Service Specification

Service	Delivery Unit - All Age Social Care Assessment & Support Planning *(including Complex Disability and Mental Health)*
Commissioner Lead	Wirral Council
Period	5 years subject to earlier termination

This specification outlines the delivery of all age disability and adult mental health social care assessment and support planning, and is laid out as follows

Section1 Gives a general overview of adult and children's social care and the statutory responsibilities and recent background.

Section 2 Describes the range of teams and services undertaking assessment and support planning and also any additional, unique or enhanced duties pertaining to those services, above and beyond those outlined in the opening specification. It also describes a number of enabling services whose functions are to support the assessment and support planning functions.

Section 3 Describes the Integrated Commissioning Hub, Middle Office and Back Office enabling services.

Section 4 Describes the arrangements for managing the allocation of contracted services to meet the needs of the overall service. This section also describes the requirement for delivery of efficiencies throughout the lifetime of the contract.

Section 5 Describes areas requiring further service development and the rationale for this along with timescale and milestones.

Section 6 Describes the Aims, Objectives and Outcomes.

Section 7 Sets out the expectations of Quality, Performance and Productivity together with Baseline Performance targets.

Appendix A - Statutory Duties, Legislation and Policy
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1.0 Background and Overview

1.1. Introduction

The All Age Disability Service and Mental Health service brings together children's and adult's teams to deliver services from a person centred and whole life course approach. The transformation of this service is focused on supporting people with disabilities and Mental Health to live independently as possible and enjoy the best possible quality of life. This will be achieved by the integration of provision of all age specialist assessment and support planning. The aim is to connect people to the resources in their locality, maintain relationships and maximize their activity level to help them be as independent as they can be. The objective will be to provide appropriate assessment and support to those with the most complex needs.

The transformation of this service is focused on supporting children and adults with disabilities to access support and services that will promote their quality of life, achieve the best possible outcomes. This will be achieved by the integration of all age provision and access to specialist assessments and services. The aim is to connect children and adults to the resources in their locality, maintain relationships and maximise their activity level to help them be as independent as they can be in accordance with the Children Act 1989 and Care Act 2014.

Integrated delivery will ensure that both social care and health staff work to common outcomes and make the best use of preventative services which is more cost effective, sustainable and facilitates building approaches that can be maximised by professionals across the health and care system. Through increased use of assisted technology and effective use of risk assessment and risk management it will enable children and young people who have complex needs to plan ahead with their families, from a younger age into adulthood.

A fully integrated service will be able to adapt and react more effectively to the needs of children and young people with complex needs. A single social care and health delivery provider will have the scale and ability to focus its staff resources more effectively to achieve better outcomes for children.

1.2 Background to Adults and Children's services, duties and responsibilities

In September 2016, Wirral Council was issued with a 'Notice to Improve' from Government following the Ofsted inspection of the local authority's services for children in need of help and protection; children looked after and care leavers and a review of the effectiveness of the local safeguarding children board in July 2016. In response, an Improvement Board was created, an independent Improvement Board Chair appointed and an Improvement Plan to deliver the required changes produced.

The Ofsted inspection report, which was published in September 2016, identified actions that would need to be in place in order to allow the process of improvement to begin. The initial focus and effort was very much about securing the right conditions for improvement.

1.2.1 The Ofsted Inspection report contained 19 recommendations for the local authority. Many actions have been taken to create the conditions and environment to support change and included recruiting staff, improving practice and developing a shared vision. The process of improvement cannot be considered complete until the actions are clearly embedded and delivering improved outcomes, evidenced through day to day practice, systematic implementation and confirmed through audit. The ultimate test will be to consider the impact these actions are having on the day to day lived experience of children and families and their outcomes.

1.2.2 As a result the following thematic priorities were identified.

1. Provide the right service at the right time
2. Protect the most vulnerable and ensure they succeed
3. Provide care and support for our children
4. Promote strong leadership, management & governance
5. Celebrate working together as partners

These themes provide the framework for action planning and monitoring and will need to be effectively managed during the transfer of services and the early developments of the All Age Disability Service.

1.2.3 Currently the children with disabilities service provide support to children, young people and their families where a child has a severe or substantial disability, specifically:-

- A severe or profound learning disability
- A severe physical disability.
- A substantial degree of visual impairment/moderate and severe hearing loss.
- A complex Autistic Spectrum Condition with severe learning difficulty, (a diagnosis of Autism or Autism Spectrum Condition does not itself meet the criteria for the service).
- A complex medical health condition, (for the youngest children with complex health needs or technological dependence there will usually be involvement from the Continuing Care Co-coordinator).

1.2.4 The service works to the definition of disability defined by the Equality Act 2010 – a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out day to day activities.

The specialist social work and support services for children with disabilities are prioritized for children with substantial levels of disability only. Children with more moderate disabilities will only be supported through this service where the family's circumstances or the multiple nature of the child's condition present real obstacles to their receiving appropriate services through other children in need services.

1.2.5 Following the Children's Act 1989 principles of providing for children with disabilities as children first and foremost, services are focused on meeting usual childhood needs in normal ways. This involves using specialist provision only where it is necessary to support continued care within the family and essential developmental opportunities.

Children and young people eligible for services from the All Age Disability Service will operate within the legislative framework as set out in Children Act 1989 and 2014 and will include;

- Child in need services which may include an assessment of need to identify what services or provision will best address the presenting issues for the child or young person.
- Child Protection/Safeguarding where a vulnerable child is at risk of suffering or has suffered significant harm and requires protection
- Children in need of Care provision as a result of a parent/Carer being unable/prevented from caring for their child/children
- In the above circumstances children and young people with a disability will be subject to the same statutory processes that apply to all children. It is important that the children and young people with a disability are able to access the required expertise to ensure their assessments and resulting plans are evidence based and outcome focused.

1.2.6 The Council operates on a hub model, which develops joint working, introduces access pathways, assessment systems, workforce and business practices to deliver revised Care and Support Pathways for both adults and children. The partnership approach aims to deliver on a place-based care model meeting local needs of both adults and children. CWP will work jointly with the locality and neighbourhood leads in a place based care model as it develops.

1.2.7 Primarily, the new model assigns responsibilities to specially constructed Integrated Community Care Teams (ICCT) neighborhood teams, with the best skills and locally placed to deliver three crucial support functions - information and advice; targeted interventions; and self-directed support. Mental health services will be aligned to the hubs, and All Age Disability services will be provided Wirral-wide with a view to develop toward neighbourhood delivery within the lifetime of the contract (see section 6 Areas For Development).

1.2.8 Wirral Council (WC) will delegate to Cheshire and Wirral Partnership (CWP) a range of functions for eligible service users to lead improvement in the way in which those delegated functions are exercised. The aim is to shift emphasis from support in acute and specialist services~~,~~ to prevention and early intervention. More will be done in local communities to help people keep well with recognition that when they do need care and support, the experience will be as seamless, efficient and effective as possible, helping the individual to remain independent and self-managing as much as they can. Integration will:

- ensure people are safe, well and achieving
- deliver the right support, at the right time, in the right setting
- improve outcomes for residents
- improve their experience and satisfaction with services (which can help them recover more quickly and self-manage more effectively); and
- reduce overall health and social care costs

1.2.9 Wirral Council has a range of teams and services which undertake assessments and provide information and advice and support for local with social care needs who are ordinarily resident in Wirral to meet a range of statutory duties. These are set out in - Appendix A & Q. Broadly speaking, these people fall into the following groups:

- People with a sensory disability
- People with postural/mobility problems
- People with autistic spectrum conditions
- Adults with complex disabilities (including learning disability)
- Children with disabilities, including:
    - severe or profound learning disability
    - severe physical disability
    - Substantial degree of visual impairment/moderate and severe hearing loss.
    - Complex Autistic Spectrum Condition with severe learning difficulty, (a diagnosis of Autism or Autism Spectrum Condition does not of itself meet the criteria for the service).
    - Complex medical health condition, (for the youngest children with complex health needs or technological dependence there will usually be involvement from the Continuing Care Co-ordinator).
- Adults with mental health conditions
- People with drug and alcohol problems,
- People with long term ill health~~,~~
- Carers
- People transitioning from children's to adults services.

The service works to the definition of disability defined by the Equality Act 2010 – a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out day to day activities.

The criteria does not include children whose primary identified needs are emotional and behavioral difficulties, nor will it include children/young people with mental health problems or attention deficit disorder (ADD) or attention hyperactivity disorder (ADHD).

The Council applies and operates a thresholds framework (Appendix Y) to support its decision making on signposting, accessing and supporting children, their families and Carers in Wirral. This forms part of the published Local Offer for all children including children with a disability.

1.2.10 The following services and teams are responsible for assessing and planning for the needs of these service user groups:

- Children With Disabilities Team
- Integrated Disability Service (including Transitions)
- Community Mental Health Team (social care element)

1.3 Social Care duties and responsibilities

1.3.1 As commissioners, Wirral Council (WC) have identified the need to take account of the statutory duties and accountabilities present under proposed new commissioning arrangements with the Cheshire and Wirral Partnership (CWP) as provider for statutory functions for eligible service users. This is in relation to the service user types described in the contract schedule. This means assuring that appropriate, accurate, consistent and robust service specifications, contractual arrangements and contract payment mechanisms are in place and also ensuring that appropriate systems are in place to support the interface between these services and those functions not transferring to CWP and thus remaining with Wirral Council e.g. the Regional Adult Safeguarding Board, Local Children's Safeguarding Board.

Section 2 describes the range of services and support planning and also any additional, unique or enhanced duties pertaining to those services. These services will transfer "as is", but with the potential for transformation over the lifetime of the contract with the agreement of commissioners (see section 5).

The services described (including a social work function) are provided for people who meet national eligibility criteria under the Care Act, Children's Act, Mental Health Act, Mental Capacity Act and other relevant legislation are ordinarily Wirral residents, and are registered or temporarily registered with a Wirral GP. This includes people placed outside of the borough, for which Wirral has responsibility. This also includes;

- people in prisons or young offender institutes who are ordinarily resident in Wirral will be assessed by the residing local authority and then passed on to the authority if the person is a resident of
- homeless people without recourse to public funds
- people living outside of the borough who need access to equipment/wheelchairs and have a Wirral GP
- children with a disability who are in a specialist residential and / or school setting outside of Wirral
- children in foster care outside of Wirral

1.3.2 CWP will remain compliant with their regulatory requirements for both Care Quality Commission and Ofsted for the duration of the contract

1.4 Contract life and transfer period

1.4.1 The Council acknowledges this is a major undertaking for CWP which includes new duties (and associated risks) not previously delivered by them. In terms of a business model this requires longevity in relation to contract length to ensure sustainability, and as a result the contract will be for a period of 4 years subject to earlier termination as described in the agreement.

1.4.2 The approach to ensure that risks are acknowledged, mitigated and managed will include a three stage transfer process to be reviewed at regular contract monitoring meetings. These will comprise the following phases:

- Safe transfer
- Stabilisation
- Transformation as agreed with commissioners

The Council acknowledges that some service areas are already in a transformational phase and that other service areas may require transformation within the lifetime of the contract. These will be agreed between the CWP and the responsible contract managers from the Council.

2.0 Scope: Assessment, Support Planning and Enabling Functions

This section describes the range of teams and services undertaking assessment and support planning and also any additional, unique or enhanced duties pertaining to those services. Appendices B, T & V provides the current process arrangements for assessment. These services will transfer "as is", but with the potential for transformation over the lifetime of the contract with the agreement of commissioners. In addition this section describes the support required to enable the Council to carry out its charging and debt recovery.

The services described (including a social work function) are provided for all people who meet national eligibility criteria under the Care Act, Children's Act, Mental Health Act, Mental Capacity Act and other relevant legislation and are ordinarily Wirral residents, and are registered or temporarily registered with a Wirral GP. This includes people placed outside of the borough, for which Wirral has responsibility. This also includes;

- People in prisons or young offender institutes who are ordinarily resident in Wirral will be assessed by the residing local authority and then passed on to the authority the person is a resident of.
- Homeless people without recourse to public funds.
- People living outside of the borough who need access to equipment/wheelchairs and have a Wirral GP.
- Children with a disability who are in a specialist residential and / or school setting outside of Wirral.
- Children in foster care outside of Wirral.

Wirral Council will delegate statutory responsibility to CWP via the All Age Disability Service for the day to day management of Children in Need, Child Protection and Children Looked After. A structured pathway for Child Protection, Children Looked After and Court Proceedings will be implemented to ensure robust case management oversight and decision making by CWP in relation to children remains connected to Wirral Council and in exercising its statutory responsibilities that incorporates Ofsted's recommendations and delivers on the subsequent Improvement Plan.

2.1 Child Protection (Appendix U)

Wirral Council will delegate to CWP the statutory duty for children with disabilities safeguarding. CWP will ensure that they have appropriate systems and processes in place aligned to meet the local children's safeguarding policies and procedures. During the period of safe transfer and stabilisation CWP will adhere to the existing safeguarding procedures followed by the council and work collaboratively with stakeholders in Wirral to ensure that children with disabilities are kept safe. This is of the highest priority to the council and CWP will ensure that the Council's directive and views continues to ensure all round child protection.

Children with a disability are at a greater risk of harm by virtue of their disability. All staff working with children who have a disability must be suitably trained and alert to the potential risk and vulnerability of this particular client group. In the event of safeguarding concerns the following pathway must be adhered to;

1. When there is reason to believe that a child has suffered or is at risk of suffering significant harm, a team manager for the All Age Disability Service will alert the relevant Manager in CWP
2. The CWP Manager will alert the Senior Management in Wirral Council to advise them of any safeguarding concerns and whether a Strategy Meeting is required.
3. Should a Strategy meeting be required this must be held within 2 hours for cases of immediate concern.
4. The Strategy Meeting will make a multi-agency decision as to whether enquiries under S47 are required.
5. The All Age Disability social worker, under the supervision of their team manager, will undertake the S47 enquiries.
6. Should a Child Protection Case Conference be required the All Age Disability Social Worker will make a request to the safeguarding unit.
7. The Child Protection Case Conference will determine whether a safeguarding plan is required or the case will remain Child in Need.
8. Should a Safeguarding Plan be required, the All Age Disability Social Worker will be the lead professional who will implement the plan. The plan will be reviewed by the multi-agency Core Group members and overseen by the Independent Reviewing Officer.

2.2 Children Looked After (see Appendix Y – Threshold Document)

Wirral council will delegate to CWP statutory duties for children with disabilities that are looked after. A child may become a child looked after for a number of reasons including increased periods of respite, parental illness, when specialist residential provision is required or as a result of safeguarding concerns. CWP will ensure effective liaison with responsible managers in the Council when a child is unable to remain at home as a result of safeguarding concerns or the child's placement at home can no longer meet their needs.

CWP Manager will;

- Alert the Wirral Council Senior Management for a decision to accommodate.
- CWP will respond to needs for accommodation as required under S20.
- Determine the availability of respite at Willowtree, should this not be deemed appropriate or available the CWP responsible Manager will make a request to Wirral Council Fostering Team.
- Alert Wirral Councils Safeguarding Unit who will appoint an Independent Reviewing Officer and request the necessary health assessment for children who become looked after.

- Refer the case to Planning for Children Panel for multi-agency oversight and commissioning arrangements.
- Ensure that a Care Plan is developed and all agencies involved with the child are informed.
- Participate in the Looked after Review will be held within 28 working days.

2.3 Requests for Legal Advice/Court Proceedings (see Appendix Z – Care and Supervision Proceedings and Public Law Outline)

CWP will:

- Ensure they have legal gateway processes in place to manage the requests for legal resources.
- Refer and attend the legal gateway meeting held in the Council where any decisions in relation to the Public Law Outline are made.
- Alert Wirral Council's Senior Management of the proposed request.
- Retain case responsibility and complete all documents required by the Legal Gateway Meeting and ensure that the following documentation is provided in all cases.
- Follow the criteria set out in Appendices Y, Z, AA & BB.
- Where the assessed risks to a child cannot continue to be managed by intervention through the Child in Need process or the Child Protection process and pre proceedings is the next step in safely managing risk to the child/children.
- Where the risks are considered to be of sufficient severity to warrant initiating proceedings immediately.
- In all cases where there is a serious injury to a child which is considered to be non-accidental this must be presented to the Legal Gateway Meeting.
- Where pre proceedings have been active for 6 weeks and next steps need to be considered.
- Where intervention under Child Protection Plan is not considered robust enough to manage risk and the immediate initiation of pre proceedings is necessary to safeguard child/children.
- Supervision orders have been in place for 9 months and a decision needs to be made in relation to the order being allowed to expire or whether an application to the court is required to extend the duration of the Supervision Order.
- Where a child/children have been accommodated under section 20 and there is likely to be no plan for rehabilitation at the first LAC review. (28 days)
- Children who have been removed in an emergency must be presented to the next available Legal Gateway Meeting in all circumstances (within 5 working days). This allows for any plan to return a child home/initiate the Public Law Outline to be given independent scrutiny to ensure that the decision is appropriate and safe. In such instances a telephone conversation should already have taken place with Wirral Council's Senior Management at the time of the emergency.
- Where there is a plan for revocation or discharge of a Care order.
- Where there is a plan for a child who is the subject of a Care order to return home subject to Placement with Parents.
- Consideration of secure accommodation even when the DCS has given 72 hour approval.
- Where a placement order has been in place for 12 months and no placement has been identified.
- Where a previous Legal Gateway Meeting decision needs to be reconsidered/amended.
- Where there is an issue of deprivation of liberty.
- The Legal Gateway application form authorised by the relevant CWP responsible manager and endorsed by Wirral Council's Senior Management.
- An up to date Single Assessment which incorporates parenting capacity and the wishes and feelings/views of the child and parents.
- A Full Chronology and Genogram.
- An outline Care plan/child's plan.
- A contingency plan.

- Family group conference minutes/family plan or rationale as to why a FGC has not taken place.

In addition and as appropriate to the case status the following must be provided;

- A rehabilitation plan (for those children returning home under placement with parents.)
- A suggested schedule of expectations. (Where the request is pre proceedings.)
- Where secure accommodation is requested an exit plan.
- Where a placement has not been identified for 12 months an alternative care plan to adoption.
- Pre-birth assessment/PAMs/specialist assessment as appropriate and where such an assessment has been undertaken to inform the panel's decision.
- Child in Need plan of support for when a Supervision Order ceases or following withdrawal from Pre Proceedings.
- Where appropriate the views of the IRO and/or the child's guardian.

2.4 Serious Case Reviews

In delegating statutory responsibility to CWP for Child in Need, Child Protection and Children Looked after CWP will ensure that all staff are aware of the serious case review process and adhere to their responsibilities within this. Serious case reviews share concerns about the way agencies work together. The purpose of SCRs is to learn from what happened in individual cases so that future tragedies can be prevented.

CWP will:

- Evidence the ability to reflect on the quality of their services and provide a thorough analysis of events when they go wrong and why. This should include when a child has been seriously harmed or died, and abuse or neglect is suspected or known to have happened.
- Evidence lesson's learned and how services can be improved to reduce the risk of future harm to children.
- Participate in serious case reviews when required (as defined in Working Together to Safeguard Children 2015).

2.5 SEND (see Appendix O)

CWP will work with their identified cohort of children and young people who meet the criteria for services as a child or young person with a disability. The CWP AADS will deliver services in partnership with education for those with special educational needs as described under part 3 of the Children and Families Act 2014 up to the age of 25. To enable children and young people meet their full educational potential. These services are set out below;

CWP will:

- Act as a contact for early year's providers, schools and colleges and provide social care advice on children and young people with SEN and disabilities.
- Assess and contribute to the delivery of Education Health & Care (EHC) assessments and plans to ensure that a child's whole needs are met.
- Work collaboratively with the SEND panel provided by the Council and attend as required.
- Signpost children and young people and their families to the local offer website for advice, information and self-help services.

- Accept EHC advices and respond in the agreed timescales.
- Secure social care provision under the Chronically Sick and Disabled Persons Act (CSDPA) 1970 which has been assessed as being necessary to support a child or young person's SEN and which is specified in their EHC plan. The CWPAADS has 10 working days to in which to provide their advices to the SEND Team which in turn will form the social care element of the EHC assessment and any subsequent Plan.
- Contribute to reviews of children and young people with EHC plans where there are social care needs. All Social Workers are to attend the EHCP reviews which are arranged by schools in order to provide updates on the needs of the child or young person and change the EHCP accordingly where appropriate.
- Make sure that for children looked after and care leavers the arrangements for assessing and meeting their needs across education, health and social care are co-ordinated effectively within the process of care and pathway planning, and that there is liaison with the Virtual School Head (VSH) for looked after children. EHCP's are to be integrated into the care planning for children and young people and the support provided in the plan should follow them through their journey into adulthood.
- Must continue to provide children's services until adult provision has started or a decision is made that the young person's needs do not meet the eligibility criteria for adult care and support following an assessment.
- Consider ways of supporting Carers. This can include any services assessed under an early help assessment and/or under Section 17 or Section 47 of the Children Act 1989 or eligible needs identified by assessments under adult care provisions. Parent Carers of children with disabilities often have significant needs for support to enable them to support their children effectively and have a right to an assessment of their needs from the Children with Disabilities Service.
- Include as part of their assessment any short break or respite requirements to meet the children and young people's family needs and this can be provided by either the CWP children's family support services or the Councils commissioned services
- Consider providing an indicative Personal Budget so that young people have an idea of how much their care and support will cost when they enter adult services where a transition assessment identifies needs that are likely to be eligible
- Offer advice and signpost as required to commissioned services for advice and information for adults under the Care Act 2014. Including transitions
- Provide an assessment and response service to young people turning 18 who have SEN, or their Carers, may become eligible for adult care services, regardless of whether they have an EHC plan or whether they have been receiving care services under section 17 of the Children Act 1989.
- Carry out an adult care transition assessment where there is significant benefit to a young person or their Carer in doing so and they are likely to have needs for care or support after turning 18. This assessment will be completed within 28 days.
- Continue to provide a young person with children's services until they reach a conclusion about their situation as an adult, so that there is no gap in provision.
- Continue to provide care and support from children's services under section 17 of the Children Act 1989 for a young person with an EHC plan after the young person has turned 18.
- Ensure that the transition to adult care and support is well planned and integrated with annual reviews of the EHC plans, which must include provision to assist in preparing for adulthood from Year 9 (age 13 to14). The EHC Plan should be developed with the child/young person's ambitions and aspirations at the centre of the plan and direct the activity of agencies involved to ensure the best possible outcomes for the child/young person.
- Involve the young person and anyone else they want to involve in the assessment and include the outcomes, views and wishes that matter to the young person, much of which will already be set out in their EHC plan.

- Must provide information and advice about how those needs may be met and the provision and support that young people can access in their local area where a young person's needs are not eligible for adult services.
- Put in place a statutory care and support plan for young people with eligible needs for adult care and support and must meet the needs of the young person set out in their care and support plan.
- Retain a copy of the EHC plan that should be the overarching plan that is used with these young people to ensure they receive the support they need to enable them to achieve the outcomes in their plan as set out in the Care Act 2014.
- Review the provision of adult care and support at the point when the young person's circumstances will be changing significantly as they leave the formal education and training system. Utilise the EHC plan until a formal adults plan is in place.
- Involve the local authority's' children's safeguarding colleagues where appropriate as well as any relevant partners.
- Attend regular meetings with the Local Offer provider and ensure that the Local Offer is updated with news on Service updates.
- Support the Council with the educational dispute resolution process, appeals and tribunals as and when required.
- Work collaboratively with WCFT and other partners on cases for transfer between service areas as part of EHC plans. Work with the mutually agreed case transfer principles as outlined in appendix DD.

2.6 Single Point of Access

During the first 6 months of the contract, CWP will develop and provide a single point of access to receive referrals and notifications from both adults Integrated Gateway (provided by Wirral Community Foundation Trust) and Children's Integrated Front Door (provided by Wirral Council). It will also take direct contacts and referrals from people already known to the service (both active and with a historical context) and relevant stakeholders.

- **Adults Integrated Gateway (provided by WCFT)**

The Integrated Gateway provides a fully integrated single front door for adults to all Community Health and Social Care Services on the Wirral. The Integrated Gateway provides access to each Integrated Community Care Hub and offers advice and guidance on accessing voluntary, community, and Health or Social Care services to improve quality of service user experience and to manage demand.

- **Children's Integrated Front Door (provided by Wirral Council) (Appendix S)**

Children's Integrated Front Door (Appendix S)

The IFD Team is a co-located resource comprising of multi-agency professionals from a range of statutory and commissioned services.

The operating framework is underpinned by legislation including, but not limited to: Children Act 1989 and 2004, Children and Families Act 2014 and guidance under Working Together to Safeguard Children 2015. It also takes into account the agreed policies and procedures of Wirral Safeguarding Children Board.

The Children's Integrated Front Door provides a single point of contact for professionals and members of the public and manages all requests for advice, support and safeguarding referrals for children. The Integrated Front Door acts as a gateway to a range of services from early help services to specialist and/or statutory support at level 4 of the continuum of need. All referrals to the Integrated Front Door

are recorded on LCS (Liquid Logic Children's System) and reviewed by Advanced Social Work Practitioners who will determine the appropriate level of response based on Wirral's threshold of need. Alongside the application of threshold the criteria for accessing services from the All Age Disability Service will be applied. All new referrals for the All Age Disability Service will be recorded at the integrated front door on Liquid Logic Case Management system and forwarded to the relevant CWP team on duty.

Responses to welfare concerns for children made outside of normal operating hours are provided by the Emergency Duty Team (EDT). A strong relationship between the IFD and EDT ensures that services for children are consistent, protective and improve outcomes for children and families.

2.6.1 Role

The single point of access provided by CWP will:

- Receive contacts via electronic referral, fax, email, letter and telephone calls.
- Create a contact within the electronic social care record (Liquid Logic and Care Notes) (if not already created via either gateway).
- Triage all referrals and undertake assessments either remotely or in person.
- Gather further information as required to enable informed/accurate decision making.
- Provide a timely and co-ordinated response to all referrals and allocate according to priority.
- Provide information, advice and signpost as required, thereby reducing the numbers of referrals to specialist services.
- Refer to the Adults Integrated Gateway or Children's Integrated Front Door for any cases which don't meet the criteria for the service provided by CWP e.g. occupational therapy service, applications for disabled facilities grants.
- Support the online assessment portal for adults.
- Support the Multi Agency Referral Form for Children's (MARF).
- Receive and passport safeguarding referrals and notifications to and from the Children's Integrated Front Door and the Adults Integrated Gateway).
- Work collaboratively with internal and external community agencies e.g.:
    - Schools and colleges
    - Short break providers
    - Integrated Care Navigation
    - Care providers
    - Continuing Health Care
    - Therapies
    - Housing
    - Carers
- Ensure that all groups of (CWP) staff have access to education and training to enable them to deliver the service to the required standard.
- Process and act upon any child or adult police referrals.
- Provide access to Carer's assessment.
- Seamless transition to out of hours support via the Emergency Duty Team.
- The single point of access will be an area for continuous further development (see Section 6).
- Deploy technology to assist with more efficient and effective working as part of the assessment process and ongoing work. CWP will be responsible for any equipment as part of the assessment process and replace as required

2.6.2 Days/Hours of Operation

- Receipt of contacts and responses within the performance measures set out in section 7
- Operation Monday – Friday, 08.00hrs – 17.00hrs
- Operating hours subject to review as agreed with the Council

2.6.3 Referral Sources

Referrals are received from:

- Adults Integrated Gateway
- Children's Integrated Front Door
- People who use services
- General Practitioners (directly into the CWP SPA and not via the gateway)
- Health and social care professionals
- Representatives of partner agencies (e.g. housing organisations, educational establishments, and community and voluntary sector organisations).

2.6.4 Referral Mechanism

All referrals for delegated social care statutory duties will be via a single core client management system which is Liquid Logic for both adults and children. Referrals to the service can also be generated by telephone, e-mail, or via one of our online self-assessment processes for users and Carers.

The majority of referrals into SPA with suspected severe and enduring mental illness are made via a referral letter from the relevant GP Practice. It may be possible to determine at the point of referral whether the individual is eligible for secondary mental health services, and this will be checked against the eligibility criteria. In most cases an assessment will be necessary to determine the appropriateness for secondary mental health services. Outside of the core operational hours, the Mental Health Liaison service will see urgent referrals as people present at A+E or via the WUTH Sec.136 suite.

2.6.5 Response Time & Detail and Prioritisation

Once referrals have been received as described in 2.1.5 and 2.1.6, the Mental Health Services, Children with Disabilities and the Integrated Disabilities Service will prioritise as follows:

Adults Acute Response

A coordinated response (for safeguarding or other urgent cases) same day or within 24 hours as per individual need for care and support such as:

- Referred person at risk of a hospital admission or care bed
- Referred person about to be discharged from hospital
- Safeguarding issue
- Carer breakdown which requires urgent response
- Signpost to North West Ambulance Service provided by Rapid Community Response in WCFT– (within 2 hours with agreed clinical handover protocol)
- Acutely ill referred persons who can safely be managed at home

Timely Response for non-urgent need

Co-ordinated response and transfer to appropriate team within 48 hours:

- Referred person has been identified by risk stratification
- referred person is subject to a discharge notification for discharge from hospital
- Referred persons in need of an intervention that requires integrated health and social care
- Referred persons in need of therapeutic intervention to treat an illness or improve health
- Referred person requesting social care assessment for support at home
- Referred Carer assessment.

A triage assessment process is undertaken for new referrals, with the following prioritisation for responses:

-
- Urgent – 4 hours (as above)
- Acute – guaranteed face to face assessment within 24 hours
- Routine – contact within 2 working days

2.7 Children's Acute Response

2.7.1 Urgent Response

Referrals can be made from acute settings (including WUTH) where children or young people have presented (on the multi-agency agreed self-harm pathway) which may require specialist input from the CAMHS service. The service will:

- Provide same day or next day face to face assessment.
- Work collaboratively with Wirral Council Children's and Young People's Department to provide a co-ordinated response.
- Refer to Wirral Council's social work service if no previous referral has been made.
- Refer to the relevant safeguarding agencies (in this case Wirral Council and WCFT).

2.7.2 Routine Response

Referrals are made from a variety of sources including: GP's, social workers, teachers, youth workers, parents, Carers, Wirral Council social services, young people, self-referral, paediatricians.

Currently a 5 day service, Monday – Friday, 09:00 – 17:00

2.7.3 Exclusion Criteria

For social care related contacts the following exclusions apply:

- People aged under 18 being referred for mental health support unless in transition from Children Services People with mild to moderate mental health needs who can be managed by their GP within the Primary Care Services.
- Those individuals who are not known to the service and are referred only for assessment of mental capacity.
- Those adults with a disability where substance misuse is the primary presenting problem.

2.7.4 Workforce and Capacity

To respond to contacts and referrals the staffing structure of the SPA will require as a minimum

- Qualified Social Work & therapy staff
- Qualified health and clinical staff

- Suitably skilled, experienced and qualified workforce (including administrative support)

2.7.5 Management

The contacts and referrals to Mental Health Services, Children with Disabilities Service and the Integrated Disabilities Service will be managed by suitably experienced and qualified managers.

2.8 Single Point of Access

2.8.1 Future State

CWP will develop a single point of access to receive referrals and notifications from both adults Integrated Gateway (provided by Wirral Community Foundation Trust) and Children's Integrated Front Door (provided by Wirral Council). This will include receiving direct contact and referrals from people already known to the service (both active and with a historical context) and relevant stakeholders. The development of a single point of access by CWP will be an area for continuous further development (see Section 6)

2.8.2 Objectives of a single point of access

Integrate and operationalise one referral/service/access point for adult community mental health and all age disability referrals in Wirral. This will include both public and professional contacts. The service will be predicated on the following principles:

- Receipt of contacts 24hrs a day and responses within agreed timescales
- Diversion to Out of Hours services as appropriate
- Single Point of Access to both community health and social care through one telephone number (in development)
- Incorporation of '111' pathways and responses
- Access to advice and information, early intervention and universal services
- Interoperable information, communication and technology solutions
- Development of a single assessment process and locally agreed pathways
- To promote and support the online self-assessment function
- Receive and process all safeguarding contact within the agreed timescales.

2.9 Mental Health Service

2.9.1 General Overview

The service currently works with people 18+ (with the potential to develop into an all age service, as identified in section 6 'Areas for Development') in the following areas:

- Severe and complex mental health conditions associated with significant disability including psychosis, bipolar disorder, severe depression, severe anxiety disorders and personality disorder.
- Longer-term conditions of lesser severity but which are characterised by poor treatment adherence (pharmacological or psychosocial) requiring proactive follow up,
- Patients requiring interventions under the Mental Health Act (1983).
- People with dementia with complex health, behavioural or social care needs, where there is a need for specialist advice, treatment or intervention.

2.9.2 Objectives

- Providing prompt and expert assessment of people who are referred to the service.
- Undertaking a comprehensive and holistic assessment which covers all aspect of the individual's mental health, physical health and social welfare.
- Planning and working with health colleagues to provide care and treatment to people who are identified as having severe and enduring mental health problems and/or organic impairment.
- Planning and working with health colleagues to provide effective, evidence-based treatments to assist patients and Carers in reducing distress and to also maximize personal development and fulfilment.
- Working as part of a multi-disciplinary team approach to support service users in the community.
- Working with health colleagues to ensure that inappropriate or unnecessary treatments are avoided.
- Ensuring the care is delivered in the least restrictive and disruptive manner possible.
- Planning and working with health colleagues to provide support, advice and information to service users and Carers to help them cope with and manage their condition.
- Planning and working with health colleagues to provide ongoing therapeutic intervention to help service users sustain their recovery.
- Improving social functioning and promoting recovery in mental health.
- Establishing a detailed understanding of all local resources relevant to support of individuals with mental health problems and promote effective interagency working.
- Providing a culturally competent service, including ready access to interpreter services for minority languages and British Sign language.
- Maintaining a detailed understanding of the diversity of its local population, and provide a service that is sensitive to these needs.
- Reducing the stigma associated with mental health care.
- Establishing and maintaining effective liaison with local Primary Care Team members, Acute Care, and other referring agents to shape referrals in order to manage complex cases.
- Ensuring the safeguarding of vulnerable adults and children.
- Ensuring that service users who no longer need the service make all efforts and proactively work and collaborate with other partners to discharge to appropriate agencies to free up capacity to take on new referrals.
- Providing ongoing advice, support, education and guidance to Primary Care, Acute Care Social Care, and other statutory, voluntary and independent sector providers.
- Working collaboratively within a whole systems approach to ensure that the service user experiences a seamless journey.
- Ensuring that applications for funding for support packages and placements (i.e. residential / nursing care; supported accommodation) are scrutinised; authorised for payment (via the Scheme of Delegation) and then subject to robust review arrangements.

Activities will include:

- To support people with mental health needs
- To aid and support recovery
- Advice and guidance
- Signposting
- Carers Assessment
- Support planning and arranging services
- Statutory reviews
- Provide specialist reports for tribunals and courts
- Formulate and make applications for formal detentions under relevant legislation
- Care co-ordination under CPA policy

- Develop care plans
- Monitor and arrange treatment and therapies
- Psycho-education
- Support rehabilitation and independence

2.9.3 Outcomes

- To receive a prompt and timely response to the referral, according to clinical need and level of risk.
- The need for hospital admissions is reduced or prevented through early detection and prevention of relapse.
- That the assessment and care planning process is undertaken within the framework of CPA. Service users will receive a comprehensive, multi-disciplinary; people centred assessment of their needs and have a clear treatment and care plan in place which they have agreed. This includes a risk assessment and risk management plan and this is clearly recorded on the care plan and service user's file, and a copy given to the service user or Carer.
- That their cultural, religious and communication needs are addressed in the assessment process.
- To be empowered to participate fully in the assessment and feel their views and wishes have been taken into account and these are reflected in the assessment, treatment and care plans.
- That symptoms and distress are controlled through an effective, evidence based treatment plan including ongoing therapeutic interventions which is recovery focused.
- To be given information and advice to help them make informed decisions about the care options available.
- For Carers to be offered a separate assessment and support offered to express their views and wishes.
- To have feedback, comments, complaint or concerns from patients and Carers about their experience with the service to be taken seriously and acted upon promptly.
- To have access to information about the resources available to assist them in the future and how to access them.
- To be discharged from the team in a timely and appropriate manner, with clear contingency plans to support the next stages.
- For staff to be well trained and part of a workforce which can deal with complex cases and works within the recovery model.
- To have support with vocational and educational activities.
- To have support to improve activities of daily living and social functioning.
- Support in and educating Carers, families and ensuring the welfare of children deemed at risk.
- To be empowered to participate fully in the assessment and feel their views and wishes have been taken into account and these are reflected in the assessment, treatment and care plans.
- To have a follow up, crisis and contingency plan for ongoing involvement.
- To receive support to achieve an optimum level of functioning to enable to continue living in the place of their choice.
- Support to ensure symptoms and distress are controlled through an effective, evidence based treatment plan including ongoing therapeutic interventions, which is recovery focused.
- To be given information and advice to help them make informed decisions about the care options available.

2.9.4 Care Programme Approach (CPA)

The service will be expected to work within a "Whole System" model based on clear nationally recognised care pathways. The approach uses a methodology to develop coordinated and integrated assessment and packages of care agreed through professional consensus. The model is evidence based and has shown to improve efficiency effectiveness and value for money, reduce duplication and provide better outcomes for the service user. Essentially this model describes the 'journey' and anticipated course of treatment a service user will take that is determined upon initial assessment and includes the potential pathway through which a service user will travel within and between services.

The care pathway follows the national framework for mental health which is the Care Programme Approach. This pathway includes:

- Referral pathway;
- Screening process against eligibility criteria
- Assessment process;
- Care Planning
- Treatment/Intervention
- Care co-ordination
- Review
- Discharge Planning and aftercare support

The care pathway should demonstrate that it:

- Promotes social inclusion and recovery.
- Delivers choice throughout the service users care pathway.
- Facilitates and improves joint working between agencies.

Adult Social Care for people with mental health problems will work to the same standard and processes outlined in section 2 of this specification. However, there are some specifics which need to be highlighted in this section.

2.9.5 Approved Mental Health Professionals (AMHPs)

The service will ensure that staffing includes Social Workers and Approved Mental Health Professionals, who will be in a position to offer advice to other team members. The team will at all times have immediate access to Approved Mental Health Professionals and Medical Practitioners registered under Section 12 of the Mental Health Act, in order to ensure that assessments under the Act are undertaken in a timely and appropriate manner.

The role of the AMHP includes assessment for formal and informal admission to hospital under the Mental Health Act 1983; recommendations relating to Community Treatment Orders and involvement in decisions concerning Guardianship orders.

Both the AMHP approval function under s.114 and the AMHP power of entry under s.115 of the Mental Health Act 1983 are excluded from partnership arrangements by the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000/617 and will remain responsibility of Wirral Council (WC). A separate agreement between WC and individual AMHPs will specify those duties owed by WC towards AMHPs. CWP will work collaboratively with Wirral Council to ensure that appropriate and timely information is supplied to the council to inform decision making on approvals as required.

2.9.6 Mental Health Tribunals/Court of Protection/Legal Proceedings

Although not a role that is the exclusive within the remit of Social Workers, the completion of Social Circumstances Reports or court documentation for Mental Health Tribunals or other court proceedings does fall within the scope of Social Work tasks and other professionals.

The Social Circumstances Report includes all aspects of the patient's health and social care needs/circumstances, and makes recommendations in relation to future care and support planning, and whether continued detention in hospital under the Mental Health Act is necessary. This provides evidence, which is submitted alongside reports from medical and nursing staff, to enable the Tribunal to come to a decision as to whether or not the detention of the patient concerned under the Mental Health Act is a proportionate and justifiable response.

2.9.7 Care Co-ordination

On receipt of an appropriate referral the service will appoint a Care Co-ordinator who will coordinate the whole process of assessment, care planning and implementation within the statutory frameworks (see Appendix A). The Care Coordinator will meet with the service user, and their family and Carer (where appropriate) and agree their package of care, detailing the goals of that package, who is responsible for what action, timescales and contingency plans in the case of any change in the individual's needs. They will introduce the individual to the team's approach to assessment, care planning and implementation and make clear the arrangements for support 24 hours a day 7 days a week during the course of their involvement. The Care Coordinator is responsible for convening regular reviews of the individual's care and for ensuring appropriate services are in place on discharge from the team.

2.9.8 Interventions

The service will provide a range of interventions as agreed through the assessment and care planning process. They will also coordinate those elements of care being provided by other teams or agencies.

The range of interventions provided by the service will be of a level and quality that will contribute to meeting local need. All interventions will be evidence based and meet the relevant NICE guidance.

2.9.9 Assertive Engagement

Care co-ordinators proactively manage their caseloads. Clients with high risk are assertively engaged. 7-day follow-ups are completed as part of CPA in client discharge procedures, in line with the Suicide Prevention Strategy.

2.9.10 Suicide Prevention and Harm Reduction

A variety of risk, self-help and therapeutic interventions with the aim to reduce risk of self harm and suicide will be embedded into care plans and care planning will take especial regard of risk factors and triggers for the individual. Information from Carers and families should be sought in ensuring a thorough risk assessment and self-harm threshold.

2.9.11 Medication

Care co-ordinators work with the Medical teams and the pharmacy in relation to safe storage, safe prescribing and recommendations in respect of NICE guideline.

- Policies in place for safe storage and the use of medication.
- Training for staff in relation to changes to medication.

2.9.12 Management of Associated Difficulties

Regular assessment of co-morbidities such as:

- Substance misuse.
- Learning Disabilities.
- Physical Disabilities.
- Help In Accessing Local Services and Educational Training And Employment Opportunities

Social inclusion is central to the assessment and care planning process. The service has strong working links and referral pathways into the social inclusion and review and recovery services. Additional links with external agencies, which promote social inclusion for example, employment, housing, education, training and community participation are key. The service will work proactively with any other providers undertaking delegated duties on behalf of Wirral Council to engage and plan appropriately for individuals.

2.9.13 Attention to Client's Physical Health

Physical health assessment is included within the CPA process owing to the co-morbidity of poor mental health with poor physical health.

Medical teams and care co coordinators encourage people to go to their GP to carry out annual health checks as per Department of Health directives. All clients should be registered with a GP where possible and actively encouraged to access primary care and health improvement initiatives (i.e. smoking cessation).

Health Checks will also be carried out at the Clozapine clinics, Lithium clinics and Depot clinics.

2.9.14 Relapse Prevention

Care co-ordinators will work with clients to support relapse prevention, for example, Wellness Recovery Action Plan (WRAP), advance directives and decisions. Contingency plans will be identified in the CPA wellbeing care plan and individualised plans which must be kept on file. The client and significant others involved in the client's care must also be provided with a copy. Efforts should be made to identify and reduce any stressors which precipitate relapse. A prevention plan is agreed with the client and involves family/Carers/ significant others as based on individual need/ circumstances.

2.9.15 Crisis Intervention

- Crisis input is part of the contingency plan in clients care plans.
- Team cover can respond in Care Co-ordinators absence.
- Urgent outpatient appointments can be accessed if need dictates this action
- Referrals will be made to the crisis/home treatment team if necessary.
- A 24 hour service is available for statutory assessments under the Mental Health Act, by CMHT and Approved Mental Health Practitioners.

2.9.16 In-patient and Respite Care

Strong working links with inpatient services, including admission, attendance at ward rounds and discharge arrangements are important within the service. The service works with non-statutory organisations to provide respite where appropriate. Clients and Carers are involved in discharge planning where possible.

Where appropriate the team will signpost the service user to smoking cessation and/or other health promotion services.

2.9.17 Continuity of Care

The Care Coordinator has an overall responsibility to ensure that clear instructions are available should support be required out of hours. Care coordination will be maintained during any inpatient spell or where care is being provided by the Home Treatment Team.

Following discharge from inpatient care, the Community Mental Health Team will ensure that follow up face to face contact occurs within 7 days of discharge. As stated above, links with Primary Care services should always be maintained. Joint protocols should be in place for managing common conditions. The team shall also ensure that structured liaison with other Local Authority services is in place.

2.9.18 Transition

Mental Health Adult staff will engage with colleagues in CAMHS / Wirral Council Children's Services to plan for effective transition for young people into adult mental health services, where appropriate and eligible. This is the expectation of the whole mental health service and not just Adult Social Care staff.

2.9.19 Discharge

All service users will be involved in regular reviews of their care needs, and a decision to discharge from the service will be made within the framework of the CPA/Single Assessment Process protocols. Service users will be discharged from the service back to Primary Care promptly when deemed appropriate by the MDT and/or Care Coordinator.

Discharge letters/CPA review forms will be comprehensive and indicate current treatment plans, and procedures for re-referral if necessary. Criteria for discharge from the service include the following:

- The individual's mental health problems and circumstances that led to the referral have been stabilised (as per the care plan) and the needs have been met and no longer requires active intervention.
- The mental health crisis has been successfully treated or managed and ongoing maintenance can be referred back to and managed within primary care.
- The individual is settled and stable within residential or nursing home care, in that the mental health problem no longer causes significant management problems or distress.
- When ongoing social or primary health care is required, but this is not primarily related to the individual's mental health needs.
- When a more appropriate service for ongoing care has been identified, and the individual can be safely transferred to other agencies. Pre-existing risks have been assessed and remain unchanged, but the MDT decision is that positive risk taking is acceptable for current independent quality of life,
- Appropriate protocols are in place for transferring between services delivering delegated statutory social work duties on behalf of Wirral Council.

The service user and any involved Carers or relatives have a clear plan for the future and contact with other services where appropriate.

2.9.20 Workforce and Capacity

There is no minimum staffing requirement for a specific number of AMHPs, but there is the duty to ensure that there is an AMHP available 24 hours a day.

In addition to social work staff, there are also several Administrative / Senior Administrative workers who provide support to the teams.

2.9.21 Management

Social Care Management is provided by:-

- A Senior Manager For Social Work This role encompasses: overseeing the AMHP rota; Leading and advising CWP in relation to Social Care issues; Advising in relation to the requirements of the Mental Health Act 1983; Co-chairing the Wirral Mental Health Commissioning Panel which considers applications for funding of support packages and placements (residential / nursing and supported accommodation).
- CMHT Team Manager(s). These posts are occupied by staff from a range of professional backgrounds however; it is desirable to have Social Work representation at this level.
- Referrals to the integrated mental health teams are usually received from Single Point of Access Team or directly from Acute Care services following an inpatient stay if not previously known to the service.
- Agencies such as housing departments, educational establishments, general hospital services and recognised local charitable organisations, can also access the integrated mental health teams through the Single Point of Access Team.
- Some referrals may be sent directly to integrated mental health teams, e.g.:
- Transfers from other community teams, including Early Intervention Team, CAMHS, LD services, Wirral Memory Assessment Service, CAT, ARBI
- Liaison Psychiatry Service
- Crisis Resolution Home Treatment Team (CRHTT)
- Acute Care service
- Other MH agencies / Trusts outside CWP

The teams involved in delivering the Mental Health Service are described below (sections 2.10 to 2.13)

2.10 Early Onset Dementia Team (Inc. adult's cognitive assessment, alcohol related brain damaged)

2.10.1 Role

Diagnoses, supports and plans reviews for people with early onset dementia (under 65). Take referrals for assessment for ARBI and support them through assessment and recovery.

2.10.2 Objectives

- A diagnostic service for people with memory problems
- Follow up and review
- Care planning, commissioning and review
- Deliver under the statutory framework
- Specialist support and advice to CMHTs
- Provide a specialist AMHP assessment
- Specialist Mental Capacity Act assessments for people with very complex needs
- Guidance in relation to criminal justice
- Court reports
- Work with Wirral Ways to Recovery to promote abstinence

2.10.3 Location

Stein Centre

2.10.4 Days & Hours

Monday – Friday, 09:00 – 17:00

2.10.5 Referral sources

- Other CMHTs
- GPs
- Neurology referrals
- Specialist referrals from voluntary groups e.g. Huntingdon's Society
- SPA

2.10.6 Referral mechanism

Letter, email, face to face, SPA, Liquid Logic

2.10.7 Response Times

As per individual circumstances of clients

2.10.8 Exclusion criteria

People who continue to use alcohol.

2.10.9 Workforce

Suitably trained and qualified workforce

2.10.10 Management

Suitably trained and qualifies management arrangement.

2.11 Early Intervention Team

2.11.1 Role

Provide an early intervention assessment for people aged 14 - 65 experiencing early symptoms of psychosis. Provide the statutory social work and mental health assessment framework.

2.11.2 Objectives

- Prevent progression of people's conditions
- Provide and early response for people experiencing a first episode
- Provide advice, guidance, signposting and support
- Provide assessment and support planning
- Arrange services as required
- Provide psychosocial education
- Provide employment support
- Provide access to therapies
- Provide support to Carers

2.11.3 Location

Stein Centre

2.11.4 Days & Hours

Monday – Friday, 09:00 – 17:00

2.11.5 Referral sources

Same as above (but with schools)

2.11.6 Referral mechanism

As above

2.11.7 Response Times

Person must be seen within 14 days of referral

2.11.8 Exclusion criteria

Anyone who is post-first episode (previous admissions / previous treatments)

2.11.9 Workforce

As above (with one support worker)

2.11.10 Management

Suitably trained and qualified management arrangement

2.12 Home Treatment Team

2.12.1 Role

The Home Treatment Team works with complex cases, all persons with a severe and enduring mental illness, bipolar, depression and anxiety, personality disorder. Provide support for early discharge from hospital and prevent relapse.

2.12.2 Objectives

- provide support for early discharge from hospital
- Prevent relapse
- work to prevent admissions
- prescribe medication
- provide home support to prevent further deterioration
- work closely with the acute services planning aftercare and discharge
- attend weekly MDTs to proactively work with a range of professionals (including staff in the integrated care line) to prevent relapse
- provide a Carers crisis line

2.12.3 Location

Stein Centre but also work into acute services at Clatterbridge.

2.12.4 Days & Hours

24 hours / 7 days

2.12.5 Referral sources

Integrated and acute care, mainly in-patient services, out of hours, GPs, street triage, criminal justice.

2.12.6 Referral mechanism

As above but Self-referral for people open to secondary services (dedicated 24hr phone line).

2.12.7 Response Times

4 hours, but working toward 2hrs

2.12.8 Exclusion criteria

People who aren't in crisis

2.12.9 Workforce

As above
(6 support workers)
(4 AMHPs)

2.12.10 Management

As above

2.13 Administration

2.13.1 Role

To provide administrative support to operational teams including call handling, recording and minute taking and other duties as required.

2.13.2 Location

Stein Centre and Millennium Centre

2.13.3 Days & Hours

9-5, Mon-Fri

2.13.4 Workforce

Suitably qualified and experienced

2.13.5 Management

Suitably qualified and experienced

2.14 Emergency Duty Team Response

2.14.1 The Council operate an Emergency Duty Team (EDT) service, which is under review. CWP operate an out of hour's manager on call rota. The EDT service will respond to crisis social care situations that occur out of hours, and that require urgent intervention. EDT may contact the CWP out of hours manager on call on cases held and managed by CWP, and where this is required.

2.14.2 CWP will share relevant information on request from the EDT service and the EDT service will share relevant information with CWP.

2.14.3 CWP will work collaboratively with the council to enable CWP AMHPs who elect to undertake sessional work within EDT to do so. AMHPs undertaking this work are required to have regard for their total working hours, ability to undertake this work without impacting on their primary job role within CWP, and to have regard for any potential conflict of interest. There is no requirement on CWP to provide AMHP staff to support the EDT rota and it is an individual decision that an AMHP may take and which will generally be supported.

2.14.4 CWP will ensure that EDT is alerted to any safeguarding concerns or other social care urgent situation which they anticipate may occur and which may be referred to them out of normal office hours.

2.14.5 CWP will receive information and take required actions in a timely manner on people referred from EDT following an intervention.

2.14.6 The EDT service will not accept handover of work from CWP where planned or unplanned work undertaken by CWP extends beyond their normal service hours.

2.15 All Age Disability

2.15.1 Children With Disabilities Service (Including Children's Transitions)

The Children with Disabilities Service has statutory responsibility for Children in Need, Child Protection, safeguarding, Children Looked after and Care Leavers. These responsibilities are covered by the following legislation:

- Children Act 1989
- Children (leaving care) 2000
- Children and Young Person's Act 2008
- Children and Families Act 2014.
- 0-25 Special Educational Needs and Disability Code of Practice
- Care Act 2014
- Chronically Sick and Disabled Persons Act 1970
- Equality Act 2010
- Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
- Procurement, Patient Choice and Competition Regulations: guidance and hypothetical case scenarios (Monitor)

- Special Educational Needs (Personal Budgets) Regulations 2014
- Special Educational Needs and Disability Regulations 2014

2.15.2 Role:

The service will:

- Ensure early intervention, working with the Early Bird Programme (which works with families from the onset of an Autism diagnosis).
- Work collaboratively with parents and Carers to gain a better understanding of their child as they grow and their behaviours.
- Work collaboratively with the SEND Team to ensure multi agency planning for children and young people with special educational needs and disabilities enabling a support plan that meets all needs and provides equal opportunities.
- Work collaboratively with special schools and local colleges to ensure the best opportunities are afforded to our young people as they grow in our community.
- Support access to services which can be provided via Direct Payments or Personal Budgets to allow for greater choices and control for families.
- Assess need, and plan support with children with disabilities and their families.
- Manage Children In Need; co-work with colleagues in children's services all S47 Investigations, Child Protection, Children who are Looked After and Leaving Care who are in receipt of services from the All Age Disability Service.
- Arrange support packages which can include Domiciliary Care, Personal Budgets, Direct Payments, Family Support and Residential Short Breaks.

2.15.3 Objectives

That children with a disability are seen as children first and foremost
Ensuring that children with a disability are safe in their home/care environment
Children with a disability have their needs assessed and support provided
Children with a disability have access to appropriate services both mainstream and specialist
That Children with a disability are encouraged and supported to achieve their potential
That children with a disability receive a robust and coordinated service from social care, health and education

2.15.4 Outcomes

That children with a disability are supported as individuals with their own needs and aspirations.
That children with a disability and their parent/Carers are listened to and their voice can be heard through the assessment and care planning process.
That children with a disability and their parent/Carers are provided with choice and control in respect of the support received.
That children with a disability are given every opportunity to be independent and engaged with their local community

2.15.5 Exclusion criteria

- Children whose primary identified needs are emotional and behavioural difficulties.
- Children/young people with mental health problems or attention deficit disorder (ADD) or attention hyperactivity disorder (ADHD).

2.15.6 Location

The children with a Disability Service will be co-located along with Adult Disability Services and CWP at the Millennium Centre, Twickenham Drive, Leasowe.

2.15.7 Workforce

The Children with a Disability teams will include;

- A suitably trained and qualified workforce

2.15.8 Management

A suitably trained and qualified management arrangement

2.16 Integrated Disability Service (including Adult Transitions)

2.16.1 Overall description

The main business of the IDS is:

- Assessment, support planning, re-assessment and reviews of progress (applying Care Act eligibility criteria) of adults with lifelong conditions and complex needs acquired before the age of 18.
- Undertaking Mental Capacity assessments and associated legal work (e.g. DoLS and Court of Protection).
- Working collaboratively with health providers and CCG colleagues to provide advanced assessments (including CHC and S.117 aftercare arrangements).

IDS team members:

- **Help get services**: through assessment and support planning make sure the right services are provided;
- **Co-ordinate services**: making sure that the support, health and other services involved are focussed on the service users outcomes;
- **Communicate**: support the service user by facilitating communication about progress in achieving outcomes and responding to queries from services involved.

It also supports the development and quality of the local specialist and general services through advice and guidance, training programmes, professional support and joint assessments with other specialists. The IDS has particular close working relationships in “Transition” (young people from age 16 to 25) and older people’s services (provided by WCFT) as the LD population profile has grown older. Joint assessment and support planning is also done in partnership with Mental Health services where appropriate.

The IDS will form part of the wider All Age Service, which will encompass psychology, psychiatry and other allied health professionals. See section NUMBER (areas for further development)

The IDS follows the Assessment and Support Planning processes for Social Work services. The service will hold a caseload of individuals with complex needs for the purposes of assessment and review.

The service also takes the lead for the adult teams in Wirral which provides the core transition of young people from age 16 in line with the Joint Transitions Strategy. This supports the development of Education health and Care Plans for young people up to age 25 as described in the Children’s Act.

Clear pathways for the future IDS will be an area for development and are included in Section 5. This will happen post-transfer with timescales set and agreed with the commissioner.

2.16.2 Objectives

- Better outcomes for service users in terms of their health and wellbeing, skills, the part they play in their community.
- Ensure the safety of service users and that their experience of services is personalised, reliably delivered and achieves outcomes for service users.
- Support generically available services and other specialist services to be able to respond better to service users through partnership work with those services.
  Ensure services are aware of service user's support needs and supporting planning to prevent and / or respond to crisis.

2.16.3 Outcomes

- Service users will be supported as individuals with their own needs, desires and wishes;
- Service users are seen as equal citizens;
- Service users are treated with respect;
- Service users are included in their community and able to contribute to community life;
- Service users have real choices and control with enough information and support to make choices;
- Service users have sufficient support when needed but are helped to live as independently as possible.

2.16.4 Care Programme Approach

Social care staff will work jointly with other professionals with the Care Programme Approach, where it applies.

2.16.5 S.117

Social care staff will work jointly with other professionals to comply with the S.117 process.

2.16.6 Tribunals and Court Proceedings

Although not a role that is the exclusive the remit of Social Workers, the completion of Social Circumstances Reports for Mental Health Tribunals does fall within the scope of Social Work tasks.

The Social Circumstances Report includes all aspects of the patient's health and social care needs/circumstances, and makes recommendations in relation to future care and support planning, and whether continued detention in hospital under the Mental Health Act is necessary. This provides evidence, which is submitted alongside reports from medical and nursing staff, to enable the Tribunal to come to a decision as to whether or not the detention of the patient concerned under the Mental Health Act is a proportionate and justifiable response.

2.16.7 Location

Millennium Centre, Leasowe (insert address)

2.16.8 Days & Hours

Monday – Friday, 9 - 5

2.16.9 Referral sources

Referrals are received from:

- Adults Integrated Gateway (WCFT)
- Children's Integrated Front Door
- People who use services
- General Practitioners (directly into the SPA and not via the gateway)
- Health and social care professionals, including:
    - Other local authorities
    - Other CCG's
    - Acute hospitals (inpatient and physical health facilities)
- Partner agencies, including:
    - Care providers
    - Local colleges & schools
    - Housing organisations
    - Advocacy services
    - Police
    - Probation services

2.16.10 Referral mechanism

Referrals are received via:

- CADT (via Integrated Gateway)
- Children's Integrated Front Door
- Staff direct contact on open cases
- Transitions Operation Group
- CWP SPA (secondary gateway)

2.16.11 Response Times

- Daily triage arrangement to prioritise cases for response and allocation
- Safeguarding response within 24h hours
- Assessment within 28 days

2.16.12 Exclusion criteria

- People with autism only where there is no complexity of need
- People with a primary mental health need
- People with complex needs acquired post-18 *(unless otherwise agreed)*
- People who are not eligible under the Care Act

2.16.13 Workforce and Capacity

This service will be provided by a suitably trained and qualified workforce to ensure that the delivery and statutory requirements are met.

2.16.14 Management

The service will be managed by suitably trained and social work qualified Managers to ensure that the delivery and statutory requirements are met.

2.16.15 Transforming Care

The Transforming Care Programme Board in its document "Transforming Care for People with Learning Disabilities – Next Steps" Set out the detail of the national programme of work to put into operation the Concordat. One important part of the Next Steps plan is the "Service Model for Commissioners of Health and Social Care services (October 2015), which sets out a national template for services.

The Integrated Disability Service (IDS) works as a local translation of the national template for learning disability core principles, which is flexible both in the nature of its delivery and in how it meets local demographic challenges through:

1. Supporting Positive Access to and Responses from Mainstream Services (Health Promotion, Health Facilitation, Consultation and Training)
2. Enabling Others to Provide Effective Person-Centered Support to People with Learning Disabilities (through specialist assessments and formulations, advice, person-focused training, short-term care coordination and clinical support)
3. Direct Specialist Clinical Therapeutic Support for People with Complex Behavioural and Health Support Needs (through specialist assessments and formulations, advice, training, longer-term care coordination and clinical support)
4. Responding Positively and Effectively to Crisis
5. Quality Monitoring Reviews and Strategic Service Development in support of Commissioners;

2.17 Family Support (see appendix HH Family Support Team pathway)

The Children with Disabilities Family Support Service specialises in planned, time limited support for children and young people who have complex disabilities. The team provides tailor made support packages to assist families in meeting the unique challenges of living with a complex disability. The service works primarily with children and young people who have an ASD diagnosis, SLD and who may present challenging behaviour. Work involves intensive wrap around parenting support and direct work with children and young people taking them out for short breaks in the community. The team works closely with LD CAMHS and Clinical Psychologists, to support young people.

The Family Support Service and associated budget will transfer to CWP and access to this service will continue to be through the existing referral pathway;

CWP will establish Resource Management arrangements for the Family Support Service and will be organised and chaired by a CWP manager. CWP will allocate the resource accordingly in relation to the assessed need and prioritisation of cases.

The All Age Disability Service will provide a comprehensive, inclusive and dynamic service for children and adults with disabilities. The EHC plan will drive planning for children, young people and adults, who remain in an education setting, to enable them to meet their aspirations and achieve the best possible outcomes in line with their individual needs.

For a young person with an EHC plan, the All Age Disability Service will ensure that the transition to adult care and support is well planned and integrated with annual reviews of the EHC plans, which must include provision to assist in preparing for adulthood from Year 9 (age 13 to14). Transition assessments for adult care and support must involve the young person and anyone else they want to involve in the assessment and include the outcomes, views and

wishes that matter to the young person, much of which will already be set out in their EHC plan. Where a young person's needs are not eligible for adult services, the All Age Disability Service must provide information and advice about how those needs may be met and the provision and support that young people can access in their local area.

For children with complex disabilities, who are receiving support from the All Age Disability Service, transition planning will remain the responsibility of their allocated social worker and planning will commence from 16 years. The All Age Disability service will work closely with Wirral Council's Children's Services Locality and Child in Care Teams. Where it is identified that a young person is likely to require support into their adulthood, Transition Services will assist and work collaboratively with the Wirral Council when a child reaches 17 years to ensure all preparatory work is undertaken to enable a smooth transition from Children's services to the All Age Disability Service for Adults at 18 years.
Wirral council can access transition services by;

• Social worker completes referral to the CWP responsible Manager for the All Age Disability Service.
•All referrals are managed through the monthly Transitions Allocations Meeting
Should there be a need for intensive support or high cost provision then this will be presented to the Transitions Operational Group. The Transitions Operational Group will track all complex disability transition cases from age 14 years to enable informed strategic planning for future services.

For Care Leavers with disabilities who are not Care Act eligible, Wirral Council will be responsible for providing support post-18 via the provision of a Personal Advisor (PA). For all young people who are looked after and are Care Act eligible, post-18 support will be provided by the Transitions social worker within CWP who will become the lead agency. In these circumstances, PA support provided by Wirral Council will be available in line with the Leaving Care Act 2000.

2.18 LD CAMHS/CAMHS

The Learning disability CAMHS service will be co-located within the All Age Disability Service. Referrals are made by the social worker in All Age Disability to the LD CAMHS team manager using the electronic referral pathway. Consultation between services is available on request to determine eligibility and priority of need. Regular management and team meetings will be held between the services to review demand, impact, resources and future development of the service.

2.19 Mental Health Transition

Mental Health Adult staff will engage with colleagues in CAMHS / All Age Disability and Children's Services to plan for effective transition for young people into adult mental health services, where appropriate and eligible.

2.20 Occupational Therapy (children)

The Occupational Therapy Service is commissioned by WC as a commissioned service. See section 3.12

2.21 Extra Care Allocations

2.21.1 The Council currently commissions care support for five extra care schemes within the borough (201 places across all 5 schemes). The Council is looking to develop additional specialist extra care schemes in partnership with the housing sector. Care and support in extra care schemes is commissioned by Wirral Council. In relation to extra care, the role of CWP is described as follows:

- Management of the referral and allocations process for LD Extra Care housing in Wirral in partnership with Wirral Council housing department
- Working collaboratively with housing providers
- Working collaboratively with the Council on strategic housing provision
- Work collaboratively with commissioners on services associated with extra care schemes
- Undertaking annual reviews of the individuals living in extra care schemes who are in receipt of services
- Chair the LD Extra Care Panel to facilitate the management and allocation of places as per the nominations agreement
- Work collaboratively with WCFT on allocations across all extra care schemes

2.22 Adult Safeguarding (Refer to Appendix C)

2.22.1 CWP will provide a safeguarding response to individuals or groups of people within the multi-agency procedure. Safeguarding applies to any adult person at risk to whom suspected abuse takes place within the boundaries of Wirral, irrespective of whether they ordinarily reside in another locality or are a self-funder. Further detail on the duties on CWP in respect to safeguarding are in Appendix C. The majority of safeguarding work for CWP will be based on its existing and known caseload. However circumstances will arise for new safeguarding referrals when given either people's individual circumstances and p[resenting needs or new cases where CWP service may be the best placed professional service to deliver and effective safeguarding response

2.22.2 In relation to safeguarding, CWP will:

- Ensure staff are appropriately trained
- Provide an annual training program that addresses requirements e.g. enquiry officer training, refresher training for existing enquiry officers
- Update and train all staff in respect of new requirements
- Ensure procedures, policy and guidance are up to date and introduce new guidance etc. as it becomes identified, working collaboratively with the Safeguarding Team in the Council
- Work collaboratively with partner organisations to ensure appropriate strategic links
- Respond to press enquiries about safeguarding in collaboration with the Council and other bodies
- Produce, maintain and regularly review a range of multi-channel public information which supports the safeguarding processes relating to the Trust that supports the safeguarding of the service.
- Respond to complaints in relation to safeguarding
- Contribute to Adult Safeguarding Board
- Contribute Children's Safeguarding Board
- Keep up to date with regional and national work to improve safeguarding practice
- Involve itself in wider issues such as prevention of abuse, channel and prevent exploitation of vulnerable adults in relation to extremist activity
- Undertake investigations of alleged abuse
- Organize and chair strategy meetings for individuals ensuring accurate records are kept Develop, implement, review and maintain adult protection plans
- Work with other agencies on a whole family approach
- Comply with the duty to co-operate with MAPPA and MARAC requirements
- CWP will provide social workers to contribute to the work of the multi-agency safeguarding hub (MASH) to undertake safeguarding referrals. See Appendix G
- Respond to serious case reviews providing relevant information from case work as required, or acting as lead agency as requested by the Local safeguarding Adults Board.

CHILDRENS SAFEGUARDING (Appendix W – EPO)

CWP will provide a safeguarding response to children with a disability within the legislative framework as described in section 2.10.1. Safeguarding procedures will apply to any child when there is a safeguarding concern whether suspected or actual within the boundaries of Wirral, irrespective of whether they ordinarily reside in another locality. Further detail on the duties on CWP in respect to safeguarding children is in Section 2.

2.22.3 In relation to safeguarding children, CWP will:

- Ensure staff are appropriately trained
- Provide an annual training program that addresses requirements e.g. Achieving best evidence
- Update and train all staff in respect of any new legislative changes
- Ensure procedures, policy and guidance are up to date and introduce new guidance etc. as it becomes identified, working collaboratively with the Safeguarding Team in the Council
- Work collaboratively with partner organisations to ensure appropriate strategic and multi-agency links
- Respond to press enquiries about safeguarding in collaboration with the Council and other bodies
- Produce, maintain and regularly review public information which supports the safeguarding processes
- Respond to complaints
- Contribute Children's Safeguarding Board
- Keep up to date with regional and national work to improve safeguarding practice
- Involve itself in wider issues such as prevention of abuse, channel and prevent exploitation of vulnerable children and young people
- Undertake investigations of alleged abuse
- Organize and chair strategy meetings. Develop, implement, review and maintain child protection plans
- Work with other agencies on a whole family approach
- Comply with the duty to co-operate with MAPPA and MARAC requirements and represent at Boards and meetings as appropriate
- Comply with all guidance for safeguarding children in Wirral as described by the Wirral Children's Safeguarding Board: https://www.wirralsafeguarding.co.uk/

2.23 MCA/DOLS (Refer Appendices D & P)

2.23.1 The Council has statutory duties under the Mental Capacity Act 2005 (MCA) including Schedule A1 MCA (Deprivation of Liberty Safeguards, 'DoLS') to ensure people who lack capacity are able to have their needs assessed and to ensure any decision taken on their behalf is one that is lawful ,in their best interests and the least restrictive. Where they meet the lawful requirements to be deprived of their liberty under Article 5 an appropriate process has to be undertaken to ensure that such deprivations of liberty are appropriately authorized. Further detail on the duties on CWP in respect to MCA\DoLS is in Appendix D.

2.23.2 The Council, within its contract with CWP will delegate some statutory duty in relation to MCA and DoLS. Please see Appendix A & Q for a detailed breakdown of these statutory duties.

2.23.3 In relation to MCA and DoLS, CWP will (with a quarterly review):

- Receive new allocations for DOLS via the Integrated Gateway hosted by WCFT
- Accept all new referrals for DOLS from WCFT for service users of CWP, and liaise with the DOLs administrator in WC for waiting list and allocation
- Undertake assessment and review for all new and existing DOLS that are allocated to CWP
- Respond to requests for a Standard Authorisation in accordance with guidance (See Appendices D & P)

- Undertake mental capacity assessments
- Undertake Best Interest decisions
- Liaise and attend coroners court as needed
- Work proactively and collaboratively with the Council's legal team & MCA lead regarding cases that may go to the court of protection because service-users or their representatives are exercising their Article 5 and 8 rights
- Ensure that vulnerable individuals, who are having their liberty considered by the court of protection, have appropriate representation
- Ensure there is a robust system in place to support the processing of multiple allocations
- Quality assure assessments and reports, ensuring recommendations are clearly supported by evidence
- Maintain and review policies and procedures in relation to MCA and DoLS
- Develop systems and processes to respond to the volume of requests in partnership with WC
- Liaise and share best practice with other Councils
- Contribute to national consultations on the DoLS
- Provide managerial oversight and support for practitioners and expert advice and support
- Work collaboratively with the identified MCA lead in the Council
- Ensure there are an appropriate number of trained BIAs who are kept up to date with best practice to meet service requirements
- Ensure robust administrative back-up to support the DOLS process
- Provide data as requested by the commissioner
- Ensure relevant person's representatives are appointed as required under the Act
- Work collaboratively with the IMCA service
- Undertake reviews as required
- Ensure that services users and their representatives are supported to exercise their rights under article 5(4) and apply to the Court of Protection to challenge the deprivation of liberty they are subject to
- Ensure a suitably qualified and trained workforce is in place by the end of year 3 of the contract to complete all of its allocated DOLS assessments
- Adopt and implement the 3B DOLS Review form to streamline the review process and continue to work with the Professional Standards team to explore other transformation and improvement opportunities
- Complete a quota of DOLs authorisations as allocated by WC (to be reviewed at 6 months)
- Complete other non-standard DOLS authorisations in non-residential settings which may require Court of Protection arrangements

2.23.4 Referral Sources

Referrals are made from a number of resources which include:

- Managing authorities (inside and outside of Wirral)
- Hospitals
- Other care settings

The supervisory body must be mindful of the regulations relating to ordinary residence when triaging DoLS referrals.

2.23.5 Referral Mechanism

Initial referrals are made through the Integrated Gateway hosted by WCFT.

2.23.6 Response Time and Prioritisation

The service will aim to ensure all identified service users receive, as a minimum, an annual review in accordance with the Care Act 2014. See Appendix D for more detailed information.

CWP will endeavour to comply with DoLS legislation; which currently requires urgent assessments to be completed within 7 days (can increase to 14 days if an extension is granted) and 28 days for a standard assessment request.

2.23.7 Exclusion criteria

CWP will comply with most current practice relating to ordinary residence when working with DoLS referrals.

2.23.8 Pathways

For safeguarding referrals or reassessments, initial referrals are usually made through the Integrated Gateway

The Best Interest Assessors will operate a system to respond to queries. The BIA's employed by the Trust will provide advice to providers on the process.

The Mental Capacity Act and the Mental Health Act Lead Professional remains within the Council, but provides professional oversight and input to the Best Interest Assessors as an independent person. They will support with arranging and chairing of Best Interest Assessor forum meetings, and will provide guidance on new legislation and reporting requirements as part of the contract monitoring framework.

CWP will act as the Supervisory Body for an allocated amount of cases. The DoLS Authoriser represents the local authority. It is a position of great responsibility and the authoriser must not be in a position of conflict (for example, they must not manage the managing authority in addition to the DoLS service). Who can be an authorising signatory is not defined within the Mental Capacity Act 2005 or the Regulations. Guidance of the role of the supervisory body, best interest assessors and the Authoriser role including appointing the relevant person's representatives can be found in the Mental Capacity Act Code of Practice, the Deprivation of Liberty Safeguards Code of Practice, Schedule A1 MCA 2015 and the Mental Capacity (Deprivation of Liberty: Standard Authorisations, Assessment and Ordinary Residence) Regulations 2008.

2.23.9 Workforce and capacity

The Service is staffed by appropriately qualified professionals who have been BIA trained (these could be nurses, social workers, occupational therapists, psychologists or psychiatrists) A BIA must not carry out a best interest assessment under Schedule A1 if that BIA is involved in the care, or making decisions about the care, of the relevant person. A person required to authorise a standard authorisation cannot have had any dealings with the case prior to the authorisation.

2.23.10 Management

The Best Interest Assessors will be managed by suitably experienced Managers within the CWP

2.24 Care Arranging Team (CAT)

CWP will not host the Care Arranging function relevant to all persons to whom the Council owe duties under the Care Act 2014. This is hosted by WCFT, and the Council has established working processes, pathways, protocols and dispute resolution measures in relation to Care Arranging which ensure people who use services do not have any delay in having their needs assessed and met. CWP will refer all requests for service via the CAT.

The role of the CAT is to provide a care arranging function for Integrated Care Co-ordination Hubs, teams within CWP and Mental Health and Learning Disability social work staff. To arrange care funded by Wirral Council following a referral from a Social Worker or Assessment Support Officer by contacting contracted providers of Domiciliary Care and Supported Living Care. CAT's main focus is Older People and Under 65 domiciliary care provision and Learning Disability Supported Living Provision.

The CAT acts as a conduit between teams and the approved and accredited existing providers, arranging packages of care. Currently the team primary function is brokerage of Domiciliary Care packages for older people and Support Living Service for LD. Key areas of operation for the CAT are:

- Maximise flow through Hospital discharge
- Point of contact for SW / Home queries
- Keep oversight of capacity within the market to inform Managers and commissioners as requested

The CAT arranges the following services:

2.24.1 Domiciliary Care

- Including recording weekly feedback on reablement service and input into Liquid Logic

2.24.2 Supported Living

- Procure all supported living via email
- Floating Support
- Outreach Support
- Accommodation based support (HMOs / Shared Accommodation Schemes)
- Mental Health Supported Living – upcoming – to be implemented within CAT
- Care element of LD / MH housing support options
- Financial paperwork – ensure care documentation is controlled and ensure payments are expedited in accordance with contractual arrangements.

2.24.3 Residential / Nursing Placements

- Advice on vacancies
- Respite brokerage
- Point of contact for Social Worker\Home

2.24.4 Shared Lives

Control and brokerage of family placements

2.24.5 Extra Care Housing (ECH)

Extra Care Panel and requests/applications for extra care placements are made via the extra care panel for older people hosted in WCFT.

CWP will implement and establish an extra care panel for disability extra care and liaise accordingly with the WCFT panel accordingly.

2.24.6 Other Services

Any other service type as agreed with the Council commissioners

2.24.7 Hours of Operation

The CAT is open 7 days a week, 365 days per year (with the exception of Christmas Day, Boxing Day, and New Year's Day), hours as follows:

Monday - Friday	08:00 – 18:00
Saturday - Sunday	08:00 – 16:00

2.24.8 Referral Method

Direct contact can be made with the CAT via telephone and email.

Telephone	*As notified from time to time*
Email	*As notified from time to time*

2.24.9 Commissioned Care for Children

CWP will not have responsibility for commissioned care for children with a disability. This function will remain with WBC who will establish working processes, pathways, protocols and dispute resolution measures with CWP.

The commissioned care for Children with a disability will include the following;

- Residential Care
- Independent Fostering placements
- Contact Service
- Specialist external assessments/reports i.e.; psychological reports/PAMS
- Respite provision
- Domiciliary Care
- Shared Lives

2.25 Information

2.25.1 CWP will be required to input and maintain information in Live Well Wirral and the Local Offer about the services it provides including any relevant links to other sources of information.

2.25.2 CWP will be required to use Live Well Wirral as a tool for signposting individuals to support and services which could meet their needs, regardless of whether national eligibility criteria are met.

2.25.3 CWP must produce, maintain and regularly review a range of multi-channel public information which meets the information needs of people who may require adult social care services. This public information must assist people in their decision-making about their future care and support needs.

2.25.4 CWP will work collaboratively with Wirral Council on any changes to policy or legislation which requires revisions of key messages or information for the public. CWP will work collaboratively with Wirral

Council and commissioners in revising and refreshing current policy, legislation and strategy, and in developing any future plans.

2.25.5 CWP must ensure equal access to information across different channels and identify new opportunities and resources, in full compliance with Accessible Information Standards.

2.26 Complaints Management (including Freedom of Information requests)

2.26.1 With regard to complaints management the following will apply:

- Complaints can be made either to the Provider (CWP) or to the Commissioner (WC); service users and their representative will be so advised.
- Complaints received by the CWP related to all aspects of contracted service delivery by CWP will be investigated and responded to by CWP who will inform WC of outcomes.
- Where a complaint is received by CWP, but the response requires a decision regarding charges for the service, the draft response will be forwarded to the Council for decision
- Complaints received by the WC related to all aspects of contracted service delivery by CWP will normally be investigated by CWP who will inform the WC of the outcomes and prepare draft responses to be agreed and sent by the WC
- In some circumstances, due to complexity, sensitivity etc, WC may decide to investigate the complaint directly, by means of a formal investigation. CWP will co-operate fully with this process in terms of sharing records, making staff available for interview. A copy of the Report will be shared for comment before final response
- Political enquiries received by CWP relating to all aspects of contracted service delivery by CWP will be responded to by CWP who will inform the WC of outcomes
- Political enquiries received by the WC relating to all aspects of contracted service delivery by CWP will be investigated by CWP who will inform the WC of outcomes and prepare draft responses to be agreed and sent by the WC
- FOIs received by CWP related to all aspects of contracted service delivery by CWP will be investigated and responded to by CWP
- FOIs received by the WC related to all aspects of contracted service delivery by CWP will be responded to by the WC with information supplied by CWP
- Where there are aspects of the complaint beyond CWP direct responsibility, but are part of the health and social care system e.g. housing/adaptations, financial assessment, joint funded packages of care, etc., CWP will discuss with WC who may oversee the investigation and response
- WC will retain the role of liaison with the Local Government Ombudsman (LGO), and Cheshire and Wirral Partnership (CWP) will provide information in accordance with LGO timescales for WC to respond to the LGO
- WC will arrange independent complaint investigators where required; and for Stage 2 Children's complaints appoint the Independent Person
- Complaints activity will be reported on by CWP to WC contract managers.

2.26.2 In responding to complaints, CWP will:

- Ensure the handling of representations and complaints is in accord with local governance and national regulations
- Receive representations and complaints and assess the correct route for the individual's expressed issue. This will require an assessment of the initial contact and may include additional contact to make a clear assessment of the most appropriate process
- Direct complaints to Complaints Investigators within the relevant services to initiate a process of investigation and reporting according to the regulations
- Support investigating officers through the process of investigation to ensure procedure complies with regulations

- Track progress of complaints particularly those that may require investigation across more than one service
- Following conclusion of investigation and reporting provide a Quality checking service to assure consistency of process and clarity of outcome
- Ensure Safeguarding issues that may arise are appropriately alerted
- Ensure processes are in place to manage complaints where multiple agencies are involved
- Support the Council regarding interface with the Ombudsman's office on complaints being investigated by that Office, and provide information on such complaints
- Coordinate enquiries, representations and complaints from Members of Parliament (National and European) and Councillors or other representatives acting on behalf of constituents, including feedback to representative of the Council
- Contribute to the overall quality assurance processes of social care through feedback of particular learning important for service delivery, and ensure this is fed back through the appropriate contract monitoring route
- The expectation is that the at least 70% of complaints will be responded to with 25 days for complaints related to Adult Social Care. Where longer is required (eg due to complexity) CWP will notify complainant if received direct or WC if received via the Council.
- Complaints regarding Children's Services will be dealt with in accordance with the statutory 3 stage process and timescales:
  - Stage 1 – response within 10 days, or exceptionally, and with complainant agreement 20 days. CWP to respond and copy response to WC
  - Stage 2 - response within 25 days, or exceptionally, and with complainant agreement 65 days. CWP to oversee the Investigation, the Adjudication Process and Formal response will be the responsibility of the Council.
  - Stage 3 – Review Panel, within 30 days. Process to be overseen by Council
  - Produce an annual report for the Council, focussed on the outcomes and learning from the year's activity.

2.26.3 CWP will support and assist individuals, including referring to advocacy to provide clarity on the nature of their complaint and refer on to more appropriate complaints or customer care services as appropriate. A complaint can be closed if:

- A complaint or other representation is referred on to a more appropriate agency
- The individual making the representation or complaint withdraws the complaint before response
- The complaint is concluded following investigation
- On the individual will be advised that they may refer the complaint to the Commissioner (WC) if it hasn't already been referred and the existence of the Local Government Ombudsman's service.

2.27 Civil Contingencies and Emergency Planning (Refer to Appendices J and K)

2.27.1 CWP will assist the Council in its Emergency Planning role which is described in Appendix K and respond on behalf of the Council under the Civil Contingencies Act by taking the following actions:

- The provision of medium to longer-term welfare of survivors e.g. social services support, bereavement and trauma support, help-lines which should answer the public's questions and staffing drop-in centers
- To work collaboratively to assist the Council in key elements of the Councils role as coordinator under the Civil Contingencies Act as identified in section 2.2 in Appendix J
- To provide sufficient rest center managers with support staff
- To work with the Council to ensure a suitable training programme is identified for relevant staff and other roles and to contribute to delivery of the programme as required

- To provide strategic representation at the Councils Emergency Management Team and\or Strategic (Gold) Command in line with specific emergency response requirements
- To work with the Council to ensure the responses to enquiries from MPs, elected members, and others, are dealt with in line with expected procedures and in a timely manner
- Make information available to the public about arrangements to warn, inform and advise the public in the event of an emergency
- Share information with other local responders to enhance control and co ordination
- Cooperate with other local responders to enhance coordination and efficiency
- The provision of immediate shelter and welfare for survivors not requiring medical support and their families and friends via evacuation, rest, humanitarian and other centres to meet their immediate to short term needs
- The provision of rest centre management, staff and befrienders and arrangements to ensure continued staffing levels for the duration of the incident
- To work collaboratively with multi-agency partners to deliver an effective service, putting in place the necessary protocols and working practices to do so.

2.28 Professional Standards (Refer to Appendices E, F, R and EE)

2.28.1 CWP will ensure their staff engaged on the Services meets the Health and Care Professions Council (HCPC) Standards of Proficiency for Social Workers and Occupational Therapy (Ref Appendix E, F and R) The detailed requirements that CWP must meet are set out in Appendix E & R.

2.28.2 Wirral Council is providing professional standards guidance as set out in (Appendix H) CWP will comply with the obligations on them as set out in (Appendix E & R).There is a toolkit in Appendix F to assist.

2.29 Support required enabling the Council to carry out its charging and debt recovery

WC will not delegate to CWP its functions under section 14 of the Care Act (function of making a charge for meeting needs) and section 17 of the Care Act (function of carrying out a financial assessment in relation to the making of the charge) in respect of meeting needs for care and support under sections 18 or 19 of the Care Act; and (b) its functions under regulations made under section 2(3) of the Care Act (function of making a charge for the provision, or arranging the provision, of services, facilities or resources or taking other steps under section 2(1) of the Care Act); and that the agency arrangements described elsewhere in the agreement will apply instead.

2.29.1 CWP will:

- Ensure appropriate business processes are in place to underpin application of all policies (e.g. Pre-Service financial requests are being sent).
- Support review of policies and factsheets for charging as required.
- Assist the Council in conducting any general charging policy consultation required.
- Attend meetings, as required, with the Council to ensure full compliance with legislation and other matters.
- Promote alternative access channels and speed of response.
- Provide the public with high quality and user-friendly information on deferred payments, top-ups and charging.
- Ensure staff attend training when any changes are made to ContrOCC or Liquid Logic.
- Provide information to the Assistant Director for Health and Care Outcomes on the numbers of referrals to PFU for assessment.

- Promote the use of online care and financial assessment.
- Ensure publication and circulation of all policies regarding fees and charges to all stakeholders
- Provide up-to-date fact sheets for easy access. Ensure factsheets are updated annually (using information provided by Wirral Council), to reflect changes.
- Provide factsheets (using information provided by Wirral Council) for easy access through the internet this must include (but is not limited to): deferred payments, top ups, charges for residential and non-residential clients and paying for charges.
- Conducting any general charging policy consultation (in collaboration with Wirral Council) required.
- Ensure that all potential service users are informed there is a charge for care, and that service users have responsibilities in regards to paying for that care.
- Provide information to the Assistant Director for Health and Care Outcomes on the numbers of referrals to the Council.

2.29.2 CWP will:

- Ensure the capacity of any client to deal with their financial affairs at the outset of dealing with the client and that a suitable representative is identified if the client does not have capacity.
- Ensure the representative, where one exists, is aware of their financial responsibilities, i.e. if a service user, after assessment, is considered able to pay (either in full or in part) for care received, they will be expected to make those payments. If appropriate, CWP will ensure the representative has power of attorney, or is a court-appointed deputy.
- Work collaboratively with the Council on the implementation of legislative changes to charging and assessment.
- Inform the Council (PFU) on any financial matters pertaining to client charging and debt recovery, relating to service users.
- Promote the take-up of direct debits as the preferred means for clients to pay contributions.
- Respond to Council requests as to the capacity of clients to deal with their own financial affairs.
- Signpost individuals or their representatives to independent advocacy services and to independent financial advice.

2.29.3 CWP will:

- Ensure Liquid Logic is up to date, in relation to address of service user, date service user care started and date of death (where known). Liquid Logic should be updated within 5 working days of the notification.
- Request Pre-service financial assessment to enable completion of financial assessments ahead of service commencement.
- Record details of financial agent.
- Ensure that information relating to variations to and breaks in care services is gathered from care providers and is recorded promptly and accurately in Liquid Logic.
- Ensure chargeable services are activated on Liquid Logic within a maximum of 5 working days post service commencement.
- Ensure detail of service users and their third party top up support is entered into Liquid Logic for all top up cases within 5 days of a client being placed in care and a third party agreement being made. This must include all relevant legal and financial documentation, which will highlight liability for payment and address, contact telephone and email address.

2.29.4 CWP will:

- Hold meetings as required with the Council, to ensure alleged financial abuse is acted upon through investigation.
- If a client does not have mental capacity, ensure the representative has power of attorney, or is a court-appointed deputy. Any instances where a service user does not have mental capacity and the suitable representative has neither taken power of attorney nor is a court-appointed deputy should be referred to the Safeguarding team.
- As part of Safeguarding Vulnerable Adults, identify any cases which trigger concern of financial abuse and raise a safeguarding alert in line with ASC Safeguarding Procedures.

2.29.5 CWP will:

- Play an active role in the debt panel than convenes quarterly and is chaired by an officer of the Council.
- Provide evidence to support any review of any debt that is being presented to the Council Panel.
- Respond promptly to information requests from the Council relating to debt recovery.
- Work with the Council to minimise the level of outstanding debt.
- Provide information to the Council to support decisions on debt recovery that this will include individual casework.
- Respond promptly to information requests from the Council, to enable debt to be recovered and correctly accounted for.
- Attend 'Legal Surgeries', where required, over and above the quarterly panel meetings, as a forum for discussing specific legal cases and agreeing next actions.
- Work proactively with service users to both avoid accruing debt to the council and to ensure recovery of debt alongside council officers.

2.30 Support for the Client Finance Team (Refer to Appendix M)

The Client Finance Support Team is responsible for:

1) Administering and co-ordinating the provision of Direct Payments to people who are eligible under the Care Act and who choose to receive their support in this way.
2) Financial protection (appointee ship and Court of Protection).
3) Providing a co-ordinated response to deaths in the community.

An overview of the processes is described in Appendix M

CWP will carry out the following actions to enable the Council to administer Direct Payments, Financial protection measures and responses to Death in the Community
Direct Payments (timings)

- Within two days (from verbal agreement of support plan with the client) CWP social work staff update Liquid Logic with the completed support plan and send referral to Client Finance Support Team.
- Within one day CWP social work staff complete Service User Agreement and Service Provisioning on LL and email notification to the Client Finance Support Team.

2.30.1 Direct Payments, CWP will:

CWP are expected to facilitate access to Direct Payments for service users. CWP will not hold the contracts for any directly purchased service under direct payments that are not commissioned by the integrated commissioning hub.

- Use professional judgement as to when it's best to involve the client finance support team – generally the earlier the better
- Provide clear evidence on the support plan of how a direct payment has been calculated with assistance from the client finance support team.
- Involve the Client Finance Support Team using the team referral process before the plan is finalised.
- Request a pre-financial assessment via Liquid Logic at the earliest opportunity.
- Work collaboratively with the client finance support team.

2.30.2 Direct Payments for children with a disability

Some children and families will be able to access Direct Payments and will prefer to manage their identified care package in this way;

- A person with a parental responsibility for a disabled child.
- A disabled child age 16 or 17 who is assessed as having mental capacity.

CWP will ensure that the assessment is completed and will include the view of the parents/Carers (Breaks for Carers Act 2010).

CWP will sign off direct payments packages of care up to 10 hours per week, and will refer packages of care over 10 hours per week to the Council Resource Panel.

2.30.3 Financial Protection, CWP staff will:

- Where an individual is admitted to hospital or a residential setting and no next of kin has been identified, to use professional judgment as to when it's best to involve the client finance support team - generally, the earlier the better.
- Make referral as soon as possible to avoid the individual incurring any debt.
- Contact the client finance support team to undertake a joint protection of property visit to collect information about the individual's finances.
- Where an individual is assessed as lacking capacity to manage their own finances within the community and there is no other person willing or suitable to manage on their behalf use professional judgement on whether a referral to the client finance support team.
- Complete a mental capacity assessment specifically in relation to the individual's ability to manage their finances and a referral (form FPT1) to the client finance support team where necessary. The referral must have details of the National Insurance Number, bank account details and all incoming money and outgoing expenses as a minimum. This is especially important if the individual remains in the community as utility bills etc. will need to be known.
- Where the individual has capital assets or a property, give consideration as to whether an application will be necessary to the Court of Protection and complete the capacity assessment on a COP 3 form.
- Request a pre-financial assessment via Liquid Logic at the earliest opportunity.
- Work collaboratively with the client finance support team on issues that arise both during and after the application.
- Authorise any spending requested by the individual or their support workers.

2.30.4 Deaths in the community, CWP will:

- Where a person dies within a community setting (i.e. residential home, hospital A&E department, at home or any other community setting) and there is no next of kin willing to undertake the funeral arrangements and no known assets, the social worker should use their professional judgement as to whether a referral to the client finance support team is necessary.
- Enter the date of death on Liquid Logic.

2.31 Transport

CWP will be required to consider transport as part of the assessment process for both Children and Adults. CWP will adhere to the established transport protocols in the following areas:

- 0-16 years transport policy
- 16-19 years transport policy
- Adults transport policy

CWP once service criteria are met will refer to the Councils transport department to arrange transport or organise a direct payment as appropriate. As for all service areas CWP will ensure that all natural networks have been identified and exhausted as per the transport policies described above.

2.32 Case Transfer Principles (Adults) (Appendix DD)

CWP will work with other nominated parties of the council to ensure continuity of care and safe transfer of cases between teams and services. This will be done with a person centred approach to ensure that people get the right service at the right time from the right team. Principles are included in Appendix DD

3.0 Integrated Commissioning Hub, Middle Office & Back Office Enabling Services

These services are described in the specification as they have a direct interface with the services provided by CWP on behalf of the Council.

3.1 Strategic Hub

This section describes the roles and teams within the Council which are located within the Strategic Commissioning Hub. The roles and function described below may be subject to change as the strategic hub and the Council develops.

3.1.1 Strategic Leadership and Support

The Council currently has the following roles to support its strategic leadership include the following roles:

- Director of Health and Care
- Assistant Director - Health and Care Outcomes
- Assistant Director – Integrated Commissioning

3.1.2 Commissioning, Contracts Management and Quality Improvement (Adults)

The Council currently has the following roles or teams as part as the commissioning of contracts and QA functions include the following roles or teams:

- Lead Commissioner – Community Care Market
- Commissioning Leads
- Carers Project Worker
- Senior Manager – Market Transformation & Contracts
- Contract Leads
- Quality Assurance Officers

3.1.3 Professional Standards Team\Mental Health Professional Lead Support (Refer Appendix H and I)

To include the following roles or teams:

- The Council will provide Professional Standards Lead\support as set out in Appendix H
- Advanced Practitioners
- The Council will provide Mental Capacity Act and Mental Health Act support with a professional lead as described in Appendix I
- Professional Standards Support Officer

The Professional Standards team in Wirral Council will ensure that systems and processes are in place to ensure that approvals for Adult Mental health Professionals are undertaken as and when required. The professional Standards team will work collaboratively with designated personnel from CWP to ensure that appropriate criteria, supporting information and HR processes are in place to support any decision making for AMHP approvals. (see appendix II)

3.1.4 The Systems Support Teams (see appendix JJ and kk)

There are two system support teams in the council:

- The Adults team is based with the Health and Care Hub, and
- The Children's team is based within the council in the Children and Young people's department

The teams provide support for both Liquid Logic and Controcc systems, utilised as part of the core contract requirements. Details of the support provided by both teams are detailed in the attached appendices jj and kk .

3.1.5 Children's Services Business Intelligence (appendix ll)

The CYPD department provides an Intelligence service to support organisational performance reporting for children's services. The service provided is appendix ll.

3.2 Middle Office Support to Delivery Units (located within the Council)

This section describes the roles and teams within the Council located within the Strategic Commissioning Hub that will provide a service to the Delivery Units (including CWP).

3.2.1 Client Finance (Direct Payments) (Refer Appendix M)

To include the following roles or teams:

- Direct Payments & Financial Protection
- Children's Direct Payments Team

3.3 Back Office Support to Delivery Units (located within Wirral Council)

This section describes the roles and teams within Wirral Council that will provide a service to the Delivery Units (including CWP)

3.3.1 Personal Finance Unit

WC will not delegate to CWP its functions under section 14 of the Care Act (function of making a charge for meeting needs) and section 17 of the Care Act (function of carrying out a financial assessment in relation to the making of the charge) in respect of meeting needs for care and support under sections 18 or 19 of the Care Act; and (b) its functions under regulations made under section 2(3) of the Care Act (function of making a charge for the provision, or arranging the provision, of services, facilities or resources or taking other steps under section 2(1) of the Care Act); and that the agency arrangements described in the section 75 agreement will apply instead. To maintain it's charging assessment and debt recovery the Council has its own resource that is currently located in within the Personal Finance Unit

3.3.2 Communications

CWP will work collaboratively with WC on any joint communications and publicity around social care delivery functions. CWP will work proactively with WC and its press office to ensure appropriate responses to press enquire and media relations. CWP will produce multi-channel marketing materials to support operational delivery; this will include both digital and printed material.

3.4 Delivery *(located within Wirral Council)*

3.4.1 Emergency Duty (interim arrangement) (Refer to Appendix N)

Role

The principal responsibility of EDT is to respond to out of hours referrals where intervention from the local authority is required to safeguard a vulnerable child or adult or to provide statutory assessment , and where it would not be safe, appropriate or lawful to delay that intervention to the next working day. EDT may also deal with referrals, which are not assessed as emergencies but where delay before intervention by day staff could cause deterioration in the welfare or safety of the subject of the referral. EDT is not intended to provide the same level of service that is available during normal office hours. It does not have the resources to do so, either in terms of staff or access to information and support from partner agencies.

3.4.2 Objectives

EDT will:

- Deal with referrals, which are not assessed as emergencies but where delay before intervention by day staff would be likely to cause deterioration in the welfare or safety of the subject of the referral;
- Fulfil statutory requirements and all Wirral Council policies and procedures when responding to referrals;
- Deal with referrals in order of priority and with regard to the possible consequences of delay;
- Aim to ensure that the "best value" response is made to all referrals;
- Ensure that referring agencies and individuals are kept fully informed as to Children and Adults Services responses and advised where there is unavoidable delay in dealing with referrals;
- Act in compliance with statutory requirements and all Wirral Council policies and procedures in delivering a timely response to referrals made outside of office hours;
- Deploy internal Children and Adults Services resources and acquire resources from other service providers as necessary and appropriate to meet assessed service needs;
- Maintain sufficient knowledge of local authority and other services to be able to screen and re-direct referrals which are not appropriate for the EDT to respond to;

- Seek to foster good working relationships with all other out-of-hours agencies;
- Foster stronger links and communication with children and adult – day time services.
- Ensure that at all times there are effective working relationships with day services;
- Negotiate clear responsibility for cases involving other local authorities, ensuring that Wirral Council responsibilities are always fully discharged, whether by the EDT or another authority;
- Provide a service, which positively reflects Wirral Council policies on equality and diversity, ensuring that services take account of issues of ethnicity, race, culture, disability, religion, sexuality and gender;
- Ensure that all referrals made and work carried out is clearly and fully recorded in line with Wirral Council requirements, and so as to enable day staff to progress work promptly and effectively
- Ensure that, where appropriate, senior officers in WCFT, CWP and the Council are informed of referrals;
- Represent the Council positively to all other agencies and organisations, using delegated authority appropriately.

For children the Council operates a Senior Management rota to respond to any decisions/requests for information by EDT in relation to children within the All Age Disability Service. The CWP Manager on duty will not be required to provide advice or make decisions in relation to children open to the All Age Disability Service. A Senior Manager from Wirral Council will be available to the EDT service and will provide advice and direction to staff out of normal working hours.

3.4.3 Location

The EDT is based at Wirral University Teaching Hospital (Arrowe Park)

3.4.4 Days & Hours

The EDT service is operational between 17.00hrs and 09:00hrs Monday to Friday, and at weekends from Friday at 17.00hrs through to 09:00hrs on Monday. The service is extended to cover Bank Holidays and other public holidays.

The EDT is only responsible for dealing with referrals which are initially made outside office hours. Where day staff are unable to complete a piece of work, the EDT may exceptionally take this on, provided day staff speak directly to the EDT officer on duty, and provide a telephone number on which they can be contacted after 17.00hrs.

3.4.5 Referral sources

Referrals can be accepted from members of the public, people who use services, providers, partners, health and social care professionals.

3.4.6 Referral mechanism

Referrals are made by telephone to 0151 677 6557

3.4.7 Response Times

Each case is assessed on its own merits and will be responded to based on required need, agreed criteria and safeguarding thresholds

3.4.8 Exclusion criteria

The EDT is principally responsible for providing an emergency service in situations where there is a real and immediate threat to life, safety, health or liberty. The EDT will seek to provide a service where delay could cause deterioration in the welfare or safety of the subject of the referral. The EDT will not receive referrals for routine monitoring of service users or Carers out of hours.

3.4.9 Workforce

Standard wording

3.4.10 Management

Standard wording

3.4.11 Willowtree Respite Provision

The service is available to children accommodated on a voluntary basis under Section 17(6) or Sections 20(4) / 31 of the Children Act 1989 and 2004; the category of admission being determined by the Social Work Team Manager and Social Worker. The home has 9 individual bedrooms to accommodate nine children for varying periods of time determined according to their Short Breaks care plan. The criteria for Overnight Short Breaks are set out within the Fair Access to care for Children with Disabilities.

3.4.11.1 Workforce

29 Support Staff
3 Cooks
2 Domestics
1 Administrator (26 hrs)

3.4.11.2 Management

1 Provider Services Manager/Registered Manager
1 Deputy Manager
3 Team Leaders

3.4.11.3 Arrangements for Admission to Willowtree Respite Provision

Willowtree short breaks provision is provided by Wirral Council. Access to this provision by the All Age Disability Service will be managed by the Council's Resource Management Panel which is held monthly. Members of this panel include;

Provider Service Manager – WBC
Senior Manager – CWP
Team Manager X2 – CWP
Advanced Social Work Practitioner – CWP
Family Support Team Manager – CWP

Wirral Council's Provider Service Manager also has lead responsibility for Short Break Provision and will work alongside WBC commissioners in overseeing contracts for children and young people with a disability short break.

3.4.11.4 Short breaks Services

Section 25 of the Children and Young Persons Act requires Local Authorities to provide a range of short breaks for families who are caring for a child with a disability. Short break provision provides opportunities for children and young people with a disability to spend time away from their primary Carers. These include day, evening, overnight or weekend activities and can take place in the young person's home or in a community setting. This has been achieved through a range of specialist services being commissioned through our current contract with Carers Trust for All to support children and young people being able to access activities including;

- The Belvidere Club
- Sensibility
- Autism Together
- Home Start
- Barnstondale

The Short Breaks Provision and current budget of £214k will remain with Wirral Council. Access to this short breaks provision will be through the existing referral pathway;

- Social Worker completes referral and forwards to Carers Trust for All

Lead responsibility for management of this contract will be Wirral Council's Provider Service Manager in consultation with Wirral Council commissioning team.

3.5 Civil Contingencies

The Council has roles and responsibilities under the Civil Contingencies Act 2004,
An overview and key elements of the role are described in Appendix J section 2. The Council will work with the CWP as set out in Appendix J.

3.6 Children's Resource Panel

The Council will organise and chair a Children's Resource Panel for all requests in relation to commissioned services for the following areas:

* Direct Payments in excess of 10 hours
* Access to Willowtree Children's Respite Service

3.7 Children's Commissioning and Contracts

Children's department in the Council will provide a commissioning and contract management service to establish commissioning frameworks and call down arrangements against budgets. This service will also broker children's packages of care that are outside the children's family support service allocation (provided by CWP), this will include all placements and support packages.

This service is managed by:

- Children's Commissioning Team Manager
- Children's Lead Commissioners and Contract staff

3.8 Transport

The Council will provide a response to requests for transport in the following categories:

- 0-16 years
- 16-19 years
- Adults
-

The Council will establish referral pathways and will ensure that these are up dated and communicated to CWP

3.9 SEND

Wirral Council will provide a wraparound service to CWP for SEND and will provide the service as follows:

- Wirral Council will publish a Local Offer, setting out in one place information about provision they expect to be available across education, health and social care for children and young people in their area who have SEN or a disability, including those who do not have Education, Health and Care (EHC) plans.
- Wirral Council will organise and operate a SEND panel, working with a range of partners to ensure that EHC assessments and plans are delivered as required
- Wirral Council will provide a EHC co-ordinator to facilitate all activity in relation to assessment and planning for all children and young people with SEND
- Wirral Council will establish and operate an appeals and tribunals process for educational dispute resolution requirements

3.10 Senior manager responsibilities (CYPD).

3.10.1 Clinical Supervision;

Wirral Council's Senior Management (CYPD) will provide clinical supervision to the responsible Manager in CWP All Age Disability Service Children's teams and will, in conjunction with the responsible Manager, have decision making responsibility for Child Protection, Children Looked After and Court Proceedings for children within the All Age Disability Service.

3.10.2 Children looked after:

- Work with CWP and provide decision making on children looked after for accommodation under S20 or S31 and S38 of the Children's Act.
- They will also provide legal advice on cases and legal proceedings.
- Advise on availability of resources and placements.
- Liaise and advise on safeguarding.
- Organise and arrange the planning for children panel and respond to cases referred by CWP.

3.10.3 Independent review function.

Wirral council will provide an independent review function hosted in the Council to work with children looked after and safeguarding cases.

3.10.4 Children's fostering team.

Wirral Council will provide a children's fostering team hosted in the council to work with children requiring short or long term foster placements in response to social work interventions.

3.10.5 Legal gateway meeting (Appendix AA)

Wirral Council will operate a Legal Gateway Meeting where any decisions in relation to the Public Law Outline are made. This meeting is chaired by a Senior Manager and a Senior Solicitor in Wirral Council. Should legal advice be required the CWP responsible Manager will alert Wirral Council's Senior Management of the proposed request.
The Council will;

- Organise and chair the Council's legal gateway meeting.
- Receive referrals from CWP.
- Notify CWP on any decisions and outcomes on the legal gateway meeting.

3.10.6 Serious case reviews CYPD.

Wirral Council will co-ordinate with the Wirral children's safeguarding's board serious case reviews.

3.11 Wirral Safeguarding Children's Board.

CWP will continue to participate in the work of the Safeguarding board and will ensure the Children with a Disability Service are represented through this multi-agency group.

The Wirral Safeguarding Children Board (WSCB) is a statutory agency established by the Children Act (2004). The WSCB is a multi-agency partnership of organisations who agree how to work together to safeguard and promote the welfare of children.
The WSCB is responsible for ensuring safeguarding arrangements across partner agencies are robust and for testing how strong arrangements are. The WSCB undertakes a variety of work each year including:

- Publishing safeguarding policies and procedures for partner agencies
- Auditing safeguarding arrangements in individual agencies and collectively across the partnership
- Providing multi-agency training for the children's workforce
- Undertaking reviews of cases, including Serious Case Reviews which are published on the website
- Raising awareness of safeguarding issues and priorities including child sexual exploitation, neglect of children, domestic abuse and radicalisation
- Promoting the message that the safeguarding is Wirral's children and young people is Everyone's responsibility

3.12 Occupational Therapy (childrens)

The Occupational Therapy team is commissioned from Wirral University Teaching Hospital, and will be collocated within the All Age Disability Service. Referrals are made by the Social Worker in the All Age Disability Service to the OT Team Manager using the electronic referral pathway. Consultation between services is available on request to determine eligibility and priority of need. Regular management and team meetings will be held between the services to review demand, impact, resources and future development of the service.

3.13 Hours

Operating hours are Monday – Friday 9am – 5pm

3.13 Children's Services Insight Team

3.13.1 Wirral Council provide a range of data dashboards and reports to the whole of the children's social care workforce, these will provide the core data to measure the all age disabilities team's performance against the key performance indicators. CWP will ensure only those staff whose role necessitates the need to access performance information are granted access to the Dashboards and Reports.

4.0 Allocation of resources, commissioned services and ongoing efficiency

- The contract value for the first financial year will be set out as in the contract and will be subject to annual review as set out in the agreement
- A Monthly finance and performance meeting will be held, where the budget and performance will be reported. CWP will provide in advance staffing and other information as agreed to the Council to support the meeting
- Both parties will provide financial Information on actual spend to date of Care Packages, commitments and projections and will also monitor and revise progress against actions previously agreed. This information may be requested on a planned or unplanned basis
- CWP will, in collaboration with WC deliver an efficiency programme to manage demand, and this will be reviewed at the monthly contract meeting. Efficiencies will be tracked throughout the year, and any adjustments to the programme jointly agreed with the WC
- Any mitigating actions required will be jointly developed and agreed at the monthly contract meeting and this will include a consideration of both:
    1. The Staff Budget
    2. The "Call Down" of commissioned services.
- A full annual contract review will take place as set out in this agreement
- The council will allow up to three months' notice for any financial changes to be implemented
- In the event that a projected overspend is anticipated, this will be considered as part of the wider health and social care economy to identify how this can be mitigated
- None of the above changes any of CWP statutory responsibilities in relation to financial governance and accountability
- CWP will provide access to financial records for Council related services as requested
- WC and CWP will work towards open book accounting over the lifetime of the contract.
- CWP will ensure resource management arrangements are in place to control allocation of resources, e.g. schemes of delegation and resource panel arrangements.
- CWP will adhere to the scheme of delegation for children's services

AAD Scheme of delegation.pdf

- CWP will administer emergency payments to children and their families to meet immediate and emergency needs, (section 17 payments).

5.0 Continual Service Improvement/Innovation Plan

A number of current and future areas of service improvement for the provider were identified as part of both the wider health and social care economy and its service for the council
These areas are described below in the table and will form part of the quarterly and annual review of the contract.

An action plan will be developed, agreed and commenced by the first quarterly review and mutually agreed with the commissioner.

Any new transformational plans to be identified at quarterly review. The intention is for the parties to work collaboratively and the trust will not be required to implement until the agreement is in place.

Description	*Aims*	*Timescales*
DoLS / MCA capacity building	• Ensure all Social Workers (and other related professionals) are qualified to Best Interest Assessor standard • Manage demand and capacity, working collaboratively with professional leads in the Integrated Commissioning Hub (ICH) • Keep under review (with the ICH) issues relating to future demand • Develop (with the ICH) processes for escalation and demand management • Ensure staff are appropriately trained in DoLs and MCA	August 2021
Development of a single referral mechanism for all health and care referrals	• Single Point of Access effective triage processes • Collaborative working with relevant partners	February 2019
Improving Transition Services	• Develop a 0 – 25 yrs Disability Service in line with the Children's and Families Act 2014 • Extend the age of transfer to Adult Services from 18 yrs to 25 yrs • Training for staff across Adult Services and Children with a Disability Service in Care Act and Children Act legislation • Realign social work staff to ensure equity within the social care teams • Working with BI teams and commissioners to plan services based on future need	August 2020
CAMHS Transitions	- Further development and alignment of children's social work linked to CAMHS to reflect an All Age offer - Develop a 0 – 18yrs LD CAMHS service	August 2019

Streamline Health and Social Care pathways for children and young people 0 – 25 years	- Review current pathways and budgets - Align provision to a 0 – 25yrs service - Develop a one service approach - Develop a skill mix within the teams	August 2019
All Age Mental Health Service	• Develop and grow post 0-25 pathway and all age mental health service with a single referral and assessment process • Develop pathways between CAMHS 0-18 service and adult mental health services to create a streamlined response	August 2020
Development and implementation of single assessment tool and support plan with associated IT structure	• Develop a single assessment and support plan tool • Work collaboratively with ICH on ICT And infrastructure arrangements • Move to a streamlined system of case recording • CWP will work collaboratively to promote and increase digital access and the uptake and completion of on line assessments • Work towards the streamlining of IT systems and functionality across the health and care sector within the lifetime of the contract	February 2020
Outcome Based Supported Living	- Work with commissioners & independent sector providers to support outcome based supported living - To test & develop trusted assessor models and opportunities where relevant - Make effective use of data from key strategic and operational groups ie; TOG for future planning - Update and deliver in line with the JSNA	August 2020
Pathways: Learning Disability and Transitions (including LAC)	• Establish joint support plan approval panel arrangements between Children's and Adults Service within the All Age Disability Service • Support the extension of Transition from 18 yrs to 25 yrs • Identify challenges to effective transition planning • Ensure effective early identification of children and young people transferring to Adult Services from WBC Social Work Teams	August 2019
Direct Payments and Personal Health Budgets	• Work collaboratively with ICH and CCG for a single personal finance offer to include Direct Payments, Personal Budgets and Personal Health Budgets	February 2020
Develop a lead professional / care co-ordinator model for the All Age Disability Service	• Implement a lead professional / care- co-ordinator model with a robust workforce plan to facilitate skills and knowledge development	February 2020

Debt Recovery	• Work collaboratively with the Council\Commissioner\Provider to improve response in this area for both Council and Provider	Ongoing
Place Based Care	• Contribute towards the development of place based care in line with the local requirements of the zoned areas as described below: 1. Birkenhead – CH41, CH42, CH43 2. West Wirral – CH47, CH48, CH49, CH61 3. South Wirral – CH60, CH62, CH63 4. Wallasey – CH44, CH45, CH46 • Consider aligning staff and service resources where feasible	August 2019
Delivering efficiencies	• Work collaboratively with commissioners on a range of work streams to deliver care differently and deliver efficiencies • Take accountability for developing a range of programmes of work to achieve care budget efficiencies as required by commissioners	Ongoing
Transport Review	• Work collaboratively with the Council in response of the review of transport for both children's and adults and implement accordingly the outcome of the review	February 2020
Extra Care Housing	• Work collaboratively with Wirral Council housing allocations and WCFT to ensure a joint and collaborative process for management, nominations and allocations to extra care housing schemes, both for existing schemed and new developments as they arise	Ongoing

5.0 Aims, Outcomes and Objectives

Children's Social Care in Wirral

Wirral's Children's Social Care Service contributes towards achieving the following proprieties of the Wirral Plan;

- Ensure that every child has the best possible start in life
- Children are ready for school
- Young People are ready for work and adulthood
- Vulnerable children reach their full potential
- Reduce Child and Family Poverty
- People with a disability live independently
- Ensuring the most vulnerable among are safe and feel safe

Children's Social Care undertakes assessment, care and support planning in partnership with children, parent/Carers, health and education. We actively engage children, young people, parents and Carers in service development and delivery to ensure the provision of services reflects the community in Wirral.

WBC is delegating Children with a Disability statutory functions to CWP. WBC will retain overall responsibility and work in partnership with CWP in exercising its duties on behalf of WBC.

5.1 Adult Social Care in Wirral

5.1.1 Wirral's Adult Social Care Service contributes towards achieving the following priorities of the Wirral Plan:

- Older people live well
- People with disabilities live independently
- Wirral residents live healthier lives

5.1.2 Together with Healthy Wirral's health and wellbeing priorities:

- More hospital services in the community, with consultant led teams
- Health and social care professionals working together for people with ongoing needs
- Support for people to look after themselves and stay healthy

5.1.3 Which aims to:

- be the outstanding provider of high quality, integrated care to the communities it serves

5.1.4 Adult Social Care, comprising Assessment and Support Planning, works closely with partners and consults with all adults and their Carers across Wirral. This approach has seen innovative services which meet the challenges of a changing borough.

5.1.5 Council is delegating functions for Adult Social Care services for eligible people to CWP, the Council retains these statutory duties and the role remains with the strategic delivery unit of Wirral Council.

5.2.0 Aims: Integrated Service

5.2.1 The integrated service aims to:

- Deliver the right care in the right place at the right time, first time, every time
- Deliver an improved health & wellbeing experience to all referred persons, service users and Carers, in all health, community and social care settings
- Operate as one service
- Reduce the frequency and necessity for emergency and unplanned admissions into Care settings, hospital, residential and nursing home settings
- Deliver effective, joined up services closer to home
- Enable more people to live independently at home for longer
- Improve the health and social care related quality of life for children, young people and adults with more than one long term condition, physiological and/or psychological
- Increase collaboration and effective joint working between health and social care partners in the wider health and care system
- Improve the satisfaction levels for our workforce colleagues across all health, community and social care settings
- Enable children, young people and adults to live longer, healthier lives
- Reduce the cost of health & social care while maintaining balance of quality and value
- Manage future growth in demand through demographic growth and financial climate.

5.3.0 Service Specific Aims and Objectives

Performance Measures

5.3.1 These are a set of measures which, whilst measuring compliance, can and should be used to measure the quality and effectiveness of service delivery. This in turn can be used to measure and improve performance. Regular performance management meetings should take place to evaluate performance and ensure there is a clear programme of performance improvement. This will involve using data and analysis to identify good practice as well as practice which requires improvement.

The key performance indicators for the All Age Disability Children's Social Work Teams will primarily be the Liquid Logic Data Dashboard. The additional supporting performance data is contained within the Data Book, Annexe A and LAIT.

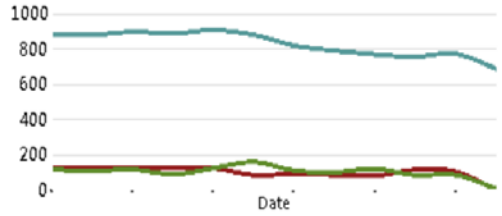
5.3.2 LiquidLogic Data Dashboards

Data Dashboards – These provide a performance management tool that allows the review and evaluation at service level and then provides a drill down to team and individual level. An initial metric will be applied that individual team performance should be within a set percentage of the overall service performance. The same approach will be used for targets, that is to say that individual team performance should be within a set percentage of the target that has been achieved/set for the service within a 2% variance either side of the total service performance. Liquid Logic Data Dashboards will be subject to continuous development and review. Future development of the Data Dashboards may result in additional performance measures being applied to the AAD Children with a Disability Service

Child In Need Dashboard

CP CLA CIN SQA 31

Number of CIN Joiners, Population and Leavers in the last 12 months



CIN plans not reviewed in previous 12 months

18.2% 41

CIN plans not updated in previous 12 months

15.1% 34

Children seen within previous 45 days

72.8% 497

% of Long-Term CIN Plans

82.9% 566

Children with repeat CIN plans in previous 24 months

9.1% 62

S17 Short Breaks

58

Children receiving CIN Short Breaks

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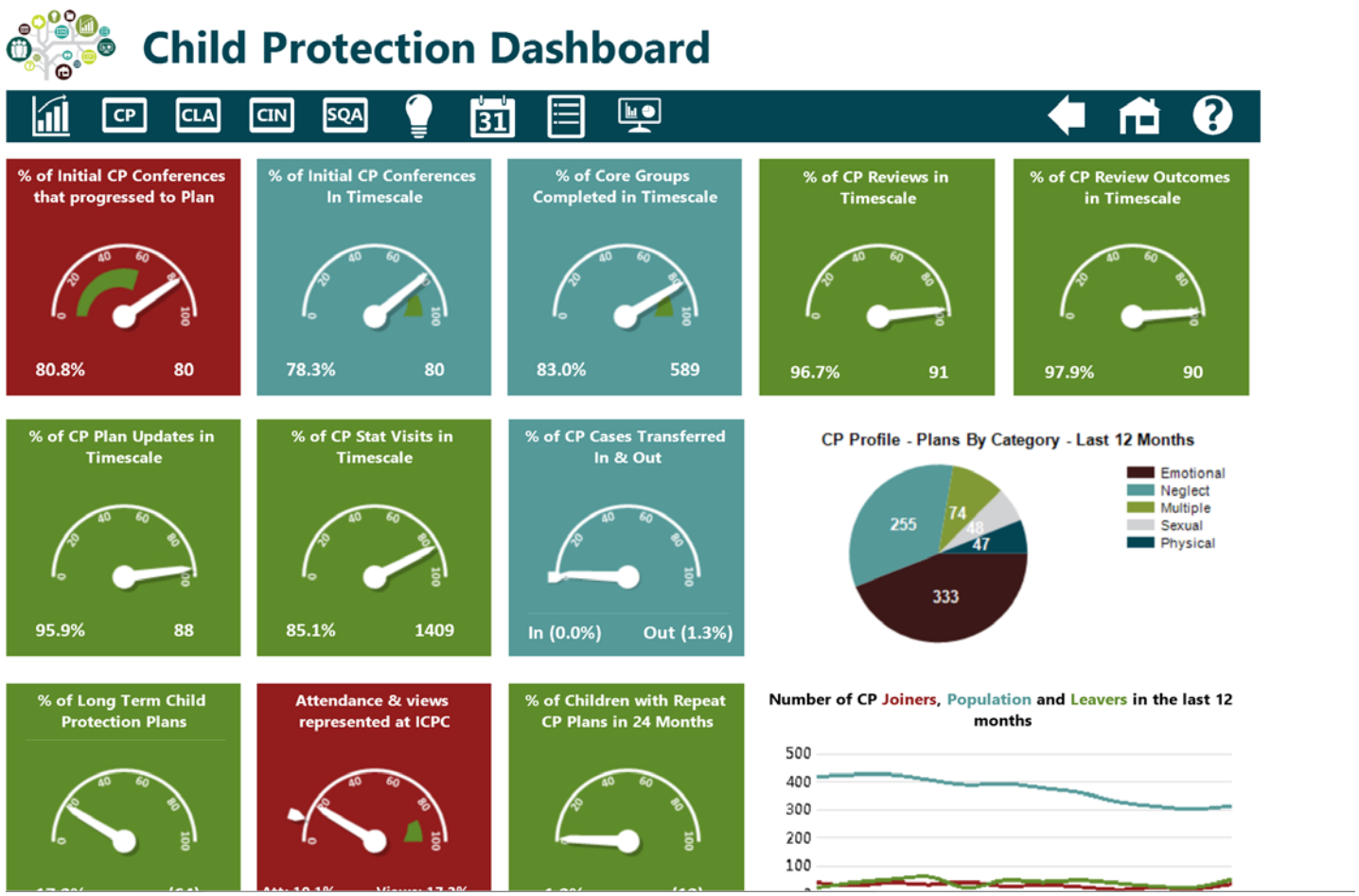
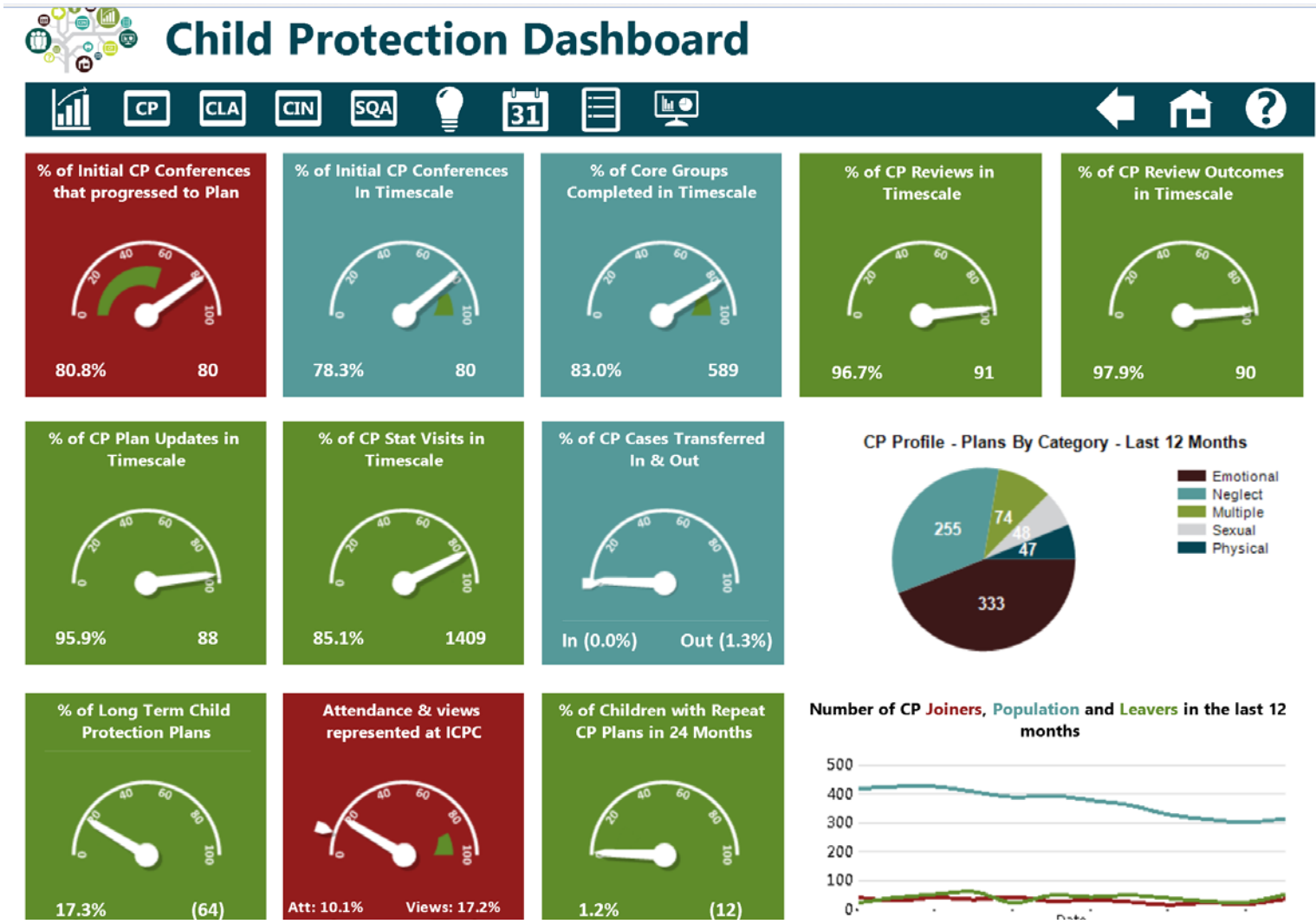
% of CIN plans with low activity

6.4% 44

% of CIN plans with high activity

20.2% 138


Child Protection Dashboard
CP
CLA
CIN
SQA
31
% of Initial CP Conferences that progressed to Plan
80.8%
80
% of Initial CP Conferences In Timescale
78.3%
80
% of Core Groups Completed in Timescale
83.0%
589
% of CP Reviews in Timescale
96.7%
91
% of CP Review Outcomes in Timescale
97.9%
90
% of CP Plan Updates in Timescale
95.9%
88
% of CP Stat Visits in Timescale
85.1%
1409
% of CP Cases Transferred In & Out
In (0.0%)
Out (1.3%)
CP Profile - Plans By Category - Last 12 Months
Emotional
Neglect
Multiple
Sexual
Physical
255
74
48
47
333
% of Long Term Child Protection Plans
Attendance & views represented at ICPC
% of Children with Repeat CP Plans in 24 Months
Number of CP Joiners, Population and Leavers in the last 12 months
500
400
300
200
100


Child Protection Dashboard
CP
CLA
CIN
SQA
31
% of Initial CP Conferences that progressed to Plan
80.8%
80
% of Initial CP Conferences In Timescale
78.3%
80
% of Core Groups Completed in Timescale
83.0%
589
% of CP Reviews in Timescale
96.7%
91
% of CP Review Outcomes in Timescale
97.9%
90
% of CP Plan Updates in Timescale
95.9%
88
% of CP Stat Visits in Timescale
85.1%
1409
% of CP Cases Transferred In & Out
In (0.0%)
Out (1.3%)
CP Profile - Plans By Category - Last 12 Months
Emotional
Neglect
Multiple
Sexual
Physical
255
74
48
47
333
% of Long Term Child Protection Plans
17.3%
(64)
Attendance & views represented at ICPC
Att: 10.1%
Views: 17.2%
% of Children with Repeat CP Plans in 24 Months
1.2%
(12)
Number of CP Joiners, Population and Leavers in the last 12 months
500
400
300
200
100
0

Child Looked After Dashboard

CP CLA CIN SQA 31

% of CLA Stat Visits in Timescale

88.2% 1781 / 788

% of CLA Reviews in Timescale

87.3% 344 / 673

% of CLA Review Outcomes in Timescale

77.4% 270 / 35

Missing from Care Episodes over the last 12 months

% of CLA Plan Updates Completed in Timescale

89.0% 330 / 24

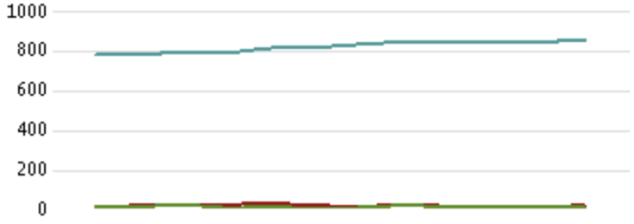
% of Placement Plans in Timescale

72.7% 150 / 7

% of Eligible or Relevant CLA with a Pathway Plan

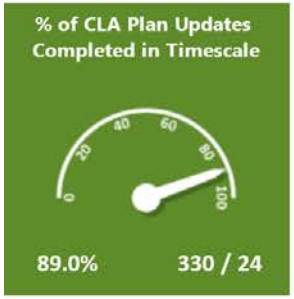
60.0% 78

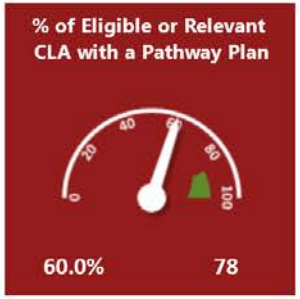
CLA Joiners, Population and Leavers in the last 12 months

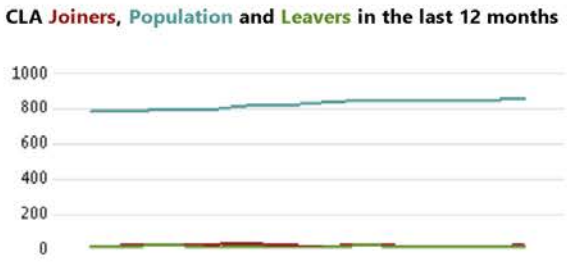


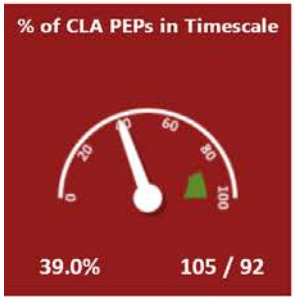
Child Looked After Dashboard

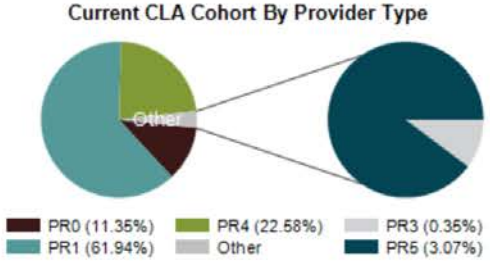
CP CLA CIN SQA 31

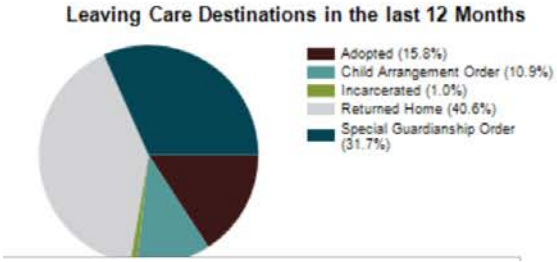












The table below is a breakdown of the Liquid Logic Data Dashboard performance information available at team level and is highlighted in yellow. Performance data that is not highlighted below will be calculated at service level within Wirral Council Children's Services and this will be shared with CWP for commentary and action where appropriate.

Contact Referral and Assessment Dashboard	Available at Team Level
Contacts Progressing Last 12 Months	No
% Contacts Not Progressing	No
Referrals closed last 12 months	No
Single Assessments Progressing over last 12 Months	No
% Single Assessments with No Activity	Yes
% Single Assessments in Timescale	Yes
% Single Assessments Reviews Completed in Timescale	Yes
% Strategy Discussions Progressing to S47	No
S47 Assessments Progressing over last 12 Months	No
% S47 Assessments in Timescale	Yes
% S47 Progressed to CP Conference	No

Child Protection Dashboard	
% of Initial CP Conferences that progressed to Plan	Yes
% of Initial CP Conferences in Timescale	Yes
% of Core Groups Completed in Timescale	Yes
% of CP Reviews in Timescale	Yes
% of CP Review Outcomes in Timescale	Yes
% of CP Plan Updates in Timescale	Yes
% of CP Stat Visits in Timescale	Yes
% of CP Cases Transferred In & Out	No

CP Profile Plans by Category Last 12 Months	No
% of Long Term Child Protection Plans	Yes
Attendance & views represented at ICPC	Yes
% of Children with Repeat CP Plans in 24 Mths	Yes
Number of CP Joiners, Population and Leavers last 12 Months	No

Child Looked After Dashboard	
% of CLA Stat Visits in Timescale	Yes
% of CLA Reviews in Timescale	Yes
% of CLA Review Outcomes in Timescale	Yes
Missing from Care Episodes over last 12 Months	No
% of CLA Plan Updates Completed in Timescale	Yes
% of Placement Plans in Timescale	Yes
% of Eligible or Relevant CLA with a Pathway Plan	Yes
CLA joiners, Population and Leavers in last 12 Months	No
% of CLA PEPs in Timescale	Yes
CLA Cases With Placement Moves (last 12 Months)	Yes
Secure Orders In The Last 12 Months	No
Current CLA Cohort By Provider Type	No
Leaving Care Destinations in Last 12 Months	No

Child In Need Dashboard	
Number of CIN Joiners, Population and Leavers in the last 12 Months	No
CIN Plans not reviewed in previous 12 Months	Yes - but list not calculation
CIN Plans not updated previous 12 Months	Yes - but list not calculation
Children Seen within previous 45 Days	Yes - but list not calculation
% of CIN plans of long duration	Yes - but list not calculation
Children with repeat CIN Plans in previous 24 Months	Yes - but list not calculation
S17 Short Breaks	Yes - but list not calculation
% of CIN plans with low activity	Yes - but list not calculation
% of CIN plans with high activity	Yes - but list not calculation

5.3.3 Performance data within the above dashboard that is highlighted yellow will require a high level of monitoring by CWP. CWP will be required to use this data to assist in the effective day to day management of all cases and from this will be expected to report monthly performance and quarterly service performance data with descriptors/commentary.

5.3.4 The dashboard's, highlighted green do not have a calculation at individual team level. CWP will be required to provide an exceptions report on these areas in relation to the Children with a Disability Service overall performance.

5.3.5 The data book summarises key performance measures on a month by month basis across a financial year. This provides the data that underpins the performance report that is reviewed at the Improvement Board each month. The data is provided at a service level. It could be possible to develop an approach that presents this information at team level however it is expected that individual teams review their performance in these areas by utilising the data dashboards and other performance information to demonstrate how their team's performance is impacting on the service level performance. CWP will develop a performance management framework that enables regional and national comparisons and benchmarking.

Data Book Measures
Count of Contacts
Referrals (actual in month)
Referrals (year to date)
Rate per 10,000 (annualised*)
Repeat Referrals (YTD)
Referrals (YTD)
Repeat Referrals (Month)
Referrals (Month)
% Re-referrals (Month)
% Re-referrals (annualised)
Assessments Completed (YTD)
Assessments Completed (In month)
Rate of Assessments completion per 10,000 (annualised)

Assessments Completed within Timescales (YTD)
% Assessments Completed within Timescales (YTD)
Assessments Completed within Timescales (In month)
% Assessments Completed within Timescales (In month)
Assessments NFA (YTD)
% Assessments NFA (YTD)
Children In Need (as at period end)
Rate of Children in Need per 10,000
All ICPC taking place (YTD)
ICPC taking place within timescales (YTD)
% ICPC taking place within timescales (YTD)
ICPC taking place in the month
ICPC taking place in the month and in timescales
% ICPC taking place in the month and within timescales
CP Plans starting
CP Plans (as at period end)
CP Rate per 10,000
Number of children previously subject to CP Plan
Number of children previously subject to CP Plan (in last two years)
Number of children who have become subject to a CP Plan
% CP Second or subsequent time (since ever)
% CP Second or subsequent time (in last two years)
CP Plans Ceased (YTD)
CP Plans Ceased
>2 years (ceased after 2 years or more) (YTD)
% >2 years (ceased after 2 years or more) (YTD)
<3 mths (ceased within 3 months or less) (YTD)
% <3 mths (ceased within 3 months or less) (YTD)
Children becoming Looked after
Children ceasing to be Looked after

Number of Children in Care (month end)
Rate of CiC per 10,000
No. of Care Leavers receiving LA Services
% Percentage of Care Leavers in Touch Every 8 Weeks
% Care Leavers in EET
% Care Leavers in Suitable Accomodation
Pathway Plans Completed
Strength and Difficulties (SDQs) recorded (YTD)
Health Checks Recorded (YTD)
Dental Checks Recorded (YTD)
IRO Escalations made (YTD)
IRO Average caseloads as at End of Month
Children formally reviewed at pre-proceedings (Actual in Month)

5.3.6 Annex A represents the data set that is required by Ofsted to support monitoring and full inspections. The lists are regularly reviewed for completeness and to support the identification of any anomalies or trends. It is expected that each team reviews each Annex A table from their team perspective to ensure compliance and accuracy in recording and to identify any anomalies or trends appearing in the context of their team. CWP will, as required work with Wirral Council in ensuring the accuracy of this data for the Children with a Disability Service. The definitions within Annexe A are subject to change by Ofsted. CWP will be expected to ensure that any changes to the requirements of Annexe A are incorporated into CWP performance Management framework.

Annex A Full Details

List Number/Title	Field Heading
List 1: All those who have been the subject of a contact in the three months prior to inspection. Multiple entries per child are acceptable for children with multiple contacts within the three months prior to inspection.	Child Unique ID
	Gender
	Ethnicity
	Date of Birth
	If Unborn: Expected Date of Birth
	Age of Child (Years)
	Date of Contact
	Contact Source
List 2: All those who have been the subject of an early help assessment, a common assessment or a targeted intervention in the six months prior to inspection. We are aware that CAF or equivalent assessment data can be complex to provide because of the number of different people / agencies involved, as such please provide what you are able. Multiple entries per child are acceptable for children with multiple early help assessments within the six months prior to inspection.	Child Unique ID
	Gender
	Ethnicity
	Date of Birth
	If Unborn: Expected Date of Birth
	Age of Child (Years)
	Assessment Completion Date
	Organisation Completing Assessment
List 3: All those who have	Child Unique ID

been the subject of a referral in the three months prior to inspection. Ideally include one row per child showing most recent referral. If not possible then please show each referral individually. Detailed guidance includes brief summaries of how the columns should be interpreted in this case.	Gender
	Ethnicity
	Date of Birth
	If Unborn: Expected Date of Birth
	Age of Child (Years)
	Date of the Most Recent Referral
	Referral Source
	Referral NFA? (Y/N)
	Number of Referrals in Last 12 Months
	Allocated Team
	Allocated Worker
List 4: All those who have been the subject of a statutory assessment in accordance with section 17 or section 47 of the Children Act 1989 in the six months prior to inspection. This includes assessments that are currently open.	Child Unique ID
	Gender
	Ethnicity
	Date of Birth
	If Unborn: Expected Date of Birth
	Age of Child (Years)
	Does the Child have a Disability (Y/N)
	Continuous Assessment Start Date
	Child Seen During Continuous Assessment (Y/N)
	Continuous Assessment Date of Authorisation
	Allocated Team
	Allocated Worker
List 5: All those who have	Child Unique ID

been the subject of a section 47 enquiry in the six months prior to inspection. This includes open S47 enquiries yet to reach a decision where possible.	Gender
	Ethnicity
	Date of Birth
	If Unborn: Expected Date of Birth
	Age of Child (Years)
	Does the Child have a Disability (Y/N)
	Section 47 Enquiry Start Date
	Number of Section 47 Enquiries in the last 12 months
	Was an Initial Child Protection Conference deemed unnecessary?
	Date of Initial Child Protection Conference
	Did the Initial Child Protection Conference Result in a Child Protection Plan (Y/N)
	Number of ICPCs in the last 12 months
	Allocated Team
	Allocated Worker
List 6: All those in receipt of services as a child in need at the point of inspection. Include those who ceased to receive services as a child in need in the three months prior to inspection.	Child Unique ID
	Gender
	Ethnicity
	Date of Birth
	If Unborn: Expected Date of Birth
	Age of Child (Years)

Ideally please use the Department for Educations' definition of a child in need at point of inspection. Please make clear in the comments column which definition of CIN has been used. **This list should contain only one entry per child.**	Does the Child have a Disability (Y/N)
	CIN Start Date
	Primary Need Code
	Date Child Was Last Seen
	CIN Closure Date
	Reason for Closure
	Allocated Team
	Allocated Worker
List 7: All those who are the subject of a child protection plan at the point of inspection. Include those who ceased to be the subject of a child protection plan in the three months prior to inspection.	Child Unique ID
	Gender
	Ethnicity
	Date of Birth
	If Unborn: Expected Date of Birth
	Age of Child (Years)
	Does the Child have a Disability (Y/N)
	Child Protection Plan Start Date
	Initial Category of Abuse
	Latest Category of Abuse
	Date of the Last Statutory Visit
	Was the Child Seen Alone?
	Child Protection Plan End Date

	Subject to Emergency Protection/ Care/ Supervision Order or Protected Under Police Powers in Last Six Months (Y/N)
	Number of Previous Child Protection Plans
	Allocated Team
	Allocated Worker
List 8: All those children in care as at the point of inspection. Include all those children who ceased to be looked after in the six months prior to inspection.	Child Unique ID
	Gender
	Ethnicity
	Date of Birth
	Age of Child (Years)
	Unaccompanied Asylum Seeking Child (UASC) within the Last 12 Months (Y/N)
	Does the Child have a Disability (Y/N)
	Date Started to be Looked After
	Child's Category of Need
	Second or Subsequent Episode of being a Looked After Child within the Last 12 Months (Y/N)
	Child's Legal Status
	Date of Latest Statutory Review
	Statutory Review in Time (Y/N)

	Date of Last Social Work Visit
	Plan for Child to be Reunified with Their Family (Y/N)
	Date of Last IRO Visit / Contact to the Child
	Date of Last Health Assessment
	Date of Last Dental Check
	Number of Placements in the Last 12 months
	Date Ceased to be Looked After
	Reason Ceased to be Looked After
	Start Date of Most Recent Placement
	Placement Type
	Placement Provider
	Name of Provider
	Placement Address
	URN of Placement
	Placement Location
	LA of Placement
	Number of Episodes the Child has been 'Missing' from their Placement in the last 12 months
	Number of Episodes the Child has been 'Absent' from their Placement in the last 12 months

	Was the child offered a Return Interview after their last missing episode (Y/N)?
	Did the child accept a Return Interview after their last missing episode (Y/N)?
	Allocated Team
	Allocated Worker
	Part of sibling group
List 9: All those care leavers who are receiving leaving care services as at the point of inspection.	Child Unique ID
	Gender
	Ethnicity
	Date of Birth
	Age of Child (Years)
	Does the Child have a Disability (Y/N)
	Allocated Team
	Allocated Worker
	Eligibility Category (Relevant/Former Relevant/Qualifying/Other)
	LA In Touch
	Type of Accommodation
	Suitability of Accommodation
	Activity Status
	Living in Housing of Multiple Occupancy (Y/N)
List 10: All those children who have been adopted in the 12 months prior to inspection, those where the decision that the child	Child Unique ID
	Gender
	Ethnicity
	Date of Birth

should be placed for adoption has been made but they have not yet been adopted, and those who had an adoption decision which was subsequently reversed during the period.	Age of Child (Years)
	Does the Child have a Disability (Y/N)
	Date the Child Entered Care
	Date of Decision that Child Should be Placed for Adoption
	Date of Placement Order
	Date of Matching Child and Prospective Adopters
	Date Placed for Adoption
	Date of Adoption Order
	Date of Decision that Child Should No Longer be Placed for Adoption
	Reason Why Child No Longer Placed for Adoption
	Date of Fostering to Adopt Placement
List 11: All those individuals who in the last 12 months have had contact with the local authority adoption agency by having **(a) made an enquiry, received an information pack and attended a follow up interview; and/or** **(b) had an enquiry or application in progress 12 months ago and have subsequently been**	Reference
	Type of Individual
	Date of First Contact
	Date of Application
	Date Assessment Started
	Date Assessment Completed
	Date of Approval or Refusal
	Date Referred to Adoption Register
	Date Placement Made
	Date Order Granted

approved / rejected; and/or **(c) had a child placed with them in the last 12 months.** (Where consortia or other shared arrangements are in place and adopters / potential adopters are pooled please provide a full list and confirm details of the area covered to the inspection team or apportion an authority 'share' of the total using a formula of your own devising and provide an explanatory note.)	

LAIT Data

LAIT is the Local Authority Interactive Tool is produced by the DfE and summarises service level performance against geographical and statistical neighbours as well as the country as a whole. The standard deviation of the groups (statistical neighbour, regional neighbour) can be calculated from the data provided and used to support judgements about Wirral's performance in the selected areas. This approach can also be used to support target setting for example performance is within +/- an agreed number of standard deviations from the mean of the group.

The Key Performance Indicators listed below will be reported by CWP to the Council through the Contract Monitoring meetings

Wirral Council

Commissioning, Performance & Business Intelligence

Children with a Disability Performance Management Framework – KPI Monitoring

							Baseline	Provisional		
ID	KPI Description	Reporting Links	Unit	Green	Amber	Red	FY16-17	FY17-18	Disability Team 1&2 FY17-18*	Notes
KPI 1	% of re-referrals into CWD Service within 12 month period	SQL reporting (requires publishing to Launchpad)	Percentage	<1%	>1%	>5%	21.1	18.6		
KPI 2	% of single assessments in timescale	Contact, Referral & Assessment -> % Single Assessments in Timescale	Percentage	>95%	>85%	<85%	84.3	82.9	94.7	Used 'Assesment by Dept' to filter by Disability Team
KPI 3	% of CIN plans reviewed and updated in previous 12 months	SQL reporting (needs updating and publishing to Launchpad)	Percentage	>95%	>85%	<85%	Currently unavailable - report requires updating			
KPI 4	% of CIN seen in last 45 days	Launchpad > 3.3 CIN > CIN Plans > Current CIN Plans CDW v2 (needs updating)	Percentage	>95%	>90%	<90%	Currently unavailable - report requires updating			
KPI 5	% of short breaks visits and reviews in timescale	Report needs creating	Percentage	>90%	>75%	<75%	Unavailable - report requires creating			
KPI 6	% S47's in timescale	Contact, Referral & Assessment -> % Section 47s in timescale	Percentage	>95%	>85%	<85%	85.3	84.7	100.0	Used 'Assesment by Dept' to filter by Disability Team
KPI 7	% of Core Groups completed in timescale	CP Dashboard -> % of Core Groups completed in timescale	Percentage	>97%	>85%	<85%	78	81.8	84.3	Used 'Allocated Team' to filter by Disability Team
KPI 8	% of CP stat visits in timescale	CP Dashboard -> % of CP stat visits in timescale	Percentage	100%	>85%	<85%	73.5	79.8	91.1	Used 'Visit by Team' to filter by Disability Team
KPI 9	% of repeat CP plans in 24mths	CP Dashboard -> % of Children with Repeat CP Plans in 24 Months	Percentage	<2%	>2%	>5%	Currently unavailable to report retrospectively			
KPI 10	% of CLA stat visits in timescale	Child Looked After Dashboard -> % of CLA Stat Visits in Timescale	Percentage	>95%	<95%	<80%	91.7	90.9	95.8	Used 'Visit by Team' to filter by Disability Team
KPI 11	% of eligible or relevant CLA with a Pathway Plan	Child Looked After Dashboard -> % of Eligible or Relevant CLA with a Pathway Plan	Percentage	>97%	<95%	<80%	Currently unavailable to review retrospectively			

NB: *The CIN data does not have a calculation at individual team level. CWP will be required to provide an exceptions report on these areas in relation to the Children with a Disability Service overall performance.*

All 2017/18 is still provisional, as statutory data returns for government are currently being completed

Where possible, 2017/18 figures for the Disability Team has been calculated by using the team details that completed the assessment/case. Where this is not possible, the details of the last team allocated to the case has been used, however this represents a snapshot in time and may not be the team that completed the case/assessment. Therefore, the figures for the disability team are indicative to assist in planning

* refer to Notes page for defintion

The list below is activity measures that the Council will report on internally at agreed timescales and what CWP may use this information for the development of their services

Indicator List		
Dropdown Description	**Indicator description**	**Next Updated**
Health and Wellbeing>>>		
Infant Mortality	Infant Mortality rate per 1000 live births	Jun-18
Low birth weight	Low birth weight full term live births as a percentage of all full term live births	Mar-18
Assessed Child Deaths - modifiable factors	Number of child death reviews completed on behalf of the LSCB which were assessed as having modifiable factors	Jul-18
Under 18 Conception rates	Under 18 conception Rates per 1000 girls (15-17)	Mar-18
Excess Weight in Year 6	% of children in year 6 who are overweight or obese	Nov-18
Excess Weight in Reception year	% of children in reception year who are overweight or obese	Nov-18
Emergency Hospital Admissions 0-14yr olds	Emergency Hospital admissions caused by unintentional and deliberate injuries to children (0-14)	Mar-18
Under 18 Hospital Admissions (Alcohol related)	Under 18 Hospital Admissions (Alcohol related) - rate per 100,000	Jun-18
Inpatient admission rate for mental health (0-17 year olds)	Inpatient admission rate for mental health disorders per 100,000 population aged 0-17 years	Mar-18
Child Road Traffic Casualties	Number of children killed and seriously injured in RTAs	Sep-18
Vaccination coverage - HPV (females)	Percentage Population vaccination coverage - HPV (human papilloma virus females 12-13 years old)	Dec-17
Child Protection >>>		
Number of referrals to Children's Social Services	Number of referrals to Children's Social Services	Nov-18
Rates per 10,000 of referrals to Children's Social Services	Rates per 10,000 of referrals to Children's Social Services	Nov-18
Referrals to children's social care closed with no further action	Referrals to children's social care closed with no further action	Nov-18
Referrals where the child is assessed but not found to be in need	% of referrals which resulted in an assessment and the child was assessed not to be in need.	Nov-18
% referrals completed by source of referral - School	% referrals completed by children's social care services by source of referral - School	Mar-18
% referrals completed by source of referral - Health Service	% referrals completed by children's social care services by source of referral - Health Service	Mar-18
% referrals completed by source of referral - Police	% referrals completed by children's social care services by source of referral - Police	Mar-18
Percentage of re-referrals to children's social care within 12 months	Percentage of re-referrals to children's social care within 12 months of the previous referral	Nov-18
Continuous assessments completed within 45 working days	% Continuous assessments completed within 45 working days	Nov-18
Section 47 enquiries rate per 10,000 children	Section 47 enquiries which started during the year rate per 10,000 children	Nov-18
Percentage of child protection conferences held within 15 days	% of initial child protection conferences held within 15 days of the start of the section 47 enquiries which led to a conference	Nov-18
Rate of Initial Stage Child Protection conferences	Rate per 10,000 Initial Stage Child Protection conferences	Nov-18

0-10 working days from CP strategy meeting to ICP conference	0-10 working days from Child Protection strategy meeting to Initial Child Protection conference	Nov-18
11-15 working days from CP strategy meeting to ICP conference	11-15 working days from Child Protection strategy meeting to Initial Child Protection conference	Nov-18
16-20 working days from CP strategy meeting to ICP conference	16-20 working days from Child Protection strategy meeting to Initial Child Protection conference	Nov-18
21+ working days from CP strategy meeting to ICP conference	21+ working days from Child Protection strategy meeting to Initial Child Protection conference	Nov-18
0-10 working days from start of S47 enquiry to ICP conference (%)	0-10 working days from start of S47 enquiry to ICP conference (%)	Nov-18
11-15 working days from start of S47 enquiry to ICP conference (%)	11-15 working days from start of S47 enquiry to ICP conference (%)	Nov-18
16-20 working days from start of S47 enquiry to ICP conference (%)	16-20 working days from start of S47 enquiry to ICP conference (%)	Nov-18
21+ working days from start of S47 enquiry to ICP conference (%)	21+ working days from start of S47 enquiry to ICP conference (%)	Nov-18
CPP rate per 10,000	Children who are the subject of a Child Protection Plan - rate per 10,000	Nov-18
Number of Children with CPP	Children who are the subject of a Child Protection Plan - Number	Nov-18
Number of Child Protection plans starting during the year	Number of Child Protection plans starting during the year	Nov-18
Rate child protection plans starting during the year (rate per 10,000)	Rate child protection plans starting during the year (rate per 10,000)	Nov-18
CPP starting because of physical abuse (rate per 10,000 of the CYP population)	CPP starting because of physical abuse (rate per 10,000 of the CYP population)	Nov-18
CPP starting because of emotional abuse (rate per 10,000 of the CYP population)	CPP starting because of emotional abuse (rate per 10,000 of the CYP population)	Nov-18
CPP starting because of sexual abuse (rate per 10,000 of the CYP population)	CPP starting because of sexual abuse (rate per 10,000 of the CYP population)	Nov-18
CPP starting because of neglect (rate per 10,000 of the CYP population)	CPP starting because of neglect (rate per 10,000 of the CYP population)	Nov-18
CPP starting because of multiple abuse categories (rate per 10,000 of the CYP population)	CPP starting because of multiple abuse categories (rate per 10,000 of the CYP population)	Nov-18
Number of Children subject to CPP for 3 months or more	Number of Children who were the subject of a CPPlan at 31 March and who had been the subject of a plan for 3 or more months	Nov-18
Review of Child Protection Cases	Review of child protection cases - % that should have been reviewed that were reviewed CF/C20	Nov-18
Number Children Protection Plans reviewed within the required timescales	Number Children Protection Plans reviewed within the required timescales	Nov-18
Number of Children who became the subject of a plan for a second or subsequent time	Number of children who became the subject of a plan for a second or subsequent time	Nov-18
Percentage of children who became the subject of a plan for a second or subsequent time	% of children who became the subject of a plan for a second or subsequent time (previously registered CF/A3)	Nov-18
Child Protection Plans lasting 2 years or more as at 31 March	Percentage of children subject to Child Protection Plans lasting 2 years or more as at 31 March	Nov-18
Child Protection Plans lasting 2 years or	Child Protection Plans lasting 2 years or more which cease during the year	Nov-18

more which cease during the year		
Ceased to be subject to Child Protection Plan	Rate of child protection plans which ceased during the year (per 10,000 children)	Nov-18
Duration subject to a child protection plan - number	Number of children subject to CPP - continuously for 2 years of more	Nov-18
Cafcass Care applications per 10,000 child population	Cafcass Care applications per 10,000 child population	May-18
Adoption>>>		
Number of LAC adopted in year	Number of Looked After Children adopted in year	Sep-18
Percentage of LAC adopted in year	Percentage of Looked After Children adopted in year	Sep-18
Looked After Children>>>		
Children looked after rate per 10,000	Children looked after rate, per 10,000 children aged under 18	Sep-18
Number of Looked after Children	Number of Looked After Children	Sep-18
Number of children who started to be looked after	Number of children who started to be looked after	Sep-18
% of LAC with SEN but without a Statement/EHCP	% of children looked after who have SEN but no statement/EHCP	Mar-18
% of LAC with a SEN Statement/EHCP	% of children looked after who have a statement of SEN/EHCP	Mar-18
Distance LAC placed from home	% of children looked after at 31 March, placed more than 20 miles from their homes, outside LA boundary	Dec-18
Number of approved foster places (excluding short breaks)	Number of approved foster places excluding short breaks - All Agencies	Mar-18
Number of places that were filled (number of children placed)	Number of places that were filled: number of children placed - All Agencies	Mar-18
Number of LAC ceased because of a Special Guardianship Order	Number of children who ceased to be looked after because of a Special Guardianship Order	Apr-18
% LAC ceased because of a Special Guardianship Order	% LAC who ceased to be looked after because of a special guardianship order during the year	Apr-18
Percentage of children returning home after a period of being looked after	Percentage of children returning home after a period of being looked after	Dec-18
LAC Offending	% of looked after children subject to a conviction, final warning or reprimand during the year	Dec-18
Number of LAC having Dental Checks	Number of children looked after having dental checks	Dec-18
Number of LAC having Health Checks	Number of children looked after having health checks	Dec-18
% of LAC Substance misuse	Percentage identified as having a substance misuse problem during the year	Dec-18
Emotional Health of Looked after Children	Emotional and Behavioural Health of Looked after Children	Dec-18
Care Leavers - Suitable accommodation (%)	Care Leavers - Suitable accommodation (%)	Sep-18
Care Leavers - EET (%)	Care Leavers - Education, Employment or Training (%)	Sep-18
Care Leavers - Higher Education (%)	Care leavers who were in higher education (%)	Sep-18
Care Leavers - Local authority not in touch (%)	Care Leavers - Local Authority not in touch (%)	Dec-18
Care Leavers - Staying with their former foster Carers (%)	Care leavers - aged 19 or 20 who ceased to be looked after on their 18th birthday, and remain with their former foster (%)	Dec-18
% Children looked after who were missing	Percentage of Children Looked after whom had a missing incident during the	Sep-18

	year	
% Children looked after who were away from placement without authorisation	Percentage of Children Looked after who were away from placement without authorisation during the year	Sep-18
Number of unaccompanied Asylum Seeking Children looked after	Number of unaccompanied Asylum Seeking Children looked after at 31 March	Sep-18
Children in Need>>>		
Children in Need rate per 10,000	Children in Need rate per 10,000	Nov-18
Children in Need, by duration (under 3 months)	Percentage of Children in Need by duration (under 3 months)	Nov-18
Children in Need, by duration (3-6 months)	Percentage of Children in Need by duration (3-6 months)	Nov-18
Children in Need, by duration (6 months - 1 year)	Percentage of Children in Need by duration (6 months - 1 year)	Nov-18
Children in Need, by duration (1-2 years)	Percentage of Children in Need by duration (1 - 2 years)	Nov-18
Children in Need, by duration (2 years or more)	Percentage of Children in Need by duration (2 years or more)	Nov-18
Percentage of Children who cease to be in Need by duration (under 3 months)	Percentage of Children who cease to be in Need by duration (under 3 months)	Nov-18
Percentage of Children who cease to be in Need by duration (3-6 months)	Percentage of Children who cease to be in Need by duration (3-6 months)	Nov-18
Percentage of Children who cease to be in Need by duration (6 months - 1 year)	Percentage of Children who cease to be in Need by duration (6 months - 1 year)	Nov-18
Percentage of Children who cease to be in Need by duration (1 - 2 years)	Percentage of Children who cease to be in Need by duration (1 - 2 years)	Nov-18
Percentage of Children who cease to be in Need by duration (2 years or more)	Percentage of Children who cease to be in Need by duration (2 years or more)	Nov-18
% of CIN cases closed within 6 mths of the CPP end date.	Percentage of CIN cases that close within 6 months of the child protection plan end date	Nov-18
% of school-age Children in Need matched to National Pupil Database	% of school-age Children in Need matched to National Pupil Database	Mar-18
% of school-age Children in Need with SEN Support	% of school-age Children in Need with SEN Support	Mar-18
% of school-age Children in Need with no SEN	% of school-age Children in Need with no SEN	Mar-18
% of school-age Children in Need with a Statement/EHCP	% of school-age Children in Need with a Statement/EHCP	Mar-18
Children with SEN>>>		
New EHC plans issued within 20 weeks - excluding exceptions	Proportion of new EHC plans issued within 20 weeks - excluding exception cases	May-18
New EHC plans issued within 20 weeks - including exceptions (all)	Proportion of all new EHC plans issued within 20 weeks	May-18
Newly issued statements and plans in maintained mainstream schools	Proportion of newly issued statements and plans, with a placement in maintained mainstream schools	May-18
SEN Appeals	SEN Appeals - registered appeals per 10,000 of school population	Dec-18
Progress Transfer SEN statements to EHC plans	Progress transferring children and young people with SEN statements to new system	May-18

5.4 Adult Social Care Outcomes Framework (ASCOF)

N.B. This is the appropriate outcomes framework at the time of writing. It will be expected that Adult Social Care provision will meet the requirements of any subsequent national or local framework that may supersede this.

5.4.1 The Adult Social Care Outcomes Framework (ASCOF) is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability to demonstrate meaningful outcome for the population. The key roles of the ASCOF are:

- Locally, the ASCOF provides councils with robust information that enables them to monitor the success of local interventions in improving outcomes, and to identify their priorities for making improvements. Local Authorities can also use ASCOF to inform outcome-based commissioning models
- Locally, it is also a useful resource for Health and Wellbeing boards who can use the information to inform their strategic planning and leadership role for local commissioning
- Locally, the ASCOF also strengthens accountability to local people. By fostering greater transparency on the outcomes delivered by care and support services, it enables local people to hold their council to account for the quality of the services that they provide, commission or arrange. Local authorities are also using the ASCOF to develop and publish local accounts to communicate directly with local communities on the outcomes that are being achieved, and their priorities for developing local services
- Regionally, the data supports sector led improvement; bringing councils together to understand and benchmark their performance. This, in turn, stimulates discussions between councils on priorities for improvement, and promotes the sharing of learning and best practice
- At the national level, the ASCOF demonstrates the performance of the adult social care system as a whole, and its success in delivering high-quality, personalised care and support. Meanwhile, the framework supports Ministers in discharging their accountability to the public and Parliament for the adult social care system, and continues to inform, and support, national policy development.

5.4.2 The ASCOF outcomes measures and the targets for 16/17 (time of writing) are outlined below. However this section should be read in conjunction with ASCOF 2016/2017 guidance **https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/375431/ASCOF_15-16.pdf**

ASCOF Outcome measures

Adult Social Care Outcomes Framework Indicators (ASCOF)	Data Source	2014/15	2015/16	2016/17
1A - Social care-related quality of life	ASCS	19.2	19.7	19.4
1B - Proportion of people who use services who have control over their daily life	SALT	76.3	76.7	76.5
1C(1) - Proportion of people using social care who receive self-directed support	SALT			
1C(2) - Proportion of people using social care who receive direct payments	SALT			
1C(1A) - Proportion of adults receiving self-directed support	SALT	95.1	96.8	99
1C(1B) - Proportion of Carers receiving self-directed support	SALT	-	100	100
1C(2A) - Proportion of adults receiving direct payments	SALT	25.6	25.1	24
1C(2B) - Proportion of Carers receiving direct payments for support direct to Carer	SALT	0	100	100
1D - Carer-reported quality of life	SACE	8		7.7
1E - Proportion of adults with learning disabilities in paid employment	SALT	2.7	3.4	2.3
1F - Proportion of adults in contact with secondary mental health services in paid employment	MHLDDS	5.2	6.6	
1G - Proportion of adults with learning disabilities who live in their own home or with their family	SALT	83.1	84.4	84
1H - Proportion of adults in contact with secondary mental health services who live independently, with or without support	MHLDDS	66.2	74.7	
1I(1) - Proportion of people who use services who reported that they had as much social contact as they would like	ASCS	49.7	50.8	47.5
1I(2) - Proportion of Carers who	SACE	43.8		31.6

Adult Social Care Outcomes Framework Indicators (ASCOF)	Data Source	2014/15	2015/16	2016/17
reported that they had as much social contact as they would like				
2A(1) - Permanent admissions of younger adults (aged 18 to 64) to residential and nursing care homes, per 100,000 population *	SALT			
2A(2) - Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population *	SALT			
2A(1)_1415 - Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population *	SALT	16.5	14.5	19.9
2A(2)_1415 - Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population *	SALT	839.4	795.4	743.31
2B(1) - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (effectiveness of the service)	SALT	86.8	84.5	83.6
2B(2) - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (offered the service)	SALT	3.7	4.5	4.3
2C(1) - Delayed transfers of care from hospital per 100,000 population *	UNIFY2	2.7	2.7	13.2
2C(2) - Delayed transfers of care from hospital which are attributable to adult social care per 100,000 population *	UNIFY2	1.2	1.3	7.6
2D - Proportion of those that received a short term service during the year where the sequel to service was either no ongoing support or support of a lower level	SALT	82.3	81.2	82.4
3A - Overall satisfaction of people who use services with their care and support	ASCS	60.6	66.6	66.8

Adult Social Care Outcomes Framework Indicators (ASCOF)	Data Source	2014/15	2015/16	2016/17
3B - Overall satisfaction of Carers with social services	SACE	32.5		32.6
3C - Proportion of Carers who report that they have been included or consulted in discussion about the person they care for	SACE	58.8		67.7
3D - Proportion of people who use services and Carers who find it easy to find information about services	ASCS / SACE			
3D(1) - Proportion of people who use services who find it easy to find information about services	ASCS	69.1	73.7	75.7
3D(2) - Proportion of Carers who find it easy to find information about services	SACE	56.5		60.8
4A - Proportion of people who use services who feel safe	ASCS	72.3	77.8	74.5
4B - Proportion of people who use services who say that those services have made them feel safe and secure	ASCS	82.8	82.5	91.8
Better Care Fund Indicators	**Data Source**	**2014/15**	**2015/16**	**2017/18**
1 - Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population (ASCOF 2a (2))	SALT	839.4	795.4	743.1
2 - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services (ASCOF 2b (1))	SALT	86.8	84.5	83.6
3 - Delayed transfers of care from hospital per 100,000 population (avg. per month)	UNIFY2	79.2	93.4	338.2
4 - Proportion of people who state that all of the different people treating and caring for them work well together to provide the best possible care and support	Local Survey Data		64.9	
5 - Proportion of home care packages able to be commenced within 24 hours of initial referral to care provider	Local Liquidlogic Data		59.8	50.6

Notes:

Please note that the ASCOF measures shown above are representative of all activity across Adult Social Services (e.g. Older People, Mental Health, Learning Disabilities, etc).

Measure not captured

Carers Survey not completed

Data Sources:

SALT = Short and Long Term Return (Annual)
ASCS = Adult Social Care Survey (Annual)
SACE = Survey of Adult Carers in England (Biennial)
UNIFY2 = NHS data portal (Monthly)
MHLDDS = Mental Health and Learning Disabilities Dataset

* = measure where lower performance is better (all others higher performance is better)

A performance framework has been developed which will identify what is expected of the provider to support the population and of the ASCOF measures which is including in section 7.

6.0 Quality, Performance & Productivity - Baseline Performance Targets (see also Appendix X – Performance Management and Quality Assurance Framework (children's)

6.1.0 Explaining the Performance Framework

6.1.1 This section outlines a performance framework which the Council and CWP will use to monitor effective delivery, activity, standards and outcomes, through a set of performance indicators and measures

6.1.2 The framework will enable a combination of monthly, quarterly and annual reporting.

6.1.3 CWP will work in partnership with Wirral Council's business intelligence functions on performance monitoring process to support the submission of statutory returns.

6.2.0 Monitoring arrangements

6.2.1 Monitoring arrangements will be led by Wirral Council via Assistant Director – Health and Care Outcomes

6.2.2 *The tables below contain key performance indicators which will be measured to assess the level of Services provided by the Trust. The Parties agree that the requirement on the Trust is to achieve a sustained incremental improvement of the Baseline figure towards the Target figure. Where, in any Quarter, the Trust has not achieved such a sustained incremental improvement for any KPI, the Parties may meet to agree a remedial action plan to achieve such improvement. The Council will only be able to issue a Performance Notice in relation to the KPIs under the Agreement where there is a failure to demonstrate a sustained incremental improvement across more than one key performance indicator over a period of at least two consecutive Quarters*

6.2.3 The tables below reference activity measures and the Trust are to supply the data information to the Council for these activity measures at the monthly reporting meetings

7.2.4 The Service may be visited at any time by a representative of the Council on unannounced visits or at short notice during the Contract period to ensure a high quality service is being delivered.

6.3.0 Statutory Reporting

6.3.1 ASCOF

As described in section 6.4, the ASCOF measures how well care and support services achieve the outcomes that matter most to people. The ASCOF is derived from a number of different data sources and published, so that the public may see how well their area is performing, and assists in driving up standards of the care sector. It is the responsibility of CWP to provide the requisite information, so that the Council can create the required statutory returns. Information provided for these returns must be provided on a continuous basis, via Liquid Logic – all data fields must be completed for all cases, in order to fulfil the statutory returns

Adult Social Services has a statutory duty to submit the following returns:

- Short & Long Term Return (SALT) on an annual basis
- Safeguarding Adults Collection (SAC) on an annual basis

- Deprivation of Liberty Safeguards (DoLS) on an annual basis
- Guardianship Return on an annual basis
- Adult Social Care Finance Return (ASC-FR) on an annual basis
- Deferred Payment Agreements on an annual basis
- Annual Social Care Survey (ASCS)
- Survey of Adult Carers in England (SACE) on a biennial basis

Guidance relating to each return can be found via the following link:

http://digital.nhs.uk/socialcarecollections2017

6.3.2 Towards Excellence in Adult Social Care (TEASC)

6.3.2.1 TEASC is a national programme of sector improvement led by ADASS and the LGA and delivered by the ADASS regions. The ambition of TEASC is that excellent Adult Social Care services will be delivered locally supported by a regional and national programme of sector led improvement, peer challenge and leadership support. The programme board includes the Department of Health and Think Local Act Personal amongst others.

6.3.2.2 TEASC's ambition is for excellent adult social care services to be delivered locally, supported by a regional and national programme of sector-led improvement (SLI). TEASC underpins the introduction of new policy and helps to sustain proven, cost-effective, high quality services, tailored to individual need. TEASC has six priorities for the year:

1. **Local Accounts** - Each Local Authority should publish an annual Local Account which is an important tool for improving accountability to residents. It is also an important tool for planning improvements, as a result of sharing information on performance with people who use services and engaging with them to get feedback on their experience.

2. **Sharing Best Practice** – Best practice examples are shared by TEASC leads and best practice is further strengthened through a programme of peer challenges which help to deliver improvement in both the authorities being reviewed and of those of the reviewers.

3. **Demonstrating Outcomes -** One of the real challenges of Sector Led improvement (SLI) is to prove it works in improving the outcomes for those people using social care services. In order to support this TEACS is supporting regions in their analysis of ASCOF but also in developing in-year reporting of key data. A balanced scorecard is currently under development for the North West region in order to support this goal.

4. **Building Confidence with Stakeholders** - Sector-led improvement is a mature, continuous and sustainable way of delivering better services. If or when inspectors call, you will know where your risks and weaknesses are and already have a plan in place to deal with them. It is what all good organisations do to ensure they are always learning from best practice and local and national experiences.

5. **Identifying and Supporting Councils who are struggling** - Expressions like `unprecedented times' are overused but still absolutely true - never before have we faced such a challenging financial position, while implementing complex new legislative and policy change. Inevitably some authorities will struggle to deliver at some time in some aspects of their service. TEASC are working with ADASS regions to develop a model for identifying core risks in Adult Social Care, identifying the contextual risks which councils may be facing and developing a tool for councils and colleagues to use to assess whether councils are taking the right actions to ensure continued safe delivery of services.

6. **Offering Support –** TEASC have been developing an Access to Improvement Project to ensure regions know who to go to for best practice advice and consultancy support when they have identified pieces of work they need to do. TEASC have recently appointed adult improvement advisers (AIAs) at the LGA who work with regional chairs and the LGA principal advisers to support DASSs and councils to deliver. Acting as brokers of professional, project management and leadership support, they also act as a sounding board for DASSs to help them problem solve locally.

6.3.3 Better Care Fund (BCF)

6.3.3.1 The Better Care Fund was announced in June 2013 to drive the transformation of local services to ensure that people receive better and more integrated care and support. The funding will be deployed locally on health and social care through pooled budget arrangements between local authorities and Clinical Commissioning Groups.

6.3.3.2 The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the Better Care Fund. It allows for the NHS Mandate to include specific requirements relating to the establishment and use of an integration fund.

6.3.3.3 NHS England and the Government will allocate the Better Care Fund to local areas based on a framework agreed with Ministers. For 2015/16, the allocation will be based on a mixture of the existing Clinical Commissioning Group allocations formula, the social care formula, and a specific distribution formula for the Disabled Facilities Grant element of the Better Care Fund.

Metrics

- *Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population- ASCOF Measure 2A (2)*
- *Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services - ASCOF Measure 2B (1)*
- *Delayed transfers of care from hospital per 100,000 population (average per month) ASCOF Measure 2C (1)*

Locally defined - *Proportion of home care packages able to be commenced within 24 hours of initial referral to care provider*

Local defined patient experience metric - *Proportion of people who state that all of the different people treating and caring for them work well together to provide the best possible care and support*

6.3.4 Wirral Plan

6.3.4.1 The Wirral Plan, published in June 2015, sets out a series of 20 pledges which the council and its partners will work to achieve by 2020, focusing on three key themes:

- Protecting the most vulnerable
- Driving economic growth
- Improving the local environment

The plan sets out what areas the Council will prioritise over the next five years. The specific areas of the plan relating to Adult Social Care are:

- **Older People Live Well**

We will support older people to live independently in their own homes and help prevent social isolation. We will seek ways to show we value the experience and knowledge of older people and encourage more volunteering and mentoring opportunities within our communities.

- **People with Disabilities Live Independently**
  It is our aim to support more people with disabilities to increase their independence and access to work, education and volunteering.

- **Zero Tolerance to Domestic Violence**
  Our focus will remain on prevention and early intervention and we will continue to facilitate an integrated response and effective court system to deal with cases quickly and effectively.

6.4.0 Statutory Reporting Responsibilities:

6.4.1 Data Quality

6.4.1.1 Wirral Council will complete the statutory returns; the information for which must be populated accurately in Liquid Logic, in order for this responsibility to be fulfilled.

6.4.1.2 Data input will be monitored by Cheshire and Wirral Partnership Wirral and Wirral Council, and picked up by exception. The Business Intelligence Team will follow this up directly with CWP and the commissioner regarding non-compliance.

6.4.1.3 Statutory Data requirements for input into Liquid logic, for every new service user/Carer, must include as a minimum:

- Demographic information
- NHS Number
- Consent to share information
- Equalities Data (Ethnicity, Sexual Orientation)
- Information requirements (e.g. Braille, Easy-Read)
- Next of Kin
- Carer Details
- GP Details
- Dates and details of assessments
- Names of workers involved/responsible
- Primary Support reason
- Reported Health conditions
- Route of Access
- Outcome / Details of Support, including dates
- Route of Transition
- Employment details
- Accommodation details
- Safeguarding & DoLS information
- Relevant Legal Status (e.g. Mental Health Guardianship, S117 Aftercare)

Reference should be made to the Equalities and Classifications (EQ-CL) Framework published by NHS Digital to support completion of statutory returns:

https://digital.nhs.uk/

6.4.2 Service User Experience: Service user annual survey & Carer's bi-annual survey

6.4.2.1 Wirral Council retain the statutory responsibility to carry out the annual service user survey and biennial Carer's survey.

6.4.2.2 There will be a requirement for services to support the delivery of these by providing information, as required and ensuring Liquidlogic details are up to date.

6.4.2.3 Following completion of the surveys; services may receive an action plan in any areas highlighted as needing improvement – and they have a responsibility to respond to these actions appropriately, and in a timely fashion.

6.4.3 Adult Social Care Standards

6.4.3.1 The Health and Care Professions Council (HCPC) has produced a set Standards of Proficiency for Social Workers and Occupational Therapy. These two sets of standard contain the same headings which are outlined below, however the details under each heading is different for social work and occupational therapy and so this section should be read in conjunction with the following documents:

- Standards of Proficiency. Social Workers in England http://www.hpc-uk.org/assets/documents/10003b08standardsofproficiency-socialworkersinengland.pdf
- Standards of Proficiency. Occupational Therapists http://www.hpc-uk.org/assets/documents/10000512standards_of_proficiency_occupational_therapists.pdf

6.4.3.2 While this evidence will not be a regular reporting requirement, it is expected that the ASC services should keep up to date records so that they are able to evidence on request. Evidence of adherence to these standards will also be requested as part of any Quality Visits that Commissioners undertake.

6.4.4 Safeguarding

Quarterly Quality Reporting

Safeguarding Concerns

Safeguarding Concerns Per Quarter	Q1 17-18	Q2 17-18	Q3 17-18	Q4 17-18	% of Activity
Integrated Disability Teams	44	70	79	111	62%
Community Mental health Teams	44	34	47	65	38%
Total	88	104	126	176	100%

Safeguarding Enquiries

Safeguarding Enquiries Per Quarter	Q1 17-18	Q2 17-18	Q3 17-18	Q4 17-18	% of Activity
Integrated Disability Teams	44	44	35	33	72%
Community Mental health Teams	23	18	14	5	28%
Total	67	62	49	38	100.00%

Safeguarding Enquiries – Number of Days to Complete

Average Number of Days to complete	Q1 17-18	Q2 17-18	Q3 17-18	Q4 17-18	% within 28 Days
Integrated Disability Teams	47	46	23	22	63%
Community Mental health Teams	36	17	19	10	37%

Total	83	63	42	32	100.00%

Deprivation of Liberty Safeguards (DoLs)

DoLS Received by status at 31st March 2018

DoLS Requests Received	Q1 17-18	Q2 17-18	Q3 17-18	Q4 17-18	% of Activity
Granted	34	30	70	76	66%
Not Granted	0	2	6	9	5%
Request Withdrawn	0	0	5	1	2%
Not Yet Signed Off	0	4	23	58	27%
Total	34	36	104	144	100.00%

Average number of days to signoff DoLS

Average number of days to signoff DoLS	Q1 17-18	Q2 17-18	Q3 17-18	Q4 17-18	% within 28 Days
Granted	76	72	59	46	100%
Total	76	72	59	46	100.00%

Operational Activity (Assessment & Support Planning)

Caseloads

Active Cases Per Quarter (Active case = Allocated to Worker)	Q1 17-18	Q2 17-18	Q3 17-18	Q4 17-18	% of Activity
Integrated Disability Teams	923	954	968	980	55.9%
Community Mental health Teams	666	699	748	774	44.1%
Total	**1589**	**1653**	**1716**	**1754**	**100%**

Contacts

Contacts Received

Contacts Received Per Quarter	Q1 17-18	Q2 17-18	Q3 17-18	Q4 17-18	% of Activity
Integrated Disability Teams	556	532	481	432	62.9%
Community Mental health Teams	312	283	271	313	37.1%
Total	**868**	**815**	**752**	**745**	**100%**

Contact Outcomes

Contacts Received Per Quarter	Q1 17-18	Q2 17-18	Q3 17-18	Q4 17-18	% of Activity
Arranged to Call Back Later	3	3	1	2	0.3%
Information / Advice Given Only	65	62	72	76	8.6%
Link to Existing Referral	441	390	391	375	50.2%
Link to Existing Safeguarding Episode	21	18	13	10	1.9%
No Further Action	103	138	100	103	14.0%
Progress to New Referral	47	54	55	50	6.5%
Service at Point of Contact	1	3	4	1	0.3%
Signposted to Other Agency	36	23	24	12	3.0%
Start New DoLS Episode	1	3	0	0	0.1%
Start New Safeguarding Episode	122	100	79	89	12.3%
Not Recorded	28	21	13	27	2.8%
Total	**868**	**815**	**752**	**745**	**100%**

Contact Completion Times (Non-Safeguarding)

Number of days between contact date and completion date on Liquidlogic	Less than 24 Hours	Between 24 & 48 Hours	Over 48 Hours
Integrated Disability Teams	58.4%	9.0%	32.5%
Community Mental health Teams	33.1%	16.1%	50.9%
Total	**45.7%**	**12.5%**	**41.7%**

NB. This excludes any contacts identified as relating to Deprivation of Liberty and Safeguarding requests

Contact Completion Times (Non-Safeguarding)

Number of days between contact date and completion date on Liquidlogic	Less than 24 Hours	Between 24 & 48 Hours	Over 48 Hours
Integrated Disability Teams	58.3%	9.1%	32.6%
Community Mental health Teams	33.0%	16.0%	50.9%
Total	**45.7%**	**11.7%**	**39.4%**

Referrals Commenced

New Referrals Commenced Per Quarter	Q1 17-18	Q2 17-18	Q3 17-18	Q4 17-18	% of Activity
Integrated Disability Teams	118	52	15	3	37.9%
Community Mental health Teams	79	84	76	72	62.1%
Total	**194**	**136**	**91**	**75**	**100%**

Time to Open Referral

Number of Days between Initial Contact & Referral Start	Less than 2 days	Between 2 & 7 Days	Between 7 & 14 Days	Between 14 & 28 Days	Greater Than 28 Days	% within 7 Days
Integrated Disability Teams	160	20	0	4	4	85.1%
Community Mental health Teams	323	35	18	8	15	75.3%
Total	**392**	**55**	**18**	**12**	**19**	

Time from Opening Referral to Completion of Assessment

Number of Days between Referral Start and Completion of Assessment	Less than 2 days	Between 2 & 14 Days	Between 14 & 28 Days	Between 1 & 2 Months	Greater Than 2 Months	% within 7 Days
Integrated Disability Teams	13	6	10	21	65	20.0%
Community Mental health Teams	3	2	0	3	52	5.8%
Total	**16**	**8**	**10**	**24**	**117**	

Assessments

Core Assessments Completed (New Assessments)

Core Assessments Completed per Quarter (New Referrals)	Q1 17-18	Q2 17-18	Q3 17-18	Q4 17-18	% of Activity
Integrated Disability Teams	92	98	79	130	72%
Community Mental health Teams	32	38	47	41	28%
Total	**124**	**136**	**126**	**171**	**100%**

Core Assessments Outcomes

	Q1 17-18	Q2 17-18	Q3 17-18	Q4 17-18	% of Activity
Completed – Information and advice only	1	4	0	2	1.3%
Completed – meets National Eligibility Criteria	99	99	81	130	73.4%
Completed - No eligible needs	2	3	0	1	1.1%
MH: Appropriate Adult	5	13	14	21	9.5%
MH: No further Action	0	0	1	1	0.4%
MH:Other alternative	17	17	30	15	14.2%
MH-Compulsory Hosp Admission	0	0	0	1	0.2%
Total	124	136	126	171	100%

Core Assessments Completed (Re-Assessments)

Core Assessments Completed per Quarter (Reviews)	Q1 17-18	Q2 17-18	Q3 17-18	Q4 17-18	% of Activity
Integrated Disability Teams	273	321	393	662	69.3%
Community Mental health Teams	71	126	201	332	30.7%
Total	**344**	**447**	**594**	**994**	**100%**

Carer Assessments (Individual)

Core Assessments Completed per Quarter (Reviews)	Q1 17-18	Q2 17-18	Q3 17-18	Q4 17-18	% of Activity
Integrated Disability Teams	73	76	62	112	67.4%
Community Mental health Teams	31	37	47	41	32.6%
Total	**104**	**113**	**109**	**153**	**100%**

Carer Assessments (Joint Core Assessments)

Core Assessments Completed per Quarter (Reviews)	Q1 17-18	Q2 17-18	Q3 17-18	Q4 17-18	% of Activity
Integrated Disability Teams	19	22	17	18	97.4%
Community Mental health Teams	1	1	0	0	2.6%
Total	**20**	**23**	**17**	**18**	**100%**

NB. This is a subset of completed table 7.8.5

Reviews

Reviews Completed (All)

Core Assessments Completed per Quarter (Reviews)	Q1 17-18	Q2 17-18	Q3 17-18	Q4 17-18	% of Activity
Integrated Disability Teams	273	321	393	662	69.3%
Community Mental health Teams	71	126	201	332	30.7%
Total	**344**	**447**	**594**	**994**	**100%**

Reviews Completed (Unplanned)

Core Assessments Completed per Quarter (Reviews)	Q1 17-18	Q2 17-18	Q3 17-18	Q4 17-18	% of Activity
Integrated Disability Teams	116	169	212	366	78.7%
Community Mental health Teams	22	58	64	90	21.3%
Total	**138**	**227**	**276**	**456**	**100%**

NB. This is a subset of table 7.8.14

Active Services on Last Day of Month

Active Services on Last Day of Quarter	Q1 17-18	Q2 17-18	Q3 17-18	Q4 17-18
Assistive Technology	13	10	7	4
Day Care	23	31	28	31
Direct Payments	137	156	169	181
Extra Care	0	0	0	0
Helping People Home	0	0	0	0
Home Care	5	4	5	5
Home From Home	0	0	0	0
Intermediate Care	0	0	0	0
Nursing Care	9	10	10	7
Reablement at Home	0	0	0	0
Residential Care	52	45	51	47
Shared Lives	6	8	9	7
Supported Living	172	112	120	120
Transitional Care	0	0	0	0
Transport	51	47	43	33
Total Service Users	**468**	**423**	**442**	**435**

Activity Data

Wirral Council

Commissioning, Performance & Business Intelligence

Adult Social Care Performance Management Framework - KPI Monitoring For LD and MH

ID	KPI Description	Reporting Links	Unit	Comparator	Green	Amber	Red	Baseline
KPI 1	Length of time between initial contact and completion of assessment	Local Measure	Days	N/A	<=27	>27 <=30	>30	**19.7 Days** 2017-18
KPI 2	% of safeguarding concerns (Contacts) initiated by CWP within 24 working hours	Local Measure	%	N/A	>=98%	<98% >=95%	<95%	**81.8%** 2017-18
KPI 3	% of safeguarding enquiries concluded within 28 days	Local Measure	%	N/A	>=85%	<85% >=75%	<75%	**64.7%** 2017-18
KPI 4	% of individuals who have had an annual review completed	SALT Return	%	**45%** 2015-16 England Avg.	>=70%	<70% >=60%	<60%	**63.9%** 2017-18
KPI 5	Number of permanent admissions to residential / nursing care per 100,000 (Aged 65+)	ASCOF / BCF	Numeric	**611** England 2016/17	<=730	>730 <=770	>770	**27.3** 2017-18
KPI 6	Number of permanent admissions to residential / nursing care per 100,000 (Aged under 65)	ASCOF / BCF	Numeric	**21.8** England 2016/17	<=727	>727 <=767	>767	**20.8** 2017-18

Activity Data

	KPI 7	% of care packages activated (in Liquidlogic) in advance of service start date (exc. Block Services)	Local Measure	%	N/A	>=70%	<70% >=60%	<60%	**66.2%** 2017-18
	KPI 8	% of DoLS allocated to CWP completed within statutory timescales prioritised as high using the ADASS prioritisation tool	Local Measure	%	N/A	>80%	<80% >=70%	<70%	**69.3%** 2017-18
MH	KPI 9	Learning Disabilities and Access to Employment	Local Measure	%	4.2% Q4 NW Avg.	>4.5%			**2.4%** 2017-18
	KPI 10	Adults with a Learning Disability Living at Home or with their Family	Local Measure	%	87.8% Q4 NW Avg.	>88%	<88% >80%	<80%	**84.3%** 2017-18
	KPI 11	Number of People with a Learning Disability who receive a community provision (Aged 18-64)	Local Measure	Numeric	N/A	>90%	<90% >80%	<80%	**88.1%** 2017-18

Activity Data

ID	Activity Measure Description	Reporting Links	Unit	Comparator	Green	Amber	Red	Baseline
AM 1	Length of time between contact and assessment start	Local Measure	Days	N/A	<=18	>18 <=19	>19	19.1 Days 2016-17
AM 2	% of DoLS allocated to WCFT completed within statutory timescales (Urgent)	Local Measure	%	N/A	>=17%	<17% >=14%	<14%	12% 2016-17
AM 3	% of requests for support that are 'self-assessments'	Local Measure	%	N/A	>=3%	<3% >=2	<2%	1% 2016-17
AM 4	Undertake an average of 20 new DOLs assessments per month	Local Measure	Numeric	N/A	>=6	<6 >=5.5	<5.5	-
AM 5	Undertake an average of 16 DOLs authorisations per calendar month (4 DOLS per fortnight, per senior manager)	Local Measure	Numeric	N/A	>=4	<4 >=2.5	<2.5	-
AM 6	% of Pre-service financial assessment requests made	Local Measure	%	N/A				-
AM 7	% of Top Ups with signed agreement in place	Local Measure	%	N/A	100%	<100% >=99%	<99%	100% 2016-17
AM 8	% of Clients Placed out of the Borough	Local Measure	%	N/A				

AM9	S117 (Active)	local measure	Numeric	N/A				