	80	52	68	31	31
October	82	59	49		49
November	82	44	33		33
December	85	70	31		31
Total	85	70	31	31	31

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



Average Length of Stay (Weeks) by Provider

Provider	Average of Length of Stay (Week)
Daleside Nursing Home Limited	5.73
HC-One Ltd - Leighton Court Nursing Home	6.57
Total	6.22

Data Source: ContrOCC.



Page 83

Data Source: Liquid Logic.

Average of Length of Stay (Weeks) by Date

Month	2021	2022	Total
January	4.58		4.58
February	5.05	9.71	6.15
March	7.74	9.36	7.98
April	5.91	6.71	6.03
May	7.74	7.36	7.68
June	6.65	5.18	6.35
July	8.05	6.58	7.66
August	8.78	5.53	7.91
September	5.88	2.44	5.13
October	9.98		9.98
November	8.70		8.70
December	14.98		14.98
Total	6.90	6.88	6.90

Data Source: Liquid Logic.

The majority of discharge to assess services are now provided at the NHS Clatterbridge Intermediate Care services where there are currently 71 discharge to assess beds.

4.3 Discharge to Assess – Vacancy Rate

Due to the timescales involved this is the most recently available data.

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

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	220	1,175.00
October	79	420.00
November	78	414.00
December	63	341.00
2022	665	3,462.00
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	69	316.00
September	77	370.00
Total	885	4,637.00

Data Source: ContrOCC and Liquid Logic.

Occupancy Level by Date and Provider		
Date - Week Commencing	Vacancies Rate	Service
26 September 2022	25%	Summer Fields
26 September 2022	86%	Tree Vale Limited Acorn House
19 September 2022	11%	Summer Fields
19 September 2022	86%	Tree Vale Limited Acorn House
12 September 2022	57%	Tree Vale Limited Acorn House
05 September 2022	36%	Tree Vale Limited Acorn House
29 August 2022	7%	Tree Vale Limited Acorn House
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
08 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

Data Source: ContrOCC and Liquid Logic.

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

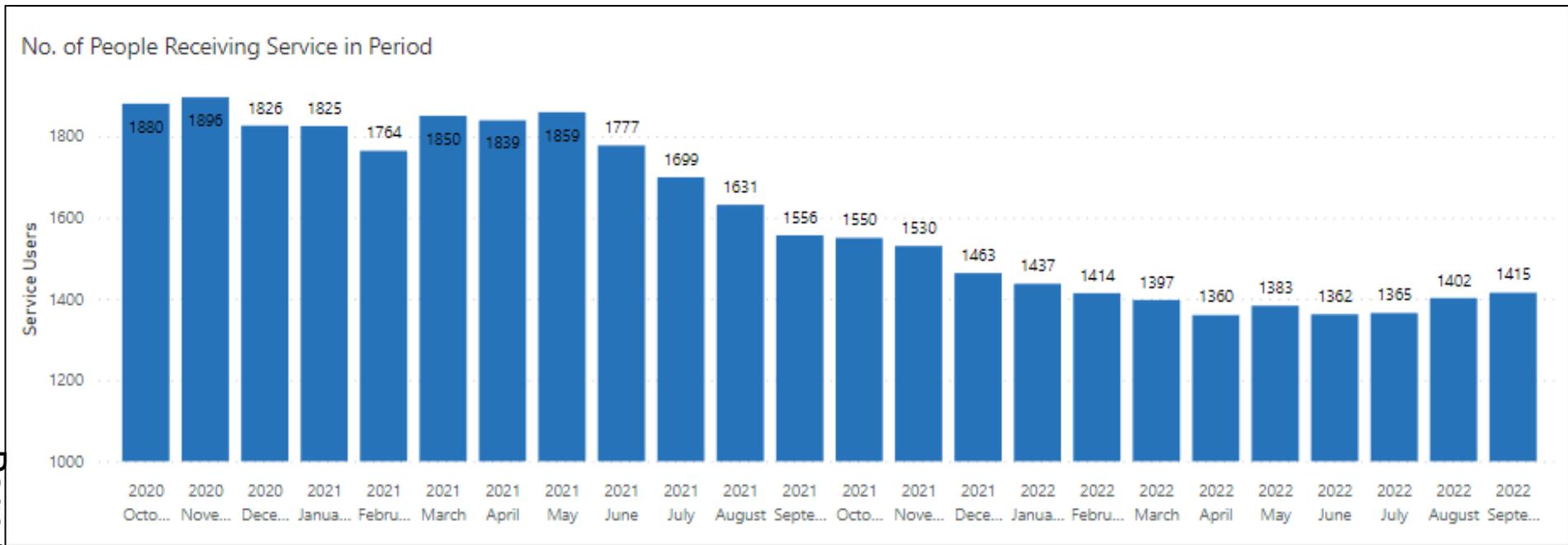
5.0 Care Market – Domiciliary Care and Reablement

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

No. of People	...	Actual Cost
8024	└	£56.04M

Page 88

Data Source: ContrOCC.

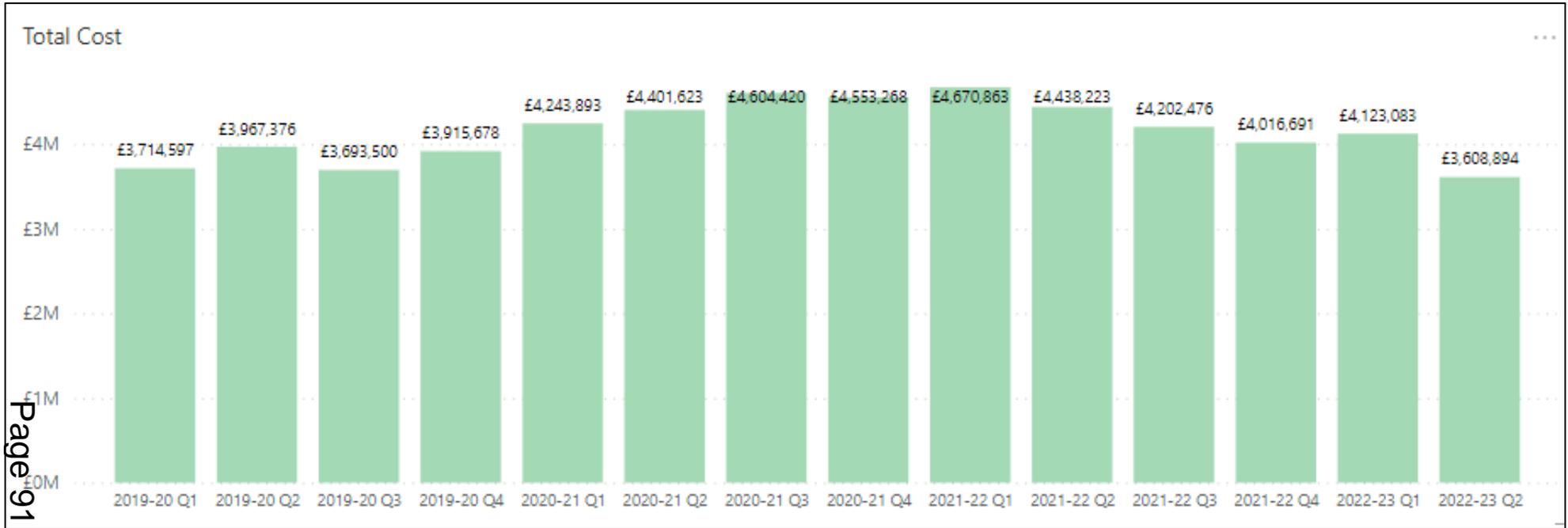


Data Source: ContrOCC.

No. of People Receiving Service in Period

Month	2020	2021	2022	Total
January		1825	1437	3761
February		1764	1414	3593
March		1850	1397	3488
April		1839	1360	3314
May		1859	1383	3219
June		1777	1362	3066
July		1699	1365	2936
August		1631	1402	2872
September		1556	1415	2818
October	1880	1550		4194
November	1896	1530		4077
December	1826	1463		3910
Total	2358	3677	2284	5167

Data Source: ContrOCC.



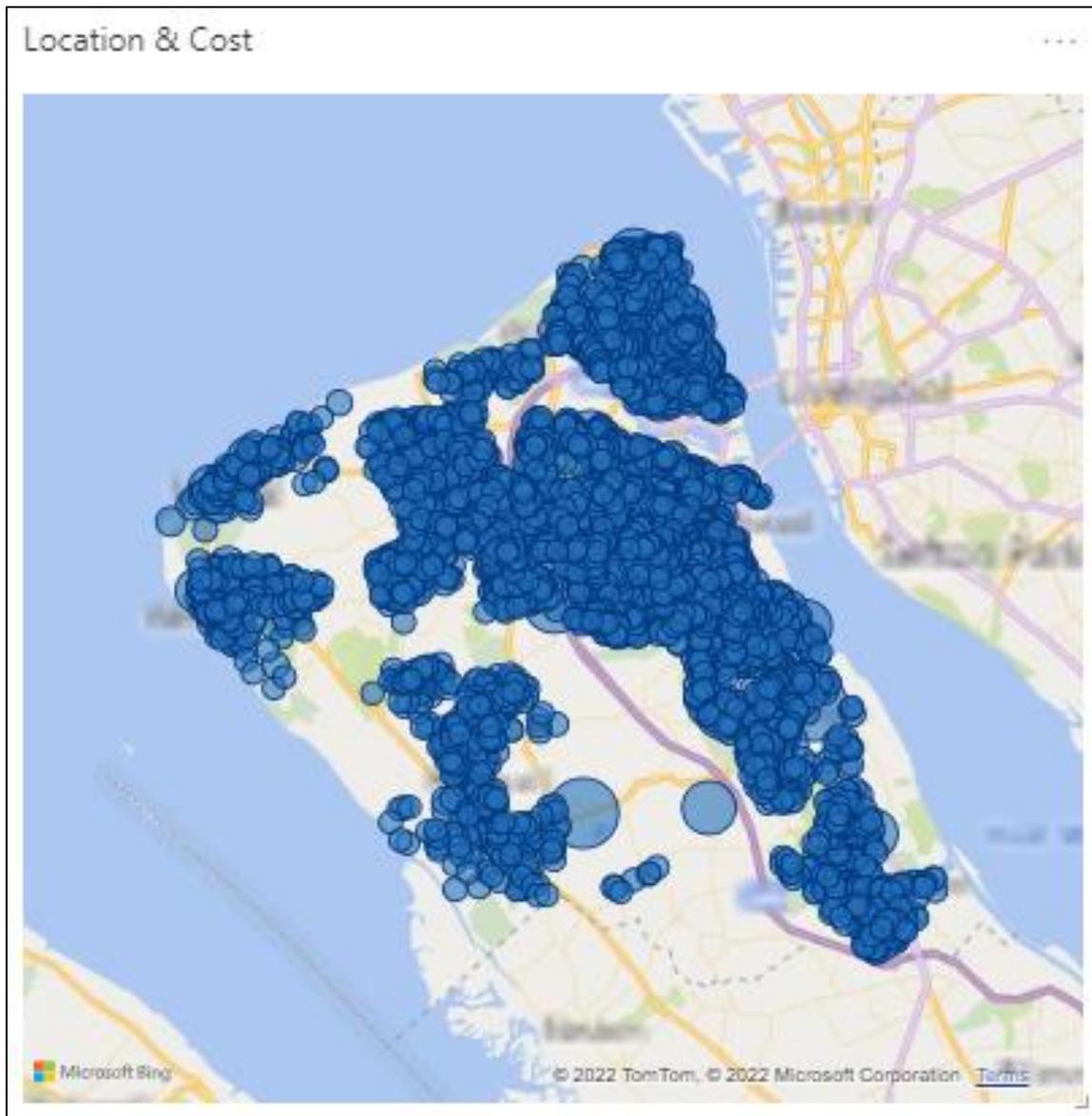
Data Source: ContrOCC.

Total Cost					
Month	2019	2020	2021	2022	Total
January		£1,149,997.98	£1,402,410.65	£1,535,592.63	£4,088,001.26
February		£1,159,087.80	£1,403,949.05	£1,244,739.83	£3,807,776.68
March		£1,606,592.50	£1,746,908.54	£1,236,358.26	£4,589,859.31
April	£1,423,769.31	£1,296,756.46	£1,416,457.33	£1,265,455.10	£5,402,438.20
May	£1,145,537.40	£1,326,272.30	£1,806,056.18	£1,585,068.98	£5,862,934.86
June	£1,145,289.87	£1,620,864.02	£1,448,349.05	£1,272,558.54	£5,487,061.48
July	£1,422,106.48	£1,328,930.17	£1,428,999.04	£1,259,733.95	£5,439,769.64
August	£1,134,989.10	£1,699,847.64	£1,699,619.73	£1,494,293.93	£6,028,750.40
September	£1,410,280.70	£1,372,845.35	£1,309,604.31	£854,865.98	£4,947,596.34
October	£1,131,717.81	£1,414,624.54	£1,312,870.46		£3,859,212.81
November	£1,151,848.49	£1,796,190.04	£1,647,088.49		£4,595,127.01
December	£1,409,934.00	£1,393,605.57	£1,242,516.63		£4,046,056.20
Total	£11,375,473.18	£17,165,614.37	£17,864,829.45	£11,748,667.19	£58,154,584.19

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 three months shows a small increase.

5.2 Domiciliary Care – Locations of People Receiving Domiciliary Care



Data Source: ContrOCC.

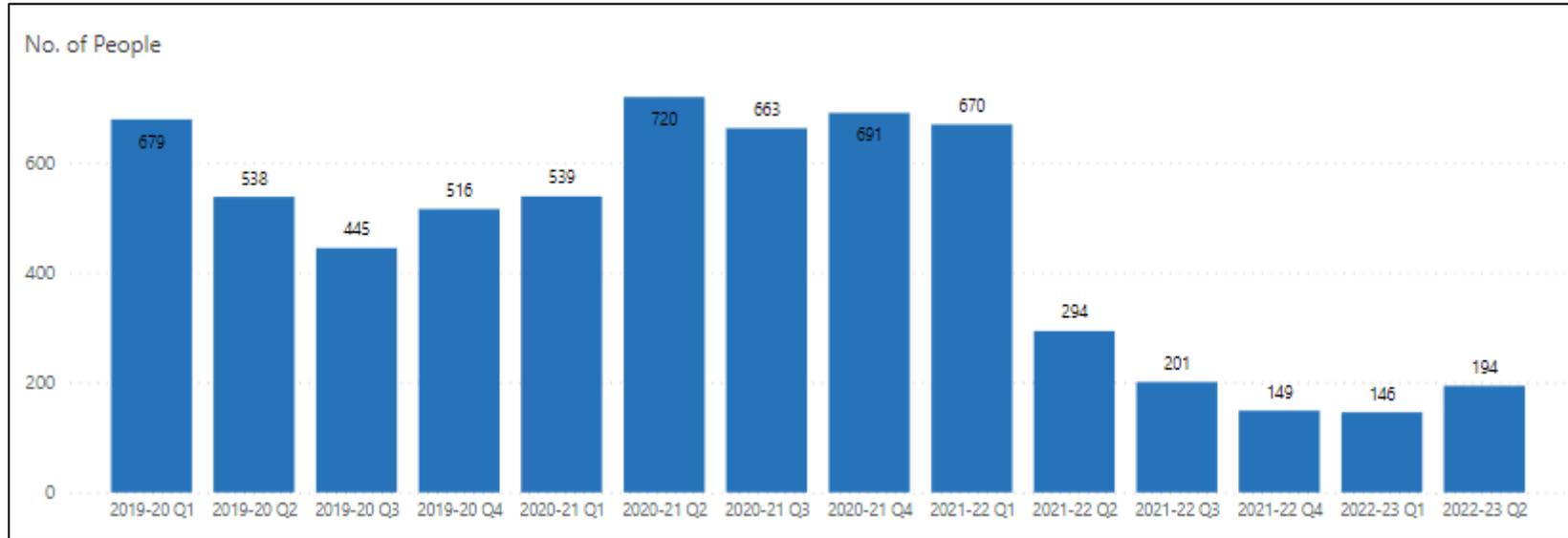
5.3 Reablement – People, Cost and Days (since 01/04/2019):

No. of People	Actual Cost	Average of Length of Stay (...)
4646	£2.42M	15.30

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



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	75	899
August	219	366	140	119	833
September	234	321	85	99	735
October	207	323	95		622
November	221	378	121		714
December	226	285	81		586
Total	1373	1948	1513	422	4646

Data Source: ContrOCC

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

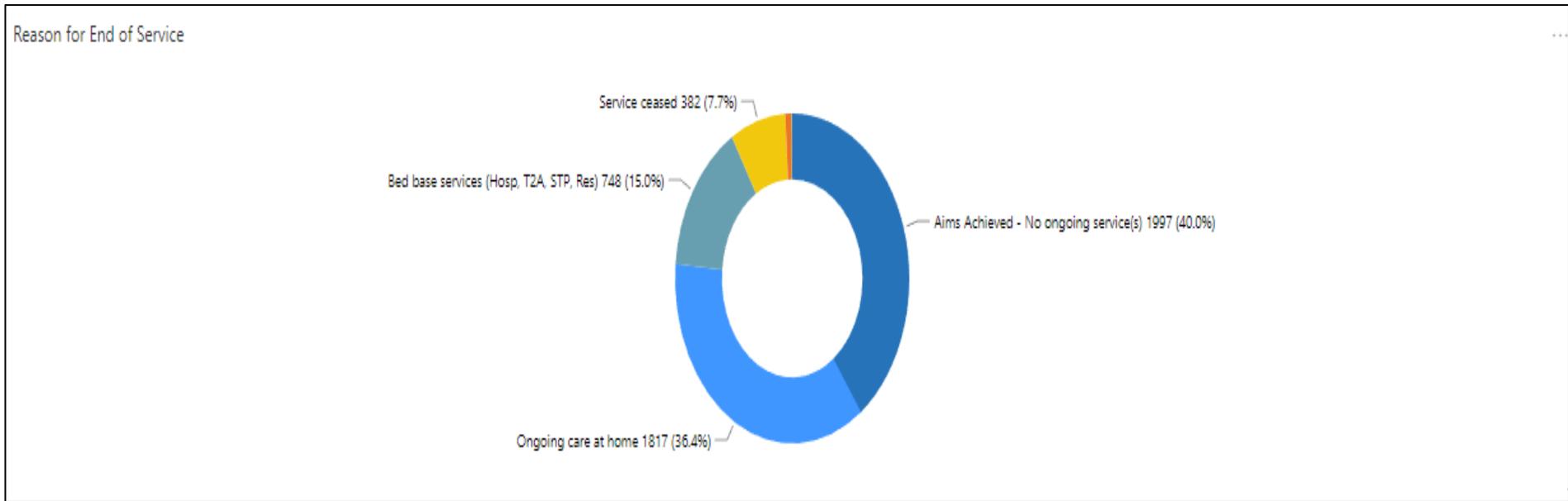


Data Source: ContrOCC.

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	£22,177.49	£248,584.43
August	£50,701.50	£113,361.61	£39,175.16	£41,733.36	£244,971.63
September	£57,392.84	£87,661.15	£16,850.36	£31,673.09	£193,577.44
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	£204,695.58	£2,541,686.69

Data Source: ContrOCC

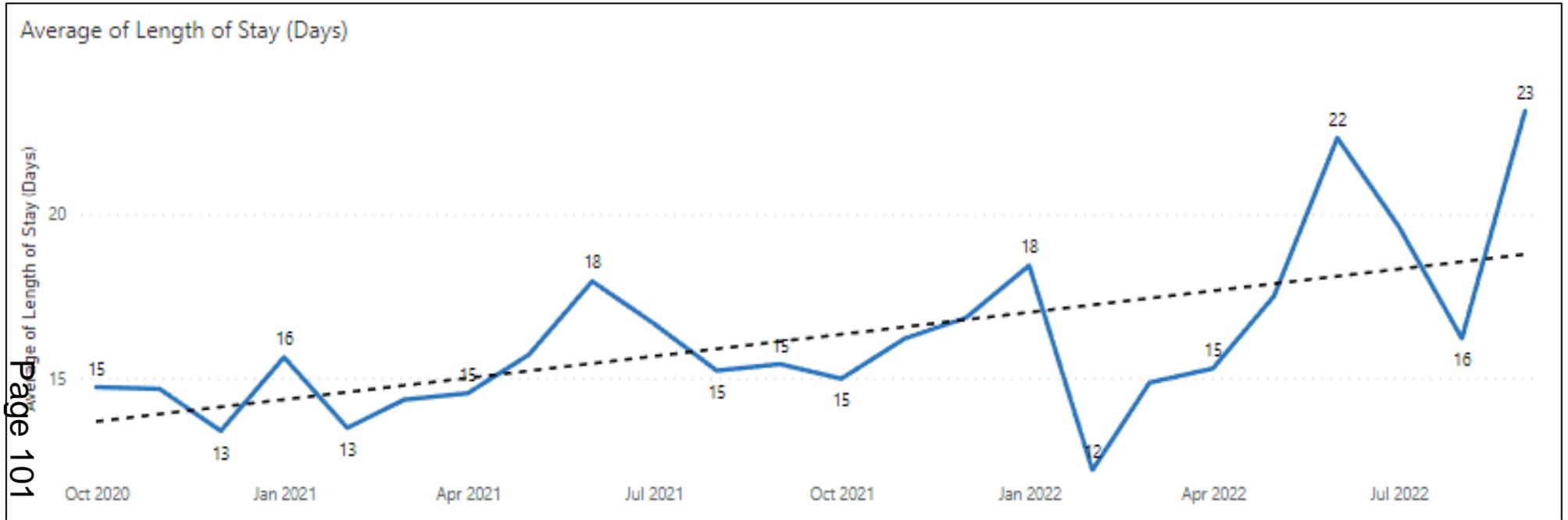
5.5 Reablement – End Reasons of Care Packages



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	20	17
August		15	16	16
September		15	23	19
October	15	15		15
November	15	16		15
December	13	17		14
Total	14	15	18	16

Data Source: ContrOCC.

The above table shows the number of people receiving Reablement services since October 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 continues to be low, 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



Page #03

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		516	675	1153
July		526	655	1154
August		557	665	1184
September		583	652	1198
October	133	578		704
November	423	570		980
December	394	557		938
Total	821	3624	2535	5917

Data Source: Liquid Logic.

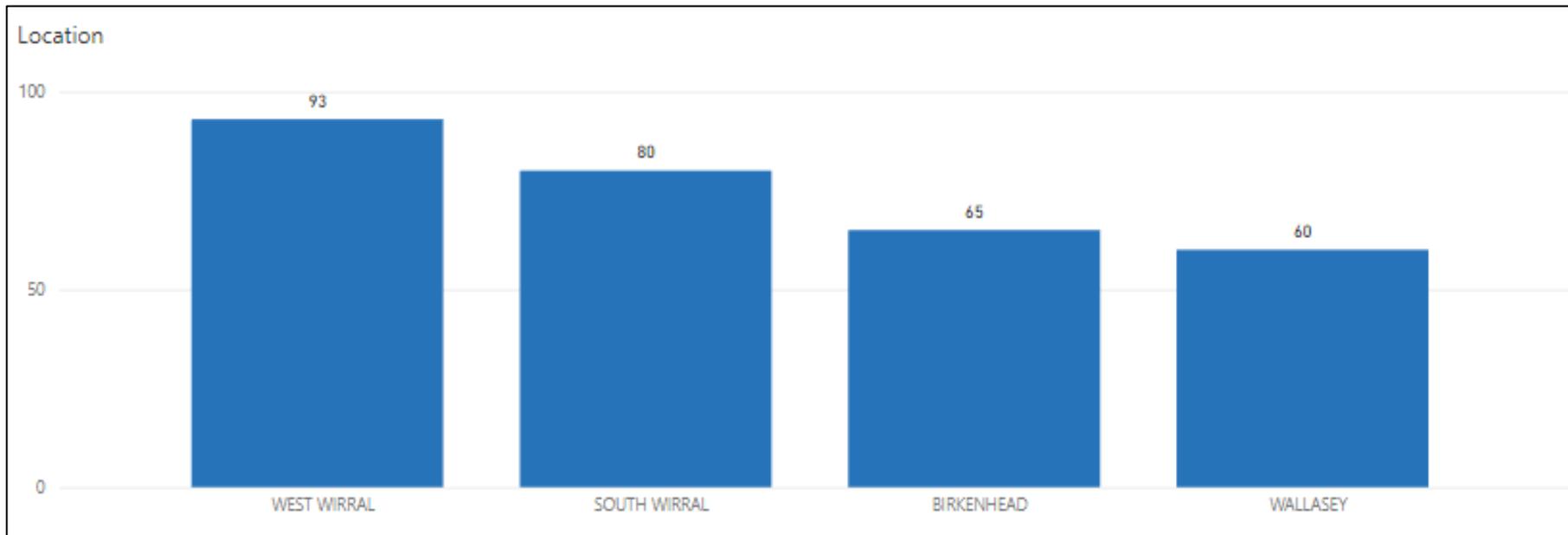
This line chart and table show the number of people matched to home care packages month on month

Number of People Waiting for Package

Days Live Group	No. of People
1 to 2 Weeks	43
2 to 3 Weeks	33
48hrs to 1 Week	36
Less than 48hrs	9
Over 3 Weeks	177
Total	298

Average No. of Packages Accepted per Week

62.5



Data Source: Liquid Logic.

Location	No. of Clients
WEST WIRRAL	93
SOUTH WIRRAL	80
BIRKENHEAD	65
WALLASEY	60
Total	298

Data Source: Liquid Logic.

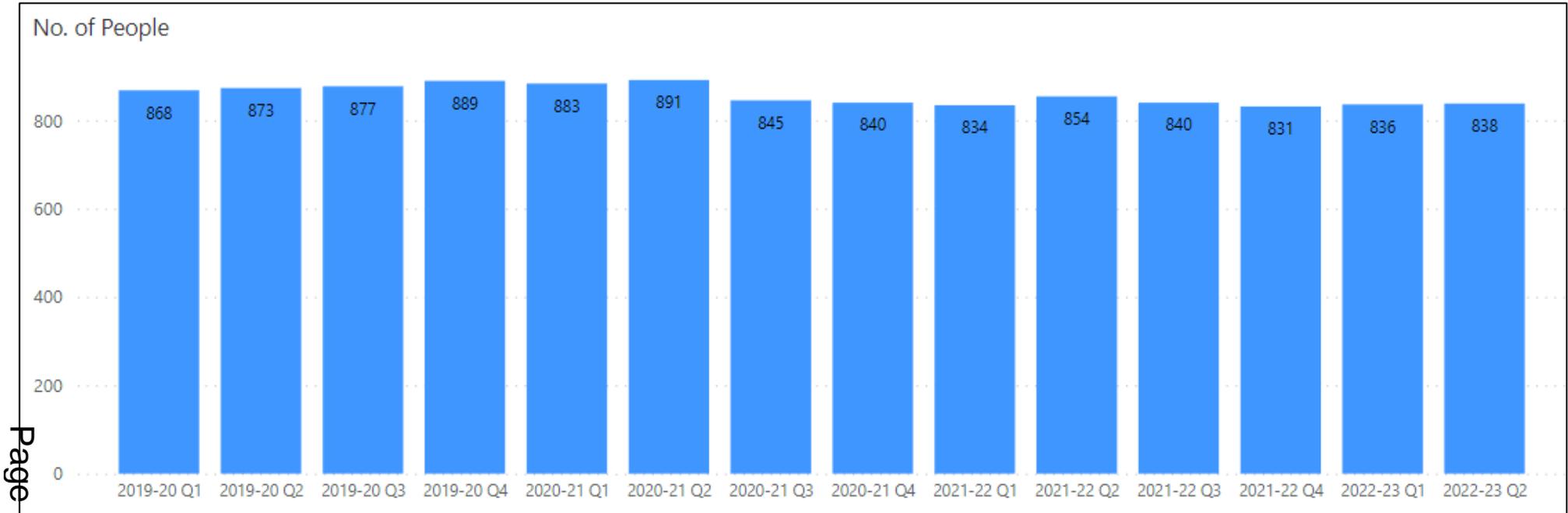
The data shows the high level of activity in the domiciliary care sector and delays in arranging care and support. The data includes people who may be wanting to change their care provider.

6.0 Care Market – Specialist (Supported Living)

6.1 Cost (since 01/04/2019)

No. of People	Actual Cost
1231	£125.15M

Data Source: ContrOCC.

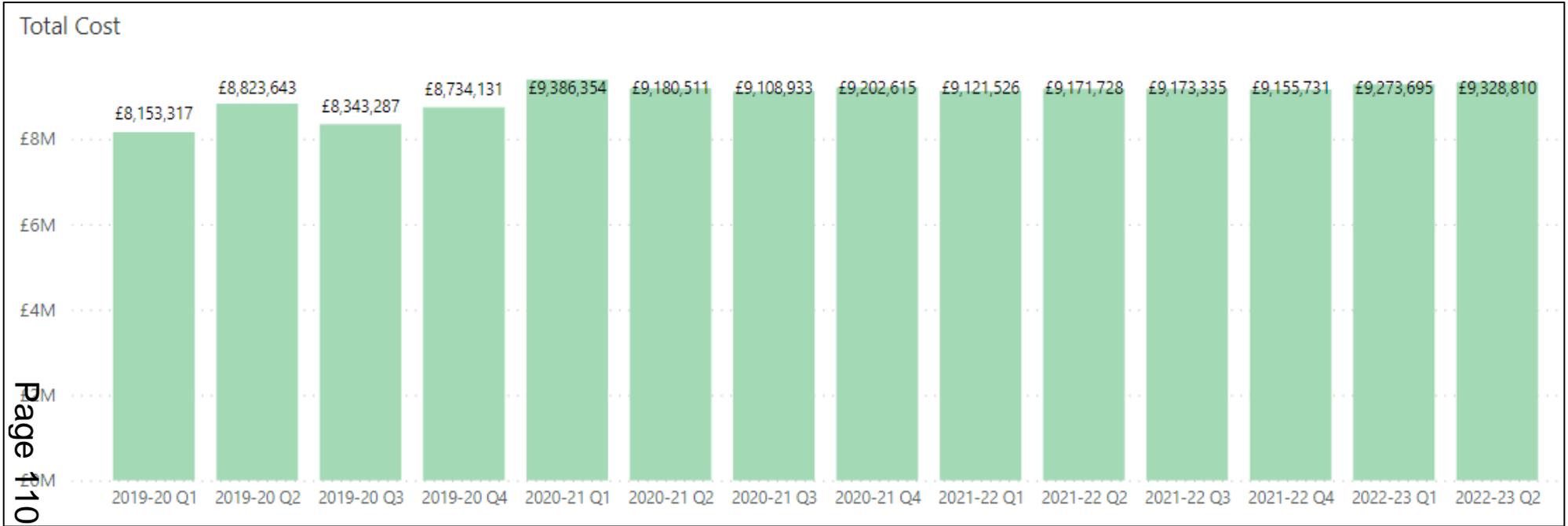


Page 108

Data Source: ContrOCC.

No. of Clients					
Month	2019	2020	2021	2022	Total
January		859	821	819	1054
February		858	818	819	1050
March		872	817	818	1057
April	846	860	815	818	1139
May	847	858	820	815	1135
June	848	861	816	811	1135
July	850	864	822	815	1133
August	847	865	829	825	1138
September	857	816	823	824	1126
October	857	815	824		1051
November	856	824	828		1058
December	856	825	818		1053
Total	935	985	929	887	1231

Data Source: ContrOCC.

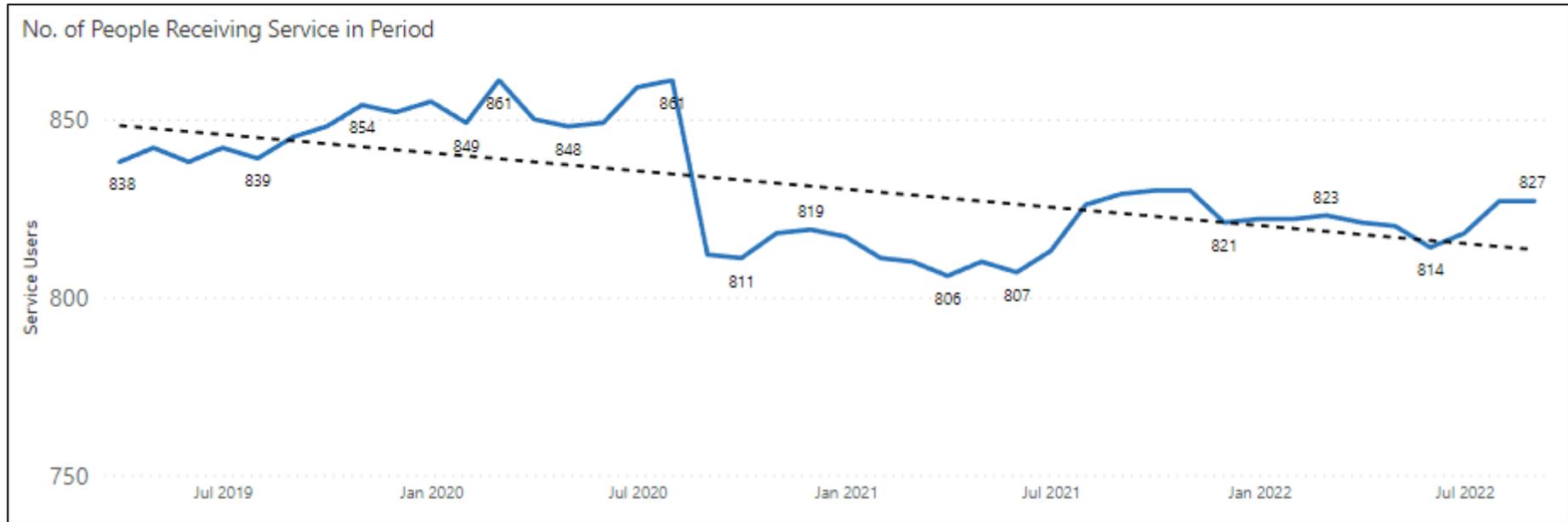


Data Source: ContrOCC.

Total Cost					
Month	2019	2020	2021	2022	Total
January		£2,642,641.13	£2,830,819.61	£3,517,035.56	£8,990,496.29
February		£2,672,880.87	£2,828,228.44	£2,820,847.15	£8,321,956.46
March		£3,418,609.19	£3,543,566.48	£2,817,847.92	£9,780,023.60
April	£3,147,050.18	£2,910,525.97	£2,823,267.22	£2,840,371.46	£11,721,214.82
May	£2,501,049.30	£2,921,761.03	£3,501,676.53	£3,571,228.20	£12,495,715.06
June	£2,505,217.97	£3,554,067.20	£2,796,582.09	£2,862,095.21	£11,717,962.47
July	£3,151,514.39	£2,881,963.14	£2,802,325.82	£2,846,498.20	£11,682,301.55
August	£2,517,355.40	£3,512,442.51	£3,532,567.02	£3,570,003.42	£13,132,368.35
September	£3,154,773.21	£2,786,105.83	£2,836,834.95	£2,912,308.39	£11,690,022.37
October	£2,562,883.38	£2,766,481.41	£2,811,805.79		£8,141,170.58
November	£2,568,420.99	£3,514,679.99	£3,548,744.08		£9,631,845.07
December	£3,211,982.46	£2,827,771.59	£2,812,784.93		£8,852,538.99
Total	£25,320,247.28	£36,409,929.86	£36,669,202.95	£27,758,235.52	£126,157,615.61

Data Source: ContrOCC

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



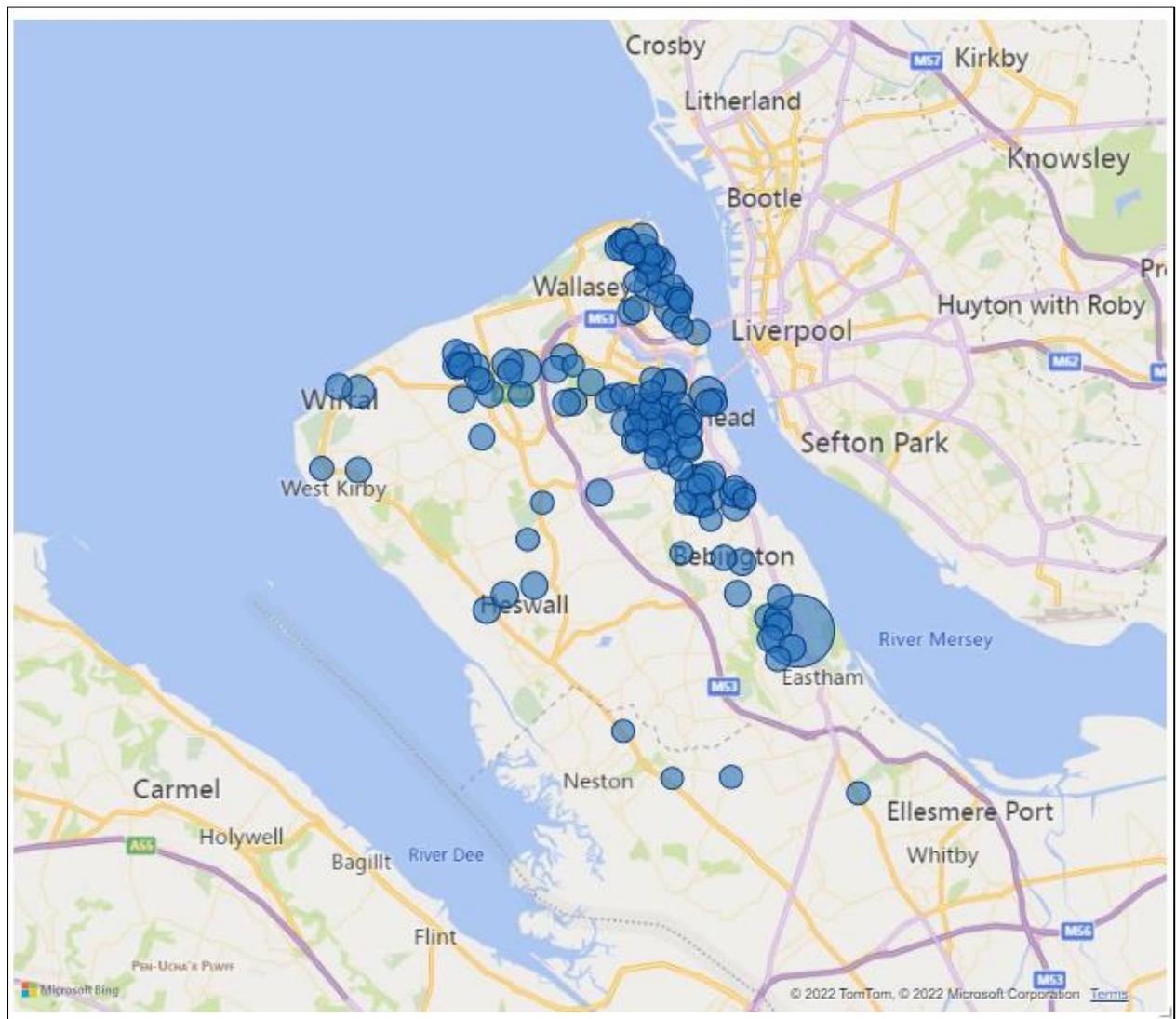
Data Source: ContrOCC.

No. of People Receiving Service in Period					
Month	2019	2020	2021	2022	Total
January		855	817	822	1090
February		849	811	822	1081
March		861	810	823	1080
April	838	850	806	821	1178
May	842	848	810	820	1179
June	838	849	807	814	1174
July	842	859	813	818	1177
August	839	861	826	827	1184
September	845	812	829	827	1187
October	848	811	830		1097
November	854	818	830		1099
December	852	819	821		1095
Total	928	981	925	890	1226

Data Source: ContrOCC.

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

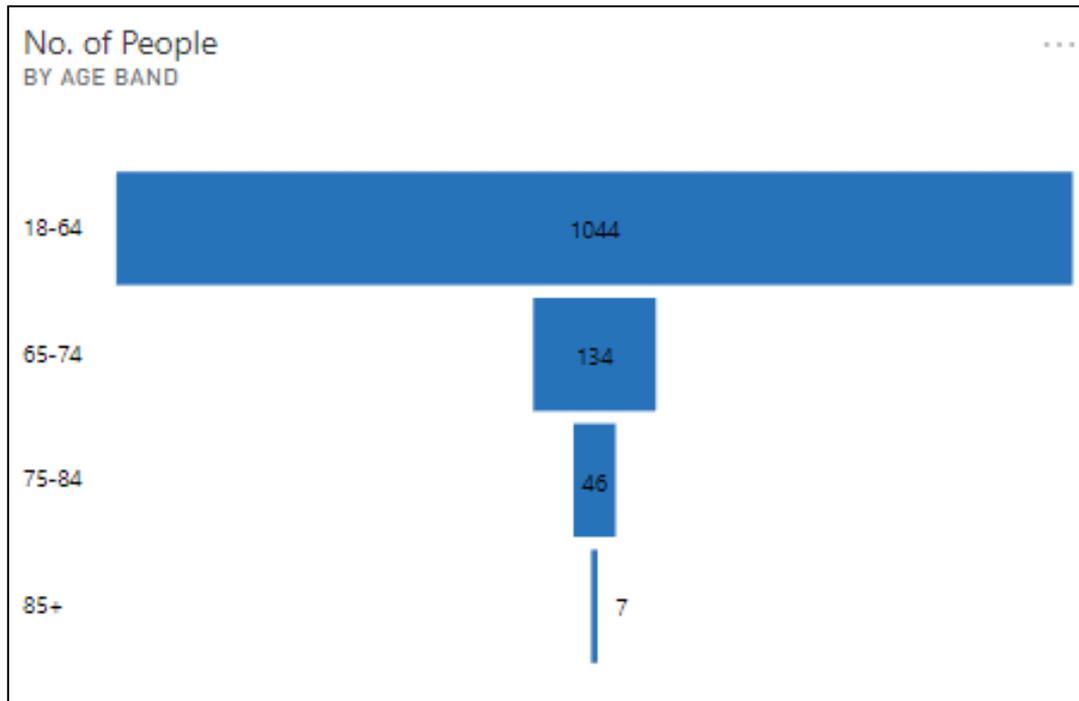
6.3 Supported Living – People Locations



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	1044
65-74	134
75-84	46
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 this is the most recently available data.

No	Description	Green	Amber	Red	Target	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	YTD From Aug	Comments	
KPI 1	% of initial contacts through to completion of assessment within 28 days	>=80%	>=70% <=80%	<70%		81%	93%	78%	86%	85%	86%	85%	74%	75%	75%	75%	92%	81.5%	There are 0 people awaiting assessment, which is the same as last month.	
Total Assessments Completed within 28 Days						13	14	7	6	17	18	17	17	21	18	18	23	189		
Total Completed Assessments						16	15	9	7	20	21	20	23	28	24	24	25	232		
KPI 2	% of safeguarding concerns (Contacts) initiated by CWP within 5 days (exc. EDT)	>=99%	<99% >=95%	<95%		100%	95%	94%	95%	89%	91%	83%	95%	88%	114%	95%	97%	94%	Currently 25 active enquiries of which 5 have breached the 28 target.	
Total Safeguarding Concerns Completed within 5 Days						26	63	65	86	51	50	39	62	50	57	38	57	644		
Total Safeguarding Concerns Completed						26	66	69	91	57	55	47	65	57	50	40	59	682		
KPI 3	% of safeguarding enquiries concluded within 28 days	>=80%	<80% >=60%	<60%		82%	86%	81%	87%	86%	63%	100%	93%	88%	64%	71%	88%	82%	There are 9 people who have not been reviewed for 2+ years which is a decrease of 1 from last month.	
Total Safeguarding Enquiries Completed within 28 Days						14	12	17	26	19	12	13	14	7	7	12	7	160		
Total Safeguarding Enquiries Completed						17	14	21	30	22	19	13	15	8	11	17	8	195		
KPI 4	% of individuals who have had an annual review completed	>= 70%	<70% >= 60%	<60%		65%	67%	67%	69%	68%	68%	66%	63%	75%	74%	84%	84%	84%	There are 9 people who have not been reviewed for 2+ years which is a decrease of 1 from last month.	
Forecast Total Reviews						765	789	786	809	794	787	771	734	857	847	962	959	959		
Total Reviews Required						1173	1175	1174	1173	1168	1162	1168	1168	1143	1140	1141	1139	1,139		
KPI 5	% of care packages activated (in Liquidlogic) in advance of service start date (exc. Block services)	>= 65%	<65% >=50%	<50%		32%	27%	45%	23%	38%	28%	36%	40%	43%	39%	43%	37%	36%	There are 9 people who have not been reviewed for 2+ years which is a decrease of 1 from last month.	
Total number of care packages activated in advance of start date						32	20	43	25	21	18	23	30	42	41	33	31	359		
Total number of care packages activated						100	75	96	110	55	65	64	75	97	104	77	83	1,001		
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%	82%	82%	82%	82%	81%	There are 9 people who have not been reviewed for 2+ years which is a decrease of 1 from last month.	
						435	429	428	428	428	428	430	430	413	410	410	416	5,085		
						542	535	533	533	533	534	536	535	505	500	499	507	6,292		

Data Source: CWP

8.0 WCFT

8.1 Key Measures - monitored monthly

Due to the timescales involved this is the most recently available data.

No	Description	Reporting Links	Unit	Comparator	Green	Amber	Red	Target	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	YTD
KPI 1	% of initial contacts through to completion of assessment within 28 days	Local Measure	Days	N/A	>=80%	<80% >=70%	<70%	80%	85.6%	83.9%	76.3%	81.9%	82.1%	80.7%	77.0%	76.2%	73.4%	74.7%	73.5%	74.6%	74.1%
Total Assessments Completed within 28 Days									238	235	209	249	215	192	187	215	207	216	208	258	889
Total Assessments Completed									278	280	274	304	262	238	243	282	282	289	283	346	1,200
KPI 1a	% of initial contacts through to completion of assessment within 28 days (3 Conversations)	Local Measure	Days	N/A	>=80%	<80% >=70%	<70%	80%			61.4%	71.0%	75.0%	73.7%	69.0%	58.5%	52.1%	56.4%	41.0%	54.5%	52.4%
Total Assessments Completed within 28 Days											27	22	30	14	20	24	25	44	16	36	121
Total Assessments Completed (3C's Process)											44	31	40	19	29	41	48	78	39	66	231
KPI 2	% of safeguarding concerns (Contacts) completed within 5 Days	Local Measure	%	N/A	>=99%	<99% >=95%	<95%	99%	98.7%	100%	100%	99.7%	99.0%	99.1%	99.7%	100%	99.6%	99.7%	99.6%	99.3%	99.6%
Total number of safeguarding concerns completed within 5 days									293	293	303	289	285	224	301	302	247	329	267	274	1,117
Total number of safeguarding concerns completed									297	293	304	290	288	226	302	302	248	330	268	276	1,122
KPI 3	% of safeguarding enquiries concluded within 28 days	Local Measure	%	N/A	>=80%	<80% >=60%	<60%	80%	67%	73%	60%	68%	39%	49%	49%	31%	40%	50%	57%	51%	49%
Enquiries Closed within 28 Days									43	41	34	28	20	24	23	17	17	18	17	25	77
Total Enquiries Closed									64	56	57	41	51	49	47	54	42	36	30	49	157
Total New Enquiries									45	60	68	50	58	40	40	46	20	53	32	57	162

117

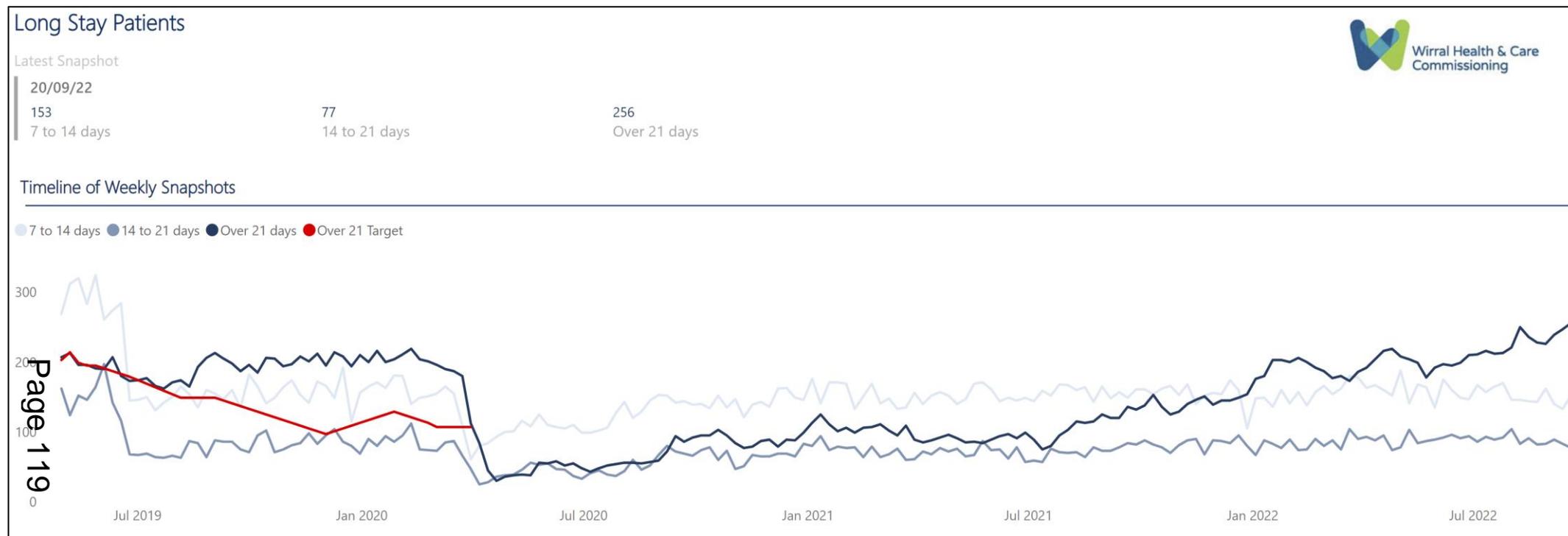
No	Description	Reporting Links	Unit	Comparator	Green	Amber	Red	Target	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	YTD
KPI 4	% of individuals who have had an annual review completed	SALT Return	%	45% 2015-16 Eng. Avg.	>=70%	<70% >=60%	<60%	70%	55%	55%	54%	55%	55%	54%	55%	55%	55%	55%	53%	54%	56%
Total number of reviews forecast to be completed									3306	3291	3242	3280	3271	3248	3276	3284	3253	3218	3091	3138	3,253
Total number of people in receipt of a long term service on 1st April									6010	6005	5991	5976	5973	5961	5932	5932	5914	5853	5832	5824	5,824
KPI 5	% of care packages activated (in Liquidlogic) in advance of service start date (exc. Block Services)	ASCOF / BCF	Numeric	706 Q3 NW Avg.	>=65%	<65% >=50%	<50%	65%	47%	50%	50%						69%				69%
									368	325	341						578				578
									775	653	676						843				843
KPI 6	% of adults with a learning disability who live in their own home or with their family	ASCOF / BCF	%	82.7% 2015-16 England Avg.	>=88%	<88% >=70%	<70%	88%	94%	94%	94%	94%	94%	94%	94%	94%	94%	95%	95%	94%	95%
Total number of people aged 18-64 with a learning disability living in their own home or with their family									447	443	451	455	456	454	459	460	439	444	444	446	1,773
Total number of people aged 18-64 with a learning disability in receipt of a long term service during the year									475	473	480	485	485	483	488	490	465	469	469	472	1,875
KPI 7	% of older people who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Local Measure	%	N/A	>=83%	<83% >=81%	<81%	83%	84.5%	84.4%	91.3%	96.0%	87.0%	100.0%	82.6%	85.7%	100%	100%	89%	88%	94.4%
Total number of people at home 91 days post discharged from hospital into a reablement service									49	38	21	24	20	16	19	12	11	18	8	14	51
Total number of people discharged from hospital into a reablement service									58	45	23	25	23	16	23	14	11	18	9	16	54

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 09/20/2022, with Over 21 days rising the most (24%) and 14 to 21 days falling the most (52%).
- 7 to 14 days trended upward the most in the final period. On the other hand, 14 to 21 days trended downward the most.
- Of the three series, the strongest relationship was between 14 to 21 days and 7 to 14 days, which had a strong positive correlation, suggesting that as one (14 to 21 days) increases, so does the other (7 to 14 days), or vice versa.

For 14 to 21 days:

- Average 14 to 21 days was 77.58 across all 178 periods.
- Values ranged from 25 (04/07/2020) to 197 (06/04/2019).
- 14 to 21 days fell by 52% 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 improvement was from 06/04/2019 to 04/07/2020, when 14 to 21 days improved by 172 (87%). This net decline was more than two times larger than the overall movement of the entire series.
- Contrasting with the overall decrease, the largest net growth was from 04/07/2020 to 03/22/2022, when 14 to 21 days increased by 79 (316%).
- 14 to 21 days experienced cyclical, repeating each cycle about every 44.5 periods. There was also a pattern of bigger cycles that repeated about every 89 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 76.39 on average. 14 to 21 days was less than Over 21 days 94% of the time (lower by 67.12 on average).

For Over 21 days:

- Average Over 21 days was 144.7 across all 178 periods.
- Values ranged from 30 (04/21/2020) to 256 (09/20/2022).
- Over 21 days rose by 24% over the course of the series and ended with an upward trend, increasing 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 09/20/2022, when Over 21 days rose by 226 (753%). This net growth was almost five times larger than the overall movement of the entire series.
- Contrasting with the overall increase, the largest net decline was from 02/11/2020 to 04/21/2020, when Over 21 days decreased by 189 (86%).
- Over 21 days experienced cyclical, repeating each cycle about every 59.33 periods. There was also a pattern of smaller cycles that repeated about every 44.5 periods.

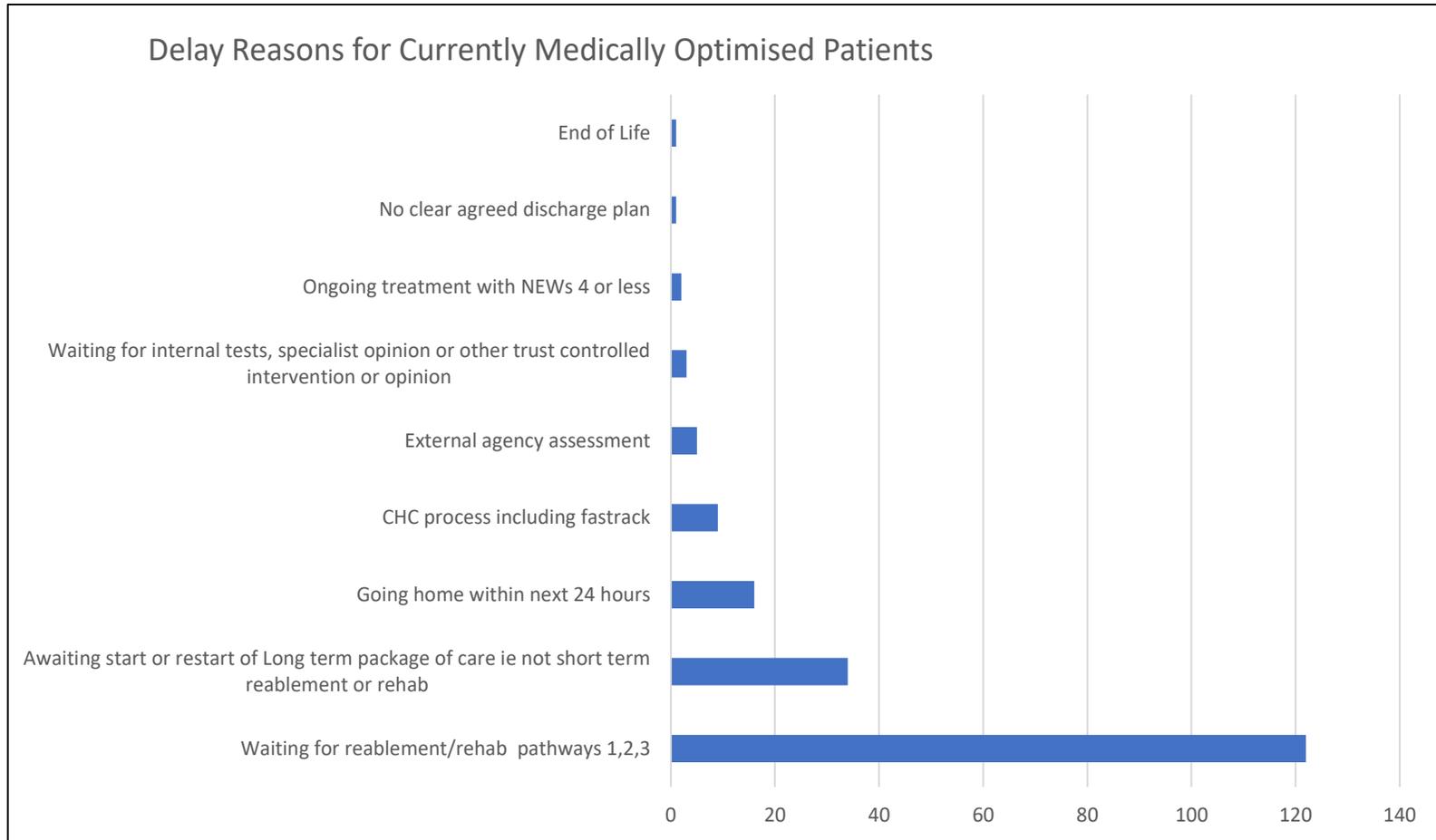
- Over 21 days had a significant dip between 02/11/2020 and 06/09/2020, starting at 219, falling all the way to 30 at 04/21/2020 and ending slightly higher at 58.
- Over 21 days was most closely correlated with 14 to 21 days, suggesting that as one (Over 21 days) increases, the other (14 to 21 days) generally does too, or vice versa.
- Over 21 days was greater than 14 to 21 days 94% of the time (higher by 67.12 on average).

For 7 to 14 days:

- Average 7 to 14 days was 153.97 across all 178 periods.
- The minimum value was 61 (03/31/2020) and the maximum was 324 (05/28/2019).
- 7 to 14 days decreased by 43% over the course of the series but ended on a disappointing note, increasing in the final period.
- The largest single decline occurred in 06/25/2019 (-49%).
- The largest net improvement was from 05/28/2019 to 03/31/2020, when 7 to 14 days improved 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 rose by 127 (208%).
- 7 to 14 days experienced cyclicity, repeating each cycle about every 89 periods. There was also a pattern of smaller cycles that repeated about every 29.67 periods.
- 7 to 14 days was higher than 14 to 21 days over the entire series, higher by 76.39 on average. 7 to 14 days was greater than Over 21 days 54% of the time (higher by 9.27 on average).

Data Source: NHS

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

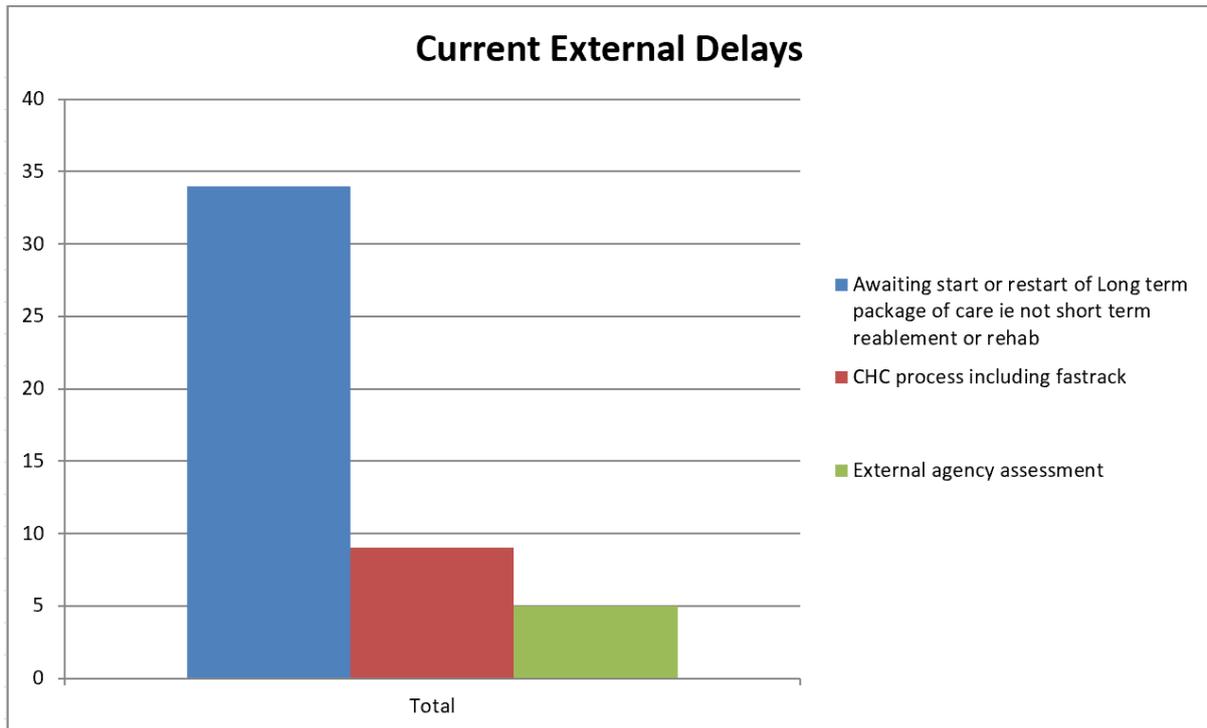


Row Labels	Sum of Over21days
Waiting for reablement/rehab pathways 1,2,3	122
Awaiting start or restart of Long term package of care ie not short term reablement or rehab	34
Going home within next 24 hours	16
CHC process including fastrack	9
External agency assessment	5
Waiting for internal tests, specialist opinion or other trust controlled intervention or opinion	3
Ongoing treatment with NEWs 4 or less	2
No clear agreed discharge plan	1
End of Life	1
Grand Total	193

Data Source: NHS

Page 123

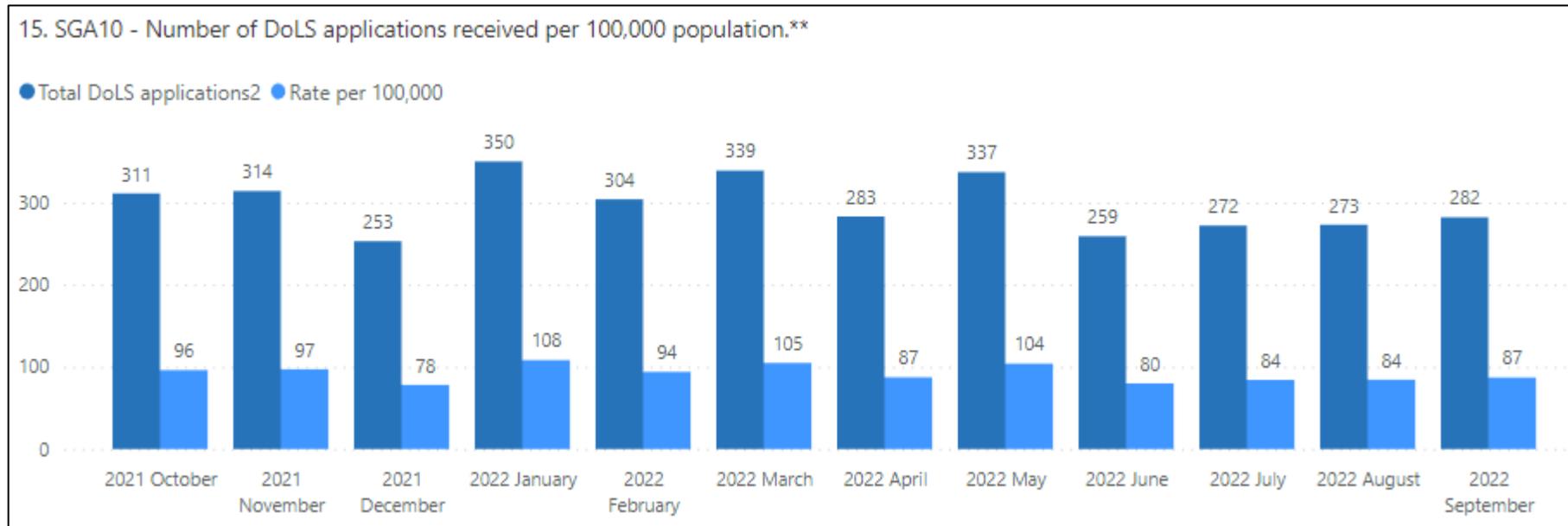
9.3 Current External Delays



Current External Delays	
Awaiting start or restart of Long-term package of care i.e. not short term reablement or rehab	34
CHC process including fastrack	9
External agency assessment	5

Data Source: NHS

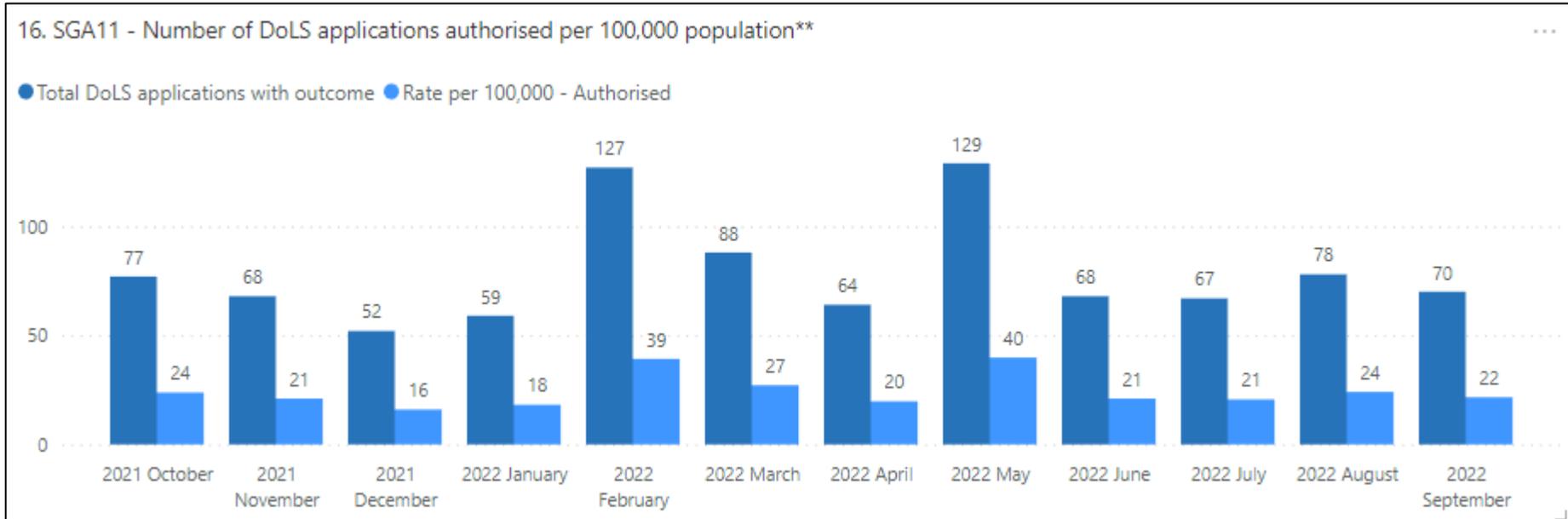
10.0 Deprivation of Liberty Safeguards (DOLS)



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								
2021					878	270.99			878	270.99
2022	879	271.30	827	255.25			993	306.48	2699	833.02
Total	879	271.30	827	255.25	878	270.99	993	306.48	3577	1,104.01

Data Source: Liquid Logic.



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

Quarter	Q1		Q2		Q3		Q4	
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
2021					197	60.80		
2022	261	80.56	215	66.36			274	84.57
Total	261	80.56	215	66.36	197	60.80	274	84.57

Data Source: Liquid Logic.



ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Tuesday, 29 November 2022

REPORT TITLE:	CARE HOME QUALITY WIRRAL - UPDATE
REPORT OF:	DIRECTOR OF CARE AND HEALTH

REPORT SUMMARY

The purpose of this report is to update Members regarding Care Home Quality across Wirral, in particular: -

1. Current position in terms of Care Quality Commission (CQC) assessment status of care homes in Wirral and comparable benchmarking as of July 2022.
2. An overview of how the quality of the care home provision in Wirral is managed.
3. The strategy to improve and manage the market quality moving forward.

This underpins the Wirral Plan 2021-2026 vision of Active and Healthy Lives - working to provide happy, active and healthy lives for all, with the right care, at the right time to enable residents to live longer and healthier lives.

This is not a key decision and affects all wards.

RECOMMENDATION/S

The Adult Social Care and Public Health Committee is recommended to note the content of the report.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 To update and describe the current Care Quality Commission (CQC) status of care homes in Wirral, how the quality of the care home provision in Wirral is managed, and the strategy to improve and manage the market quality going forward.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 A briefing note was considered but felt that Members comments and engagement with this work were important, therefore, the decision was taken to bring to Committee.

3.0 BACKGROUND INFORMATION

Current position in terms of Care Quality Commission (CQC) assessment status of care homes in Wirral and comparable benchmarking as of July 2022

- 3.1 Using validated data and information sourced from Care Quality Commission (CQC), Liverpool City Region (LCR) and the Association of Directors of Adult Social Services (ADASS), the diagrams illustrated in appendix A of this report highlight the following key points: -
- Out of a total of 116 care homes in Wirral, 69 are rated good, with 47 requiring improvement (3 inadequate and 44 further improvement) with none achieving 'outstanding' status illustrated in diagram 1 in Appendix A. When comparing this data illustrated in diagram 2 across Liverpool City Region, to the nearest neighbours, Sefton, and Liverpool, Wirral has almost double the care homes that require improvement, with Sefton being the market leaders in the region achieving 85% of its total care homes receiving 'good' status which could provide valuable learning.
 - Whilst nearly 60% of Wirral Care Homes are rated 'good' as illustrated in diagram 2, a large proportion are in less affluent areas of Wirral, however this does not necessarily equate to poorer quality as shown in the data and information.
 - Covid pandemic pre (2020) and post (2022) data and information, illustrating appendix B shows across the Liverpool City Region, there has been slight dips and increases in the good/outstanding status, however, Wirral has seen a significant decrease of 18.6% post covid.
- 3.2 The analysis of the Wirral market also identifies several emerging themes that need to be considered in the Wirral Care Home Improvement Strategy as described in section 3.5 of this report. Those themes include: -
- The highest density of care homes is in the less affluent areas.
 - Higher than average number of empty beds in care homes. The vacancies are predominantly in the care homes rated as 'Requires Improvement' or 'inadequate'.

- CQC data historically has shown that medium size care homes, between 15-40 beds are care homes that nationally struggle to provide good, rated care - 60% of Wirral care homes are classed as medium sized with approximately 20% classed as large, over 40 beds, and 20% small, under 15 beds.
- Staffing vacancies and staff turnover is greater in the less affluent areas. In addition, care homes without Registered Managers are predominantly requires improvement and inadequate homes.
- The demographics of the residents differs in affluent areas. Generally, a resident entering a care home in the more affluent areas are older but have better physical health, are less dependent, more mobile and have a longer life expectancy. In contract residents in less affluent areas commonly are younger, have complex multiple health needs, are less mobile with a high staff dependency and have shorter life expectancy.
- Good, rated care homes charge higher fees although this is with exceptions.
- Supply and demand have been affected in the marketplace due to the covid pandemic over the past 2 years and restricting the level of services available to the Wirral population.

An overview of how the quality of the care home provision on the Wirral is managed

- 3.3 Under the Care Act 2014 statutory guidance, it states that 'high quality, personalised care and support can only be achieved where there is a vibrant, responsive market of services available'. Under section 5 of the Care Act, Wirral Council has a duty to shape and maintain an efficient and effective market of services for meeting the care and support needs in the local area. Whilst this duty applies to the Local Authority commissioners directly, non-commissioned partnerships can add value in delivering services and together we can mobilise a vibrant and effective marketplace of high quality, care, and health provision. The role of the CQC as an independent regulator, is to register health and adult social care service providers in England and to assess, through inspection and ongoing monitoring, that standards are being met.
- 3.4 Wirral has an experienced and skilled workforce, operating across three teams. Although, each team has a primary function detailed below, it is important to recognise that effective collaboration is the key to effective, high quality service delivery. Below is an overview of the team's priority functions: -
- **Commissioning Team** primary function is to determine at a strategic level, which of the care and support services in the marketplace are needed and prioritised within the resources available, to enable greater impact on the care market.
 - **Contract Management Team** primary function is to ensure the contracts awarded are successfully executed, providing value for money and in compliance with appropriate quantitatively and qualitative performance measures.
 - **Quality Improvement Team** primary function is to provide the contracts and commissioning teams with an assessment of the quality and enable improvement support journey in priority areas identified.

Strategy to improve and manage the markets' quality moving forward within the resources available

3.5 Wirral Care Home Improvement Strategy

Quality improvement is fundamental. The journey of improvement within the care home market remains a priority for Wirral. Delivery of a poor-quality service is unacceptable.

3.6 So, what are Wirral going to do?

- Lead the implementation of the '**provider assessment and market management solution**' (**PAMMS**), which is an online assessment tool, designed to support the improvements required for high quality care provision delivered by providers of Adult Social Services as part of a Liverpool City Region pilot.
- Produce a clear and transparent policy and procedure of the expectations of quality standards for the providers and subsequently, the consequences for repeated service failure resulting in suspension of contracts.
- Target 31 care homes who have been identified as a priority 1 for improvement will receive an individual PAMMS assessment by 31 January 2023.
- Schedule the remaining care homes to receive a PAMMs assessment over the next 12 months – this will include 40 priority 2 and 42 priority 3, of which 21 will meet the criteria for a self-assessment.
- Ask for help and support from Skills for Care and neighbouring authorities on continual improvements.

3.7 What does success look like?

- ✓ A consistent approach to monitoring and improved quality of provision
- ✓ Residents' outcomes and experiences improved
- ✓ Robust scrutiny and challenge, contributing Care Quality Commission 'good' ratings for providers increased
- ✓ Quality of care improved where appropriate
- ✓ Collaboration between providers and quality improvement team enhanced
- ✓ Best practice, benchmarking and new innovations shared
- ✓ Data, information, and insight driving coproduction, shaping future services, meeting the needs of the people supported
- ✓ Best practice across Liverpool City Region shared
- ✓ Additional support, signposting or referrals to expert teams identified
- ✓ Efficient and effective use of resources maximised
- ✓ Synergy with the creation of 246 extra care facilities for maintain levels independency and social interaction, reducing demands on services

4.0 FINANCIAL IMPLICATIONS

4.1 There are no financial implications related to this report.

5.0 LEGAL IMPLICATIONS

5.1 The legal implications are in accordance with the Care Act 2014 – promoting diversity and quality in provision of services

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 There are no resource implications related to this report.

7.0 RELEVANT RISKS

7.1 There is a potential risk in workforce capacity levels to conduct the PAMMS assessments due to the vacancy freeze and retention of skilled experienced staff which may result the number of PAMMS assessments achieved by the intended timeframe set.

8.0 ENGAGEMENT/CONSULTATION

8.1 Not required due to the purpose of the report outlined in the report summary.

9.0 EQUALITY IMPLICATIONS

9.1 Wirral Council has a legal requirement to make sure its policies, and the way it conducts its work, do not discriminate against anyone. An Equality Impact Assessment (EIA) is a tool to help council services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision, or activity. An EIA is not required for this report. Any associated action from this report may need an EIA and this will be done at the appropriate time

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 There are no environment and climate implications related to this report.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 There are no community wealth implications related to this report.

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telephone: 0151 666 3671
email: amandaparrymateo@wirral.gov.uk

APPENDICES

- Appendix A - Data and Information of the Care Quality Commission (CQC) status of Care Homes on Wirral (July 2022) and comparable data across Liverpool City Region Local Authorities
- Appendix B - Comparable data and information across Liverpool City Region Local Authorities pre (Feb 2020) and post covid (July 2022) – source NW Association of Directors of Adult Social Services (ADASS)
- Appendix C - Provider assessment and market management solution (PAMMS) tool

BACKGROUND PAPERS

The Care Act 2014.

TERMS OF REFERENCE

This report is being considered at the Adult Social Care and Public Health Committee in accordance with Section 2.2(a) adult social care matters (e.g., people aged 18 or over with eligible social care needs and their carers).

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Public Health Committee	18 January 2021
Adult Care and Health Overview and Scrutiny Committee	26 June 2019
Adult Care and Health Performance Panel	11 March 2019

Appendix A - Data and Information of the Care Quality Commission (CQC) status of Care Homes on Wirral (July 2022) and comparable data across Liverpool City Region Local Authorities

of care
each
Authority
rating

homes in
Local
and its

LA	Good	Inadequate	Outstanding	Requires improvement	Total
Halton	18	1		5	24
Knowsley	15		1	7	23
Liverpool	55	5	1	20	81
Sefton	101	1	3	17	122
St. Helens	31		1	5	37
Wirral	69	3		44	116
Total	289	10	6	98	403

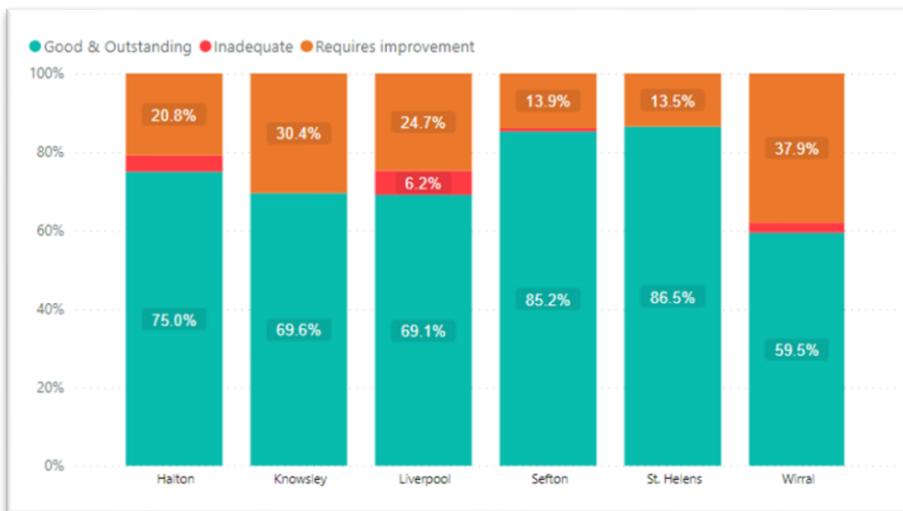
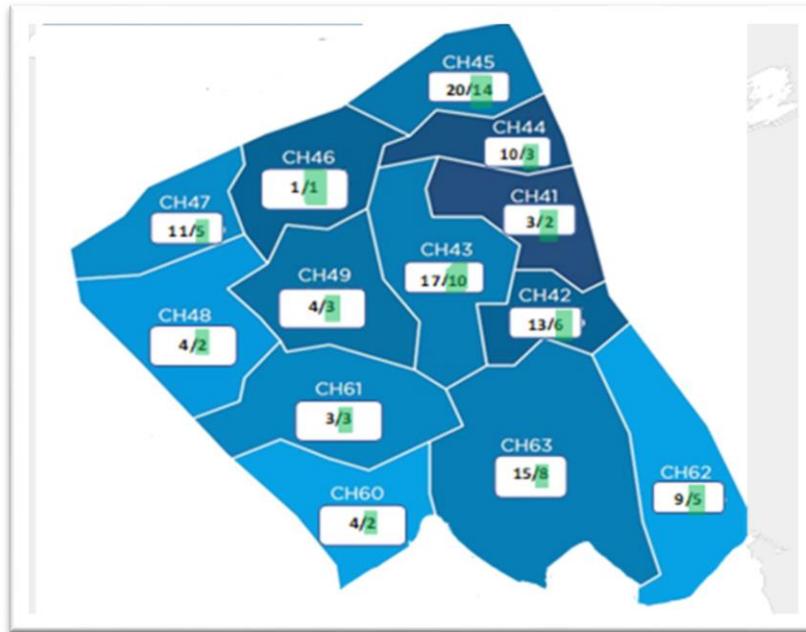


Diagram 2: Comparative data of CQC rating, per Local Authorities, Liverpool City Region

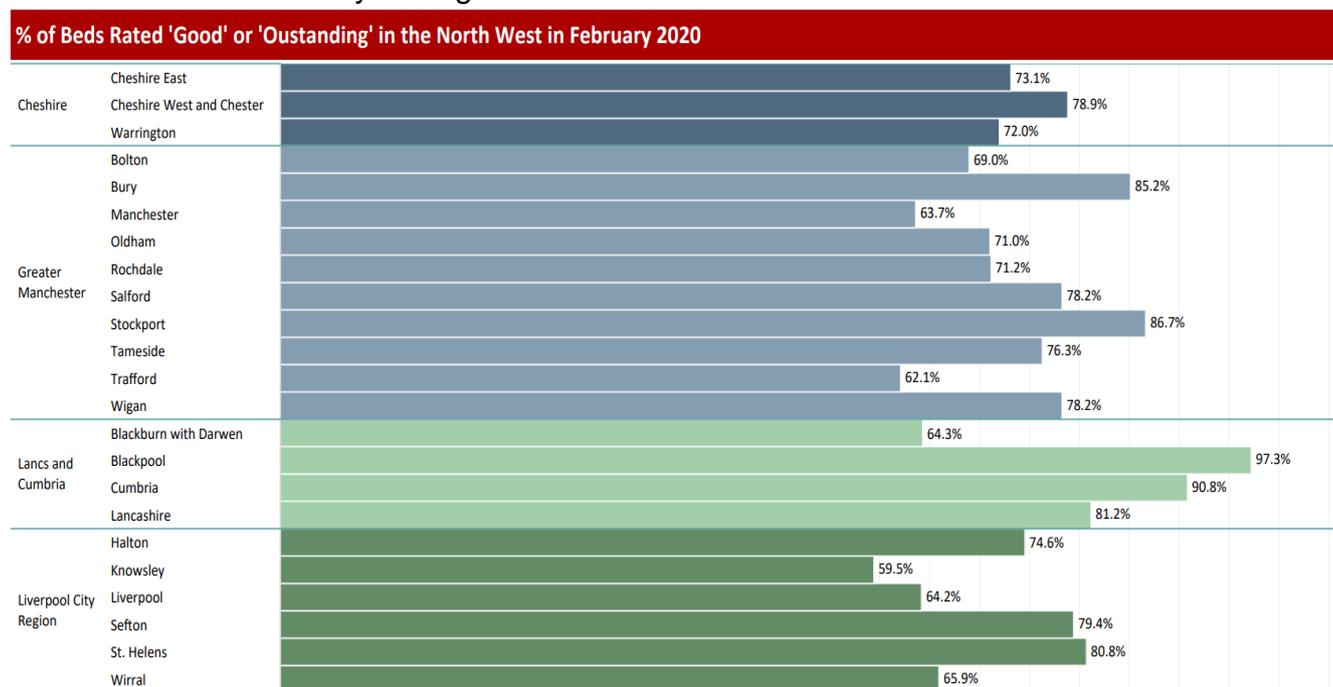
Diagram 3:
care
rated
Wirral



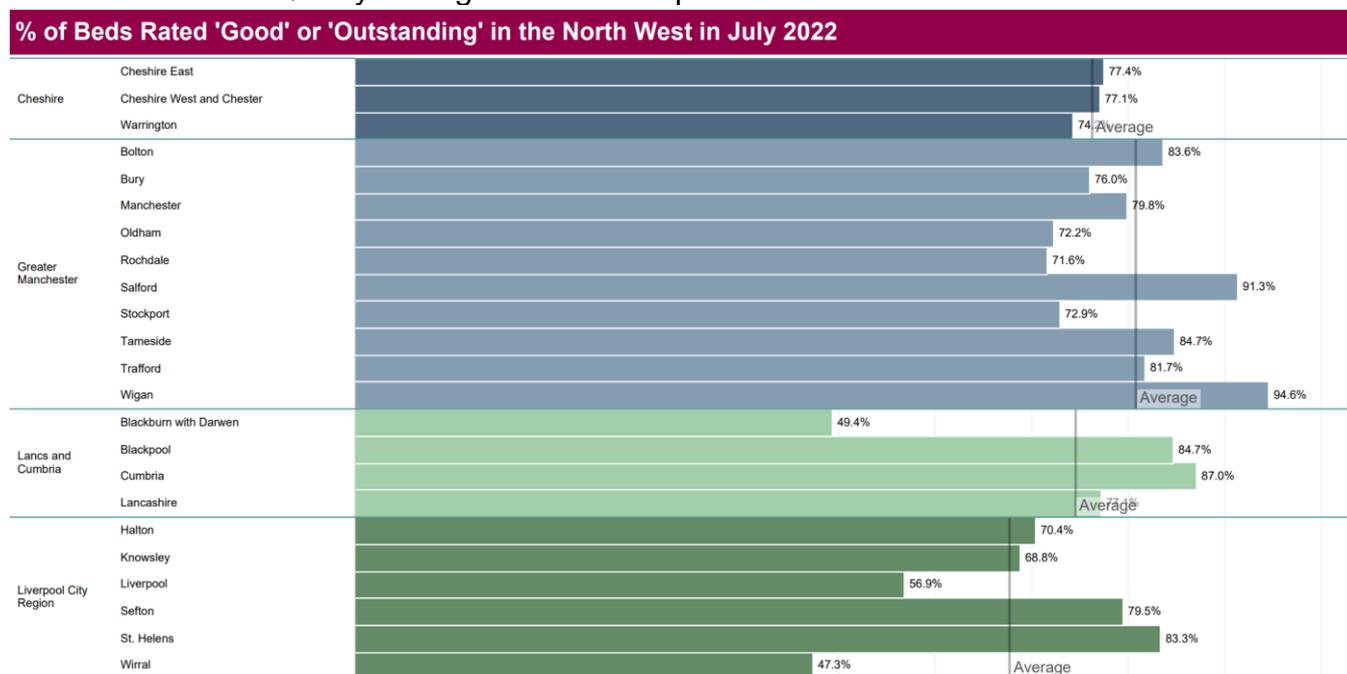
Number of
homes /
number of
'good' per
post code

Appendix B - Comparable data and information across Liverpool City Region Local Authorities pre (Feb 2020) and post covid (July 2022) – source NW Association of Directors of Adult Social Services (ADASS)

2020 NW ADASS Quality Rating Dashboard Pre-COVID



2022 NW ADASS Quality Rating Dashboard – post COVID



Appendix C - Provider assessment and market management solution (PAMMS) tool Quick reference guide

1. What is provider assessment and market management solution (PAMMS) tool

The 'provider assessment and market management solution' (PAMMS), is an online assessment tool, designed to support the improvements required for high quality care provision delivered by providers of adult's social services as part of a Liverpool City Region pilot

2. What is included in the PAMMS measurement?

- There are five domains which cover
 1. Involvement and information
 2. Personalised care and support
 3. Safeguarding and safety
 4. Suitability of staffing
 5. Quality of management

- There are 16 standards assessed in total which cover: -
 1. Respecting and involving people supported
 2. Consent
 3. Care and welfare of people supported
 4. Meeting nutritional needs
 5. Co-operating with other providers
 6. Safeguarding people who use the service from abuse
 7. Cleanliness and infection control
 8. Management of medicines
 9. Safety and suitability of premises
 10. Safety, availability, and suitability of equipment
 11. Requirements relating to staff recruitment
 12. Staffing and staff deployment
 13. Staff support
 14. Assessing and monitoring the quality-of-service provision
 15. Using information and dealing with complaints
 16. Records

3. Audit outcome and report

The quality ratings will be agreed at the time of the assessment with the provider and the Assessment submitted via PAMMS on site with the provider. This will need to include any actions, concerns, or risks that require an immediate response. The draft report gives indicative ratings against the assessed standards. The PAMMS system weights the information submitted to give an overall rating.

4 Summary report

The summary report includes ratings against the core areas, standards, and an overall rating. All standards will receive one of the following gradings:

- Excellent
- Good
- Requires Improvement
- Poor

5 Comments within the standards can be added by the assessor detailing why this grading has been applied. Any comments added will be added in full agreement with the provider. If a question is 'not assessed', it will usually be due to the standard is not applicable at the care setting. Any provider that has standards that are identified as 'needing improvement' will need to submit an action plan to identify how, when and by who, these improvements will be made. The implementation of any action plan will be monitored and reviewed at subsequent PAMMS assessment visits.

6 Once approved, a final summary report will be published on the PAMMS provider portal. Currently, the ratings are only visible to providers, however this can be altered in the future, to allow for a public view to be available

The screenshot displays the PAMMS Provider Portal interface. At the top, there is a navigation bar with the PAMMS logo and 'INTELLIGENT CARE' text. A search bar is located below the navigation bar. A prominent banner indicates '2,089 Assessments are Available to View' and provides instructions on using the search facility. The main content area is divided into two columns. The left column lists three assessment entries, each with a title, address, completion and publication dates, an overall rating (represented by stars), and a 'View Summary' button. The right column contains a 'Welcome to the PAMMS Provider Portal' message, a brief description of the Regional Quality Monitoring Framework (QMF), and a section titled 'Our Assessment Criteria' which defines the four rating levels: Excellent (5 stars), Good (4 stars), Requires Improvement (3 stars), and Poor (2 stars).

ADASS EAST Community Services (OP) for My Homecare Redbridge
My Homecare Redbridge, Broadway Chambers, First Floor, 1 Cranbrook Road, Ilford
G20B 47B 6703
Assessment Completed 26/05/2021
Assessment Published 24/06/2021
Overall Rating: 3 stars (REQUIRES IMPROVEMENT)
View Summary

ADASS EAST Accommodation Services (OP) for Edwardian Care Home
Edwardian Care Home, 168 Biscot Road, Luton, East
01582 705100
Assessment Completed 26/05/2021
Assessment Published 10/06/2021
Overall Rating: 4 stars (GOOD)
View Summary

ADASS EAST Accommodation Services (OP) for Umika Lodge Care Home
Overall Rating: 3 stars (REQUIRES IMPROVEMENT)

Welcome to the PAMMS Provider Portal
This website forms part of the Regional Quality Monitoring Framework (QMF) and has been designed to support local authorities in monitoring and assessing the overall outcomes experienced by service users. It measures the delivery against the regional standards by gathering evidence across a wide range of sources.

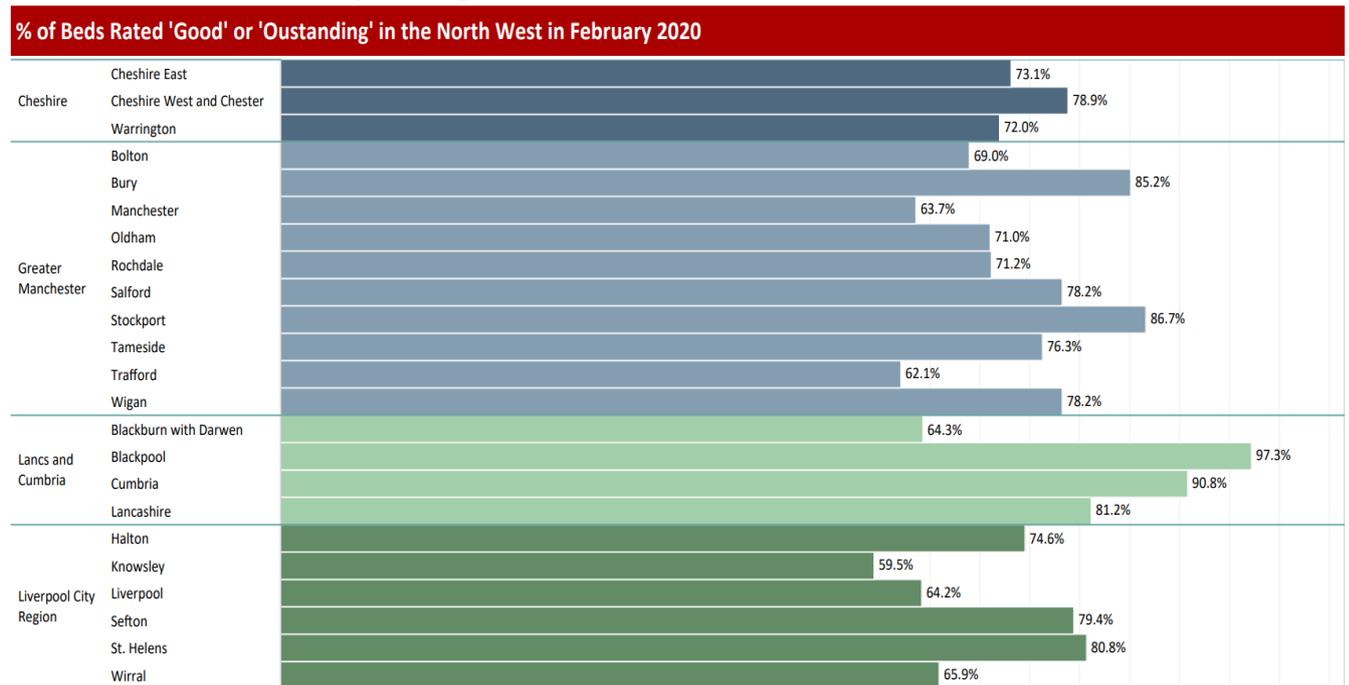
Our Assessment Criteria

- ★★★★★ Excellent**
The service is performing exceptionally well and in certain key areas is exceeding the regional standards.
- ★★★★ Good**
The service is performing well and is meeting the regional standards.
- ★★★ Requires Improvement**
The service isn't performing as well as it should and has failed to meet the regional standards in some key areas.

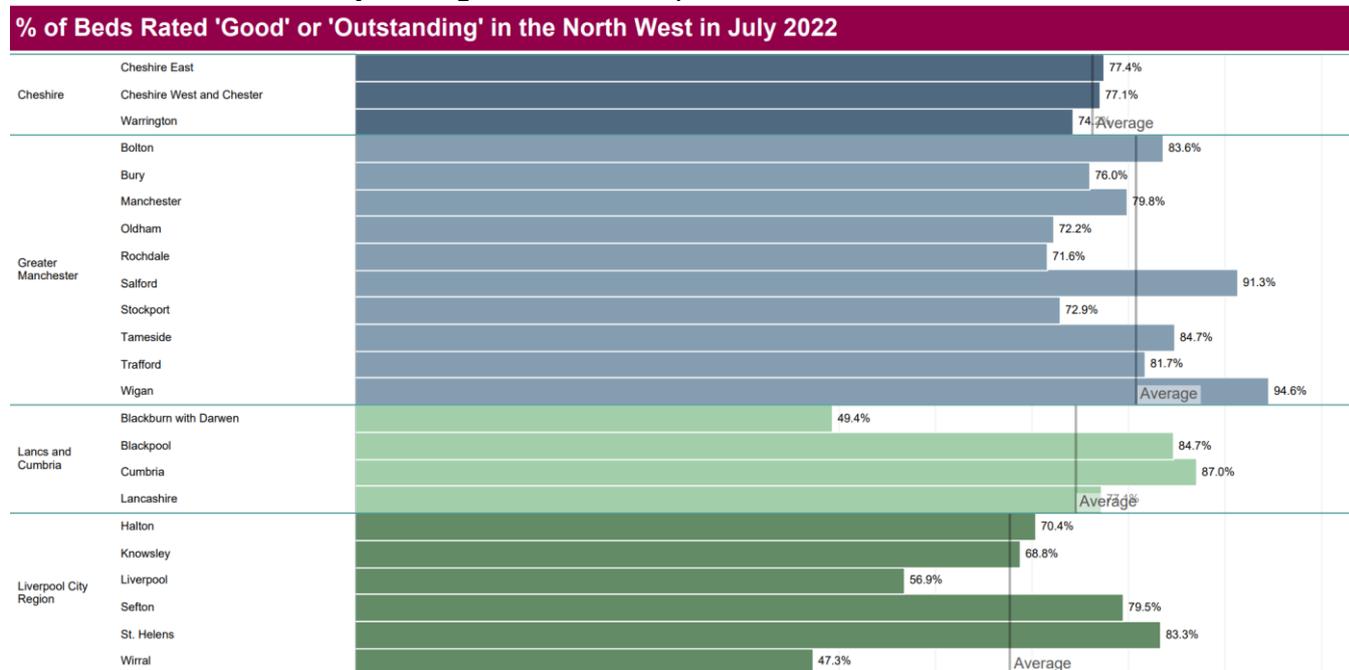
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2,089 Assessments are Available to View
Use the search facility above to find reports in your area

Page 7 of 209 Prev 5 6 7 8 9 Next

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The service is performing well and is meeting the regional standards.
- ★★★ Requires Improvement**
The service isn't performing as well as it should and has failed to meet the regional standards in some key areas.



Adult Social Care and Public Health Committee

Tuesday, 29 November 2022

REPORT TITLE:	COMMUNITY CONNECTOR SERVICE
REPORT OF:	DIRECTOR OF PUBLIC HEALTH

REPORT SUMMARY

This report provides an update to the Adult Social Care and Public Health Committee on the current Community Connector service commissioned by Wirral Council.

The report provides an overview of the Community Connector Service, its performance to date, the important role the service played in responding to the COVID-19 pandemic and how the service will continue to evolve moving forwards.

The report supports the implementation of the Wirral Plan 2021 - 26 and its core purpose to improve equity for people and place through the provision of a Wirral-wide service that directly supports people in need.

The proposed actions affect all wards within the borough and is not a key decision.

RECOMMENDATION/S

The Adult Social Care and Public Health Committee is recommended to note the information contained within this report and acknowledge the invaluable work that the service has undertaken in responding to the pandemic.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 To provide an update to the Adult Social Care and Public Health Committee on the Community Connector Service commissioned by Wirral Council.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 Other options were considered, such as a briefing note; it was agreed it would be suitable to provide an update report to the Committee.

3.0 BACKGROUND INFORMATION

- 3.1 Involve Northwest were originally awarded the Community Connector contract by Wirral Council following a tender process in 2017. The service aims to engage with residents that are disconnected through a network of Community Connectors to tackle social isolation and promote active inclusion to improve mental health and wellbeing. The service takes a person-centred approach, based on individual need and is community centred always striving to build community resilience. Subsequently the contract was extended in August 2022 in line with Wirral contract procedure rules, until January 2025.
- 3.2 The Community Connector service was commissioned in response to local insight undertaken to understand the support communities required to address health related worklessness in the borough. The research got into the heart of communities and told us that people were not in the space to come to a 'service'. People did not have the confidence to come out of their homes or know what was going on in their area. The research used a collection of over 25 people's stories, a very powerful and a innovative way of portraying what life was like for residents and communities within the borough.
- 3.3 The service aims to engage the disengaged through a network of community connectors in the community to tackle social isolation and promote active inclusion to improve mental health and wellbeing. The Community Connectors provide outreach and 1:1 support to individuals to encourage greater access to social groups and activities within the community and access to mainstream services. In addition to this the Community Connector service offers a range of wraparound support to local communities including the Good Neighbour scheme, the Sparks Fund and Wirral Infobank.
- 3.4 Since the service was commissioned in 2017, the Community Connectors service has between February 2017 and February 2020 provided the following support:
- Worked directly with 5,745 individuals on their caseloads.
 - Established 233 new groups in local communities, including sewing groups, peer support groups, gardening and cooking groups.
 - Of those on the Community Connectors' caseload and as a direct result of ongoing contact with the Community Connector service 522 individuals have

taken up volunteering, 360 individuals have moved into further education and 651 have been supported to gain employment.

- Around two thirds (64%) of the people the Community Connectors have supported have reported an improvement in their wellbeing after three months engagement with the service, increasing to 68% of people after six months support.
- The Community Connectors use door knocking as their main form of engagement with individuals and have knocked on 237,196 doors and engaged 63,409 individuals in conversations during the last 5 years.
- The Community Connectors also engage with individuals through referrals from external agencies and have received 2,737 referrals from external agencies. Referrals are from a wide range of organisations, mainly DWP (34.7%), Clear Minds (6.1%), Spider (4.3%), Neo Café (4.2%), Adult Social Care (3%), Primary Care (2%), Merseyside Police (1.4%) and Magenta housing (1%).
- The issues people are being supported across the caseload are wellbeing (16.8%), community support (16.4%), poor health (13%), welfare/benefits (10.2%), isolation (9.5%), unemployment (8.2%), debt (8%), housing (7.9%), drugs and alcohol (5%) and other (5%).

3.5 The Community Connectors offer small amounts of funding, up to £1,000, as part of the Sparks Fund initiative. This fund allows grass roots community groups and individuals across Wirral to apply for a 'kickstart' funding to get local initiatives started to benefit the community. The funding has allowed an additional 72 new groups to form in local communities with many now evolving into community interest companies and continuing to support local communities.

3.6 The good neighbour scheme was developed as part of the Community Connector Service in 2017 and is delivered in collaboration with Wirral Older People's Parliament. The initiative aims to:

- Reignite community spirit
- Encourage community integration
- Make people feel valued and safe in their neighbourhoods.
- Trigger conversations to bring people together
- Celebrate good neighbours
- Establish a recognisable symbol of the community spirit (providing a 'Good Neighbour Sticker' to display on their windows)

15,424 Wirral households/community premises and commercial businesses have opted in to be part of the Good Neighbour initiative.

3.7 Throughout the pandemic the flexibility of the Community Connector Service to support the humanitarian response was crucial. The award of Contain Outbreak Management Funding enabled the service to mobilise additional capacity quickly to support local communities in a variety of ways such as providing food deliveries and prescription pickups, supporting people to isolate, enhanced local contact tracing, promoting vaccination uptake and continuing to support communities in addressing their health and wellbeing needs.

3.8 In addition the Community Connectors have supported the development of Wirral Infobank. The Connectors have provided the key links between the community and

being able to share their wealth of knowledge and support they have to offer to all Wirral residents through the uploading of information to the website. It has enabled an avenue to share the information they hold to consistently and proactively update the site which has improved the usage Wirral Infobank is an online directory of support to make people aware of what support is available in their local area. There are currently over 2,300 active pages of community support available through Wirral Infobank: <https://www.wirralinfobank.co.uk>. Between 01/09/22 and 02/11/22 there have been a total of 2472 searches by category on Wirral infobank with the top three searches relating to cost of living support, hobbies and things to do and care and support for adults.

- 3.9 The Community Connector service was independently evaluated by Liverpool John Moore's University in 2019. The evaluation demonstrated the system wide outcomes achieved by the service including, reductions in medical interventions, social care interventions and increases in employment, volunteering, and further education outcomes. This evaluation highlighted how many people the service were working with that described situations of desperation, of contemplating suicide; others described being housebound or socially isolated for many years. The knock on the door for many people was seen as saving them from their situation. The positive features people identified with the service was that the Community Connectors worked at the speed of individuals and showed they really cared by spending time with people, allowing them to engage at their own pace and in their own environment. The service is not linked to any statutory services, which also increased levels of trust. The team work on the 'what can you give' ethos rather than 'what do you need', supporting individuals who felt initially like they did not have anything to give.

The evaluation is to be repeated in 2023 with a final report due in October 2023 to inform any future commissioning decisions. The evaluation will examine how the service has responded and adapted during the pandemic and how they adapt to other societal issues such as cost of living.

4.0 FINANCIAL IMPLICATIONS

- 4.1 This current contract is funded from the Public Health grant. The total value of the contract is £718,109 per annum. The Community Connectors Service also received £648,788 additional funding, through the Contain Outbreak Management Fund, from December 2020 to support local people throughout the pandemic. This funding ceases in December 2022 and will not be continued. An additional £50,000 Contain Outbreak Management Fund was awarded in 2021, to support the Sparks Plus fund, working with local grassroots organisations with recovery from the pandemic. 100% of those funds went to community groups.

5.0 LEGAL IMPLICATIONS

- 5.1 The current contract was commissioned in accordance with the Public Contract Regulations and Wirral Council Contract Procedure rules.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

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

7.0 RELEVANT RISKS

7.1 In the current challenging financial climate, the impact of any future reductions in budget or policy implications on the amount of funding available for Public Health is unknown. The value and availability of the Public Health grant for 2023/24 onwards is not yet known. This risk is mitigated by the insertion of appropriate termination clauses in the contract.

8.0 ENGAGEMENT/CONSULTATION

8.1 In order to inform the continued development and design of the service moving forward, engagement and consultation will be undertaken with key partners, stakeholders, and local communities. This will include:

- Engagement with local commissioners of health and care and community services to understand the impact of increasing cost of living.
- Engagement sessions with a wide range of stakeholders to understand their current concerns and challenges that are affecting local residents including any key policy changes.
- Working with third sector and community partners to engage with local communities to understand their needs in relation to information and advice services.
- Qualitative insight work with local residents to understand the impact and ways support can be tailored to meet their needs.

9.0 EQUALITY IMPLICATIONS

9.1 As part of the recommission an equality impact assessment (EIA) will be undertaken to ensure all equality impacts are considered and relevant actions are taken to mitigate any potential negative impacts. The current EIA is available here:
<https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments>

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 The current contract is monitored against social value targets on a quarterly basis. These returns demonstrate how the service has a positive impact on Wirral's environment and climate.

11.0 COMMUNITY WEALTH BUILDING

11.1 Community Wealth Building is a people-centred approach to economic growth which reorganises local economies to be fairer and stops wealth flowing out of communities, towns, and cities, and instead places control of this wealth into the hands of local people, communities, businesses, and organisations. This service supports several of the key outcomes within the strategy.

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Email: nicolajones3@wirral.gov.uk

APPENDICES

- Appendix A – Community Connector Service Case Studies
- Appendix B - Connect Us video <https://youtu.be/DDZaJrjvBe8>

BACKGROUND PAPERS

Improving Individual Health and Wellbeing across Wirral.
<https://www.wirralintelligenceservice.org/media/2013/final-wirral-toolkit-1d.pdf>

An Evaluation of the Health Related Worklessness Programme.
https://www.wirralintelligenceservice.org/media/2942/wirral-worklessness-evaluation-timpson-et-al-2019_final.pdf

TERMS OF REFERENCE

This report is being considered by the Adult Social Care and Public Health Committee in accordance with Section 2.2(c) of its Terms of Reference:

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)

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

Appendix A: Community Connector Service Case Studies

Case Study 1:

*Name has been changed

Area: Woodchurch

Benefit: Universal Credit

Referrer: Neo Community Cafe

Community Members Details: *Sandra was first referred to Connect Us with issues relating to food/fuel poverty and benefit delays.

Connect Us arranged an initial home visit with Sandra. Priority referrals were made to the food bank, INW debt/welfare benefit team and Besom. Through discussions with her connector Sandra disclosed that she had a 2-year-old living at home with her, one child placed in foster care and adult children living independently.

Sandra shared that she has PTSD and had been in a domestic abuse situation for 20 years but has now been out of the relationship for nearly 3 years. Sandra shared a variety of highly sensitive and complex family issues throughout her life and that she felt like she was struggling to cope. Sandra's 2-year-old was on a care order. Sandra advised that she was fearful that the care order was going to be discharged and she would be left without support.

The Connectors supported Sandra to liaise with the child's social worker and put an agreed plan around the services around her. This included family support Safer Families and nursery through the local children's centre. The Connector also referred Sandra into the Household Into work team as they could also work with her adult children. Information was also provided to Sandra around CGL and Wirral Mind courses for her older children.

Sandra was introduced and supported to attend her local community Centre starting with the Monday Breakfast. Sandra engaged well and built relationships with other volunteers and community members. Sandra moved on to volunteer there and helped with the development and delivery of their social supermarket.

Sandra also attended a variety of courses through the links made in community settings including:

- Paediatric first aid
- Introduction to volunteering,
- Food hygiene
- Resilient parenting

It was agreed that given how connected Sandra now felt and things had stabilised for her, the Connectors would just maintain contact with Sandra through the centre and related activities.

Whilst the Connector was attending a drop in at one of the centres, the Connector noticed that Sandra was not herself and presented upset, angry and frustrated. Sandra had her youngest child with her. The Connector came back to the office to discuss those concerns with her manager.

It was agreed that a call would be made to Sandra to see how things were and offer a home visit. The manager supported the connector on a home visit. They discussed concerns, where things were up to for Sandra and what was still in place.

Sandra shared that her mental health had deteriorated; she had pulled back from volunteering and that there had been some ongoing issues in terms of a court case coming up. However, there were still appropriate services, agencies and support involved for her child. From the conversations, concerns were reduced specifically relating to her child; however, we explored what may be good for Sandra.

On her request Connect Us supported Sandra to call Talking Together Wirral to self-refer. It has also been arranged for her to attend an ACES group and the Gateway programme in the community (in relation to historic abuse).

Sandra was also given contact details for St Vincent de Paul and Energy Project Plus, as her washing machine had broken and there were some issues around energy bills.

Connect Us will remain in touch with Sandra during this time.

Case Study 2:

Date of sign up 22/09/2021

Community Connector area: Moreton, Leasowe, Saughall Massey and New Brighton

Area: Moreton

Benefit: UC with a sick note

Referrer: PCN Health and Wellbeing coach

Community Members Details:

For the sake of this study my community member is called John. John is a 64-year-old single male who lives in Moreton

Reason for referral: Isolation, ill health, mental health, and financial issues

Initial Engagement & Goals: To get out more, find new activities to engage with, sort

out finances and improve mental health

Community Members Journey: John was referred in by Nikki the PCN health and wellbeing coach as he was struggling with his mental health and financially, because of this he had become lonely and isolated. John wanted to engage more within his community and meet new people as he had lost his confidence. John was also struggling financially and looking at ways he could budget his money so I introduced John to the Can-Do Café a place where he could meet new people have a chat and a cup of tea as well as a crate of food for £6. Sadly, John got diagnosed with bowel cancer and had to have an operation. The operation didn't go to plan and there were a lot of complications resulting in John contracting sepsis and becoming very unwell. John needed extra care for when he came home and was really worried about how he was going to manage his money, he needed to update his pip claim and needed support with filling in the forms, so I referred him into INW welfare and benefit team so he could get the right support he needed.

Wellbeing Outcome: John has engaged with several services that he has been referred into. As a result of this John has received his PIP and back pay and is also waiting to receive his blue badge. John is now able to sort out his finances and budget his money and this has improved his mental health which means he is getting out more and engaging with services.

Feedback: I first became involved with Involve Northwest after I was left alone. My father had died, and my mother went into a home. I was not prepared for the loneliness and caused me depression. What with Covid to cope with I had had enough, then in 2021 I was diagnosed with Bowel Cancer. My operation was January 11th, 2022, then a few days later a second major operation. Seven weeks in hospital and many months of recovery, living alone life has become impossible. Involve Northwest has saved my life their representatives (Sam community connector and Simon welfare) have become a valuable part of my life not only socially but with my personal management. I have great difficulty in paying bills, responding to DWP etc. They are always there to help in any way I need. I very much appreciate the assistance they have given me and can now call them friends, I have at least another six months of further recovery and know they will be there when I need them.

Case Study 3:

Initial Engagement & Goals: Rockferry Connector met Community Member at Rockferry salvation Army drop in on a Tuesday morning. (Cold January 22 Morning). Community member disclosed feeling isolated Cold and Hungry – Community member had just moved to Pembroke court in Rockferry. Pembroke

court is a young people's supported Living project.

Community member had to move from Family home due to an allegation regarding Community member's mobile phone. Community member – 24 felt lonely and missing family.

Community member had just moved into a Pembroke Court Flat with No fuel or food due to waiting for Universal credit to start. Connector explained connect us project and sign posted to several community organisations that Community member could connect to and help with low mood and Isolation.

Community member signed to Connect us project. Connectors supported with Food and Fuel as well as a winter Pack from INW, which consisted of warm blanket and socks.

Community Member disclosed struggles with Maths and English due to SEND at School.

Community Members Journey: Community member decided to engage with a Maths and English course to help chances of employment, engaged with Courses from Feb – April 2022.

Support with Court project helped community member to engage with court paperwork and possible court dates. Community Member self-referred to project – found project helpful and supportive.

Community member engaged with Rockferry Salvation Army every Tuesday to meet adult Family members and Salvation Army staff who encouraged and supported Community members self-esteem and wellbeing.

Connector encouraged Community member to apply for a job and ask Job coach for help with application form and CV.

Community member applied for a post at Two Sisters Factory Deeside. Community member was successful and started full time work beginning of April 2022.

Community member enjoyed working and becoming Financially independent.

Community members Journey through court system concluded with No further action taken and Mobile phone given back. This was a relief to the Community member as they had never been in trouble with the Police before. Community member kept in touch with close Family members and Salvation Army staff who all supported Community members Health and wellbeing.

Signposted to: INW Community Hub- Winter Pack and Good parcel, Wirral Fuel Bank. Spider Project. Journeymen Wirral, Companeros, Open door – mental health support, Volunteering in local Community – Neo – work with Animals and Lifelong Learning – Maths and English courses. Contact Numbers and Information given to Community Member to read and attend if needed with support of a Connector. Reach out team support with CV and Job searching. Support with Court Project.

To Date: Community member Kept in touch with Family and connected to Rockferry salvation Army staff. Community member lives in shared accommodation and drops

into see staff when not working – keeps in touch.

Community member reconnected with Family and continues to build on all Family relationships.

Community member achieved Full time employment and continues to progress in the Job role - more responsibility.

Wellbeing Outcome: Community members Wellbeing has increased with engaging with local community assets, family , educationally, employment and Financially .

Case Study 4:

Community Members Details: Male aged 32

Reason for Referral:

- Housing,
- Historic DA,
- Food poverty
- Debt
- Mental Health and health issues.

Initial Engagement & Goals:

- Would like a place to live where he can call home.
- Better health
- Would like to be divorced from his Ex-Husband.

Community Members Journey: My CM was referred to connect us through INW community hub for food support, I arranged to meet my CM at Egremont community centre to see what additional support we could offer. My CM disclosed that he had been homeless for the last 2 years after a relationship breakdown with his Husband who was domestically abuse, he says that he has never gotten over the abuse and felt he could do with some support around this as it was having a negative impact on his current relationships.

My CM is currently living in an HMO but says the property was not in liveable conditions, and his landlord was not responding to his texts and calls. He was having issues registering for PPP and felt he needed some assistance with this. He is also in financially difficulty with left him in rent arrears and disclosed he had very little food.

My CM would like to apply for PIP due to his mental and physical health issues and would like his benefits looking over to make sure he is getting the correct payments.

To Date: I met up with my CM at Egremont community centre (which was a big step for my CM) as he says his mental health was having an impact on wanting to leave the house, we had a conversation about him leaving his Husband with only the clothes he had on his back, he says his husband had domestically abused him for a long time, and his confidence was at a low.

We discussed The Paul Lavelle foundation, and he was keen for me to refer him to the project, he has attended many sessions at Paul Lavelle and has told me the sessions have been beneficial for him.

I also referred my CM to Martin at INW benefit team, where again he left his home to attend an appointment with Martin at Egremont community centre for support with applying for PIP. Martin successfully filled the form in and sent it off, and when I called my CM to follow up, he says he had received a letter from DWP to say they had received his claim and was working on it.

As my CM was having issues with registering for PPP, I sent him the number for excel housing for support around this, he made the call and arranged an appointment.

Wellbeing Outcome: My CM is now getting the support he needs with his benefits, as well as attending sessions at The Paul Lavelle foundation to support him around historic domestic abuse.

I have given my CM the tools and guidance to support him with his housing issues and he now has the confidence to pick up the phone and make appointments for himself. whereas at one point, this was just too much for him to deal with and had a massive impact on his mental health



ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

TUESDAY 29 NOVEMBER 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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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
Social Care Delivery Review	TBC	Bridget Hollingsworth

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 23	Jason Oxley
Health Protection Delivery Service work undertaken	March 23	Public Health
Social Care Reform	March 23	Jason Oxley
Health and Wellbeing Strategy priorities two and five update report	TBC	Dave Bradburn

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	Sara Morris

	September November February/March	
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)	Dave Bradburn
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			
Spotlight sessions / workshops				
Corporate scrutiny / Other				
Performance Reporting Review	TBC	TBC	TBC	
Written briefings				

Thorn Heyes (written briefing after partnerships in Feb)	TBC	Simon Garner		
Position statement – Refugees (written briefing)	TBC	Lisa Newman		

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Adult Social Care and Public Health Committee – Terms of Reference

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