

## **Review of Social Care Delivery Arrangements**

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

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

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

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

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

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

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

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

## Performance

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

At the point of transfer performance data was aggregated and none of the Key Performance Indicators (KPIs) or Activity Measures (AMs) had achieved the Performance targets set (table 1).

The data reported is now disaggregated with both Trusts reporting independently. It is therefore difficult to make a meaningful comparison.

The Data relating to post-transfer is only available in its current format for years 2019 to year to date.

The current KPIs and AMs are expressed slightly differently

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

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

**Table I (aggregated data pre-transfer)**

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

	ding enquirie s conclud ed within 28 days																>=7 5%	
KPI 4	% of individua ls who have had an annual review complet ed	SALT Return	%	45% 2015-16 England Avg.	64% 2016-17										70%	>=66 %	<66 % >=6 4%	<64 %
KPI 5	Number of permane nt admissio ns to residenti al / nursing care per 100,000 (Aged 65+)	ASCOF / BCF	Numeri c	706 Q3 NW Avg.	750.5 2016-17										690.6	<=72 7	>72 7 <=7 67	>76 7
KPI 6	% of older people who were still at home 91 days	ASCOF / BCF	%	82.7% 2015-16 England Avg.	85% 2016-17										85%	>83%	<83 % >=8 1%	<81 %

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

	statutory timescales prioritised as high using the ADASS prioritisation tool																		
ID	Activity Measure Description	Report ing Links	Unit	Compar ator	Baseli ne	Monthly Trend									Targ et	Gree n	Amb er	Red	
						M 1	M 2	M 3	M 4	M 5	M 6	M 7	M 8	M 9					
A M 1	Length of time between contact and assessment start	Local Measure	Days	N/A	19.1 Days 2016-17										17	<=18	>18 <=19	>19	
A M 2	% of short term placements ended within 6 weeks of admission	Local Measure	%	N/A	68% 2016-17										85%	>81%	<81% >=76 %	<76%	
A M 3	% of care packages activated (in Liquidlogic) in advance of service start date (exc. Block	Local Measure	%	N/A	51% 2016-17										70%	>=60 %	<60% >=50 %	<50%	

	Services)																	
A M 4	% of contacts completed in Liquidlogic within 48 hours	Local Measure	%	N/A	<b>65%</b> 2016-17										85%	<b>&gt;=72%</b>	<b>&lt;72% &gt;=60%</b>	<b>&lt;60%</b>
A M 5	% of urgent contacts completed within 4 hours	Local Measure	%	N/A	-	-									Baseline and target to be agreed			
A M 6	% of DoLS allocated to WCHCFT completed within statutory timescales (Urgent)	Local Measure	%	N/A	<b>12%</b> 2016-17										20%	<b>&gt;=17%</b>	<b>&lt;17% &gt;=14%</b>	<b>&lt;14%</b>
A M 7	% of requests for support that are 'self-assessments'	Local Measure	%	N/A	<b>1%</b> 2016-17										5%	<b>&gt;=3%</b>	<b>&lt;3% &gt;=2</b>	<b>&lt;2%</b>
A M 8	% of care package brokerage requests circulated to providers within 4 hours	Local Measure	%	N/A	<b>97%</b> 2016-17										100%	<b>&gt;=95%</b>	<b>&lt;95% &gt;=90%</b>	<b>&lt;90%</b>

A M 9	CADT\Integrated Gateway will reduce call waiting times for a substantive response from 14 minutes to a maximum of 3 minutes	Local Measure	Numeric	N/A	-	-										Baseline and target to be agreed
A M 10	% of Discharge Notices where a core assessment is completed within 24 hours of receipt (excludes re-starts)	Local Measure	%	N/A	-	-										Baseline and target to be agreed
A M 11	% of Assessment Notices where a core assessment is completed within 72 hours of receipt	Local Measure	%	N/A	-	-										Baseline and target to be agreed

	(excludes re-starts)																		
A M 1 2	Undertake an average of 6.5 new DOLs assessments per week	Local Measure	Numeric	N/A	-											6.5	>=6	<6 >=5.5	<5.5
A M 1 3	Undertake an average of 3.5 DOLs authorisations per fortnight per Senior Manager	Local Measure	Numeric	N/A	-											3.5	>=3	<3 >=2.5	<2.5
A M 1 4	% of Pre-service financial assessment requests made	Local Measure	%	N/A	-	-										Baseline and target to be agreed			
A M 1 5	% of Top Ups with signed agreement in place	Local Measure	%	N/A	100% 2016-17											100 %	100%	<100 % >=99 %	<99%

### Overall Status

	Performance is performing to plan; no remedial action required
	Performance is outside of target; on-going monitoring required
	Performance is outside of target.

ASCOF = Adult Social Care Outcomes Framework  
BCF = Better Care Fund  
SALT = Short & Long Term Return

### Monthly Trend



Improvement  
from previous  
month

Deterioration  
from previous  
month



No change  
from previous  
month

#### 7.4.10 Data Quality Measures

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

Adult Social Care KPIs and Activity Measures									
No	Description	Green	Amber	Red	Target	FY 2019/20 Average	FY 2020/21 Average	FY 2021/22 Average	FYTD from April
KPI 1	% of initial contacts through to completion of assessment within 28 days	>=80%	<80% >=70%	<70%	80%	85.7%	91.4%	84.1%	74.1%
	Total Assessments Completed within 28 Days					3033	3718	3043	889
	Total Assessments Completed					3540	4066	3618	1,200
KPI 1a	% of initial contacts through to completion of assessment within 28 days (3 Conversations)	>=80%	<80% >=70%	<70%	80%			67.2%	52.4%
	Total Assessments Completed within 28 Days							137	121
	Total Assessments Completed (3C's Process)							204	231
KPI 2	% of safeguarding concerns (Contacts) completed within 5 Days	>=99%	<99% >=95%	<95%	99%	99.1%	99.6%	99%	99.6%
	Total number of safeguarding concerns					4772	3828	3550	1,117
	Total number of safeguarding concerns					4816	3844	3571	1,122
KPI 3	% of safeguarding enquiries concluded within 28 days	>=80%	<80% >=60%	<60%	80%	54%	60%	59%	49%
	Enquiries Closed within 28 Days					688	385	391	77
	Total Enquiries Closed					1263	643	667	157
	Total New Enquiries						408	677	162
KPI 4	% of individuals who have had an annual review completed	>=70%	<70% >=60%	<60%	70%	62%	67%	56%	56%
	Total number of reviews forecast to be					45573.02	50457.046	40487.3	3,253
	Total number of people in receipt of a long term					73998	75421	72098	5,824
KPI 5	% of care packages activated (in Liquidlogic) in advance of service start date (exc. Block Services)	>=65%	<65% >=50%	<50%	65%				69%
									578
									843
KPI 6	% of adults with a learning disability who live in their own home or with their family	>=88%	<88% >=70%	<70%	88%	93%	94%	94%	95%
	Total number of people aged 18-64 with a					2523	4796	5257	1,773
	Total number of people aged 18-64 with a					2699	5117	5598	1,875

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




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

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

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

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

advance of start date					
Total number of care packages activated		1473	1331	1019	361

KP I 6	% of adults with a learning disability who live in their own home or with their family					81%	80%	80%	82%
						5453	5358	5150	1,649
						6762	6716	6431	2,011

A M 1	Length of time between contact and assessment start	6.2	4.7	11.4	4.1
Total Days to commence Assessments		1163	1361	2269	418
Total Assessments Commenced		187	288	199	101

A M 2	% of requests for support that are 'self-assessments'	1.8%	2.8%	0.6%	0.7%
Total Self-Assessments		17	20	4	2
Total 'Requests for Support'		944	711	660	274

A M 3	% of Pre-service financial assessment requests made	58.0%	54.8%	54.3%	73.9%
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		Total Pre-Service Financial Assessment Requests	47	34	25	17
		Total New Services Commenced	81	62	46	23
A M 4	<b>% of Top Ups with signed agreements in place</b>					<b>0.0%</b>
		Total numbers of top-ups with a signed agreements	0	0	0	0
		Total number of top-ups	0	0	2	1
A M 5	<b>% of Clients placed out of the Borough</b>		<b>8.2%</b>	<b>10.3%</b>	<b>10.5%</b>	<b>10.4%</b>
		Number of clients placed outside of Wirral	846	1126	1142	369
		Total number of clients	10295	10982	10833	3,532
A M 6	<b>Section 117 (active)</b>		<b>343</b>	<b>384</b>	<b>418</b>	<b>429</b>
A M 7	<b>Number of permanent admissions to residential / nursing care (aged under 65)</b>		<b>1.0</b>	<b>0.9</b>	<b>0.7</b>	<b>1.2</b>
		Total Long Term Admissions to Care Homes	23	20	15	9
		ONS Mid-Year Population Estimate 2017 (Aged 18- 64)	2230176	2230176	2230176	743,392

A M 8	<b>% of DoLS allocated to CWP completed within statutory timescales (urgent)</b>	<b>0%</b>	<b>25%</b>	<b>0%</b>	<b>0.0%</b>
	Total number of urgent DoLS completed within 7 days	0	1	0	0
	Total number of urgent DoLS completed	6	4	1	3
A M 9	<b>Number of new DoLS assessments per week</b>	<b>0.5</b>	<b>0.1</b>	<b>0.1</b>	<b>1.0</b>
A M 10	<b>Number of DoLS authorisations per calendar month</b>	<b>6</b>	<b>3.75</b>	<b>3</b>	<b>2</b>
A M 11	<b>% of DoLS BIAs deemed as urgent allocated to CWP completed within 7 days</b>	<b>0%</b>	<b>25%</b>	<b>0%</b>	<b>0.0%</b>
	Total number of urgent DoLS completed within 7 days	0	1	0	0
	Total number of urgent DoLS completed	6	4	1	3
A M 12	<b>% of DoLS BIAs deemed as standard allocated to CWP completed within 14 days</b>	<b>5%</b>	<b>0%</b>	<b>3%</b>	<b>6.7%</b>
	Total number of standard DoLS completed within 14 days	3	0	1	1
	Total number of standard DoLS completed	56	27	31	15

A M 13	<b>% of eligible people in receipt of direct payments</b>	<b>21.1%</b>	<b>18.6%</b>	<b>18.2%</b>	<b>17.9%</b>
	Total number of people in receipt of a direct payment	1016	1932	1881	601
	Total number of people in receipt of a community based service	4811	10415	10324	3,363
A M 14	<b>% of adults with a learning disability in paid employment</b>	<b>2.0%</b>	<b>1.8%</b>	<b>1.5%</b>	<b>1.6%</b>
	Total number of adults with a learning disability in paid employment	132	122	94	32
	total number of adults with a learning disability in receipt of a long term service	6762	6716	6431	2,011
A M 15	<b>Number of mental health act assessments completed</b>	<b>0</b>	<b>0</b>	<b>63.8</b>	<b>110</b>
A M 16	<b>Number of carers assessments per week</b>	<b>3.0</b>	<b>2.8</b>	1.6	3.4
	Total Carers Assessments	103	147	86	59
	Total Weeks in Month	34.85714286	52.14285714	52.14285714	17

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

explain delays. The following concerns have been identified:

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

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

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

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

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

Both Trusts could further optimise support provided within the Community Voluntary and Faith Sector, evidence of the positive impact of this approach is demonstrated when the outcomes of the 3 Conversations project are considered.

Since 2020 the Trust has been working with Wirral Council and Partners4Change to develop this model.

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

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

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

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

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

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

ways of working by teams at a pace that is “exemplary”

It is difficult to articulate the cost savings associated with this project but there are clear examples of cost avoidance.

Both Trusts have had to support a higher-than-average number of care home closures or undertake reviews of people who live in homes of concern.

To manage this risk, a Provider Led Review Team has been established with ongoing analysis of its impact subject to consistent review

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

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

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

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

## **KPI 2 (safeguarding concerns responded to within 5 days)**

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

**Figure 6 - Table of annual safeguarding activity demonstrates improvement**

### **WCHCFT**

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

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

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

## **Figure 7- All Making Safeguarding Personal Outcomes improve**

Positive responses to MSP questions

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

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

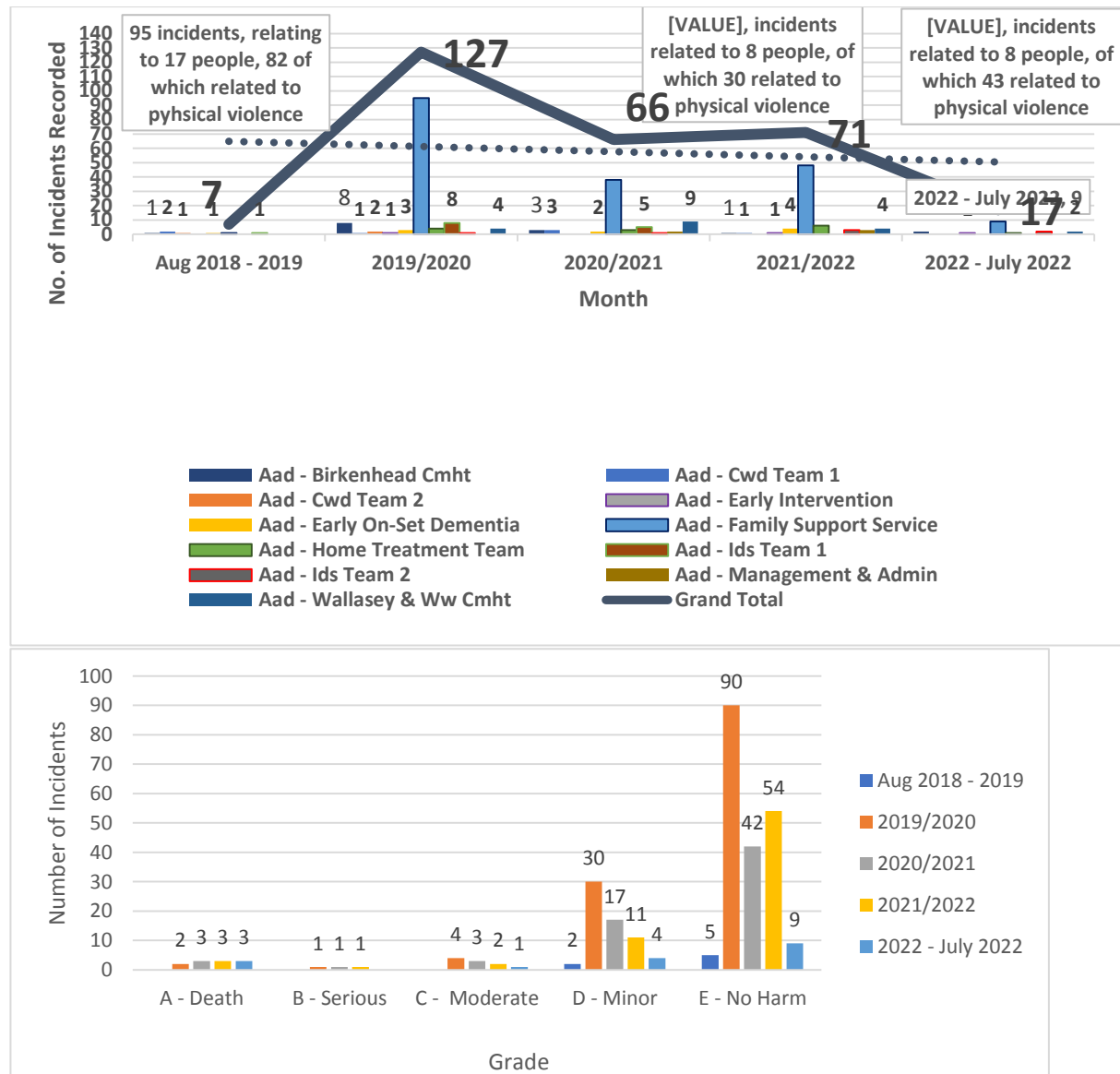
Since 2017 Adult Social Care has supported the completion of six safeguarding Adults Reviews (SAR) and two Domestic Homicide Reviews (DHR). Integration has allowed any learning identified from this review to be immediately rolled out and shared across the whole of the multi-disciplinary teams

Within the governance structure assurance is provided to the Safeguarding Operational Group. I am assured the involvement of the Principle Social Worker provides an appropriate level of oversight.

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

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

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



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

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

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

KPI 3 (Safeguarding investigations completed within 28 days)

Neither Trust performs well in this area, and it has been agreed that the 28-day timescale for the completion of a safeguarding investigation for both Trusts will be converted to an activity measure. The current target does not support the principles of 'Making Safeguarding Personal' which advocate working at the individual's pace whilst addressing any immediate safety issues. Nor does the measure account for other parts of the system which may have caused a delay. Both Trusts ensure that regular audits are undertaken to assure that opened Section 42 Enquires over 28 days are appropriate and all individuals are safe.

Both trusts work collaboratively with the Council's Professional Standards Team and the PSW. Engage fully with the Quality and Risk Management Group and through systems already in place learn from changes in Case Law, SARs etc and are prepared for the implementation of the Liberty Protection Safeguards which will replace the Deprivation of Liberty Safeguards.

### **Mental Capacity Act 2005 - Deprivation of Liberty Safeguarding (DoLS) and Best Interest Assessments (BIAs)**

There are concerns in relation to activity measures set relating to the delegated duty to undertake interventions associated with the Mental Capacity Act (AMs 8 - 12) The Section 75 required CWP, in the lifetime of the contract, to exponentially develop staff with the skills necessary to undertake BIAs.

CWP have consistently under performed on the completion of BIAs.

The CWP also hold the delegated statutory duties associated with the Mental Health Act (1983) through the provision of an Approved Mental Health Professional service (AMHP).

During the period of the Section 75 agreement 8 practitioners have been approved to operate as AMHPs within the CWP. This is a relatively low number, but several participants will be ready to undertake the pre-AMHP training in 2023.

There are 10 Best Interest Assessors, 8 of whom undertake the Approved Mental Health Professional role (AMHPs). AMHPs undertake Mental Health Act assessments that could lead to a detention. The CWP have demonstrated they are allocating their priority BIA cases but are unable to allocate other less urgent BIA assessments that would usually come under their remit, as priority must be given to MHA assessments. The CWP have requested independent assessors to meet this gap. There are very few independent assessors, and this carries an additional cost.

From a legislative perspective there it is valuable to have staff able to undertake this dual role but it cannot compromise the ability to undertake statutory duties. It is worth noting the Trust have, in the last 2 years, lost several experienced

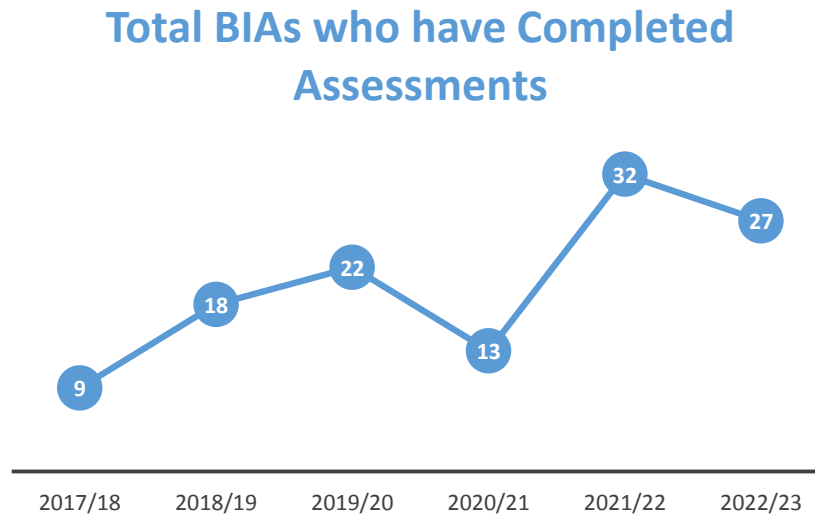
## BIAs

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

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

Since 2017 the Trust has completed 2,383 BIA assessments. In 2022, 60 BIAs received their annual training enabling them to retain their BIA status.

Since 2017 the number of BIA assessors has increased. The table below demonstrates the increase and timescale.



## Summary of performance and recommendations

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

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

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

#### **MCA/BIAs**

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

#### **Safeguarding**

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

#### **Carers**

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

#### **Clients placed out of borough (AM 5)**

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

#### **Supporting People into Paid Employment**

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

#### **Direct Payments**

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

### **Community, Voluntary and Faith Sector**

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

### ***KPI 5 % of care packages activated (in Liquidlogic) in advance of service start date***

#### ***I would recommend that this KPI is converted to an activity measure or removed***

There are several unavoidable delays that significantly impact on this KPI, the needs of people supported by both Trusts can change quickly. The financial authorisation process can cause delays, and a review of authorisation levels is at point of completion giving nominated individuals permission to authorise some higher cost packages,

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

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

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

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

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

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

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

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

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

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

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

#### Lived Experience Feedback

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

Below are some notable examples of outcomes achieved

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

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

#### Social Work Leadership/Protection of Social Work

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

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

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

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

### **What has worked well**

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

### **What has worked not so well**

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

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

Recruitment and Retention

There are a number of key challenges currently facing the social work sector and primary amongst those is the crisis in recruitment. This review sought assurance that every opportunity to recruit and retain staff was fully exploited. I was assured that both Trusts offer a range of development opportunities, including apprenticeships and Approved Mental health Act Professional (AMHP) training as incentives. The aspiration to “grow their own” workforce, is supported by the CWP’s participation in the ADASS Think Ahead Programme this is a two-year paid fast track graduate course into mental health which gives opportunities to qualify as a social worker in the field of mental health. There is cohort of four participants each year. If they pass their first year, they are then employed by CWP as a newly qualified social workers and undertake their masters and ASYE.

The WCHT have confirmed that their Board has approved a five-year People Strategy with the intention to further enhance their employment offer for existing and future workforces and they have engaged with the Research in Practice for Adults initiative, “Social Work Organisational Resilience Diagnostic” (SWORD), to provide senior leaders of Adult Social Care and Health with an accessible, research-informed diagnostic tool to build and sustain resilience in their organisations.

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

The opportunities available are reflected in staff feedback.

There are some areas of concern relating to the availability of Best Interest Assessors and AMHPs, this is described in more detail in the performance section of the report

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

Both Trusts were asked to evaluate and evidence the support offered to enable social workers to maintain their identity, maintain HCPC requirements and contribute to the Towards Excellence in Social Care agenda (Appendices 2&3)

I have seen evidence that the Trusts work collaboratively to develop and support social work professionals and associated support staff, including professional development pathways. Staff across both organisations are encouraged to share their views via a range of surveys and initiatives. The WCHT offers staff the “Freedom to Speak Up” programme. A joint forum is in place to discuss strategic direction and developments in social work

One social worker reported:

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

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

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

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

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

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

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

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

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

### **Staff Health and Wellbeing**

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

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

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

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

Overall, I am satisfied that the wellbeing of staff is paramount, and the social work role is protected but a theme emerging from listening to some of the social workers, and as part of the listening exercise suggests, that whilst able to fulfil their statutory roles their interventions are sometimes driven by NHS priorities. Anecdotal evidence and the experience of contracts and commissioning teams suggest that Council strategic priorities are sometimes considered as secondary to those of the NHS.

Concerns about performance are reported on monthly so the interventions from the Council are often reactive and we cannot influence practice as decisively as we may want to. Concerns about practice tend to emerge when there has been a problem. I am satisfied that social work leaders are fully immersed in the governance and decision-making process, but it would be valuable to explore the influence they exert.

## **Leadership**

### Efficiencies

Both Trusts have delegated responsibility for managing the social care budget and achieving savings

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

## **WCHCFT**

Year	Target	Achieved	Not
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## **Overall achieved savings**

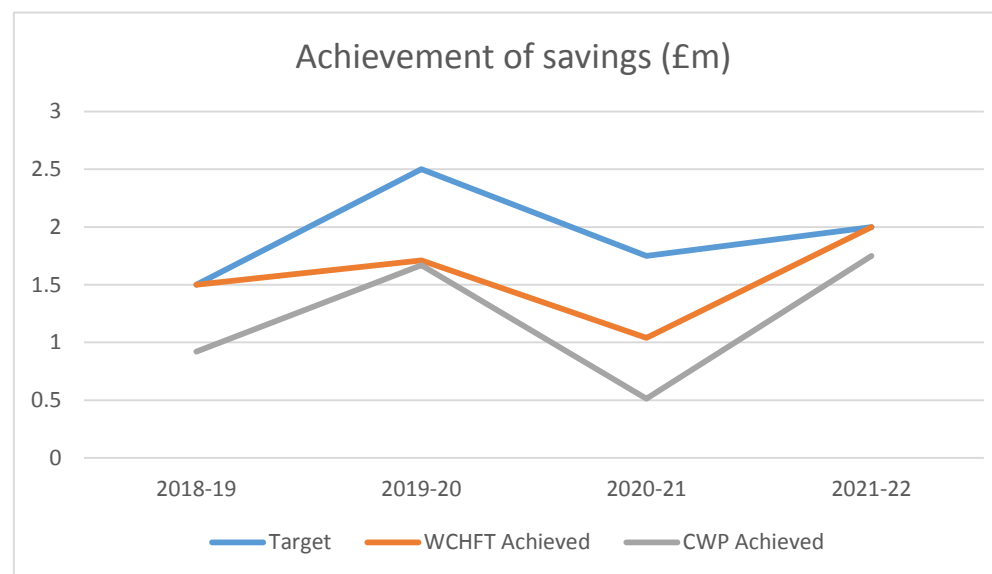
Year	Target	WCHFT	CWP
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			Achieved
2018-19	1.5	1.5	0
2019-20	2.5	1.71	1.2
2020-21	1.75	1.04	0.71
2021-22	2	2	0

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

### CWP

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



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

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

The named worker model was introduced within the CWP after transfer and evidence suggests this offers both continuity and swift adjustments to packages of support to avoid crisis.

Approaches such as these do not create efficiencies but do avoid the high costs associated with them

Some examples include:

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

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

### Quality

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

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

### **CQC inspections since 2016**

**Inspection 10-11/10/16 – Report issued 03/02/17 – Overall Good**

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

**Inspection 7/8-20/9/18 – Report issued 4/12/18 – Overall Good**

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

**Inspection 27/1-11/3/20 – Report issued 18/6/20 – Overall Good**

Are services safe? Good  
Are services effective? Good  
Are services caring? Outstanding  
Are services responsive? Good  
Are services well-led? Good

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

Overall Rating Requires improvement

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

**Reducing Inequalities**

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

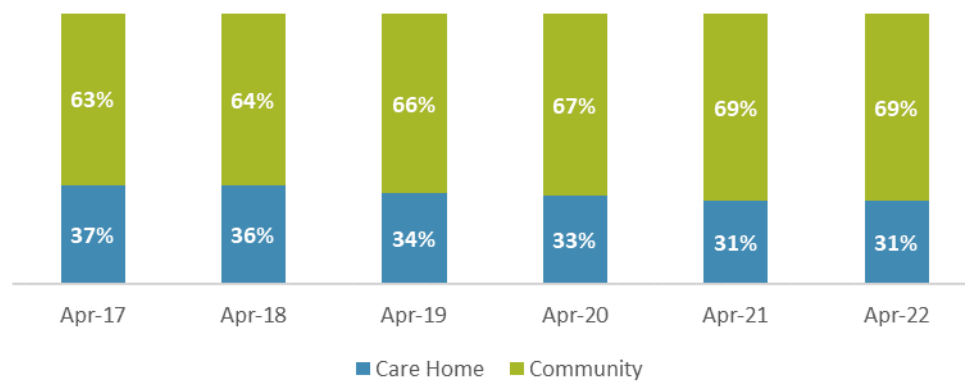
The learning disability health review tool for LLA which embedded national learning from Learning Disability Mortality Reviews (LeDeR) to improve the health and wellbeing of people has been implemented and high-quality support and learning resources have been made available to providers.

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

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

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

### Proportion of People Supported in the Community



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

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

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

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

**Figure 4 - Extra Care Housing Placements**

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

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

**Learning from complaints**

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

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

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

The outcome of the investigations is listed below:

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

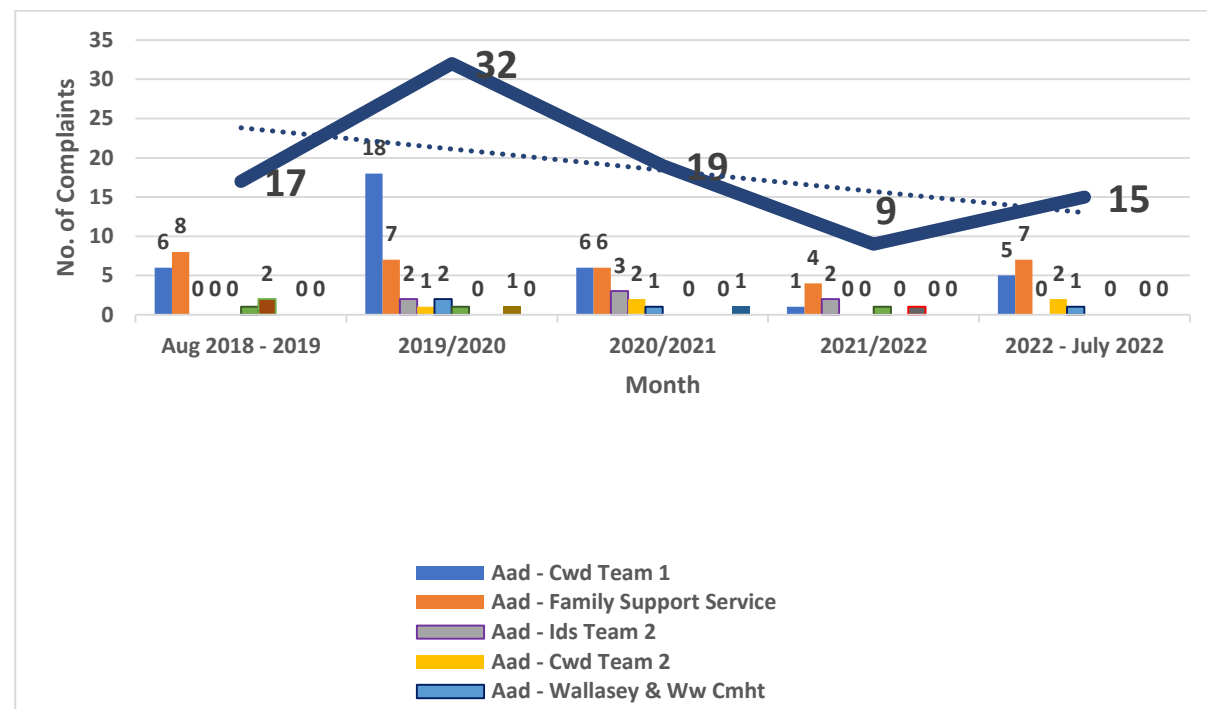
There are currently 8 investigations underway.

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

The remainder 31 of the complaints are split as follows:

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

Chart 1 - Complaints recorded per team



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

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

### Prevention and admission avoidance

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

## **Prevention and admission avoidance (Home First)**

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

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

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

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

Since 2020/21 the Trust's Discharge2Assess (D2A) offer was extended to include the Community Intermediate Care Centre (CICC). This provides a bed-based service to enable reablement and rehabilitation for individuals following an acute admission where the individual is ready for discharge but requires additional assessment and reablement goals prior to returning home to longer-term support.

Social care staff act as a key member of the multi-disciplinary team and provide a holistic and person-centred assessment of need and determine eligibility in accordance with statutory requirements of the Care Act 2014.

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

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

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

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

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

## **Placed based integrated services**

### **Integrated Community Care Hubs (ICCHs)**

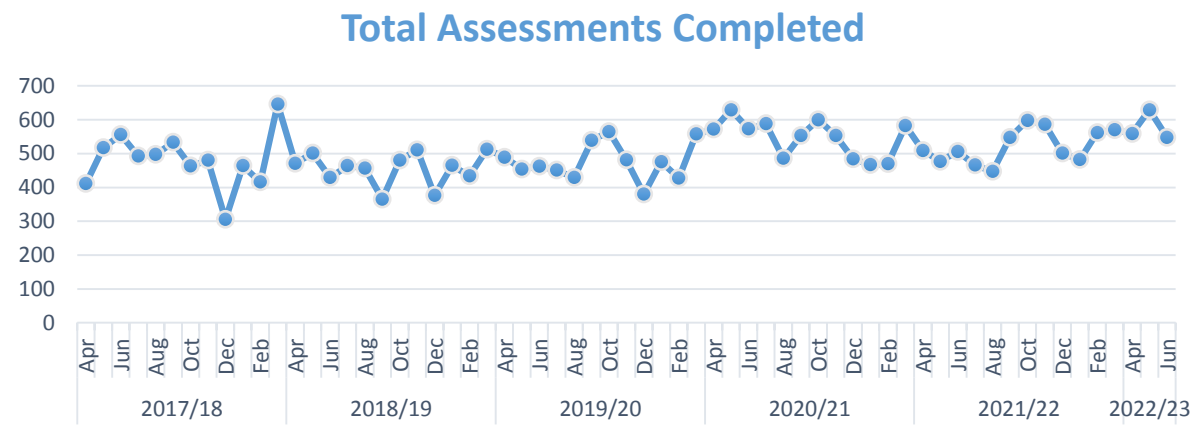
The aspiration of the Section 75 agreement was for both Trusts to develop integrated community care teams which are co-located and generate significant changes in the way people work together around the people they serve, including the design and implementation of place-based teams. Measurable outcomes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

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

The ICCHs provide an assessment and support planning function and ongoing support to individuals and their families, delivered on a neighbourhood footprint. Open cases have increased by 23% since 2017 due to people now living longer with multiple long-term conditions and complex needs, requiring support from several services at the same time. As a result of the community Multi-Disciplinary Team (MDT) approach, evidence would suggest individual's care plans are more holistic, timely and person centred.

*The adoption of a community based joint health and social approach when supporting people with their mental health is beneficial because it can save time and confusion for patients and family and mitigates the risk of duplication of work.*

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



**Digital solutions**

**The Moving with Dignity (MWD)**

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

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

**Table 1 - Moving With Dignity Reviews**

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

Further work needs to be undertaken in collaboration with the domiciliary care sector to optimise this offer.

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