



Adult Social Care and Public Health Committee

Date:	Tuesday, 11 October 2022
Time:	6.00 p.m.
Venue:	Committee Room 1 - Wallasey Town Hall

Contact Officer: Daniel Sharples
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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 - 10)**

To approve the accuracy of the minutes of the meeting held on 25 July 2022.

5. PUBLIC QUESTIONS

Public Questions

Notice of question to be given in writing or by email by 12 noon, Thursday 6 October 2022 to the Council's Monitoring Officer (committeeservices@wirral.gov.uk) and to be dealt with in accordance with Standing Order 10.

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

Statements and Petitions

Statements

Notice of representations to be given in writing or by email by 12 noon, Thursday 6 October 2022 to the Council's Monitoring Officer (committeeservices@wirral.gov.uk) and to be dealt with in accordance with Standing Order 11.

Petitions

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

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

Member Questions

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

SECTION A - KEY AND OTHER DECISIONS

6. DEMENTIA CARE AND PREVENTION (Pages 11 - 36)

7. REABLEMENT REVIEW (Pages 37 - 44)

8. SUPPORTED INDEPENDENT LIVING MODEL (Pages 45 - 54)

SECTION B - BUDGET AND PERFORMANCE MANAGEMENT

- 9. ADULT SOCIAL CARE AND PUBLIC HEALTH 2022/23 Q1 BUDGET MONITORING (Pages 55 - 70)**

SECTION C - OVERVIEW AND SCRUTINY

- 10. PUBLIC HEALTH ANNUAL REPORT (PHAR) (Pages 71 - 82)**
- 11. WIRRAL SAFEGUARDING ADULTS PARTNERSHIP BOARD (Pages 83 - 88)**
- 12. ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE WORK PROGRAMME (Pages 89 - 96)**

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

Monday, 25 July 2022

<u>Present:</u>	Councillor	Y Nolan (Chair)	
	Councillors	H Collinson (In place of C O'Hagan) A Davies C Davies T Elzeiny P Gilchrist H Collinson	M Jordan S Mountney A Onwuemene J Walsh A Wright (In place of I Camphor) A Wright
<u>Apologies</u>	Councillors	C O'Hagan I Camphor	

19 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.

20 APOLOGIES

Apologies for absence were received from Councillor Clare O'Hagan who was deputised by Councillor Helen Collinson and Councillor Ivan Camphor who was deputised by Councillor Alison Wright.

21 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	Pecuniary interest in item 6 (formerly 11) and item 12 by virtue of

Angela Davies	employment with CWP and left the meeting during consideration of these items.
Councillor Helen Collinson	Personal interest in relation to item 6 (formerly 11) and item 12 by virtue of a family members employment in CWP and left the meeting during consideration of these items.
Councillor Yvonne Nolan	Personal interest by virtue of her role as a governor of Clatterbridge Cancer Centre.
Councillor Tracy Elzeiny	Personal interest by virtue of her employment in the NHS.
Councillor Chris Davies	Personal interest by virtue of his role on the board of governors for Wirral University Teaching Hospital.

22 **MINUTES**

Resolved – That the minutes of the meeting held on 14 June 2022 be approved and adopted as a correct record.

23 **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 Cheshire and Wirral Partnership Draft Quality Accounts first.

24 **CWP DRAFT QUALITY ACCOUNT 2021/22**

Councillor Angela Davies and Councillor Helen Collinson left the meeting during the consideration of the item.

The Medical Director for Cheshire and Wirral Partnership (CWP) introduced the report which was an annual report to the people served by CWP about the quality of services provided. The report highlighted achievements of the previous year and outlined ambitions for the coming year.

It was reported that the last Care Quality Commission report was in March 2020 and all areas were rated as good with Caring rated as outstanding. The quality improvement priorities for 2021-22 of clinical effectiveness, patient experience and patient safety had been achieved and the quality improvement priorities for 2022-23 which had been set based on feedback from service users were detailed.

A 20% surge in demand for adult specialist mental health care was highlighted. This had resulted in the launch of three services, the First Response Service, the Community Wellbeing Alliance and the Mental Health Intensive Support team in order to respond to the needs of the community. In addition to this, an increase in demand for children and young people's

mental health support was reported with 1 in 6 now impacted by serious mental ill-health, previously this had been 1 in 9.

The report outlined a 49% reduction in inpatient day usage, following a query from Members it was clarified that this figure related to the complex needs services which provided intense psychological specialist support to recover or improve patients conditions and this has led to the reduction of the use of GP services, A&E services and ambulances as service users are getting the right response and support when they require it.

A query was raised regarding the readmission data, specifically, the rising number of young people who presented to mental health services and were readmitted presented in the draft quality account. The Medical Director explained that the readmission data in the draft account was incorrect, and the actual figures were lower than reported. It was highlighted that more young people are presenting in a crisis situation and that this could be a result of long waiting lists for appointments with CAMHS which were confirmed as a wait of 12 weeks coming in to treatment and 18 weeks to receive treatment. Members were given assurance that this waiting time had reduced from the previous year and that partnership work had been undertaken to provide wrap around support during the waiting period.

Resolved – That the content of the report be noted.

25 **FUTURE HEALTH PROTECTION SERVICE**

The Director of Public Health introduced the report which provided the Committee with an update on plans to develop a local Health Protection response for Wirral, evolving from the Local Outbreak Hub model, established in response to the COVID-19 pandemic during 2020.

Wirral's Local Outbreak Hub was funded until 30th September 2022, by the Contain Outbreak Management Fund (COMF). It was outlined that the COMF grant would continue to fund the newly revised Health Protection Delivery Service for six months, from October 2022 until March 2023, when this funding stream concluded. The report sought approval for the Core Public Health Grant to be used to fund the Health Protection Delivery Service for twelve months from April 2023 to March 2024, to ensure local resilience and continuity.

Public Health teams had learned from the pandemic response and built on local requirements and health protection capabilities. The Director emphasised the importance of ensuring sufficient local resources to deal with periods of increased demands such as new waves of COVID as well as other respiratory diseases which often worsen in the winter months.

In response to a query on how this would support residents with the current outbreak of Monkeypox it was reported that the UK Health Security Agency (UKHSA) were managing this but the skillset of the team within the Local Outbreak Hub was something that could be utilised with any disease and the team were working on plans for if and when management of this needed to be undertaken locally.

Clarity was sought on the necessity of the Health Protection Delivery Service from April 2023 to March 2024 due to relatively low case numbers of COVID. It was outlined that the Health Protection Delivery Service would be equipped to deal with a number of clinical diseases and issues in the borough that needed a local response.

Resolved (10:1) – That the funding of Wirral’s Health Protection Delivery Service from April 2023 to March 2024 through the core Public Health Grant in the sum of £705,756 be approved.

26 **CARERS SERVICES AND STRATEGY REVIEW**

The Lead Commissioner of Community Care Market introduced the report of the Director of Care and Health which updated Members on Carers Services and provided an update on the development of a new Wirral Adults Carers Strategy. The report gave an overview of changes nationally and locally that directly influenced the strategic review.

The 2011 Census reported that there were in excess of 40,000 carers who provided informal care in Wirral and contributed towards the local economy by reducing the demand on Wirral health and care services. There were 748 self-reported 0–15-year-olds and 2,840 16–24-year-olds with caring responsibilities in Wirral.

The current carers strategy was under review and through collaboration with colleagues across the North West, a new white paper that was made available in December 2021 was being utilised to develop a local strategy. Following a series of engagement events and the annual carers survey, 125 carers stated that they would like to be involved in the co-production of the strategy.

It was reported that a new Early Intervention and Prevention & Carers service had been commissioned and went live on 1st March 2022. This had been awarded to Wirral Health and Wellbeing Community Interest Company with the remit to improve the number of carers identified and to increase the awareness of carers services across the borough.

A discussion ensued regarding the carers assessments, assurance was given that although they could be completed online, anyone who struggled with this format could still be offered face to face assessments. It was identified that as well as being able to self-refer for a care assessment, a GP could also make the referral.

Concerns were raised about the length of time co-production of strategy could take and the amount of consultation with young carers. Members felt that the strategy would need more time to be developed and co-produced before being brought to the Committee as final.

On a motion by Councillor Nolan, seconded by Councillor Jordan it was –

Resolved – That the progress to date in developing the Carers Services and the Wirral Adults Carers Strategy be endorsed, and a further report be brought to the Committee in November 2022.

27 INTEGRATED CARE SYSTEM

The Place Director (Wirral) introduced the report which gave Members an update on the development of the Integrated Care System (ICS), the impact on Wirral as a place and the establishment of the Integrated Care Board (ICB) working arrangements in the borough.

The Adult Social Care and Public Health Committee approved the creation of the Place Based Partnership Board on 3 March 2022. There was an informal workshop with members of the board on 25 July 2022 to set out next steps around establishing the board and to look at the supporting groups to ensure robust governance and assurance.

It was outlined that work was being undertaken with the Voluntary, Community and Faith sector around their representation as well as representatives from primary care. Future meetings of the Place Based Partnership were likely to have four primary care representatives as it would have a responsibility for community pharmacy, dentistry and optometry as well as general practice.

Members highlighted the difficulty of finding local dentistry practices that would take on new NHS patients. It was clarified that of the 40,000 registered dentists, only 20,000 work in the NHS and this was largely due to the way contracts had been structured. It was recognised that dental access was a significant issue to be tackled.

Assurance was given to members that a coherent workforce strategy was an objective of the Place Based Partnership Board, the Place Director noted that areas of the borough have low rates of employment and high numbers of young people not in employment, education or training and there was an

opportunity to align to the Wirral plan and create careers and apprenticeships in the NHS.

Resolved – That the content of the report be noted.

28 **WIRRAL EVOLUTIONS**

The Assistant Director of Care and Health introduced the report of the Director of Care and Health which updated members on the progress made with the transfer arrangements for Wirral Evolutions services into Wirral Borough Council direct delivery.

Following the decision made by the Adult Social Care and Public Health Committee on 3 March 2022, a project team was established to put in place the necessary governance arrangements and services were planned to be insourced within six months from the 1st April 2022. The transfer was expected to be completed on 27 September 2022.

It was outlined that to ensure a smooth transition for the service users, the service would continue to operate from the same locations and have the same staff and management team. There were 151 staff members who took part in a consultation led by Wirral Evolutions and supported by the Assistant Director of Care and Health, HR and the trade unions. Wirral Evolutions staff who chose to transfer would be protected under protection of employment (TUPE) transfer on no less favourable terms. Fixed term contracts had been extended and was an opportunity to establish those staff to permanent positions which had received a positive response.

The Assistant Director of Care and Health brought the Committees attention to pension arrangements and reported that at the point of transfer all staff would be automatically enrolled to the Local Government Pension Scheme which was more favourable than current arrangements.

Members recognised that some Wirral Evolutions staff has expressed interest in taking Early Voluntary Retirement (EVR), under TUPE, a job would be available for all staff and so if staff members chose not to transfer it would be considered a resignation and EVR would not apply. It was anticipated that the majority of staff would transfer with positive feedback from 1-1s. Any current vacancies in Wirral Evolutions would also transfer across and be recruited to.

Resolved – That the content of the report be noted.

29 **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 Health. The report was designed based on discussions with Members through working group activity in 2020 and 2021.

Members attention was drawn to care home activity, there were 1681 people living in care homes. The highest category of care for people living in care homes was general residential care, the majority reason for moving into this area of care was dementia and a significant amount of support was offered to people with dementia although it was clarified not all people with dementia required the specialist Elderly Mentally Infirm (EMI) residential or nursing care. The report stated that there were 4 care homes closed due to COVID, since publication the figure had changed and there were now 15 care homes fully or partially closed to admissions as a result of COVID.

It was outlined that there were continued pressures on domiciliary care in terms of capacity, largely due to workforce recruitment and retention. This had impacted on packages of care for people waiting to be discharged from hospital or those in the community who required a new or changed package of care. The waiting list for a package of care was over 300 with an average of 70 packages picked up per week.

Members discussed the care homes with ratings of inadequate or requires improvement and felt a report should be brought to the committee to explore the work being done to reduce the number of care homes with these ratings.

On a motion by Councillor Nolan, seconded by Councillor Davies it was –

Resolved – That

(1) the content of the report be noted.

(2) a report on care home improvement be brought to a future Committee meeting.

30 **ESTABLISHMENT OF CHESHIRE AND WIRRAL PARTNERSHIP COMMUNITY MENTAL HEALTH TRANSFORMATION WORKING GROUP**

Councillor Angela Davies and Councillor Helen Collinson left the meeting during the consideration of the item.

The Head of Legal Services introduced the report of the Director of Law and Governance which sought agreement to terms of reference to the Working Group and appointment of members to it.

On the 14th June 2022, Cheshire and Wirral Partnership (CWP) brought a report to the Adult Social Care and Public Health Committee on the Community Mental Health Transformation Programme, upon consideration of the report the committee resolved to set up a task and finish group to

scrutinise and provide feedback into the consultation phase of the transformation programme.

It was outlined that whilst the task and finish group could be based on political proportionality, there was no requirement.

On a motion by Councillor Walsh, seconded by Councillor Jordan it was –

Resolved – That

- (1) the Cheshire and Wirral Partnership (CWP) Community Mental Health Transformation Working Group be appointed for 2022/23 with terms of reference set out in Appendix 1.**
- (2) the working group be comprised of four members with each political party nominating one member.**
- (3) the Monitoring Officer as proper officer be authorised to carry out the wishes of the Group Leaders in allocating Members and named deputies to the Cheshire and Wirral Partnership Community Mental Health Transformation Working Group and to appoint those Members with effect from the date at which the proper officer is advised of the names of such Members.**

31 ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE WORK PROGRAMME

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

Members requested a report on Sexual Health Services in Wirral, within that looking at the provision around Monkeypox, and an update in February 2023 on the Addiction, Diversion, Disruption, Enforcement and Recovery (ADDER) programme.

On a motion by Councillor Nolan, seconded by Councillor Davies it was –

Resolved – That

- (1) the Adult Social Care and Public Health Committee work programme for the remainder of the 2022/23 municipal year be noted.**
- (2) a report on Sexual Health Services in Wirral be added to the work programme.**

(3) an update on the ADDER programme be brought to committee in February 2023.

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ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Tuesday 11 October 2022

REPORT TITLE:	DEMENTIA CARE AND PREVENTION
REPORT OF:	DIRECTOR OF CARE AND HEALTH

REPORT SUMMARY

This report describes work undertaken to produce the Joint Wirral Dementia Strategy 2022-2025 (Appendix 1). Wirral Place (formerly Wirral CCG), within NHS Cheshire and Mersey Integrated Care Board, have led the preparation of this strategy document with Adult Social Care and Public Health as a joint partner.

The focus of this strategy is structured around NHS England's Well Pathway for Dementia (Background Papers) focussing on recovery from COVID-19, and better integration across health and care services to deliver the best outcomes for our population who may have dementia, as well as those who care for them.

Greater alignment of services and more creative responses to people's needs and aspirations will lead to individuals being diagnosed with dementia earlier and having more community-based support in place to enable them to live independently for longer.

This supports the work of the Wirral Plan 2026 in the following categories:

- Safe and Pleasant Communities - Working for safe and pleasant communities where our residents feel safe and are proud to live and raise their families.
- Active and Healthy Lives - Working to provide happy, active and healthy lives for all, with the right care, at the right time, to enable residents to live longer and healthier lives.
- Inclusive Economy - Working for a prosperous, inclusive economy - helping businesses to thrive and creating jobs and opportunities for all

This is a key decision as developing effective dementia services affects all wards.

RECOMMENDATION/S

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

1. Approve the Wirral Dementia Strategy 2022-2025.
2. Note 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'.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The Wirral Dementia Strategy 2022-2025 promotes increased awareness, earlier diagnosis, and a higher quality of care for residents with dementia. It is important that individuals with dementia and those who care for them have the best possible healthcare and support. Living well with dementia: A National Dementia Strategy – GOV.UK, outlines it is imperative that early diagnosis, effective intervention, and support from diagnosis through the course of the illness can enable people to live well with dementia.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 The principal alternative would be to not take a strategic, system-wide approach to developing effective dementia services in Wirral. This could expose the Council to not effectively planning to meet the assessed care needs for this group. Paragraph 1.2 of the strategy outlined the increasing prevalence of dementia in Wirral which is expected to increase by 40.7% to 2035 with the total number of people with dementia expected to be 7,135.
- 2.3 Not having a Dementia Strategy could result in improved identification and support for people with dementia not being achieved. Engagement with health commissioners and other partner agencies such as third sector organisations will help provide system wide support to individuals.

3.0 BACKGROUND INFORMATION

- 3.1 The strategy includes a vision statement “For Wirral to be a borough which supports and is inclusive of people with dementia and their carers so they can enjoy the best possible quality of life and remain independent for longer. When people do need care, this will be high quality, person centred and delivered seamlessly across the health and social care system.”
- 3.2 Key data from the Wirral Intelligence Service outlines a trend of increasing dementia prevalence up to 2035. Headline points are provided below:
- As of January 2019, there were 3,073 people aged 65+ who have a recorded diagnosis of dementia in Wirral.
 - Overall, projections estimate that the total number of people with dementia in Wirral will increase from 5,086 in 2019 to 7,135 in 2035.
 - Dementia rates are expected to increase in Wirral by 40.7% between 2019 and 2035. This is lower than the projected England increase of 50.2% over the same period.
 - The sharpest increase in dementia prevalence rates are estimated to be in the older populations. For example, those aged 90+ are estimated to see a 53% increase between 2019 and 2039.

- The prevalence of early onset dementia (aged under 65) is estimated to decrease by 12% between 2019 and 2035 in Wirral. For England, this figure is an increase of less than 2%.
- Wirral has an estimated diagnosis rate of 68.6% for those aged 65+ for the last quarter of 2018/19 - this is better than the national rate of 68.0%.
- At both a Wirral and an England level, it is estimated that early-onset dementia is more common in males (58.2% for Wirral and 58.8% for England).
- For late-onset dementia, however, it is more common in females (64.3% for Wirral and 63.4% for England).
- The ratio of inpatient service use for recorded dementia diagnoses increased between 2015/16 and 2017/18 for Wirral, Cheshire and Merseyside and England.
- The largest proportion of dementia-related inpatient admissions typically lasted less than 7 days (40.1%) between 2013/14 and 2017/18.
- The proportion of dementia-related short stay emergency admissions between 2014/15 to 2016/17 in Wirral have increased.
- Just over 80% of inpatient admissions came through Accident & Emergency between 2013/14 and 2017/18.
- The most common primary diagnosis for dementia-related conditions was pneumonia (9.0%) following by disorders of the urinary system (7.2%) and septicaemia (5.3%).
- The actual costs involved in prescribing dementia drugs in Wirral have decreased by 50.1% from 2014/15 to 2018/19.
- Services provided to those with a recorded condition of dementia, aged 65+, by the Wirral Department of Adult Social Services (DASS) increased by 68% between 2013/14 and 2017/18.
- Claughton ward had the highest rate of service users with a recorded condition of dementia, as at January 2019.
- Dementia-related deaths occurring at home have continued to increase in Wirral and in England. On the other hand, dementia-related deaths occurring at hospital have decreased since 2011/12.
- The Alzheimer's Society estimates that those with Down's Syndrome have a 50% chance of developing dementia after they reach the age of 60.
- There is expected growth in the number of people from BAME communities who will develop dementia as the BAME population ages.

In February 2018 at the Liverpool City Region (LCR) Health and Wellbeing Summit, elected representatives of each of the six local authorities and the Metro Mayor formally signed up to a 'Dementia Friendly City Region' pledge (background information).

- 3.3 The pledge consisted of 10 individual commitments, such as ‘committing to having a lead Dementia Champion identified within their organisations’ and ‘promoting Dementia Awareness and understanding to address the stigma of dementia through LCR wide awareness campaigns and local community events and information sessions’. There was a collective aim of working with the public, private and voluntary sector to shape our society around the needs of people with dementia.
- 3.4 To progress the required actions on each commitment of the pledge and help maintain dementia as a priority in each of the localities, a LCR Age/Dementia Friendly Working Group (The Working Group) was established, consisting of representatives from each of the local authorities, and from partner organisations such as the Alzheimer’s Society and Dementia Action Alliance. Whilst acknowledging that dementia does not only affect older people, at the inaugural meeting it was determined to progress as an Age/Dementia Friendly Working Group to utilise the strengths of partner organisations who has shown commitment to assisting the group’s work such as Age Concern.
- 3.5 The Working Group identified a number of priorities, including:
- Mapping what is currently being done to achieve the aims of the pledge, and what else needs to be done, and how this is co-ordinated
 - The need to ensure there are measurable outcomes of any actions / strategies being implemented
 - Facilitating the sharing of best practice, building on good work in place across the participating local authorities
 - Considering and learning from good practice from other areas, such as the ‘Dementia United’ scheme in Manchester.
- 3.6 The Working Group has provided a focus for the local authorities to look at their own performance in required actions for the Pledge. This has resulted in positive outcomes, such as Knowsley Council’s refreshed their Dementia Strategy stating that the ten commitments of the pledge will support the priorities and actions to be delivered as part of the strategy.
- 3.7 Arising out of Wirral’s Commitment to the Metro Mayors Dementia Pledge, Wirral Dementia Action Alliance was formed. Chaired by an elected member, the Alliance brought together voluntary and statutory organisations who were working in the field of Dementia. The group was relatively strong and well supported but the pandemic understandably saw the work alliance slow. Although, a successful Zoom conference: The Power of Partnership: Dementia Care in Wirral took place on 20 May 2021.
- 3.8 Wirral has a vibrant and effective Third sector working in the field of Dementia. The pandemic affected these organisations significantly, but they are rebuilding capacity at present. Many of Wirral’s services for people with dementia are delivered through Wirral Age UK who offer:
- A limited Emergency Response service for essential calls such as shopping or supporting clients where they have no other support in place.
 - Support for Day Opportunity service users with online activities and phone contact.

- Carer support in the community with online activities and phone contact.
- Support to Arrowe Park Hospital and its patients with information and advice to patients returning home.
- Additional outreach support for individuals with dementia and their carers, and to offer support to access community groups and activities.
- Working with the Council to support the needs of vulnerable older people.

3.9 Below are some examples of organisations offering support to people with dementia and their carers:

- Nationally, Dementia Engagement and Empowerment Project (DEEP) are a UK network of dementia voices consisting of around 100 groups of people with dementia that seek to enact change locally. Wirral's local group meet monthly at St Barnabas Village Centre.
- Dementia Together Wirral is a registered charity supporting people living with dementia and their carers, with a social calendar of regular events.
- Wirral Information Resource for Equality and Diversity (WIRED) was created on 1 April 2003 by merging Living Options and Wirral Association for Disability. Their focus is wider than just on dementia support but provide specific support to carers and organising showcase events to highlight the range of Dementia provision across Wirral.
- House of Memories – an interactive project led by Liverpool Museums that has received widespread praise and accolades.

3.10 Locally, the Wirral Dementia Strategy Board acts as the system-wide governance mechanism for delivery of the Wirral Dementia Action Plan and development of the Wirral Dementia Strategy 2022-2025. The Board was chaired until recently by Dr Peter Arthur, GP Clinical Lead for Mental Health, and administered by the NHS CCG Commissioning Manager for Mental Health.

3.11 The Lead Commissioner for All Age Independence is the principal officer representing the Council at the Dementia Strategy Board. Given the breadth of council responsibility for ensuring dementia friendly services are developed, officers from the Regeneration and Place, and Neighbourhood's Directorates have also had involvement.

3.12 Although there is a greater reliance in Wirral on more traditional care services, Wirral Adult Care and Health service commissioners have a clear desire to support more people to live in their own homes, and to place fewer people into care homes. (This is published in the Directorate's Market Position Statement Background information).

3.13 As part of the approach to developing dementia friendly communities, the Council and its partners are keen to see our towns and environment designed as dementia friendly spaces. The Regeneration and Place directorate are working collaboratively with partners to include dementia friendly design principles in regeneration plans for the borough.

3.14 There is also the Alzheimer's Society's Dementia Friends programme which is the biggest ever initiative to change people's perceptions of dementia. It aims to

transform the way the nation thinks, acts and talks about the condition. More information is available here:

https://www.dementiafriends.org.uk/?utm_campaign=September%202022%20Newsletter&utm_source=emailCampaign&utm_content=&utm_medium=email&ajs_uid=458db29a-28de-919b-153f-a40eea5e207f

4.0 FINANCIAL IMPLICATIONS

- 4.1 It should be noted that the strategy has responsibilities for service delivery across the Wirral health and care system.
- 4.2 Implementation of the Wirral Dementia Strategy 2022-2025 will be undertaken within existing Adult Social Care and Public Health budgets.

5.0 LEGAL IMPLICATIONS

- 5.1 Services providing support to residents with Dementia and their carers include Social Work services that are currently provided by NHS Wirral Community Health and Care Foundation Trust, and NHS Cheshire and Wirral Partnership Trust, on behalf of the Council under a contractual arrangement (a Section 75 agreement).
- 5.2 The Council has a legal duty to assess the needs of people who may need care and support under the Care Act 2014 (background information), to promote independence and wellbeing, and can apply discretion as to how to meet those needs identified.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 Existing Officer resources will be required to provide leadership and implementation of the Wirral Dementia Strategy 2022-2025.

7.0 RELEVANT RISKS

- 7.1 There is no risk presented by the publication and implementation of the Wirral Dementia Strategy 2022-2025 given its ambition to improve services for people who require care and support and represent some of our most vulnerable residents.
- 7.2 There is a risk that if there were not to be an approved Wirral Dementia Strategy, that people with dementia and their carers may not get the coordinated advice, support and interventions that they need, and that awareness and prevention initiatives are less effective.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 Stakeholders, groups representing people with dementia and their carers, and experts by experience will be involved in the delivery of workstreams outlined within the strategy and be key members of the Dementia Strategy Board.

9.0 EQUALITY IMPLICATIONS

- 9.1 An Equality Impact Assessment (EIA) has been completed and is located: - <https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments/equality-impact-assessments-january-202-6>. The Wirral Dementia Strategy 2022-2025 will seek engagement from people with dementia and their carers throughout its implementation.
- 9.2 Consideration will be given to the need for subsequent EIAs for any additional areas of work that arise from implementation of this strategy.
- 9.3 Equality considerations arising from implementation of the strategy will be fully considered.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 Consideration will be given to environmental and climate implications in the planning and implementation of services which are commissioned as a result of the implementation of the strategy's recommendations.

11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 Care provider organisations employ significant numbers of Wirral residents who contribute to the local economy. People with dementia should have greater opportunity to reach their aspirations for work, housing, leisure, learning and volunteering which in turn will positively impact on the vibrancy and development of local communities and economies.
- 11.2 The Adult Social Care and Public Health Directorate will work with other areas of the Council, which are not directly led by the department, to ensure community-based services consider residents with dementia as part of its strategic planning work.

This will include:

- The Council's Regeneration, Housing and Development Directorate to consider place planning and regeneration plans given the expected rise in residents living with dementia in the future.
- The Council's Neighbourhoods Directorate to consider dementia in relation to access and use of e.g., leisure services, parks, libraries, museums.

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APPENDICES

Appendix 1 – Draft Wirral Dementia Strategy 2022-2025

BACKGROUND PAPERS

NHS England's Well Pathway for Dementia: <https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/03/dementia-well-pathway.pdf>

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Delegated Decision (Dementia Strategy 2019-2022)	17 October 2019

Wirral Place Dementia Strategy

2022-2025

Foreword

Wirral Place Dementia Strategy for 2022-2025 reviews the ambitions outlined in the previous strategy and defines the priority areas, actions, and outcomes over the next four years to meet our vision for how dementia care and support is delivered in the borough.

The impact of Covid-19 has affected our ability as a system to meet ambitions outlined in the 2019-2022 strategy.

Since the pandemic began people living with dementia have been disproportionately affected, with dementia being the most common pre-existing condition for people who have died from COVID -19¹. The impact of the pandemic on people living with dementia and their carers includes but is not limited to the following: increase in barriers to diagnosis; suspension of community support services which offer much needed post diagnostic support; delays in discharges to from acute to community settings and being unable to visit and support loved ones in acute care and care homes.

The pandemic has also had a huge detrimental impact on staff involved in providing health and care support services. I would like to take this opportunity to express a sincere thank you to everyone who has worked and continues to work through these challenging times and for the commitment and dedication of staff across health, social care and the third sector in responding to the demands of the pandemic.

The focus of this strategy is structured around NHS England's Well Pathway for Dementia² and focuses on recovery from Covid-19, and better integration across health and care services to deliver the best outcomes for our population.



Dr Simon Delaney
Wirral Clinical Director

¹ <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvingcovid19englandandwales/latest#pre-existing-conditions-of-people-who-died-with-covid-19>

² <https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/03/dementia-well-pathway.pdf>

Introduction and Background

Dementia is used to describe symptoms of cognitive decline usually progressive in nature. Symptoms may include a decline in memory, reasoning, communication skills, the ability to perform daily activities and mood. Alzheimer's disease is the most common cause of dementia. Dementia mainly affects those 65+ and the likelihood of developing dementia increases with age. People living with dementia often have other long-term health conditions and co-morbidities such as hypertension, diabetes and depression. Dementia can be a devastating condition, however with the right support it's possible for people with dementia and their carers to lead positive, fulfilling lives.

This strategy sets out the strategic vision for Wirral to; recover as a system from the impact of Covid-19, reduce the risk/delay the onset of dementia via preventative measures, support people to live well with dementia (including carers) within their local communities, ensure appropriate planning and support is in place so people are well cared for when the condition escalates. This strategy has been developed in partnership with health care professionals working with people living with dementia across statutory and non-statutory services as well as feedback from people living with dementia, including carers and families. This strategy and its associated action plans do not stand alone. Dementia is a key priority nationally as identified in the NHS Long Term Plan³ and Mental Health Implementation Plan⁴ and Wirral's Frailty Strategy.

Our Vision

For Wirral to be a borough which supports and is inclusive of people with dementia and their carers so they can enjoy the best possible quality of life and remain independent for longer. When people do need care, this will be high quality, person centred and delivered seamlessly across the health and social care system.'

Local context

Wirral has a population of over 330,000 and is an area with significant inequalities, especially in relation to deprivation which is most prevalent in East Wirral; this leads to greater health inequalities and poorer health outcomes. In addition, Wirral has an older age profile when compared to the national average, especially those aged 65+. One in three people over 65 in Wirral live alone, which equates to around 24,000 people. Currently there are over 3000 people aged 65+ who have a diagnosis of dementia in Wirral (although we know there are people living with dementia without a diagnosis). Projections estimate that the total numbers of people living with dementia in Wirral will more than double to over 7000 by 2035⁵.

³ <https://www.longtermplan.nhs.uk/>

⁴ <https://www.longtermplan.nhs.uk/publication/nhs-mental-health-implementation-plan-2019-20-2023-24/>

⁵ <https://www.wirralintelligenceservice.org/jsna/dementia/>

Preventing Well

Reducing the risk or delaying the onset is influenced by a range of lifestyle factors. A healthy lifestyle helps to lower the risk of dementia and supports people to live longer, healthier lives. Vascular dementia is the second most common form of dementia and has the same risk factors as heart disease and stroke.

Area	Action	Timescales	Outcome
<p>Monitor the number of residents that have had an NHS Health Check aimed at adults aged 40-74. The health check is designed to spot early signs of dementia, stroke, kidney disease, heart disease and type 2 diabetes.</p>	<p>Monitor and aim to increase the number of people aged 40+ who are identified as a 'carer' on their GP record and the number who have had an NHS Health Check.</p>	2022/23	<p>Detect negative lifestyle behaviours early and inform people about their lifestyle choice to improve people's health at an early stage, when changes in behaviour can have a real impact long term on wellbeing.</p>
	<p>Encourage and work with GPs to provide information on dementia to people aged 50+ during their NHS Health Check.</p>		
<p>Raise awareness of the risk factors associated with dementia and actions that may reduce the likelihood of an individual developing dementia among healthcare professionals.</p>	<p>Encourage professionals within services related to dementia risk factors, such as Diabetes, CVD and Weight Management, to embed dementia prevention messages with patients aged 50+.</p> <p>Communications will be shared to relevant healthcare staff regarding the importance of providing dementia prevention information to people who are assessed "at risk".</p> <p>Communications will be distributed regarding the importance of using the Making Every Contact Count (MECC) approach to increase opportunities to encourage people to think about making healthy lifestyle changes.</p>	2022/2025	<p>Increased awareness of how making positive changes to their lifestyle can reduce the risk of developing dementia in the future as well as their pre-existing conditions.</p>
<p>All age healthy lifestyle promotion</p>	<p>Support the promotion Public Health's "One You" campaign, to raise awareness of healthy lifestyles and to support people to make changes to the way they manage their health and wellbeing.</p>	2022/2025	<p>Encourage residents to take more responsibility for their health, increase awareness of ways of improving their health and reducing risk factors associated with dementia and other long-term</p>

	<p>Link in with the development of the wider Children’s and Families Strategy for shared working opportunities in order to strengthen dementia education, prevention and early intervention messages with children and young people to encourage healthy lifestyle choices at a young age.</p>	<p>conditions.</p> <p>As the number of people living with dementia increases, more children and young people are likely to be affected by dementia. Educating young people about dementia will promote healthy lifestyle choices and support understanding and change attitudes towards dementia, creating a dementia friendly generation.</p>
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Diagnosing Well

Diagnosis is usually the first step in someone’s dementia journey and has been hugely impacted by the pandemic. It is well reported locally and nationally that people have delayed seeking a diagnosis for variety of reasons including; the impact of lockdown and restrictions meant that people weren’t seeing family or friends who may have encouraged a GP consultation for an initial assessment; fear of attending a healthcare setting due to risk of infection; re-deployment of healthcare staff to support with acute settings. As a result, nationally there are long waits to access an assessment and people are presenting with more complex needs than they were pre-pandemic.

Nationally the target for dementia diagnosis rates (DDR) is 66.7% of estimated dementia prevalence. Prior to the pandemic Wirral consistently achieved this target. Although it is important to recover the DDR, the drive to meet the target must not be viewed as an end in itself; improving the support available to people once they have been given the diagnosis is equally, if not more important. The Wirral system want to see more people being diagnosed earlier and less people diagnosed at a time of crisis. We want to reduce the backlog for waits for an assessment with the ambition for a patients first appointment to be seen within 6 weeks from referral. We recognise that services may need to be redesigned so that people with dementia are diagnosed in a timelier manner with access to post diagnostic support, enabling them to live as well as possible with dementia.

The ‘diagnosing well’ actions of this strategy will be a priority of the Wirral Dementia System Board over 2022-2025.

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Area	Action	Timescales	Outcome
Recover and begin to consistently maintain the national diagnosis target of 66.7% of the suspected population with dementia	Monitor diagnosis data and referrals into the memory assessment service per GP practice/PCNs. Work with practices/PCNs who may not be reaching the national target to better understand reasons why, and any extra support required to improve DDR.	End of 2023	Diagnosing and supporting people to begin the diagnosis journey earlier will mean patients and carers are better informed about support available to help them manage the condition and plan for the future.
	Those who are under GP will be invited to regular reviews to discuss any changes in symptoms, mood, prescribed medication and signposting to support services.		Regular reviews are important so any changes in behaviour/ symptoms can be supported before situations escalate and become unmanageable.
	Baseline the number of people with a dementia diagnosis who are entitled to GP reviews and the percentage of people who are invited and attend. Once baseline is established system colleagues will work together to understand how best to increase review attendance.		People with dementia under the care of their GP will have regular reviews and will feel supported with managing their condition throughout the dementia diagnosis journey.
	Pilot (with the support of Secondary Care) an assessment		Upskill Primary Care health and care professionals

	<p>clinic in Primary Care to help support the waits for assessment and offer a more sustainable, integrated dementia diagnosis service for the future.</p> <p>Secondary Care to continue to provide appropriate dementia training to Primary Care staff including GPs, Practice Nurses and other healthcare professionals, as outlined in the Locally Enhanced Service contract.</p>		<p>so they become more confident in identifying the signs of dementia and appropriate care pathway. This will result in quicker identification of suspected dementia, earlier diagnosis for individuals, and quicker referrals into post diagnostic support.</p>
<p>Waiting times between referral from a GP to initial assessment by NHS specialist services for dementia to be in line with NICE guidance i.e. 6 weeks</p>	<p>As a result of the waits for a diagnosis, funding was received to specifically address the waits for an assessment. Wirral used this funding to increase staffing within the memory assessment service via the admiral nurses that are affiliated with Age UK Wirral. Outcomes from this unique and innovative partnership will be fully evaluated, however it is hoped that this commission can continue until the back log for an assessment is reduced to a manageable level. This resource can then be flexed across the system to support other stretched areas e.g., discharges and post diagnostic care in the community.</p>	<p>End of 2023</p>	<p>Waiting for a diagnosis is an unsettling time for patients and carers and family members. Diagnosing in line with national guidance will reduce the longevity of these emotions experienced by those going through this process. It will also ensure that people with dementia and carers are provided with and signposted to the support they need to manage the condition earlier.</p>
<p>Ensure there is appropriate support information available from presentation through to diagnosis, for the person diagnosed as well as carers, family and friends</p>	<p>There should be access to accurate, clear information and advice about the signs and symptoms of dementia in GP Practices and other local support services available in the community, including online e.g., Wirral Infobank⁶. Alzheimer's Society⁷ produce a range of information which is regularly updated and follows best practice guidelines. Patients and carers to be signposted to these resources as appropriate.</p>	<p>2022-2025</p>	<p>Members of the public and health professionals will have access to information, which is relevant and up to date, to enable better understanding of what support is available from the NHS, local authority, emergency services and wider community, including third, voluntary and charity sector.</p>
<p>Improve diagnostic rates for BAME and LD communities</p>	<p>Better engage with Black, Asian and Minority Ethnic (BAME) and Learning Disability (LD) communities by working alongside local services, such as Wirral Multicultural</p>	<p>2023/24</p>	<p>People from the BAME and LD community will be supported by staff to access health services for suspected dementia.</p>

⁶ <https://www.wirralinfobank.co.uk/>

⁷ <https://www.alzheimers.org.uk/>

Page 26	<p>Organisation, Wirral Change and Mencap, to increase awareness and reduce stigma. Promote the Dementia Champion scheme and support staff to access dementia awareness training.</p>		
	<p>Establish a baseline and monitor the number of people diagnosed from BAME and LD communities. Work with BAME and LD services to determine how to increase DDR in this cohort and review whether the current assessments are appropriate, and what steps can be taken to better support people from these communities during the assessment process.</p>		<p>Identify more people from BAME and LD community at an earlier stage so they can access appropriate support.</p>
	<p>Dementia support information produced at a local level should be fully accessible e.g., available in different languages, 'easy read' format etc. A one-page dementia information sheet to be developed and translated into the top 3 most spoken languages in Wirral (other than English) as well as an easy read version.</p>		<p>To ensure Wirral's healthcare services are inclusive of all communities.</p>
	<p>Carers to be identified early Primary and Secondary Care professionals to identify carers of people with dementia and (with consent) record them on the Carers Register as early as possible.</p>	2023/24	<p>Identifying carers early enables professionals to offer support, advice, signposting and invite to NHS Health Checks.</p>

Supporting Well

We recognise that most people with dementia live at home and are supported by family members, carers and friends. We also recognise that many people want and are happy to care for their loved ones, however when extra support is required this needs to be easily accessible and person centred.

The Wirral system needs to better integrate to facilitate improved access to the right care and support based on patient and carer individual needs. Care should be delivered in the community for as long as its safely possible. When people do need crisis care, care should be immediate, responsive and of high quality.

The ‘supporting well’ actions of this strategy will be a priority of the Wirral Dementia System Board over 2022-2025.

Area	Action	Timescales	Outcome
Provide more enhanced post diagnostic support for people with dementia living in the community as outlined in the NHS Long Term Plan	<p>The NHS Long Term Plan outlines that there will be an increased focus on supporting people with dementia in the community through community multidisciplinary teams aligned with primary care networks (PCN) and increased working with the voluntary sector. As a system we need to better support people in the community and in care homes to provide more appropriate support to reduce avoidable hospital admissions.</p> <p>A Wirral practice is piloting an initiative with Alzheimer’s Society in terms of a dementia support advisor role. The role includes providing information, engagement calls, practical advice and a face-to-face offer for those people who require further support. Learnings from this pilot will be evaluated and reviewed so as system we can look to provide more specialist post-diagnostic support in the community as outlined in NHS LTP. The Wirral post diagnostic support services will link in with the diagnosis pilot models outlined under ‘diagnosing well’.</p>	Beginning of 2024	<p>People will be provided with enhanced post diagnostic and specialist community support to better enable people to manage their dementia in their own home, in the community for as long as possible and retain independence through a person-centred model.</p> <p>Seamless transitions between different health and care services which support dementia care will result in an improved experience for people living with dementia and their carers. People will feel confident in being able to navigate dementia care services.</p>
Crisis care support	The Wirral health and care system need to develop options to deliver better access to crisis support for people with dementia, using learnings and outcomes from other areas	2024/25	Provide enhanced support for people with dementia in the community at times of crisis.

	<p>with dedicated dementia crisis teams e.g. Dementia Crisis and Prevention Team (DCPT), provided by Greater Manchester Mental Health FT.</p> <p>Promote the local crisis care telephone line wherever possible with staff across statutory and non-statutory organisations and in the community.</p> <p>Promote and encourage the use of the Herbert Protocol initiative adopted by Merseyside Police and other forces for missing or vulnerable people, via system communication channels.</p>		<p>Reduce the number of crisis cases including, inappropriate and avoidable hospital admissions for people with dementia.</p> <p>People with dementia and their carers will use this service in a crisis and information, advice and support provided will appropriate for individual cases.</p> <p>The Herbert Protocol provides the police with access to important information, helping to speed up and simplify a response, so that the search can be targeted appropriately and effectively, and people can be found sooner.</p>
<p>Hospital discharges should be dignified and timely with quality, person centred care support packages in place</p>	<p>As a system we need to review the discharge pathways for people with dementia from a hospital setting to peoples own homes, care homes, transfer to assess beds and reablement or rehabilitation services including third sector options as part of the discharge pathway. Input into any redesign regarding services/care pathways will be sought from statutory and non-statutory organisations involved in dementia care. This work will be informed by the feedback received from people with dementia and their families and carers.</p>	<p>2024/25</p>	<p>People with dementia will experience timely and appropriate discharges from hospital. People will be placed in the right care settings for their needs first time which is less distressing for the patient and family member.</p>
<p>Support carers to care for their loved ones and to manage their emotional wellbeing.</p>	<p>Health and social care professionals will involve people with dementia and carers in planning their care and review care plans at regular intervals or when an individual's dementia related behaviour has deteriorated. People with dementia and carers will be provided with information on accessing post diagnostic support.</p> <p>Carers will be signposted to local Improving Access to Psychological Therapies (IAPT) services for counselling if they disclose that they are facing difficulties with their</p>	<p>2023/24</p>	<p>People with dementia and their carers will feel empowered and have increased understanding, choice and control over their care.</p> <p>Carers will feel supported, well informed and confident in their ability to care for their loved one and support them to care for longer.</p> <p>Carers will feel supported in terms of their own health and mental wellbeing.</p>

	<p>mental health. Carers can self-refer themselves to IAPT or their GP can refer on their behalf. The number of carers who are accessing IAPT services will be monitored.</p> <p>Carers will be provided with information regarding support available to them in the community such as peer support groups, dementia awareness training, guidance on Carers Assessments and applying for carer's allowance. Information should be accessible with regards to personalised health budgets, direct payments, NHS Continuing Healthcare, Section 117 Aftercare and council funded social care.</p>		
<p>Increase training and education provided to professionals who engage with people living with dementia on a day-to-day basis</p>	<p>Map the training offer for dementia that is provided on a local and national level for our services including General Practice, Wirral University Teaching Hospital NHS Foundation Trust, Wirral Community Health & Care NHS Foundation Trust, Cheshire and Wirral Partnership NHS Foundation Trust, North West Ambulance Service, Care Homes and third sector partners.</p> <p>Discuss with key services how this training can be rolled out to include a wider audience of health and care professionals. The design and development of future staff training plans will look to include contributions from people with dementia and carers as experts by experience.</p> <p>Include the requirement to deliver dementia training in relevant contracts when commissioning services.</p> <p>Promote the 'forget me not' scheme with health and social care professionals in order to raise awareness across health and social care professionals to support staff to more easily identify people with dementia who may need extra support when making home visits. Communications</p>	<p>2023/24</p>	<p>Caring for people with dementia can be challenging. Therefore, health and care professionals will be better trained to improve their knowledge, confidence and attitudes in order to change behaviours and practice that can lead to better care and outcomes for people with dementia.</p>

	will be sent to primary care and secondary care to support awareness of this initiative.		
Promote and enhance the use of assistive technology , including new technologies that will help keep people safe and independent for longer	Establish a baseline of existing users and continue to develop and monitor the assistive technology provision, increase awareness of the availability and benefits of assistive technology for people with dementia as a support option. Ensure outcomes for people with dementia are measured appropriately.	2024/25	Assistive technology can support people with dementia to remain independent, safe in their own home and socially involved, whilst having a positive impact on the wellbeing of carers and families. Assistive technology can also provide reassurance to carers and support with daily caring tasks.
Ensure that people living with dementia and carers feel safe and protected from abuse	Review safeguarding procedures for adults with dementia to prevent abuse and work alongside statutory and non-statutory organisations to ensure that these standards are embedded within local safeguarding frameworks and the work of the local safeguarding board.	2022/2025	People will make reasonable steps to identify the possibility of abuse and prevent it before it occurs; and respond appropriately to any allegation of abuse.

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Living Well

People who live with dementia should be supported to remain as independent as possible and involve themselves in activities/hobbies in environments that are well designed and supportive of their needs (as many did pre-pandemic). Those that are working at the time of diagnosis (including carers) should be supported to maintain their employment for as long as possible. Our communities and workplaces should work together to adapt/adjust for people with dementia or caring responsibilities. Simple changes to existing services and awareness raising for those who come into day-to-day contact with people with dementia, such as staff working in libraries, pharmacies, leisure centres etc., can help people with dementia feel more confident and welcome.

The ‘living well’ element of the pathway will be led and championed by Wirral’s Dementia Action Alliance⁸ and feed into the Dementia Strategy Board.

Area	Action	Timescales	Outcome
Wirral’s aim to achieve the status of being a Dementia Friendly’ community which is part of the national Dementia Friendly Communities initiative run by the Alzheimer’s Society	Maintain Wirral’s “ <i>working to become dementia friendly</i> ” status, with focus on recruitment and training of more dementia friends and champions in the community. Consider hosting dementia friends and champion training on Wirral to support this particularly across the faith sector, BAME, LD and education.	End of 2024	People with dementia on Wirral will feel more understood, respected and valued as a member of their community. All areas of the health and care system will be guided to adopt dementia friendly principles so people with dementia and carers will be able to access health and social care without barriers.
Support the re-introduction and promotion of activities within neighbourhoods/localities (face to face and online)	Explore, support and promote activities and initiatives on Wirral aimed at increasing cognitive stimulation and reducing social isolation for people with dementia, noting that some people will prefer to continue to socialise remotely. Support services to develop specific peer support groups for those diagnosed who are under 65 (inc carers) as their support often differ from people diagnosed with dementia over age 65.	2022/23	People with dementia will experience reduced feelings of loneliness and isolation and feel more confident in engaging with community activities, having a positive impact on health and wellbeing.

⁸ https://www.dementiaaction.org.uk/local_alliances/15366_wirral_daa

	Ensure that statutory services and third sector organisations know where and when to signpost people so they can find out more about what services are offered within the neighbourhoods/localities.		
Support people to maintain their own identity and independence	Work with local businesses on Wirral to encourage the development of dementia friendly policies and practices. This includes making reasonable adjustments for people with dementia to maintain their employment where possible, identifying employees who are carers and supporting carers with flexible working hours to enable them to continue working.	2022/2025	People diagnosed with dementia and carers will be able to stay in employment for longer, supporting them to retain independence which will improve carer wellbeing.
Wirral to have greater availability of community housing options suitable for people with dementia	Wirral Council colleagues to ensure that future housing or community development plans (such as the planned re-generation of Birkenhead town centre and 'Wirral waters') include consideration of dementia friendly housing options including dementia care homes and dementia friendly buildings.	2022/2025	As the numbers of people living with dementia on Wirral increases, there will be adequate dementia friendly housing provision that will meet this need in order to support people to live well with dementia in their community.
	Greater information and clarity to be provided to people with dementia and carers to support them access housing options that meet their care and lifestyle needs.		People with dementia and their carers will receive information about housing and care home options available to them to support them to make decisions about the future in advance.

Planning Well

Following a diagnosis, putting legal, financial and end-of-life plans in place is one of the most important steps to take. Devising a plan in the early stage of a diagnosis can be empowering, allowing the person with dementia to participate in making decisions that help family and friends know their wishes. People should be supported to plan early, whilst they are still able to make decisions and should be supported to express their wishes at every step. The ‘planning well’ aspect of this strategy will be championed and led by Wirral’s Palliative and End of Life Care Partnership (PEOLC).

Area	Action	Timescales	Outcome
<p>People with dementia and their carers will be aware of the importance of advance care and end of life (EOL) planning. This includes people having their preferred place of death recorded in their patient record/EOL planning and upheld wherever possible.</p>	<p>People with dementia and their carers will be offered information by appropriate health and care professionals regarding advance care and end of life (EOL) planning in a sensitive and timely manner and be supported/signposted to put these plans in place.</p> <p>EOL plans and wishes to be recorded in the patients notes and shared with relevant professionals involved in their care e.g., specialist nurses and doctors.</p> <p>Establish a baseline and monitor the number of EOL plans recorded in patient records.</p> <p>Support the development of community-based services e.g. Hospice at Home and enhanced Domiciliary Care to support those that wish to die at home.</p>	<p>2022/23</p>	<p>People with dementia will have EOL plans in place while they still have capacity to make such decisions, in order to provide them and their carers with peace of mind that their wishes will be adhered to wherever possible.</p> <p>Increase EOL plans recorded in patient records. Health and social care professionals will be aware of an individual’s end of life plan which will enable them to carry out care in line with the person’s wishes.</p> <p>An increased amount of people with dementia who have recorded their home as their preferred place of death will be supported to do so wherever possible.</p>
<p>Education and training of health and social care staff in end of life planning and end of life care</p>	<p>Review current and potential training options regarding EOL care and EOL planning with people with dementia and carers.</p> <p>Health, social care and care home staff to receive training to support them to identify when a person with dementia is nearing EOL and provide appropriate and compassionate EOL care to individuals in line with NICE guidelines.</p>	<p>2023/24</p>	<p>Health and care staff will feel confident in raising and discussing EOL planning with people with dementia.</p> <p>Health and care staff will be able to better identify when an individual with dementia is approaching their EOL. This will lead to an improvement in EOL care, including assessment, management of symptoms and pain.</p>

<p>Carers to be provided with emotional support when a person with dementia is nearing EOL, and signposted to bereavement counselling</p>	<p>Ensure that carers are signposted to local third sector organisations offering bereavement support and to Improving Access to Psychological Therapies services (IAPT) for bereavement counselling if appropriate. Monitor the numbers of carers of people with dementia accessing IAPT bereavement services.</p>	<p>End of 2022</p>	<p>Carers will have access to high quality bereavement support in a timely manner.</p>
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Conclusion

This strategy sets out the Wirral's system ambition to recover from the impact of Covid-19 and establish Wirral as a place where people who are living with or affected by dementia can truly 'live well'. The strategy and action plans will develop as goals are achieved and will respond appropriately to change. We will be responsive to the information we gain through the involvement of organisations, groups and local people, particularly those living with and affected by dementia (including carers) as well as national mandates.

As a result of this strategy being formulated, a robust programme of work with specific actions and timescales will be developed which aims to deliver on the pillars identified in this strategy.

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ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Tuesday, 11 October 2022

REPORT TITLE:	REABLEMENT REVIEW
REPORT OF:	DIRECTOR OF CARE AND HEALTH

REPORT SUMMARY

This report provides members of Adult Social Care and Public Health Committee with the outcome of a review of reablement provision in Wirral, including an options appraisal with a recommended option for future service delivery. This report follows a previous review of reablement report to members from September 2021.

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

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

This is a key decision that affects all wards.

RECOMMENDATION/S

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

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

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 Health and care system leaders have considered an optimum model for reablement across the Wirral Health and Care economy, following a previous report which was presented to the Committee in September 2021. This has included consideration of best practice NHS models in Barnsley and in house provider models in Stockport (background papers). As part of this review, consideration has been given to the risks, costs, and quality of delivering reablement services with the included alternative models.
- 1.2 The current Care and Support at Home contract takes a full reablement approach, with all of its domiciliary care workforce providing an enabling approach but with no specific part of this service that solely provides reablement as its specialism. Reablement services, as they are currently provided, have therefore been affected by the current capacity pressures attributed to recruitment and retention challenges in the sector.
- 1.3 There has been a drop in reablement activity from 2020 people in financial year 2020/21 to 1054 people receiving a reablement service in financial year 2021/22. The impact of this is longer waiting times for people needing reablement support, both in the community and also for people awaiting hospital discharge.
- 1.4 A responsive and effective reablement service offer is important to enable people to regain and maintain their level of independence and wellbeing. Sustained pressures within the hospital service have resulted in high numbers of people awaiting discharge, and without responsive reablement services people risk losing their independence, resilience and daily living skills.
- 1.5 The return of some services to direct Council provision offers an opportunity to consider reablement services being directly provided by the Adult Social Care and Health Directorate.
- 1.6 The Council has an opportunity to transfer, recruit and train an experienced workforce to improve the reablement offer for Wirral residents. A directly provided reablement service would provide greater opportunity for developing a team of well-trained reablement staff, solely focussing on providing high quality reablement services. With an in house reablement service, there would be greater opportunity to direct the resource to those who would benefit the most.
- 1.7 The Council has an opportunity to respecify the current Care and Support at Home contract, prior to contract extension options being considered in 2023 for extension or recommission in 2024.
- 1.8 The Council also has an opportunity to review the delivery arrangements for its Social Care functions, currently provided by the NHS Wirral Community Health and Care Foundation Trust (WCHCFT). This service includes the assessment and co-ordination of reablement packages of support by its Short-Term Assessment and Reablement (STAR) Team. A report is to be presented to October Committee with options for future delivery arrangements.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 **Option 1** - To establish an in house reablement delivery provision in the Council to work as part of a Multi-Disciplinary Team (MDT) model, working collaboratively with Wirral Community Health and Care NHS Foundation Trust (WCHCFT). A separate report will be presented to the Adult Social Care and Public Health Committee in October 2022 with a review of the delegated Social Work contracts provided by WCHCFT, who also currently provide the assessment and case management of reablement packages. These functions may also form part of an in-house delivery service.
- 2.2 **Option 2** - To continue to provide the reablement service as part of the current Care and Support at Home contract recognising the current capacity pressures within the system. Officers did not recommend this option due to the desire to develop an improved reablement service offer.
- 2.3 **Option 3** - to commission a fully delegated assessment and reablement delivery service from the NHS. Officers did not recommend this option as this would not have enabled the Council to directly design and control service delivery.
- 2.4 **Option 4** - The Council could have opted to commission a fully delegated assessment and reablement delivery service from the Care market. Officers did not recommend this option due to pressures in the sector and to a reduced ability to directly design and control service delivery.

3.0 BACKGROUND INFORMATION

- 3.1 The Council has a statutory duty under the Care Act 2014 to ensure a responsive and sufficient care market to meet the needs of its population. The Care Act also requires Council's to promote wellbeing and independence.
- 3.2 In 2018, Wirral Health and Care Commissioning (WHCC), and the Healthy Wirral Partnership were established. This presented the opportunity for a jointly commissioned, ambitious, fully inclusive service called the "Care and Support at Home Service" delivering:
- Reablement
 - Domiciliary Care
 - Complex Care (Domiciliary)
 - CHC non-complex (not requiring nursing from registered provider)
 - End of Life Care
 - Trusted assessment / provider-led reviews.
- 3.3 A review of the existing Care and Support at Home contract is due in 2024, one year prior to the end of the first 5-year contract period, and officers will be able to respecify for the community care market providers, trusted assessment and reablement requirements, and ensure that the community care market offer is aligned to the Councils new offer of in house reablement delivery service should Members approve the recommended option.

- 3.4 At September 2021 Committee, members considered a reablement report which detailed that other Local Authority Council led reablement services had on average 840 people who used the serviced per year, and they were in receipt of a reablement service for an average 3.5 weeks.
- 3.5 Reablement Data for Wirral from April 2020 – March 2021 shows that:
- 2020 People received a reablement service
 - 60,000 hours of reablement were delivered in 2020/2021
 - People were in receipt of the service for an average of 21 days
 - At the end of the period of reablement:
 - 39% of people went on to having long term care at home
 - 38% of people aims achieved their reablement goals and had no ongoing service
 - 15% of people went onto a bed-based service
 - 8% of people ceased the service
- 3.6 Reablement data for Wirral from April 2021 – March 2022
- 1054 People received a reablement service
 - 28,000 hours of reablement were delivered in 2021/22
 - People were in receipt of the service for an average of 15 days
 - At the end of the reablement period
 - 37% of people went on to having long term care at home
 - 45% of people aims were achieved and no ongoing service required
 - 11% of these went onto a bed-based service
 - 6% of people ceased the service
- 3.7 We have seen a 48% reduction in the reablement service from 2020/21 to 2021/22.
- 3.8 The care provider market in Wirral has experienced difficulties in recruitment and retention since the re-mobilisation of services for health, hospitality, and retail from June 2021. A range of incentives have been used to support the market to improve performance. However, activity in the Care and Support at Home Service remains at a reduced level, impacting on reablement outcomes.
- 3.9 The Council has previously provided a directly delivered reablement service offer, in collaboration with the community care market. This new service offer will be strengthened by a Health and Care system-wide response to reablement with complimentary service offers.
- 3.10 WCHCFT is developing a “Home First” and reablement service pilot which will go live in August 2022, and phase one will be to prove the concept of the “Home First” model. A developed Council reablement offer would be a fundamental part of any future MDT model on Wirral, contributing to wrap-around support to keep people independent and living in their own homes.
- 3.11 The overall annual cost of the current reablement offer within the Care and Support at Home Service is £1.1M, based on current activity at the significantly reduced level.

4.0 FINANCIAL IMPLICATIONS

4.1 The overall annual cost of the current reablement offer at the current reduced level, within the current contract, is £1.1M.

4.2 If members approve the officer recommended Option 1, service design and financial modelling would be required prior to the final approval of any new service. The financial modelling would be included as part of a future committee report with detail of the proposed service arrangements inclusive of costs and contractual considerations.

4.3 The Council may be required, dependent on its in-house service offer to establish a registered office with Care Quality Commission (CQC) to provide domiciliary care activity. Based on the current CQC fees calculator, the following fees could apply:

- 100 clients £5669 pa
- 200 clients £11,100 pa
- 500 clients £27,591 pa

4.4 The fees payable to CQC cover all the costs of:

- initial registration
- any changes to the registration
- CQC activities associated with monitoring, inspection, and rating.

4.5 The amount of fees paid is dependent on the type of services provided, and the scale of services.

5.0 LEGAL IMPLICATIONS

5.1 The current commission of the Care and Support at Home Service has been undertaken in accordance with The Public Contract Regulations 2015 and the Council's Contract Procedure Rules. It should be noted that the current contract is for 5-years (2019-2024) with the option to extend for a further 5 years (2029), considerations would need to be given to the contractual obligations and any specification as a result of this service change.

5.2 The Council will be required to meet any regulatory requirements under Care Quality Commission for the establishment of any new directly delivered regulated service options.

5.3 The Council is required under the Care Act, to meet both its duties for care and support, for eligibility and assessment and to sustain a sufficient and responsive community care market.

5.4 The Council has a duty under the Health and Safety at Work Act 1974, to ensure the health and safety of its employees and any people who use the Council services.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 The Council may need to refresh the current IT equipment for staff who may transfer to the Council.
- 6.2 The Council will have to take into account as part of any staff hybrid working arrangements, desk-based calculations for future accommodation.
- 6.3 The Council will need to consider resources to enable it to manage its duties under the Health and Safety at Work Act 1974 and subordinate regulations.

7.0 RELEVANT RISKS

- 7.1 There is a risk that if an improvement is not made to the way that reablement services are delivered in Wirral, that the numbers of people who receive this service will continue to fall and will not be able to return to independent living.
- 7.2 There is a risk that the Council will not meet its statutory duty under the Care Act to meet current unmet demand for Care and Support at Home Services if an improved service offer is not put in place.
- 7.3 There are risks of returning the service to the Council in terms of capacity for training and health and safety oversight and these risks are being managed and mitigated.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 There has been significant engagement across the health and care system partnership working arrangements to agree a new a model for reablement delivery that includes both and NHS and Council led models, to work in collaboration to achieve the best outcomes for people.
- 8.2 Should members approve Option 1 as the preferred option, then further engagement will be undertaken with people who have used, or may use reablement services, their family carers and stakeholders, to inform the design of the future service.

9.0 EQUALITY IMPLICATIONS

- 9.1 Equality Impact Assessments will be an integral part of building of the new service and assessments will be done at the earliest opportunity.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 The current model for Care and Support at Home supports reducing carbon emissions as staff rotas / care schedules are co-ordinated to enable care staff to undertake their work by walking, car sharing or the use of a bicycle. This plays a valuable role in the reduction of air pollution levels.

11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 Reablement Service provides opportunities for local employment in the care sector.

11.2 Reablement services supports vulnerable people in the community through enabling independence for individuals to live fulfilling lives to the best of their abilities.

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APPENDICES

N/A

BACKGROUND PAPERS

<https://www.scie.org.uk/reablement/what-is/principles-of-reablement>

<https://www.nhs.uk/conditions/social-care-and-support-guide/care-after-a-hospital-stay/care-after-illness-or-hospital-discharge-reablement/>

Care Quality Commission - Regulatory Fees

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Public Health Committee	7 June 2021

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ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Tuesday, 11 October 2022

REPORT TITLE:	SUPPORTED INDEPENDENT LIVING MODEL
REPORT OF:	DIRECTOR OF ADULT CARE AND HEALTH

REPORT SUMMARY

Adults who have a disability, learning disability, autism or mental health need may require additional care and support within their home to enable a fulfilling and independent life. Care and support is offered to people in a range of accommodation settings, including people living in their own “owner occupier” home, their own single occupancy tenancy, a shared Supported Independent Living arrangement with their own tenancy and extra care housing.

Over the years, Supported Independent Living accommodation has evolved with various types of accommodation and service offers. The report provides an update for members on the work undertaken to develop a new model for Supported Independent Living in Wirral, for Adults with Learning Disability, Autism and Mental Health needs.

The report includes:

- Work which is in progress across the Cheshire and Merseyside region
- Work in the Wirral “place” to meet local demand
- Links to local housing service and accommodation servicer offer
- Decommissioning of some current schemes which no longer meet local requirements
- The deployment of technology enabled care

This supports the work of the Wirral Plan 2026 in the following categories:

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

This is not a key decision.

RECOMMENDATION/S

The Adult Social Care and Public Health Committee is recommended to approve the approach to developing the Supported Independent Living offer to people in Wirral with a learning disability, autism or mental health need.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The new model means that people have the opportunity to progress to innovative models of care, some of which are currently deployed, that help them to meet their full potential and have improved outcomes.
- 1.2 To ensure continued progress of our current improved offer so all people can have the opportunity of their “own front door”.
- 1.3 To ensure people are supported in positive ways which can reduce demand on local services.
- 1.4 To ensure people are enabled to take up the offer of personalised and specialist technology to support them with their care arrangements.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 To not progress the current momentum on the revised Supported Living Model, which would mean we would not achieve full roll out of our improved accommodation with care offer and reduce voids.
- 2.2 To not apply a new specification for accommodation which would mean any new developments would not meet the required standard at an approved rent level.
- 2.3 To deploy technology in isolation to the accommodation offer to support independence would mean people would continue to be dependent and not maximise their independence. Our current offer also includes consideration of Technology Enabled Care.
- 2.4 To maximise use of the Regional Flexible Purchasing System (FPS) which would mean that a wider range of services would be on offer for commissioners and support choice and control for people who choose a Direct Payment. This collaborative commissioning approach has meant a streamlined approach and has required fewer resources and commitment than multiple procurement exercises.

3.0 BACKGROUND INFORMATION

- 3.1 The Council requires a spectrum of Supported Accommodation with Care to meet the assessed needs of a varied group of people who require it. Officers have been working both locally and regionally on the development of new models of supported living to ensure that people are able to live independent and fulfilling lives within their own communities. An improved mixed model of care has meant that people have been able to take advantage of an improved care and accommodation offer. People are being supported to reach their full potential, experience improved life outcomes and ensure that they are full and active members of their own communities. Officers have ensured that the review has taken account of, and is planning for, the following:

- Effective planning for smooth transitions for young people preparing for adulthood
- Increased employment and vocational education and training opportunities for people with a learning disability
- Provide a range of good quality housing and support options for people with a learning disability with a clear pathway on how to access them
- Promotion of independence to ensure people are safe and connected to their community
- Promotion of support networks for family, friends and parents and carers who support people with a learning disability
- Working in partnership with health services to deliver better health and wellbeing outcomes for people with a learning disability and their parents and carers

3.2 Cheshire and Merseyside Region

3.2.1 Work has been underway across the Liverpool City Region since 2018 to establish a Liverpool City Region framework of providers, to offer a range of alternative service provisions, offer choice and control to families who choose to engage a provider, and to widen the offer for social work services who are supporting individuals and their carers.

3.2.2 Liverpool Council has led the procurement exercise to establish the framework on behalf of the Liverpool City Region, and Wirral Commissioning Leads have played a key role in the establishment of the framework, contributing to the evaluation programme.

3.2.3 There are now a total of 71 Supported Living providers registered on the Liverpool City Region framework, with potential to extend across Cheshire also as part of new Cheshire and Merseyside working arrangements.

3.2.3 The categories of services included in the Liverpool City Region Framework are:

- CQC Registered Community-based services which offer personal care and support either with or without accommodation for those with eligible needs under the Care Act.
- Non-Registered community-based services which offer care and support either with or without accommodation for those with eligible needs under the Care Act.
- Registered Residential and Nursing Care Services for those with eligible needs under the Care Act.
- Positive Behaviour Support (PBS) for those with eligible need under the Care Act
- Connecting with Others / Learning New Skills as wider prevention service or for those with eligible needs under the Care Act.
- Independent Support Planning / Brokerage Services for those with eligible needs under the Care Act.

3.3 Work in the Wirral “place” to meet local demand.

3.3.1 Commissioning Leads have undertaken a review of the current Supported Living housing stock and reviewed against the needs of the individuals who currently reside

there. Where it has been apparent that accommodation has been outdated and not meeting the needs of the individuals, then offers of improved housing has been offered in line with new service development.

- 3.3.2 Commissioning Leads have communicated to both the housing and provider market that specification requirements for any approaches for new Extra Care or housing schemes, include requirements for accessibility, rent levels and registration and compliance requirements.
- 3.3.3 Commissioning Leads have reviewed the number of voids and vacancies with the existing Supported Living housing stock and have actively worked with both people who use services and care providers to decommission services where appropriate and move to new and improved accommodation offers.
- 3.3.4 As a result of the decommissioning activity, the Supported Living voids have reduced from 65 in September 2020, to 42 as of June 2022.
- 3.3.5 In December 2019, a joint event was held with Housing developers, Registered Housing Providers and Care Providers to set out requirements for any future developments in Wirral. Criteria has been set out to meet the following requirements:
- People should, where appropriate have their “own front door”
 - Our preferred layout is for full apartment living (separate living, bathroom, bedroom), not bedsit style accommodation
 - Accessibility should be level access with facilities to match
 - Outdoor space should be available to support wellbeing
 - Parking for individuals should be available
 - There should be access to community amenities and facilities nearby
 - Key access links to neighbouring towns/cities, and transport locally
 - People should be connected into local communities, with activities and employment
- 3.3.6 The Council’s Market Position Statement sets clear commissioning intentions as follows:
- Supported Living services can be accessed by all client groups who require a care and accommodation need
 - Supported Living includes supporting people who are living in their own property (outreach) or who are living in shared accommodation with other people
 - We will actively move towards improving independence for our people and work with providers to improve the offer
 - We will decommission shared accommodation services where they are not delivering the best outcomes for the people who live there.
 - Improving the ‘own front door’ and access background support when needed.
 - We will continue to develop new schemes in line with the Wirral Plans specialist housing target
 - 300 units (all client categories)

And with key messages:

- To review the supported living offer as to whether this meets the needs of our people and is cost effective
- Decommission supported living services that are not fit for purpose
- Outcome based commissioning/trusted assessor
- Review the model of night-time support

The principles we have adhered to are:

- The person is at the centre
- We need to make sure we have the best outcomes for our people
- We need to engage and discuss with our people
- We have to work collaboratively with our people
- Proactively plan and support people through changes

3.4 Links to local housing service and accommodation service offer - Extra Care

3.4.1 Joint working with Council colleagues from Housing and Regeneration has enabled Officers to take a strategic view on future requirements for housing developments to meet anticipated demand. A Strategic Housing Management Assessment was completed in 2019 and the link can be found here: -

<https://www.wirral.gov.uk/sites/default/files/all/planning%20and%20building/Local%20Plans%20and%20planning%20policy/Examination%20Library/11.%20Housing/H1%20Draft%20Strategic%20Housing%20Market%20Assessment%202020.pdf>

3.4.2 The Wirral Strategic Housing Market Assessment (SHMA) 2019 provides the Council with up-to-date evidence to inform the preparation of its local plan. It also provides detailed, robust and defensible evidence to help determine local housing priorities and to inform the Council's housing and related strategies.

3.4.3 Regular meetings for developments for Older People's Extra Care now routinely take in to account the needs of people who require a Supported Living Model response.

3.4.4 Any approaches by housing developers on site availability are routinely on the agenda for joint consideration with housing colleagues alongside any developments for Extra Care for Older People.

3.4.5 Officers across the Council work collectively on new scheme developments and ensure that rents levels are priority for discussion prior to any agreements to progress.

3.4.6 The establishment of a Care and Accommodation Panel, in partnership with operational Social Work colleagues has resulted in responses to housing needs being met sooner and also enabled officers to take account of any unmet needs for future planning purposes.

3.4.7 Commissioning Leads have worked with 1st Enable to establish and develop a commissioned transitional 8-bed studio apartment Supported Living scheme. An additional 'Live and Learn' apartment for people to access who want to experience living more independently for the first time is also included. A Skills Centre is being

operated at the same site delivering the “Skills for Life” programme Monday to Saturday. This enables 25 individuals to attend weekly to develop life skills to gain greater independence and move to live independently in the community, including a focus on younger adults and those that have transitioned from Children’s services. The Skills for Life programme provides individuals the support they need to obtain life skills to enable them to move to greater independence in a single tenancy or ‘own front door’ model. The programme provides access to opportunities for paid employment with businesses in the local community, voluntary roles, work placements and to access further education and or attend college.

3.5 The deployment of technology-enabled care.

3.5.1 There are two broad streams of technology that are targeted towards Supported Living services designed to increase independence, reduce dependence on traditional care services and to improve the quality and efficiency of services.

3.5.2 Technology Deployment to Individuals

A range of technology options have been identified, suitable for use across the spectrum of need of individuals. Wirral Council is working with major providers to identify products that have already been piloted and shown to be of benefit.

Examples include:

- Grandcare, a customisable personal digital assistant continues to be offered to support individuals with socialisation (through video, voice and text messaging), scheduling and planning, prompts and reminders as well as video and audio guides to complete daily living tasks such as personal care, dressing, simple meal preparation and administering medication.
- Exploration of the use of Autonomie, a video and audio app containing detailed descriptions of common daily living tasks. Tasks are linked by competences, and the app is searchable via images or through the use of a catalogue containing QR codes, taking the person seamlessly to the activity they want to complete. The app tracks activity and provides outcome information when tasks are completed successfully or in less time as competence and confidence builds. Where necessary, customised instructions can be developed in addition to the standard library. The app runs on the person’s own technology, usually a tablet or a smartphone.
- A variety of monitoring systems designed to minimise care demands, especially waking nights where individuals are often disturbed by staff while their welfare is being checked. Monitoring devices can be installed to alert staff when the person requires support, and to provide privacy to the person when support is not needed. The approach will be personalised, using appropriate equipment to meet the person’s needs and care patterns.

3.5.3 Supporting Providers with Digital Systems

Wirral Council has successfully supported domiciliary care providers to digitalise their care planning and management systems using Everylife Technologies’ PASS

System. The offer is currently also open any care homes and supported living providers. Since May 2022, The Department of Health and Social Care (DHSC) has implemented a change programme, via the ICS, to digitalise social care. Funding will be made available over the next 3 years to places across Cheshire and Merseyside to facilitate the transition of care providers from paper-based care management records to digital systems. The benefits include easier sharing of information with professionals and families, the potential to track care delivery and pay on “actuals” rather than commissioned hours, track the achievement of outcomes for residents and simplify any care transition arrangements between providers and settings, e.g., Domiciliary Care to Extra Care, Extra Care to Residential, etc. The digital systems provide the ability for families and friends to take a greater role in care and enhance communications with clinical partners.

4.0 FINANCIAL IMPLICATIONS

- 4.1 In financial year 2021/2022 the total amount of funds spent on Supported Living Services was £36.5m, for a total of 922 people.
- 4.2 While progression with the new model improves the lives of people currently in supported living services and improves the support of young people transitioning from Children’s services to Adults, it also supports the reduction of funding voids within the system therefore ensuring a cost neutral impact overall.

5.0 LEGAL IMPLICATIONS

- 5.1 Services are commissioned for people that meet eligibility criteria, following assessment under the Care Act 2014.
- 5.2 Providers are available on both the Wirral and Liverpool City Region frameworks and procurement regulations have been adhered to, to establish the frameworks.
- 5.3 Occasionally, providers may be commissioned to meet local needs, outside of the framework arrangements if there is a specialist need.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 Funds are allocated from within Adult Social Care core budgets to meet the requirements of the Supported Living Provision.

7.0 RELEVANT RISKS

- 7.1 There may be a risk that there are insufficient providers with expertise to meet needs and local demand. This risk will be mitigated by commissioning off the framework and also by opening up opportunities for other providers to join the Liverpool City Region framework.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 As services continue to develop, engagement will take place in relation to the development of any new schemes with both families and people who may use the services.

8.2 Officers will continue to engage with providers of services to ensure that services are reviewed and are delivering improved outcomes for peoples who are supported

9.0 EQUALITY IMPLICATIONS

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

9.2 An 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 Travel by staff in the Borough is minimised, as people are supported in their own homes.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 As of June 2022, the Supported Living Market on Wirral provides employment for 2100 people.

11.2 In March 2022, 91% of providers were paying the Real Living Wage of £9.90 to staff.

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APPENDICES

N/A

BACKGROUND PAPERS

Fulfilling and Rewarding Lives: the strategy for adults with autism in England
CQC - Right Support, Right Care, Right Culture
National Disability Strategy – 2021
The National Strategy for Autistic Children, young people and adults: 2021 to 2026
No Health without Mental Health - 2011
Model for Extra Care Housing in Wirral 2018

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Joint Strategic Commissioning Board - Liverpool City Region Complex Care Framework	16 October 2018
Adult Social Care and Public Health Committee - Extra Care Housing Model	2 March 2021
Strategic Housing Management Assessment (SHMA)	2019

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Adult Social Care and Public Health Committee

Tuesday, 11 October 2022

REPORT TITLE:	2022/23 REVENUE AND CAPITAL BUDGET MONITORING FOR QUARTER 1 (1 APR – 30 JUN)
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 1 (1 Apr – 30 Jun) 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 1, there is a forecast adverse position of £0.180m on the Committees net revenue budget of £115.107m. This position is based on activity to date, projected trends in income and expenditure and potential mitigation to offset areas of adverse variance. This variance, if it cannot be offset via other mitigations in year, will be funded from the Social Care Fund Reserve at the end of the year.

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

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 1 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 1, month 3 (June 2022) of the 2022/23 financial year.
- 3.2 As at the end of June 2022 (Quarter 1), the financial forecast year end position for Adult Social Care and Public Health is a small adverse position of £0.180m against a total net budget of £115.107m. This will be mitigated with use of the social care grant reserve set aside from 2021/22.
- 3.3 The current forecast assumes full achievement of the £3.89m savings target. There is currently no plan to use reserves to meet the savings target.
- 3.4 Government funding for hospital discharge has now ceased. During 2021/22 this £1.6m funding supported the pressure on community care.
- 3.5 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		Adv/ Fav
	£000	£000	(+ Fav, - Adv) £000	%	
Adult Social Care Central Functions	8,980	8,668	312	3%	Favourable
Older People Services - WCFT	51,708	53,291	-1,583	-3%	Adverse
Mental Health & Disability Services - CWP	54,068	52,948	1,120	2%	Favourable
Other Care Commissions	93	123	-30	32%	Adverse
Public Health	-262	-262	0	0%	
Wirral Intelligence Service	519	519	0	0%	
Committee Budget	115,107	115,287	-180	0%	Adverse

- 3.6 **Central Functions:** A favourable variance of £0.312m is reported at Quarter 1. This variance is as a result of a small number of vacancies and delays in recruitment. This position will continue to be monitored throughout the year.
- 3.7 **Older People Services:** An adverse variance of £1.583m is reported at Quarter 1. During the financial year 2021/22 funding of £1.6m was received from Wirral CCG to support the hospital discharge programme. The funding supported the cost of a care package for 4 weeks following discharge from hospital. This allowed a quicker discharge into community based settings to support bed capacity within the hospitals. This funding ended 31 March 2022, however it was agreed to extend the current discharge programme for a further 3 months to 30 June 2022, funded through Wirral CCG and the BCF. While there continues to be pressure within Older Peoples services due to hospital discharge, mitigations are in place supporting the domiciliary care market to increase capacity and reduce the need for more costly residential placements. 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 £1.120m is reported at Quarter 1. Part year savings achieved 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.
- 3.9 **Other Care Commissions:** An adverse variance of £0.030m is reported at Quarter 1. This is due to minor variances to budget.
- 3.10 **Public Health:** A balanced position (following contribution from reserves) is reported at Quarter 1. Public Health is a ringfenced grant with an annual value £30.99m.

- 3.11 The Public Health Grant for 2022/23 is £30.99m an increase of £0.857m from the 2021/22 allocation of £30.142m. Approximately £23m 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
- 3.12 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
- 3.13 £0.390m funds directly delivered services within the Council such as Drug and Alcohol support for Young People and the Response service.
- 3.14 Finally running costs for the service equates to approximately £2m.
- 3.15 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.
- 3.16 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.
- 3.17 **Wirral Intelligence Team:** A balanced position is reported at Quarter 1.

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

	Budget	Forecast	Variance (+ Fav, - Adv)		Adv/ Fav
	£000	£000	£000	%	
Income:	-87,149	-86,595	-554	-1%	Adverse
Expenditure:					
Employee	7,838	7,494	344	4%	Favourable
Non Pay	59,672	59,811	-139	0%	Adverse
Cost of Care	134,746	134,577	169	0%	Favourable
Total Expenditure	202,256	201,882	374	0%	Favourable
Committee Budget	115,107	115,287	-180	0%	Adverse

Progress on Delivery of the 2022/23 Savings Programme

3.18 In terms of savings, £0.196m of the £3.89m savings target is delivered. Representing 5% of the total savings target with a further 95% or £3.694m 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		

3.19 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 £0.196m achieved to date and a further £0.4m of savings identified by the Trusts but is yet to be validated. This will be completed during Quarter 2.

Earmarked Reserves

3.20 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

- 3.21 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.
- 3.22 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.
- 3.23 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.
- 3.24 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

3.25 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				2023-24	2024-25
	Total	Q1	Q2	Q3	Q4		
	£0						
Disabled Facilities Grant (DFG)	433	0	0	0	433		
Citizen and Provider Portal/Integrated I.T.	76	0	0	0	76		
Extra Care Housing	5,231	0	0	0	2,764	1,776	691
Liquid Logic – Early Intervention & Prevention	219	0	0	0	219		
Telecare & Telehealth Ecosystem	1,364	130	130	130	130	1,640	324
Total	7,323	130	130	130	3,622	3,416	1,015

3.26 **Telecare & Telehealth Ecosystem:** Additional funding streams have reduced the expected use of capital for this programme. In total over £415k of planned Council expenditure was avoided in 2021/22 and met by the NHS. Discussions are ongoing to confirm the level of borrowing required to deliver this programme of work as greater alignment and stronger interdepartmental working with Strategic Housing is considered. Further variance is expected as negotiations with suppliers result in better value purchasing, along with continued investment from NHS.

3.26.1 During Q1 2022, the deployment of Grandcare has been focussed as a technology option to reduce the need for Supporting People (SP); a tenancy support payment made to care providers. Typically, this will include help with bills and budgeting, maintaining the property and other household related tasks. None of the provision is designed to provide care. In practice, many people have already utilised their own technology for this activity, using apps on their own smartphones and tablets and using their devices to access digital and online services. As result, it has been identified that many people do not require this support – either from technology or from care workers, providing opportunities for significant efficiencies to be made. Of course, where support of some description is required, this is being commissioned following assessments of and reviews of care needs.

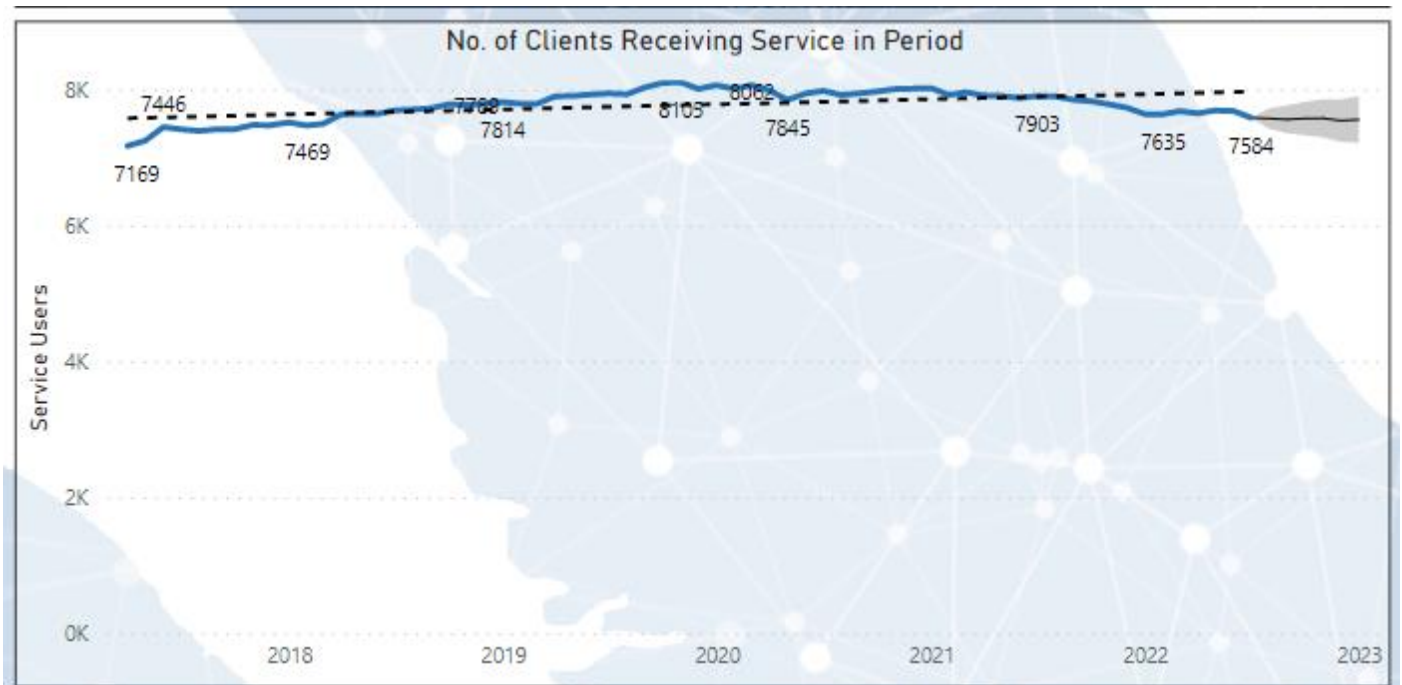
3.27 **Extra Care:** The Housing 21 Upton Scheme is expected to start this financial year when £2,764,050 (75% of the expected grant) will be paid. The balance of payment is expected to fall due early in financial year 2024-25.

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

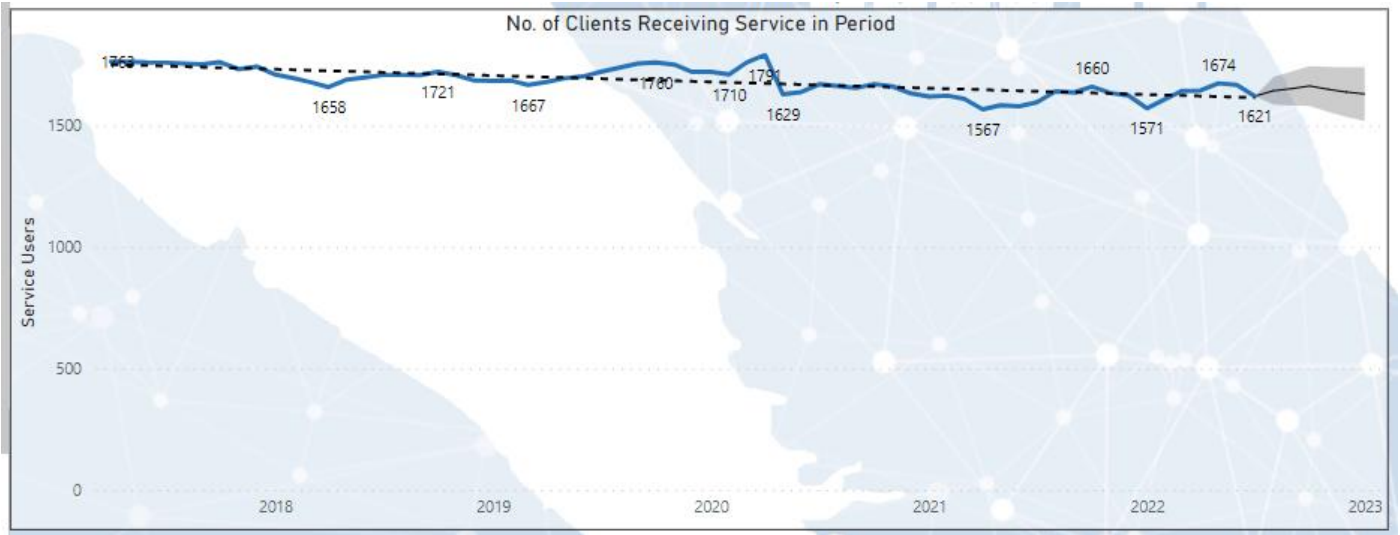
3.28 **Citizen and Provider Portal/Integrated I.T.:** The enhanced functionality for portal developments and integrated system elements are currently being tested with the aim of a planned roll out by the end of this financial year. This will be dependent on the necessary testing being successfully completed 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.

Activity Data

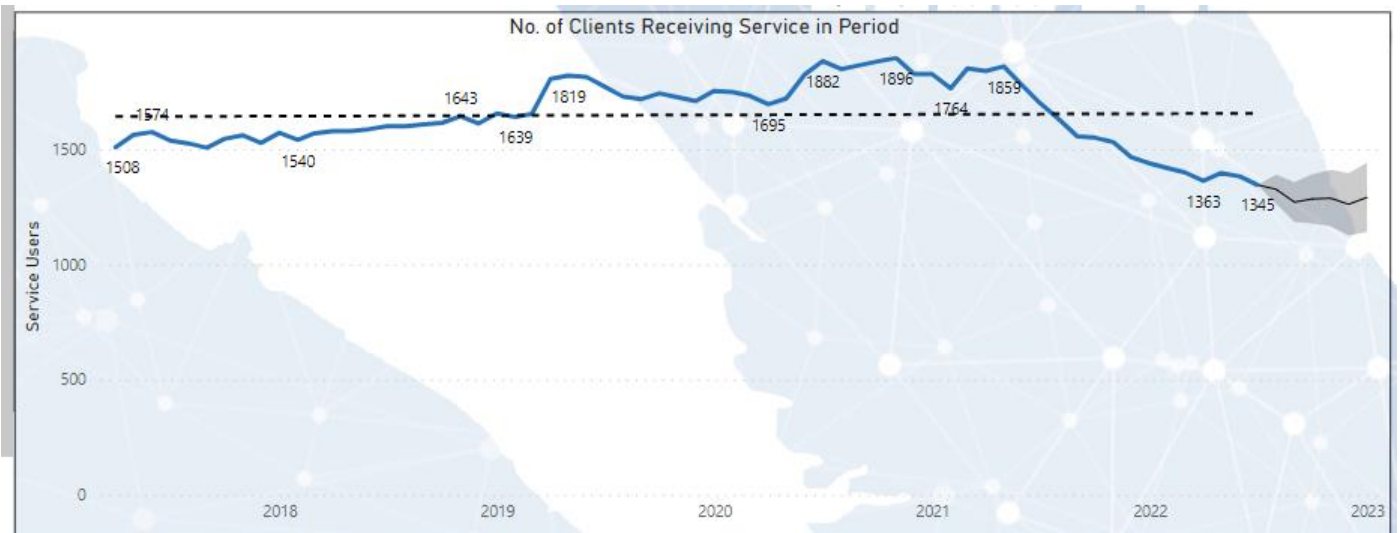
3.29 The tables below represent the activity profiles from 2017 to date for the current financial year.



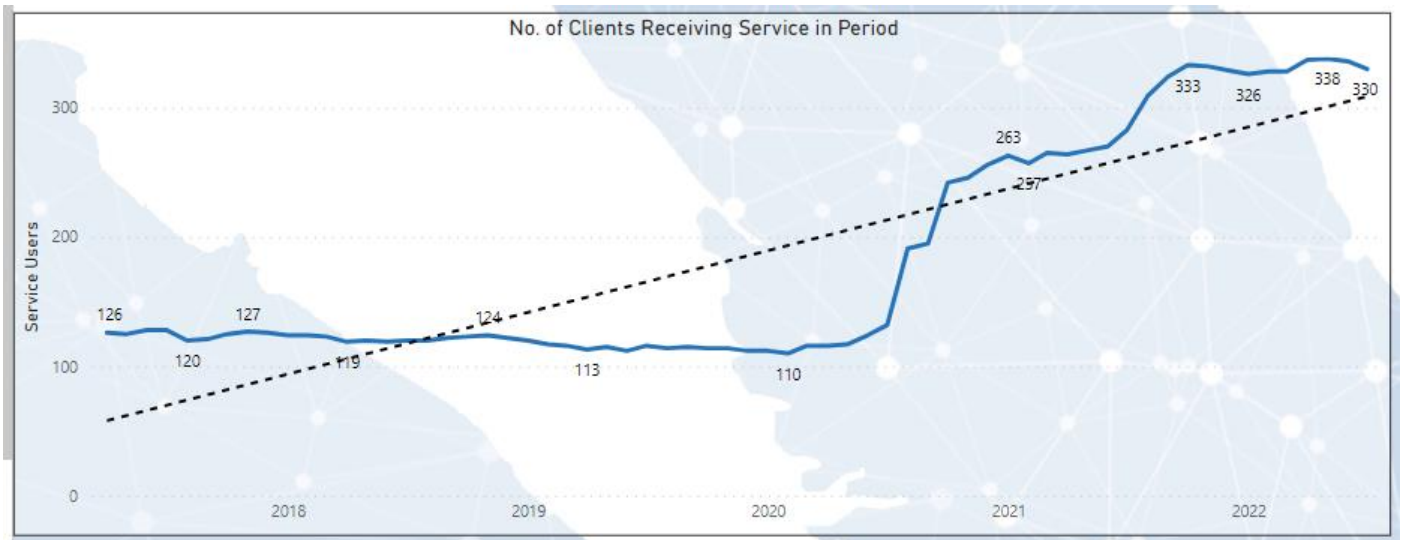
3.30 **All Current Services:** The table above identifies the overall number of clients accessing services between 2017 and 2022. Overall client numbers have increased by 6% to the current level of 7,584.



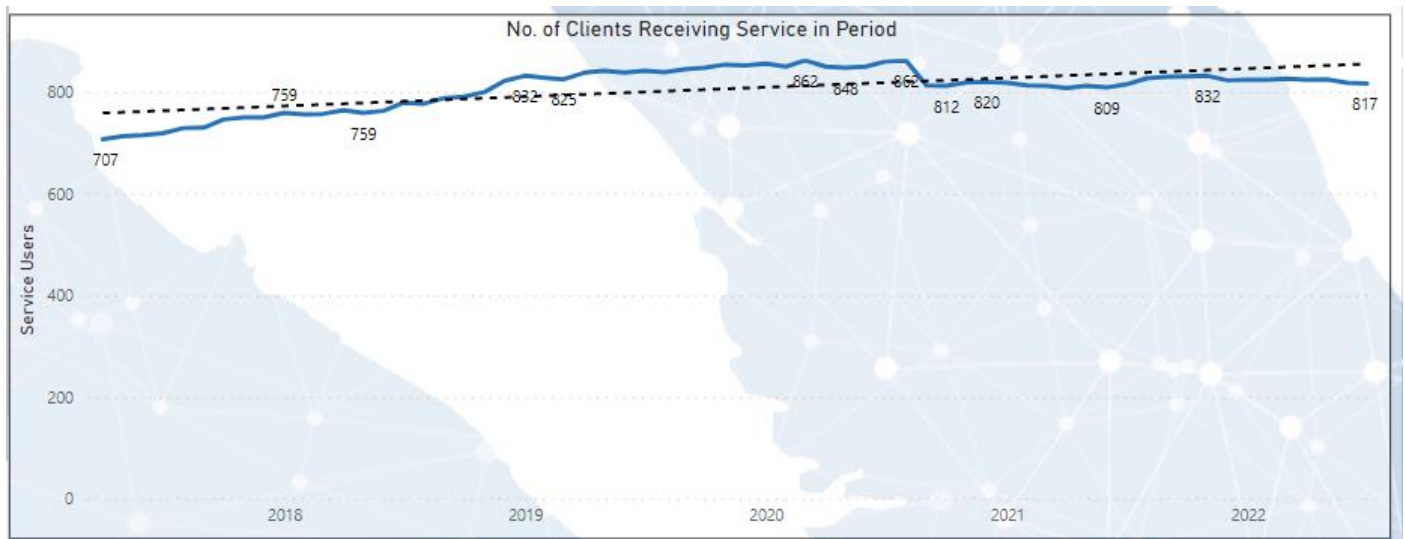
3.31 **Residential/ Nursing Services:** The table above identifies the number of clients accessing residential and nursing services between 2017 and 2022. The data shows client numbers reducing by 8% over this period – 1,763 at Apr-17 to 1,621 current. However, activity has been increasing during 2022 by 3% to date.



3.32 **Domiciliary Care:** The table above identifies the number of clients accessing domiciliary care between 2017 and 2022. The data shows client numbers reducing by 11% over this period – 1,508 in Apr-17 compared to 1,345 current.



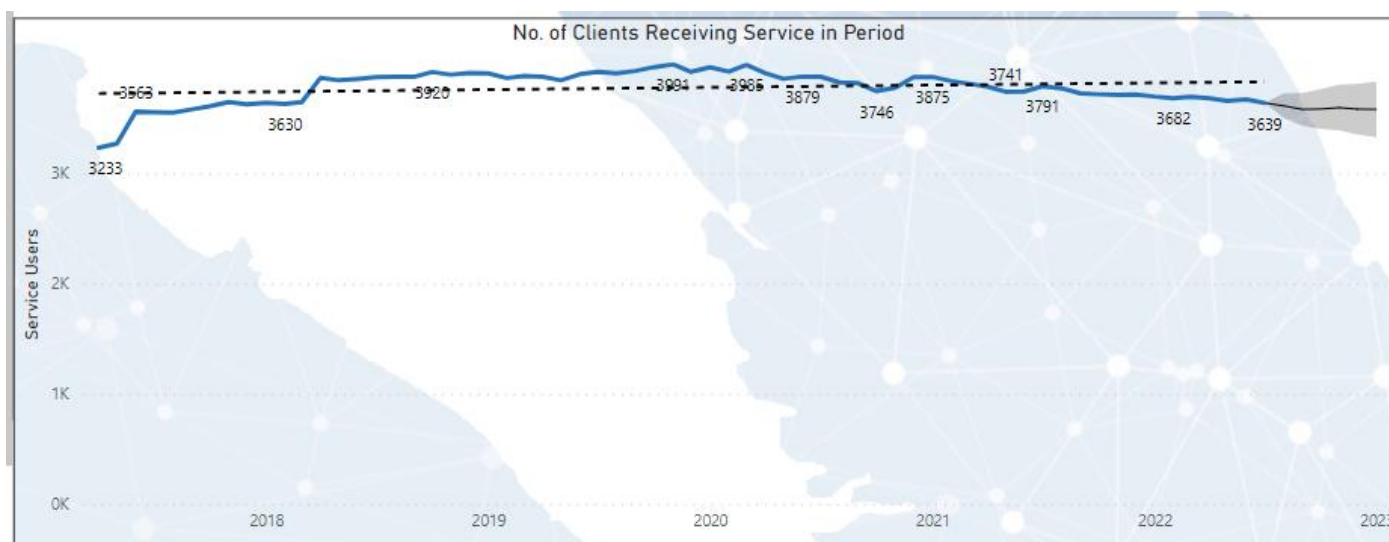
3.33 **Extra Care Services:** The table above identifies the number of clients accessing extra care between 2017 and 2022. Investment in extra care services is reflected in the data with numbers increasing by 62% over this period – 126 in Apr-17 compared to 330 current.



3.34 **Supported Living Services:** The table above identifies the number of clients accessing supported living services between 2017 and 2022. The data shows client numbers increasing by 13% over this period from 707 to 817.



3.35 **Direct Payments:** The table above identifies the number of clients receiving a Direct Payment between 2017 and 2022. The data shows client numbers reducing over this period by 22% - 681 as at Apr-17 compared to 530 current. However, numbers did increase during last financial year by 9% from the start of the year.



3.36 **Assistive Technology:** The table above identifies the number of clients accessing support from assistive technology between 2017 and 2022. The data shows an increase in client numbers of 12% over this period to the current total of 3,639, although numbers have been reducing over the last couple of years. This may be due to the impact of Covid-19 and reduced access to clients' homes.

4.0 FINANCIAL IMPLICATIONS

4.1 This is the Quarter 1 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 in particular 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

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ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

11 OCTOBER 2022

REPORT TITLE:	PUBLIC HEALTH ANNUAL REPORT 2022 (PHAR)
REPORT OF:	DIRECTOR OF PUBLIC HEALTH

REPORT SUMMARY

The Public Health Annual Report (PHAR) is the independent annual report of the Director of Public Health and is a statutory requirement. This year the 2022 report is presented in two parts:

- A video which focuses on the key role of the Community, Voluntary and Faith sector in supporting local people and residents to be resilient in challenging circumstances
- A State of the Borough report which uses a range of statistics to report on health and wellbeing in the borough, which can be explored via <https://www.wirralintelligenceservice.org/state-of-the-borough/>.

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

The work highlighted in the report supports the following priorities of the Wirral Plan 2026:

- Brighter Futures - Working together for brighter futures for our children, young people and their families by breaking the cycle of poor outcomes for all regardless of their background.
- Safe and Vibrant Communities - Working for safe and vibrant communities where our residents feel safe and are proud to live and raise their families.
- Active and Healthy Lives - Working to provide happy, active and healthy lives for all, with the right care, at the right time, to enable residents to live longer and healthier lives.

RECOMMENDATION/S

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

1. Endorse the Public Health Annual Report (video), acknowledging 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.
2. Support the ongoing development of the State of the Borough website and receive an annual report on key indicators, themes, and the progress being made to improve health in Wirral.

SUPPORTING INFORMATION

1.0 REASONS FOR RECOMMENDATION/S

- 1.1 We need residents' engagement to tackle the entrenched health inequalities we have in the borough, which have been exacerbated by the pandemic. This year's Public Health Annual Report illustrates the key role that the Community, Voluntary and Faith Sector plays in taking forward action to address these inequalities.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 The publication of the Public Health Annual Report is a legal requirement, no other options have been considered.

3.0 BACKGROUND INFORMATION

- 3.1 The Public Health Annual Report is an important vehicle to identify key issues, flag up problems, report progress and inform local inter agency action. The purpose of the PHAR is to draw attention to local issues of importance which have an impact on population health. Since the Council took back responsibility for Public Health in 2013, we have published seven reports on:

- Social isolation
- Healthy schools and children
- Domestic violence
- The roles of the Council and NHS in promoting health and wellbeing
- Problem gambling
- The role of culture in health and wellbeing
- Embracing Optimism – Living with COVID-19

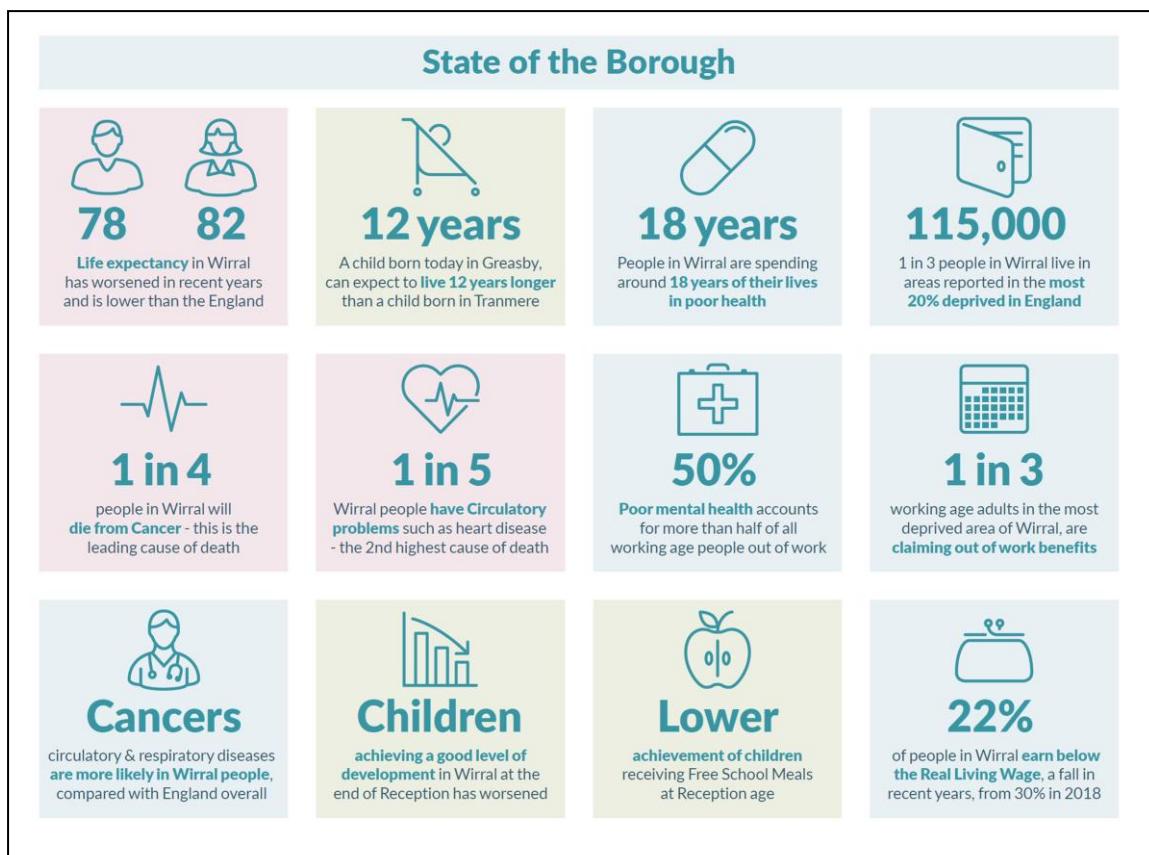
The first stages of the COVID-19 pandemic were really challenging as we had minimum information on a new virus, how to manage or treat it. We had to make difficult decisions based on first principles and at pace. The introduction of lockdowns was a difficult time for everyone, but we all came together to keep each other safe. For this year's Public Health Annual Report, I thought it was important to hear stories from different community, voluntary and faith organisations about how they met the immediate response of the pandemic and are now dealing with living with COVID-19 and the new challenges we are facing.

We need our residents' support to tackle the entrenched health inequalities we have in the borough, and which have been exacerbated by the pandemic and now the cost-of-living crisis. This year's Public Health Annual Report illustrates the key role that the Community, Voluntary and Faith Sector plays in taking forward action to address these inequalities. This is also reflected in the Health and Wellbeing Board Strategy as a priority with the sector as a key partner to develop and deliver the plan.

To support work to tackle health inequalities and ensure we are targeting interventions where they can really make a difference, we have developed an interactive State of the Borough website to provide an up-to-date picture of Wirral using a range of statistics and insight from local people.

- 3.2 In Wirral, we have a history of strong grass root community organisations who are the bedrock of our local communities. The community, voluntary and faith sector continues to play a hugely important role in Wirral, contributing to the local economy and providing a wide range of activities and services that support and enable residents in many ways. The sector is a key and equal partner in the delivery of many of our strategic plans; providing a bridge between the public sector and local people to help inform plans and services locally.
- 3.3 Local people have shown us that when times are tough, they are there for each other and never more so than throughout the global COVID-19 pandemic, when communities of all different shapes and sizes rallied together to ensure people had their basic needs met such as food and essential medication.
- 3.4 Communities and residents adjusted quickly to adapt to new ways of communicating ensuring people were looked after and not isolated. Many local groups and organisations were instrumental in these efforts from delivering food hampers to the elderly, supporting families to isolate, and walking their dogs.
- 3.5 They worked closely with Wirral Council to ensure that the voice of communities guided us as to how we supported local people. It is important that we do not lose the relationships that we gained during the pandemic.
- 3.6 Whilst we have made great progress to support people to live healthier lives in Wirral, health inequalities are stubbornly persistent. Even prior to COVID-19, Wirral already had some of the poorest health outcomes in the country, with high numbers of socially and economically vulnerable people and extensive, prevailing health inequalities. Within Wirral the difference in life expectancy between those living in the most and least deprived areas is 12 years for men and 10 years for women. The impacts on individuals, communities, services, and the economy are enormous, and the repercussions of the pandemic will aggravate these further.
- 3.7 Continuing to tackle health inequalities, and reduce its impact on our community, will be a key task long into the future and one which will benefit every resident. Although some things that influence our health cannot be changed, such as our age and genes, there are many important factors that, collectively, we can change. Issues such as poverty, unemployment, poor housing, and unhealthy environments are major contributors to this health gap. The pandemic has shown us what we can achieve when we all work together and the speed at which we can make change happen. The cases studies in the Public Health Annual Report provide examples of great practice in the borough and how the action of the community, voluntary and faith sector is key.
- 3.8 I have presented the 2022 Public Health Annual Report in the form of a video so that we can hear first hand from local groups who have worked closely with residents for many years to hear from them the challenges people face but also the amazing response and impact they have had in their communities. In the video, we hear from:
- Quirky Café, Hoylake
 - Deen Centre, Birkenhead
 - Make it Happen, Birkenhead
 - Seacombe Family Centre

- 3.9 To ensure that work to tackle health inequalities is targeted where it can have the greatest impact, we have developed an interactive State of the Borough website to provide an up-to-date picture of Wirral using a range of statistics and insight from local people.
- 3.10 The State of the Borough paints a picture of Wirral using a range of statistics and can be accessed at <https://www.wirralintelligenceservice.org/state-of-the-borough/>. A presentation of the website will be provided at the meeting.
- 3.11 The website will be constantly refreshed as new data is released throughout the year and a summary report presented in 12 months alongside the 2023 Public Health Annual Report. The following graphic is a summary of key statistics which are being used to direct strategic plans e.g. Health and Wellbeing Strategy.



4.0 FINANCIAL IMPLICATIONS

- 4.1 There are no financial implications arising directly from this report. Where additional resources are required outside of the annual budget, this will be reported to Members to determine whether these resources should be redirected from elsewhere.

5.0 LEGAL IMPLICATIONS

- 5.1 There are no legal implications arising from this report. The Public Health Annual Report is a statutory duty on Directors of Public Health.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 This report has been financed from within existing resource, the main inputs have been staff time of officers in Public Health.

7.0 RELEVANT RISKS

7.1 The impacts of the pandemic on the health and wellbeing of the local population are still emerging and therefore not fully understood.

7.2 The services and resources of all Wirral partners are pressured and stretched. The work highlighted in this report are intended to support and inform the local system to plan and enable the borough to recover effectively for everyone.

8.0 ENGAGEMENT/CONSULTATION

8.1 The community, voluntary and faith sector have been engaged in the production of this report.

9.0 EQUALITY IMPLICATIONS

9.1 An Equality Impact Assessment has been produced and is available at <https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments>

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 The content and/or recommendations contained within this report are expected to have no impact on emissions of carbon dioxide.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 The Public Health Annual Report illustrates the relationship between the community, voluntary and faith sector and the concept of resilient communities. The Community Wealth Building Strategy needs a strong community, voluntary and faith sector to achieve its ambitions to improve the economic, social and health outcomes of the borough and reducing disparities in health.

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APPENDICES

Appendix 1 – PHAR video transcript

BACKGROUND PAPERS

COMMUNITY, VOLUNTARY AND FAITH SECTOR UPDATE – Health and Wellbeing Board – 15th June 2022

<http://democracy.wirral.gov.uk/documents/g9570/Agenda%20frontsheet%2015th-Jun-2022%2014.00%20Health%20and%20Wellbeing%20Board.pdf?T=0>

2022-27- Wirral Health and Wellbeing Strategy – Health and Wellbeing Board – 29th September 2022

<http://democracy.wirral.gov.uk/documents/g9731/Agenda%20frontsheet%2029th-Sep-2022%2014.00%20Health%20and%20Wellbeing%20Board.pdf?T=0>

Public Health Annual Report 2021-22- 29th September 2021

<http://democracy.wirral.gov.uk/ieListDocuments.aspx?CId=630&MId=9211&Ver=4>

Working with the Community, Voluntary and Faith Sector – Update Report – 29th September 2021

<http://democracy.wirral.gov.uk/ieListDocuments.aspx?CId=630&MId=9211&Ver=4>

All Together Fairer

<https://www.champspublichealth.com/all-together-fairer/>

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Cabinet	16 July 2018
Health and Wellbeing Board	18 July 2018
Cabinet	30 September 2019
Council	14 October 2019
Health and Wellbeing Board	13 November 2019
Adult Care and Health Overview and Scrutiny Committee	19 November 2019
Adult Social Care and Public Health Committee	13 October 2021
Health & Wellbeing Board	29 September 2022

PUBLIC HEALTH ANNUAL REPORT 2022

Video Transcript

Julie Webster, Director of Public Health

Looking back over the past two years, it's fair to say that everybody stepped up to really help each other during the pandemic. It's been a really tough time for the whole community and for individuals, and I want to say thank you for all the hard work and effort you've all done to help to keep us safe.

What the pandemic has done has shone a spotlight on the deep-seated health inequalities that we have within our borough, which unfortunately have been with us for far too long.

For this year, the Public Health Annual Report is focusing on the role of the Community, Voluntary and Faith sector who really stepped up to the mark and helped us to ensure that we had a really good, robust response to the pandemic.

And I want to thank all our Community, Voluntary and Faith sectors, colleagues and friends for the work that they did during the pandemic.

We need to be where people are at, not where we think they should be. We need to walk alongside them and for everybody's health to be important to everybody as it was right at the beginning of the pandemic. Therefore, we need good citizen engagement in all the work that we do.

Amy Butterworth, 'Make it Happen'

My name is Amy Butterworth, I am the CEO of make it happen. So, make it happen was born in 2019 and it started off as community shop on Market Street, and the whole essence was about giving back to the community and providing a space for people to buy clothes on a pay as you feel model and food as a social supermarket where people can pay a percentage amount less than what they do in supermarkets.

We started that off on a journey, then it grew, and we had a couple of customers open five days a week, we went to six days a week and that was over 2019. So, in COVID 19 pandemic we continued the operation six days a week. We didn't stop, not even for Christmas. What we realised very quickly, our diversity of the customers was changing day by day and we were finding a lot of the BAME community were joining us and that meant we had to diversify the food that we were providing. We provide a lot more international foods, Halal foods. We also were going out, picking up donations, we were bringing them here, we were quarantining them and we went through over 13,000 bags of donations over the period of COVID.

We intercepted over 134 tonnes of food throughout that period and 107 tonnes of food got gifted or sold to the local community to make sure everyone was getting what they needed, and 27 of them went to other providers. So, nursing homes that were struggling because we weren't having a full occupancy, we were supporting local hostels, we were supporting local businesses, who could open for a certain period of time and after lockdown again, we were

supporting individual families and also our volunteers who were self-isolating for various reasons.

So that was a very proud moment for the community. What we are doing now we continue to run our Pay as you Feel shop. We have our social supermarket that provides varied food for the community to purchase. We provide work placements for Wirral Met College and the four local universities for social care students and student nurses to get an insight into community engagement.

We also have our place of contribution whereby a number of grant funded projects run that includes Adult Inclusion Project, a volunteers development project and a Community Engagement project both inside place of contribution and in the wider community. We work locally with local businesses up and down Market Street in the local area.

A number of organisations all come together on a bi-monthly basis called the Community of Practice and that's a space where anyone and everyone gets to talk about their organisation. So, we work with organisations far and wide.

Ibrahim Syed, Wirral Deen Centre

My name is Ibrahim Syed. I am the lead trustee of the Wirral Deen Centre. The Wirral Deen Centre is a mosque and community centre open to everyone. So, a good way to remember what we stand for. WDC is a place of worship, W for Worship, D for Deen which means guidance for life and C is for Centre and Community.

So, the vision for the Wirral Deen Centre is to be a community hub where all people come together and be in a place of worship, but also a centre for the whole community and not exclusively any particular group.

So, the pandemic was quite difficult for everyone. It has impacted the BAME community, the Muslim community in particular and there's been quite a lot of bereavement. So, we've been at the heart of bereavement support providing funeral services. So, across Merseyside Liverpool city region we were the only mosque operating washing facilities. So, we worked with the NHS Trust as well providing people with helplines and things like that.

We also helped isolated people with shopping, food supplies and so on and so forth. But what we felt is that we wanted to serve the whole community.

So many of our congregations and our members of the community are in restaurant businesses so we teamed up with them, teamed up with Tranmere Rovers and we did a number of feed in the wider community initiatives where we took food to places like Beechwood and Woodchurch, Birkenhead North YMCA, Rock Ferry and so on and so forth. So, we did a number of those initiatives.

We also set up a test centre in the Pakistan Association and that culminated in a testing centre that was put up in the Hamilton Building.

We've worked with public health, Tranmere Rovers, Wirral Change and other community organisations to get lots of messages out around vaccinations through our social media to our networks and then post pandemic we've tried to really kind of reinvigorate the community.

So recently we've been successful with a community and voluntary sector bid that was awarded by Wirral Council and through that we've put in for a project which has already started that focus on education, community engagement.

So we've got a couple of team members that we've recruited through that and we're working with schools, we're working with community members to kind of offer any sort of support and advice that we can.

I'm very much committed to not being just a BAME organisation, so we're here for the whole community and that's a really important part of our message that we're here to serve the whole community and the community engagement café - Cafe Dower is a really exciting part of our vision and it's a kind of a natural way of people to come together and relax.

Jo Simpson, Seacombe Children's Centre

My name is Jo Simpson. My job role is within Wirral Borough Council. I'm one of the early childhood locality managers, which is part of Wirral's Early Childhood Services and Children's Centres.

Seacombe Children's Centre is a hub for families with children under five. So, there's lots of different services running here. We have health services, such as Midwifery, the 0-19 team, health visiting services. We also have appointments with physiotherapy and speech and language teams. So really trying to support all family's needs in the one place.

We also have support such as the food bank, CAB services and general universal groups that run for families such as baby massage, baby yoga, baby babble so really focusing on the primary as a learning for children.

We also have more specialist support with our family support teams who can offer one to one support in the home.

Throughout COVID Children's Centres had to change the way we delivered services. We were used to large groups coming into the children's centre and we had to change our delivery to providing more outreach, virtual support and providing parcels to the community.

The centre did remain open, and this enabled vital health appointments, domestic abuse support and allowed families to walk in if they were in crisis.

We use social media on our My Child Can Facebook account and we provided lots of different activities and videos that families could do in the home. These focused around the

really important things for child development such as physical development, communication and language, bonding, and attachment.

As well as this within the children's centres, we had immunization clinics, so this was for older children and for our COVID vaccinations throughout the summer. This enabled people to access those vaccines within their community and was more accessible than going elsewhere for appointments.

Another initiative we have been working towards is the critical 1001 days with our partners in Koala Northwest and Foundation Trust and public health services. We have been able to build up a partnership to enable families to access a seamless support service for families with children under 5.

Post Pandemic Children's Centres have returned back to normal delivery – we're back to providing drop-in sessions and drop-in activities for families to access as and when they need to.

Suzanne Rippon, Quirky Café

Hi, I'm Suzanne, I am the owner of the Quirky Café.

It's like the hub of the community. We do lots of groups and workshops. We have a community shop.

I bought the café 3 years ago in the August and 6 months in the lockdown hit. I suffer really bad myself with mental health and anxiety and I didn't want anyone else to feel the way I did so I didn't want to leave the shutters down and just give up. I put the shutters up and started doing take away coffees, meals for people and it started snowballing from there.

We were talking to people, so they knew there was always someone here to speak to.

So, the life tree came from the lockdowns because so many people were suffering – and coming out of the lockdowns we looked at how do people connect again, so we started doing some workshops and things outside – as it was still quite nice – but socially distanced, and little events inside people were donating stuff to us.

People were losing their jobs and didn't want to cook for themselves, so we started a little shop, and its snowballed now to the point that we are going to get bigger premises. Its gone bigger and bigger like the life tree... Basically the life tree is the community.

For example, I have set up a walking group because one of my customers said they wanted to get walking as their mental health was really suffering. We also do mums and tops which is a lady who used to come in the shop – and we step her up in a little group.

As you can see through the lockdown this has all grown into something quite big and quite powerful really.

We are empowering people to find who they are again, and we will be the people who stand behind them and give them guidance.

The council were quite good to be fair. I was very new opening, but they offered us grants that kept us going and I used that to buy some stock to be able to provide the meals for people who kept it going through paying the bills – and keeping the doors open for what we wanted to achieve.

The community kept me going – they kept me from a really dark place because they just rallied round so much – it's been fantastic what they have done.

I'm really proud of the team, and what we have achieved through the pandemic and after for the community – and how the community have come together and helped us – and they keep on helping – we are stronger than ever.

Julie Webster, Director of Public Health

Communities have shown us that when times have been tough, they are there for each other and for the local people.

Many of our Community, Voluntary and Faith partners offered a response 24/7 throughout the pandemic.

We need to make sure that they are able to maintain that response and are able to work closely with us – and to have their voice and the voice of local people in all that we do so that the borough is that thriving, exciting place that we all want it to be.

Strong grassroots community organisations are the bedrock of Wirral, and this was shown no more clearly than during the response to the pandemic.

It's so important that Community, Voluntary and Faith sector organisations are seen as those key partners in the response to local health inequalities that I've certainly talked about in previous Public Health annual reports.

We need to build on the relationships that we built during the pandemic – and actually for many years before that – to continue to take the work forward that's needed to tackle health inequalities and to make sure that the voice of local people, and local organisations, are helping us to shape the future of the borough.

My role as Director of Public Health is to promote and protect the health of residents. However, I can only do that with the help and support of local residents and our local communities, and particularly the Community, Voluntary and Faith sector.

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ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Tuesday 11 October 2022

REPORT TITLE:	WIRRAL SAFEGUARDING ADULTS PARTNERSHIP BOARD
REPORT OF:	DIRECTOR OF CARE AND HEALTH

REPORT SUMMARY

This report seeks to further update the Committee on the work of the Wirral Safeguarding Adults Partnership Board (WSAPB) and present the last annual report of the Merseyside Safeguarding Adults Board.

The Care Act 2014 requires Local Authorities to establish a Safeguarding Adults Board in its area. Up until June 2021 the Merseyside Safeguarding Adults Board fulfilled this requirement for Wirral Local Authority, however, following the cessation of the Merseyside Board in June 2021 it became a necessity to establish a new Board for Wirral. This took place in September 2021.

This report is not a key decision. It affects all wards in the borough.

The report supports the Safe and Pleasant Communities, and Active and Healthy Lives priorities of the Wirral Plan.

RECOMMENDATION

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

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

1.1 The Merseyside Safeguarding Adults Board was disbanded in June 2021 and there is now a new Wirral Safeguarding Adults Partnership Board in place.

2.0 OTHER OPTIONS CONSIDERED

2.1 A combined approach has been in place historically however a move back to 'Place' based approaches and a local board was felt to be the most appropriate for Wirral going forward. Other areas previously involved in the Merseyside collaboration voiced a strong desire to move back to localised arrangements.

3.0 BACKGROUND INFORMATION

3.1 The Merseyside Safeguarding Adults Board disbanded in June 2021, the annual report, to be presented by the former Independent Chair of the Merseyside Board and current chair of the Wirral Board, Sue Redmond, can be viewed via the link in background papers.

3.2 The Wirral Safeguarding Adults Partnership Board held its inaugural meeting in September 2021 and meets quarterly with the addition of two development days a year. The Board is chaired by an Independent Person, Sue Redmond and is supported by a Board Manager and an Administrator.

3.3 The following diagram shows the current structure which was reviewed and updated in June 2022. The structure will be reviewed on an annual basis to ensure it remains fit for purpose.



The Wirral Safeguarding Adults Board is supported by an executive group which is made up of the 3 statutory board partners i.e LA, Police and CCG (now ICS). There

are then a number of sub groups which deliver the work of the board in line with the strategic plan. Alongside that the board links with the other key strategic boards in Wirral i.e Helath & Wellbeing board, Childrens Partnership, Safer Wirral Partnership Board and the Domestic Abuse Alliance. In order to fulfil its responsibilities around Safeguarding Adult Reviews (SARs) Wirral is part of the Merseyside Safeguarding Adult Review group which considers referrals for SARs and makes recommendations to the independent chair for final decision making.

3.4 The Board's Strategic Plan for 2022 – 2024 is due for final sign off on 19 September; however, the following diagram shows the work streams have been agreed.



WIRRAL SAFEGUARDING ADULTS PARTNERSHIP BOARD

STRATEGIC PLAN 2022- 2024

Improving the awareness of adult abuse and neglect and improving the quality of adult safeguarding services for the residents of Wirral and those working with them.

BE ASSURED...

1. Quality of Services
2. Neglect (Whole family approach)
3. Chapter 14 Self Assessment & MA Audits
4. VPRF Referrals - police

BE HEARD...

1. Advocacy
2. Connectivity (Frontline and Public)

BE KNOWLEDGABLE AND SKILLED...

1. Multi-Agency Training
2. Learning from SARs and other reviews
3. PiPoT (Persons in Position of Trust)
4. LPS – Liberty Protection Safeguards

The Board have agreed on 3 overarching objectives for the next 18 months; To be Assured, To be Heard and To be Knowledgeable and Skilled. Some of the workstreams under these priorities will include quality of services, multi-agency self assessments, a joint neglect strategy with the Childrens Partnership, use of Advocacy services, engagement with the general public and frontline workers and multi-agency safeguarding training.

4.0 FINANCIAL IMPLICATIONS

4.1 There are no financial implications as a result of this report as costs are already budgeted for.

5.0 LEGAL IMPLICATIONS

5.1 S.43(1) Care Act 2014 states that each Local Authority must establish a Safeguarding Adults Board (SAB) for its area. Without having arrangements to have a SAB, Wirral will not fulfil its statutory duties. This will also affect S.44 of the Care

Act and the role for the Safeguarding Adults Board to ensure that Safeguarding Adults Review (SAR) are managed within the local area.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 The Board is supported by 1 Full Time Equivalent (FTE) Board Manager, 1 FTE Administrator and up to 24 days per year of support from the Independent Chair.

7.0 RELEVANT RISKS

7.1 If a Board were not in place, Wirral Council would be at risk of not fulfilling its statutory functions under S.43/S.44 Care Act 2014. This could place members of the community at risk of harm or abuse and/or neglect. These risks are mitigated by having a Safeguarding Adults Partnership Board.

8.0 ENGAGEMENT/CONSULTATION

8.1 A wide range of stakeholders were consulted in the lead up to the implementation of the new Board and engaged within a stakeholder workshop which was felt to be a positive and productive event. Moving forward a key priority of the Board is to hear the views of citizens including those experiencing services, families, carers and those working within organisations and systems. Co- production is also a key priority, and we are linking with other key strategic partnerships around this i.e., Health and Wellbeing Board, Children's Partnership, Safer Wirral Partnership, Domestic Abuse Change Board. All partners have been involved in the development of the new Strategic Plan through participation in development sessions and Board Meetings.

9.0 EQUALITY IMPLICATIONS

9.1 Wirral Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. An Equality Impact Assessment is a tool to help council services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision, or activity. There are no direct equality implications from this report.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 There are no direct environment and climate implications. Current arrangements require less travel by the majority of Board members, contributing to a reduction in carbon emissions.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 The Board has a role to play in supporting the development of resilient local communities and community support organisations in relation to adult abuse and neglect both from a preventative perspective as well as identification and response.

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APPENDICES

N/A

BACKGROUND PAPERS

Merseyside Safeguarding Adults Board Annual Report

<https://wirralsapb.co.uk/the-board/annual-reports-business-plans/>

Care Act 2014

WSAPB Terms of Reference

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Public Health Committee	18 January 2021
Adult Social Care and Public Health Committee	3 March 2022

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ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Tuesday, 11 October 2022

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

REPORT SUMMARY

The Adult Social Care and Public Health Committee, in co-operation with the other Policy and Service Committees, is responsible for proposing and delivering an annual committee work programme. This work programme should align with the corporate priorities of the Council, in particular the delivery of the key decisions which are within the remit of the Committee.

It is envisaged that the work programme will be formed from a combination of key decisions, standing items and requested officer reports. This report provides the Committee with an opportunity to plan and regularly review its work across the municipal year. The work programme for the Adult Social Care and Public Health Committee is attached as Appendix 1 to this report.

RECOMMENDATION

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

- (1) note and comment on the proposed Adult Social Care and Public Health Committee work programme for the remainder of the 2022/23 municipal year.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 To ensure Members of the Adult Social Care and Public Health Committee have the opportunity to contribute to the delivery of the annual work programme.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 A number of workplan formats were explored, with the current framework open to amendment to match the requirements of the Committee.

3.0 BACKGROUND INFORMATION

- 3.1 The work programme should align with the priorities of the Council and its partners. The programme will be informed by:

- The Council Plan
- The Council's transformation programme
- The Council's Forward Plan
- Service performance information
- Risk management information
- Public or service user feedback
- Referrals from Council

Terms of Reference

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

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

- a) adult social care matters (e.g., people aged 18 or over with eligible social care needs and their carers);
- b) promoting choice and independence in the provision of all adult social care
- c) all Public Health functions (in co-ordination with those functions reserved to the Health and Wellbeing Board and the Overview and Scrutiny Committee's statutory health functions);

- d) providing a view of performance, budget monitoring and risk management in relation to the Committee's functions; and
- e) undertaking the development and implementation of policy in relation to the Committee's functions, incorporating the assessment of outcomes, review of effectiveness and formulation of recommendations to the Council, partners and other bodies, which shall include any decision relating to:
 - (i) furthering public health objectives through the development of partnerships with other public bodies, community, voluntary and charitable groups and through the improvement and integration of health and social care services;
 - (ii) functions under or in connection with partnership arrangements made between the Council and health bodies pursuant to Section 75 of the National Health Service Act 2006 ("the section 75 Agreements")
 - (iii) adult social care support for carers;
 - (iv) protection for vulnerable adults;
 - (v) supporting people;
 - (vi) drug and alcohol commissioning;
 - (vii) mental health services; and
 - (viii) preventative and response services, including those concerning domestic violence.
- f) a shared responsibility with the Children, Young People and Education Committee for ensuring the well-being and support of vulnerable young people and those at risk of harm as they make the transition into adulthood
- g) in respect of the Health and Social Care Act 2006, the functions to:
 - (i) investigate major health issues identified by, or of concern to, the local population.
 - (ii) consult, be consulted on and respond to substantial changes to local health service provision, including assessing the impact on the local community and health service users.
 - (iii) scrutinise the impact of interventions on the health of local inhabitants, particularly socially excluded and other minority groups, with the aim of reducing health inequalities.
 - (iv) maintain an overview of health service delivery against national and local targets, particularly those that improve the public's health.
 - (v) receive and consider referrals from local Healthwatch on health matters which are to include the establishment and functioning of joint arrangements as set out at paragraph 14 of this Section.

4.0 FINANCIAL IMPLICATIONS

- 4.1 This report is for information and planning purposes only, therefore there are no direct financial implication arising. However, there may be financial implications arising as a result of work programme items.

5.0 LEGAL IMPLICATIONS

- 5.1 There are no direct legal implications arising from this report. However, there may be legal implications arising as a result of work programme items.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 There are no direct implications to Staffing, ICT or Assets.

7.0 RELEVANT RISKS

7.1 The Committee's ability to undertake its responsibility to provide strategic direction to the operation of the Council, make decisions on policies, co-ordinate spend, and maintain a strategic overview of outcomes, performance, risk management and budgets may be compromised if it does not have the opportunity to plan and regularly review its work across the municipal year.

8.0 ENGAGEMENT/CONSULTATION

8.1 Not applicable.

9.0 EQUALITY IMPLICATIONS

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

This report is for information to Members and there are no direct equality implications.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 This report is for information to Members and there are no direct environment and climate implications.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 This report is for information to Members and there are no direct community wealth implications.

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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	November 22	Jason Oxley/ Jayne Marshall
CVF Business Case	November 22	Julie Webster / Nikki Jones
Direct Payments Strategy	November 22	Bridget Hollingsworth
Community Connector Programme	Spring 23	Nikki Jones
Information and Advice	Spring 23	Nikki Jones

ADDITIONAL AGENDA ITEMS – WAITING TO BE SCHEDULED

Item	Approximate timescale	Lead Departmental Officer
Health and Wellbeing Strategy	October/ November 22	Julie Webster
Health Protection Strategy	November 22	Julie Webster
All Age Disability final report	November 22	Jason Oxley
Sexual Health Services	TBC	Julie Webster
Care Home Quality report	TBC	Amanda Parry-Mateo

STANDING ITEMS AND MONITORING REPORTS

Item	Reporting Frequency	Lead Departmental Officer
Financial Monitoring Report	June September November February/March	Sara Morris
Performance Monitoring Report	Each scheduled Committee	Nancy Clarkson
Adult Social Care and Health Committee Work Programme	Each scheduled Committee	Daniel Sharples

Update		
Social Care Complaints Report	Annual Report – Jan	
Public Health Annual Report	Annually (September)	Julie Webster
Adults Safeguarding Board	Annually – January	Sue Redmond/ Alison Marchini
Appointment of statutory committee and member champion for domestic abuse and joint health scrutiny	Annually - June	Dan Sharples
ICS Update	Feeding in from Place Based Partnership Board	Graham Hodkinson

WORK PROGRAMME ACTIVITIES OUTSIDE COMMITTEE

Item	Format	Timescale	Lead Officer	Progress
Working Groups/ Sub Committees				
Performance Monitoring Group	Workshops	Monthly from June 2021	Jason Oxley	
Task and Finish work				
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		
Health Protection Delivery Service work undertaken (briefing note?)	TBC	Julie Webster		

Adult Social Care and Public Health Committee – Terms of Reference

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- 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; consult, be consulted on and respond to substantial changes to local health service provision, including assessing the impact on the local community and health service users.
 - (i) scrutinise the impact of interventions on the health of local inhabitants, particularly socially excluded and other minority groups, with the aim of reducing health inequalities.
 - (ii) maintain an overview of health service delivery against national and local targets, particularly those that improve the public's health.
 - (iii) receive and consider referrals from local Healthwatch on health matters which are to include the establishment and functioning of joint arrangements as set out at paragraph 14 of this Section.
 - (vii) mental health services; and (viii) preventative and response services, including those concerning domestic violence.

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

g) in respect of the Health and Social Care Act 2006, the functions to:

(iii) investigate major health issues identified by, or of concern to, the local population.

(iv) 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.

(v) 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.

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

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