

# Public Document Pack

## ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Tuesday, 5 March 2024

Present: Councillor J Williamson (Chair)

Councillors P Gilchrist J McManus  
S Mountney M Jordan  
T Murphy G Bennett  
K Murphy J Stewart Laing  
B Hall E Tomeny

74 **WELCOME AND INTRODUCTIONS**

75 **APOLOGIES**

Apologies were received from:  
Cllr Amanda Onwuemene who was substituted by Cllr Ewan Tomeny; and  
Cllr Colin Baldwin who was substituted by Cllr Gary Bennett.

76 **MEMBER DECLARATIONS OF INTEREST**

The Chair asked for members to declare any interests in any items on the agenda. Cllr Gary Bennet made a declaration of interest as a member of his family was a social worker.

77 **MINUTES**

Resolved – That the minutes of the meeting held on 23 January 2024 be agreed.

78 **PUBLIC QUESTIONS**

The following public question was received from Ian Seddon on behalf of Wirral Unison and was read by Ian Seddon:  
“There is an agreement dating from April 2023, that front line domiciliary workers in adult social care, working for care providers under the Wirral Community Care Market, are paid an enhanced rate of £12 per hour. Unison are aware of one provider who received funding for the £12 per hour rate from April 2023 but only began paying eligible staff from August 2023. The union asked for clarification about the funding on a number of occasions and eventually through a formal channel received confirmation from Wirral Council Care Commissioning that the provider in question had received the funds from April but that they were only paying it to their staff from August

2023.

This was queried again by Unison as it appeared from the response that the care provider had received money but not fully passed it on, no explanation has given to us over what had been done with the funds. On various occasions we were told that the issue had been discussed with the care provider but that no answer could be given to our question as it was commercially sensitive.

To remind the Committee: it states in the Wirral Council Market and Sustainability Plan that “in March 2023 the Council agreed to use the Fair Cost of Care and Market Sustainability Fund to raise pay to £12 per hour to both maintain and grow the market”. The payments were due to begin in April 2023.

We would like an urgent investigation into why the provider in question has not passed on the money which was specifically for the one purpose of enhancing pay, and the answer communicated to Wirral Unison as soon as possible.

This is public money provided for a particular purpose and it is also in the public interest to find out what happened to the money that hasn't been paid out, and if the company still has it then it belongs in our members pockets. My question is – Unison were advised that the care provider had been funded to pay qualifying staff from April, these payments only began in August, so what has happened to the money that wasn't paid out?

Unison will provide further details on the provider involved to Councillors and Council Officers as required.”

The Chair stated that as this matter was ongoing the Committee would not be discussing any details at the meeting. The Chair confirmed that the Committee supported paying the real living wage and will ensure that a written response was provided.

The following statement was received from Sean Kirkby on behalf of Acorn House in relation to Item 8 on the agenda pack:

“I would like to raise some serious concerns about the fee setting process and the resulting draft proposals which have been put forward for approval next Tuesday evening.

I have read the report in the agenda for that meeting and there are some inaccuracies I think you should carefully consider. The process is unfair and not transparent, getting the correct information to consider has been difficult and at times unavailable. The draft fee rates have been set mechanistically and if there is going to be a consultation process in the future it should have an inclusive organic approach which is well-integrated with an open comprehensive accurate up to date information network. The Council are supposed to be working in partnership with providers to care for the vulnerable and sick on the Wirral. I'm afraid it is far from that

The current draft proposals make no allowance for any increase for general training, recruitment, handyman/gardener, other non-staff costs, medical supplies, domestic and cleaning supplies, trade and clinical waste, professional service costs, admin costs, and manager's salary.

The whole true cost of care with modelling should be the only figures we should be considering and then we can openly discuss affordability. Other neighbouring Local Authorities are proposing increases on average between 5% and 9% above Wirral's draft proposals. Wirral's proposed fees rates are too low and if approved are setting providers up to fail.

We can't pass on our cost increases to our customers, the Council are responsible for paying providers a fair price having followed due process and given due regard to the actual cost. I hope you will be able to seriously consider the above points and access additional funding to approve realistic minimum fee rates to provide good quality care.”

Mr Kirkby attended the meeting but did not wish to speak so the Head of Legal Services read out the statement. The Chair noted the statement.

There were no petitions to report.

## 79 **NATIONAL SUBSTANCE MISUSE GRANT FUNDING UPDATE**

The Senior Public Health Registrar and the Senior Public Health Manager presented the report of the Director of Public Health which provided an update on the progress made in the delivery of the grant allocations received from national government as part of the government's national drugs strategy (2021). It also set out the continued funding due to be received in 2024/25. It was reported that Public Health had produced a Wirral Drugs Strategy to guide the delivery of the grant funding and had successfully established a nationally mandated local Combatting Drugs Partnership with a number of supporting thematic delivery groups.

The Chair explained that there was an exempt appendix and asked whether any members wished to refer the exempt appendix in the discussion of the report. There were no members who needed to refer to the confidential appendix and it was agreed to continue. It was reported that the Combatting Drugs partnership met regularly to review progress and provide governance of the Supplementary Substance Misuse Treatment and Recovery (“SSMTR”) programme which was formerly known as ADDER. Funding had been confirmed for this year as a little under £4.4million with an additional £111,364 for inpatient detoxification. Some of the additional programmes include addressing near fatal overdoses, supporting vulnerable groups, expanding specialist roles and children and young people provision, enhancing residential rehabilitation capacity, supporting recovery and enhancing lived experience initiatives. It was highlighted that the emphasis was on investing in system wide action rather than just the treatment service itself. There was

encouraging evidence that key indicators were improving locally since the grant funding had begun to be spent.

Members highlighted the return on investment and the indirect social benefit it can have and also the need for the recruitment and retention of staff with specialist skills. Members queried whether there was a delay in the funding for the alcohol free bar and an answer will be provided. The report was well received by Members.

**Resolved - That**

**1. The scheduled 2024/25 SSMTR grant of £4,376,408 from OHID be accepted and the provisional Delivery Plan outlined for this funding be agreed (Appendix 1).**

**2. The provisional utilisation of the 2024/25 Inpatient Detoxification grant of £111,364 be accepted and approved.**

**3. The progress made to date in delivering the SSMTR and Inpatient Detoxification grant funding programmes be noted.**

**4. The successful establishment of the Wirral Combatting Drugs Partnership and the publication of the Wirral Drugs Strategy be noted.**

**5. The Director of Law and Corporate Services be authorised to finalise the legal documentation arising from the acceptance of the grant funding referred to in recommendations 1 and 2.**

80 **C&M LD & AUTISM HOUSING STRATEGY**

The Interim Assistant Director, Strategic Commissioning and Integrated Services presented this report which provided a summary of the Cheshire and Merseyside commissioning work programme for “Independent and Fulfilling Lives” and the development of a Learning Disability and Autism Housing Strategy. The strategy had been jointly produced with the Housing Learning and Improvement Network and established a framework for all commissioners when assessing local housing need for this cohort of people and supported new developments, alongside general housing to meet those needs. The strategy is provided in an easy read version. It was asked that the report be shared at a future date with the Economy, Regeneration and Housing Committee. This strategy was a co-ordinated regional policy that signalled to both the housing and the provider market about what the future demand will be. The spectrum of accommodation that was modelled meant that people would have assured tenancies in the future. The report referred to a GAP analysis that modelled future demand of up to 259 units and the strategy will be in place from 2023-2027 to support that work programme.

Members requested that the report also be taken to Children, Young People and Education Committee.

Members asked about the available funding and it was clarified that Wirral resources would be used for Wirral residents but where more specialist facilities were needed across the region these could be developed with other Local Authorities.

It was reported that it seemed appropriate for Local Authorities to work together to develop general needs housing and supported housing options but where needs were more complex it made more sense to work with the NHS across a bigger footprint to plan. There were currently no resources allocated it.

**Resolved - That**

**1. The Cheshire and Merseyside Learning Disability and Autism Housing Strategy as set out in Appendix 2 to this report be approved.**

**2. The report be considered for information at the Economy, Regeneration and Housing Committee and the Children, Young People and Education Committee at a future date to be agreed.**

81

**OUTCOME OF ANNUAL RATE AND FEES ENGAGEMENT**

The Interim Assistant Director, Strategic Commissioning and Integrated Services presented the report which described the outcome of the annual engagement exercise with the Local Community Care Market for fee rates to be paid to care providers for 2024/2025. The service areas that the rates and fees covered were Residential and Nursing care, Supported Living, Extra Care, Care and Support at Home, Direct Payments, Shared Lives and Specialist residential placements. It was reported that a comprehensive exercise was undertaken and the Council has allocated to meet the funds and the new demand for both the increase in the national minimum wage and the real living wage a total of £10.4million for the next financial year. The emphasis was on meeting local need and providers in the sector had been listened to regarding the continued challenges of recruitment into the sector. The funds made available to the Council through the market sustainability improvement fund were at £7.8million and the Council had committed to meet the requirement for both the national minimum wage and the real living wage at £10.4million. An increase in specialist fees of 4.6 percent was proposed. For last years rates and fees there were substantial increases in many sectors of up to 18 or 19 percent, in particular for residential and nursing and all of the funds made available to the Council were allocated last year in the sum of £14.1million. For 2024-2025 wages for frontline staff were prioritised with the funds that had been made available to the Council.

Members discussed training and in particular dementia training. It was reported that providers delivering dementia care registered under the Care Quality Commission are required to provide dementia training to staff. It was clarified to Members that the real living wage rate was included in the direct payments for employers to pay their frontline staff. Members discussed the importance of staff retention and the biggest challenge was the sufficiency of domiciliary care. It was explained that the Council had used the resources that were available to give as much as possible to the care sector.

**Resolved – That the rates as set out in sections 4.2, 4.3 and 4.4 of this report to apply, with effect from 1 April 2024, to services commissioned by the Council and jointly commissioned services between the Council and NHS Cheshire and Mersey Integrated Care Board (ICB), in relation to Residential and Nursing Care, Supported Living, Extra Care, Care and Support at Home, Direct Payments and Shared Lives be approved.**

## 82 ALL AGE DISABILITY STRATEGY

The Assistant Director of All Age Independence and Provider Services presented the report which presented the draft All Age Disability Strategy 2024-2029 for approval. The strategy formed part of the work programme as an outcome of the All Age Disability review which was approved at the Adult Social Care and Public Health Committee on the 13 June 2023. The report highlighted the strategies:- 1. Coproduction journey from March to November 2023; 2. Best practice desktop research; 3. Purpose, vision, mission, core values and outcomes underpinning the strategy; 4. Links with and underpinning of other strategies and plans; and 5. Implementation plan, governance, and impact monitoring. This report was a key decision which was to be presented at the Children, Young People and Education Committee on 6 March 2024.

The co-production journey of the strategy was highlighted and this had involved listening and recognised that language and inclusive approaches were important. It was stressed by the people with lived experience to keep the writing easy and that had been done. The strategy had a clear purpose, vision, mission and core values which were underpinned by four focussed outcomes in the four pillars. The four outcomes were interlinked and it was important to recognise that a multi partnership approach was required to enable the outcomes to be successful.

The next stage was to co-produce a measurable implementation plan to be monitored by the All Age Disability Partnership Board that would bring Annual Impact reports to this Committee and the Wirral Place Based Partnership Board.

It was reported that 71,000 people who are disabled lived in Wirral which was 22 percent of Wirral residents as compared to 19.4 percent of people in the North West and 17.3 percent across England.

Members discussed supported pathways into employment and autism. It was agreed that the Disabled Facilities Grant report from the Joint Health and Care Executive Group could be brought to Committee.

**Resolved - That**

**1. the coproduced draft All Age Disability Strategy 2024-2029, as noted in Appendix 1 to this report be approved; and**

**2. annual progress and impact reports of the implementation of the strategy be received.**

**83 ALL AGE DISABILITY REVIEW IMPLEMENTATION**

The Assistant Director of All Age Independence and Provider Services presented the report of the Director of Care and Health which provided the progress to date of the implementation programme following the All-Age Disability Review that was approved at the Adult Social Care and Public Health Committee on the 13 June 2023. The implementation programme covered high level thematic areas and included starting earlier at age 14, improved accessibility and relevant information for parents and carers. Each work stream in the work programme was interlinked and part of a continual improvement journey. It was reported that each area within the workstreams had made significant progress and some of the workstreams had been completed or were on target for completion. The co-production of the strategy had been included in a report and completed and a co-production preparing for adulthood transitions protocol had been produced and was scheduled to be completed by early March 2024. The real time story board of Thomas demonstrated the benefits of personalisation and systematic transition from one service to another.

Progress against the education, health and care plan provided a snapshot of 25 plans of 14-18 year olds to establish a base line of current practice and included an analysis of cost of care, support packages for improved outcomes and the forecast of potential opportunities for cost avoidance and covers plans for training, volunteering and employment and plans for housing options for 18 year olds. The analysis projected that with good preparing for adulthood planning 15 of the 25 individuals could be supported into employment and 17 of those could be supported into housing options. The report was comprehensive with its own set of recommendations that were to be taken forward in the preparing for adulthood collaboration with stakeholders. In July 2024 a further report will detail opportunities to support people into employment and keep them there. We will look at the current service model for young people moving into adulthood and enable them to flourish. The

coproduction of the pathways from the Education Health and Care Plans was to be in the summer of 2024. This report was to be presented at Children's, Families and Education Committee on 6 March 2024.

**Resolved – That the significant progress to date of the implementation programme following the All-Age Disability Review as in Appendix 1 be noted.**

## 84 CO-PRODUCTION STRATEGY

The Interim Assistant Director, Strategic Commissioning and Integrated Services presented the report of the Director of Care and Health which provided an update on the research, development and co-production of a Co-production Strategy for use within Adult Care and Health services and with wider stakeholders. The requirement for a strategy had been highlighted as part of the Care Quality Inspection preparation for Adult Care and Health and represented best practice when working with people who use services, either as individuals or as stakeholder groups. It was key to involve experts when co-producing services to deliver or commission. A monitoring approach was to be put in place to highlight which pieces of work were to be co-produced and how effective they had been.

The report outlined reciprocity which meant giving something back to people for their input in co-producing which could either be in terms of a financial response such as vouchers or a thank you. The strategy built on a strength based approach and meant that there was an area for development in all of the staff teams to develop this co-production approach. Once the strategy had been approved work was to take place with stakeholders to develop a range of accessible formats.

The Charter was to be officially launched.

Members discussed the fact that this report outlined a commitment to co-produce not how to co-produce and it was highlighted that it would be very difficult to put all the different approaches into one document.

Councillor Kieran Murphy proposed an amendment that the report be sent back to officers to do more work on how the Co-Production Strategy was going to be implemented. This was seconded by Councillor Ewan Tomeny. Following a debate the proposed amendment was withdrawn.

Following a request from Members it was agreed that the font of the report was to be in black rather than grey to make it easier to read.

**Resolved – That the Co-production Strategy and Co-production Charter, which have been co-produced with local stakeholders, carers and people who use services for implementation within Adult Care and Health be approved.**



85 **PUBLIC HEALTH GRANT**

The Director of Public Health presented the report which provided an update on the research, development and co-production of a Co-production Strategy for use within Adult Care and Health services and with wider stakeholders. The requirement for a strategy has been highlighted as part of the Care Quality Inspection preparation for Adult Care and Health and represented best practice when working with people who use services, either as individuals or as stakeholder groups. The report outlined the proposals to bring down the Public Health Grant reserves to an acceptable level over a period of three years and ensure the investments were made upfront and the impact was to be monitored. The Chair highlighted that there had been a concern that this Committee would be paying for staff in regeneration. It was clarified that the additionality of staff in line with the Public Health Grant was to be defined to ensure that core staff in regeneration would not be funded with this grant funding. It was reported that there was to be an additional responsibility in the form of the NHS uplift for the Council's NHS commissioned services which were not previously funded by the Council. There was a small uplift in the public health grant to cover that but the implications of that were still being worked on. Early signs were that the allocated money received would not be sufficient to cover the NHS uplift so a slight adjustment was to be built in. A number of other areas were outlined around fuel poverty, the environmental climate emergency, the positive inclusion programme, tobacco control and the speech and language enhanced parents support.

Members sought clarification to the £200,000 that was allocated to the climate emergency. It was explained that the proposals were not fully worked up yet but officers were looking at what would be the best approach to supplement the work that was already being done. The initial proposal was the creation of an additional post in the Neighbourhoods Team to supplement the work that they were doing but that would depend on whether the additionality could be defined in terms of a public health element.

Members asked whether tobacco control included vapes. The Director of Public Health confirmed that vapes were included in the programme particularly around Trading Standards and explained that there was currently no capacity to carry out test purchasing and restrict the sale of vapes and this was to be part of the programme.

**Resolved – That the Director of Public Health be authorised to make effective use of the Public Health Grant Reserves to tackle the identified emerging pressures, in line with the spending proposals, over a three-year period from April 2024 to March 2027, up to a maximum value of £4,500,000.**

86 **ADULT SOCIAL CARE AND PUBLIC HEALTH 2023/24 REVENUE AND CAPITAL BUDGET MONITORING FOR QUARTER 3**

The Director of Adults Care and Health and Strategic Commissioning presented the report which set out the financial monitoring information for the Adult Social Care and Public Health Committee as at Quarter 3 (1 Apr – 31 Dec) 2023/24. The report provided Members with an overview of budget performance for this area of activity, including delivery of the 2023/24 saving programme and a summary of reserves to enable the Committee to take ownership of the budgets and provide robust challenge and scrutiny to Officers on the performance of those budgets. Managing a budget required difficult decisions to ensure that a balanced position could be presented. Regular Member engagement, which this report forms part of, was considered essential in delivering effective governance and financial oversight. At the end of Quarter 3, there was a reported adverse position of £0.435m against a net revenue budget of £131.257m. The outcome figure assumed full delivery of the savings that had been set out for the year. Winter pressures funding had been deployed and focussed on hospital flow and hospital discharges. It was reported that the progress was good but there was a £435,000 adverse position.

#### **Resolved - That**

- 1. the adverse position presented at Quarter 3 be noted.**
- 2. the delivery of the 2023/24 savings programme at Quarter 3 be noted.**
- 3. the reserves allocated to the Committee for future one-off commitments be noted.**
- 4. the level of reserves at Quarter 3 be noted.**

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#### **ADULT SOCIAL CARE AND PUBLIC HEALTH PERFORMANCE REPORT**

The Interim Assistant Director, Strategic Commissioning and Integrated Services presented the report of the Director of Care and Health which provided a performance report in relation to Adult Social Care and Public Health. The report was designed based on discussion with Members through working group activity in December 2022. Members' requests have been incorporated into the report presented at this Committee meeting. Monitoring the performance of Adult Health and Care services and those of partners supported implementation of the Council Plan: Wirral Working Together 2023-27, specifically Theme 3 to promote independence and healthier lives.

It was highlighted that the number of people supported had now increased to over 9000 and over 5000 people were supported by technology enabled care. There was a continued increase in domiciliary care provision with a return to pre-pandemic figures and this was aligned with the Home First service. The 8.5 percent factor for admissible vacancies within the community care home sector reflected that there was sufficiency in the local market.

It was explained that the CQC were changing the way they take their inspections and since November 2023 they were part of the self-assessment process. There was improved performance where Council services had supported hospital discharges and there was a good reduction in the number of people who did not meet the criteria to reside in the hospital and there was a reduction in the length of hospital stays. It was reported that a new extra care scheme at Sycamore House in Liscard had opened in the last two weeks which was anticipated to greatly improve the figures for the next quarter.

Members discussed the CQC Care Home ratings and the need for well trained dementia nurses. It was explained that the new quality management system was helping to support the quality of the services and this was to be showcased at the Members workshop in April.

**Resolved -That the content of the report be noted and any areas requiring further clarification or action be highlighted.**

## 88 ANNUAL COMPLAINTS REPORT

The Assistant Director of All Age Independence and Provider Services presented the report of the Director of Care and Health which complied with the statutory requirement for the Council to produce an Annual Report about complaints made by, or on behalf of people who receive support or services from Adult Social Care. The Annual Report also provided a mechanism by which the Council could monitor the quality and effectiveness of their services. This report provided an overview and analysis of all complaints received during the reporting period 1 April 2022 to 31 March 2023 which included, numbers of complaints received, key themes identified, responding to complaints (including performance data against statutory requirements), an overview of complaints escalated to the Local Government and Social Care Ombudsman and the learning from complaints. There had been an increase in complaints of 13 percent from 142 to 161. The emerging themes were similar to previous years and included complaints about the standard of care and support, social work concerns and financial charging issues. 87 percent of complaints were resolved at a local resolution stage and did not progress to the local government social care ombudsman. A decrease in the average response time from 62 to 52 working days was reported. Cases were often complex and required further in-depth review and these complaints often exceeded the timescale of 25 working days. 61 percent of complaints were fully or partially upheld. It was reported that the Council were 100 percent compliant with all the recommendations noted in the report. 80 learning points were recorded and the report gave insight into the learning from complaints. 16 complements had been received from people that used the service and staff received a handwritten complement slip from the Director.

A member referred to the 80 learning points and asked whether there could be a never event in terms of hydration and this was to be considered.

Members discussed the increase in complaints which may have been due to an increased profile of the Team and encouraging partners to obtain feedback to enable further improvement.

Complaints around finances were discussed and it was explained that these were dealt with by a separate Directorate which can sometimes create issues and work was taking place with the Personal Finance Units in terms of performance and the notes that go out and the timeliness in terms of charging.

**Resolved – That the contents of the Annual Complaints Report (Appendix 1) relating to statutory Adult Social Care service delivery be considered and noted.**

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## **DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2024**

The Director of Public Health with support from the Senior Public Health Manager presented the Public Health Annual Report (PHAR) which was the independent annual report of the Director of Public Health and was a statutory requirement. The report supported, and helped to build on, the commitment made in Wirral's Health and Wellbeing Strategy to prioritise system-wide work on those underlying factors that will have the biggest impact on the health of our communities. Good employment was one of those factors. The report described the importance of good employment for health and wellbeing, and highlighted some of the barriers and challenges faced by local people in accessing quality employment. It provided an account of the lived experience of some of Wirral's residents and set out some of the evidence on what can be done as a system to address barriers.

It was emphasised that the report had been collaboratively produced and was titled work in progress. The focus of the report was the importance of good work and the evidence of the impact on people's health and wellbeing was really clear. There was a lot of good work in place in Wirral. The case studies showed that little things had helped people to sustain employment and benefit from that employment. It was reported that 21.2 percent of the working age population on the Wirral were economically inactive and of those nearly 36 percent was due to a long-term condition or being long term sick and this area needed a lot more focus. Work had already started on the low figure of 3 percent employment of those with special educational needs and disability. In terms of job density there were only 6 jobs for every 10 people of working age and focussing on local regeneration is key to improving this. The key to this was fair and inclusive employment practices and working with anchor institutions. It was a work in progress which would be helped by a collective approach.

Members discussed meaningful, secure and well paid work and the importance of job security to physical and mental health and wellbeing.

**Resolved – That**

- 1. the Public Health Annual Report be reviewed and endorsed.**
- 2. the ongoing work to drive forward action on ensuring inclusive employment opportunities be supported and health-related worklessness in Wirral be addressed.**

90 **ADULT SOCIAL CARE AND PUBLIC HEALTH WORK PROGRAMME UPDATE**

The Head of Legal Services introduced this report which presented the future work programme of the Committee.

Additional items were suggested including:

- The CWP contract review be moved from June to July 2024,
- The Learning Disability and Autism Respite Service Commission be brought by Jayne Marshall as a key decision in July 2024,
- The Health Protection Strategy be moved from April to June 2024 with at least an annual update instead of a six monthly update,
- The COMF grant item be removed from the work programme,
- Disabled Facilities Grant to come as a scrutiny item.

The Chair and the Committee wished Graham Hodgkinson an amazing retirement and thanked him for his service.

**Resolved – That subject to the changes noted above, the proposed Adult Social Care and Public Health Committee work programme for the remainder of the 2023/24 municipal year be noted.**

91 **EXEMPT INFORMATION - EXCLUSION OF THE PRESS AND PUBLIC**

**Resolved - That, under section 100 (A) (4) of the Local Government Act 1972, the public be excluded from the meeting during consideration of the following items of business on the grounds that they involved the likely disclosure of exempt information as defined by paragraph 3 of Part I of Schedule 12A (as amended) to that Act. The Public Interest test had been applied and favoured exclusion.**

92 **EXEMPT APPENDIX 1 - NATIONAL SUBSTANCE MISUSE GRANT FUNDING UPDATE**

**Resolved - That the Exempt Appendix be noted.**

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