



**WIRRAL  
INTELLIGENCE  
SERVICE**

**This is Wirral**

**Vulnerable Adults**

**Wirral Intelligence Service  
(January 2020)**

## This is Wirral

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## Background to This is Wirral

This is Wirral is a collected set of evidence about Wirral.

It includes information about the Wirral population including their current and future health and wellbeing needs and the borough including information about the economy, housing, environment and transport.

The insight is collected into a number of sections to allow ease of access for the reader.

Each section contains detailed content including the key messages from the analysis and insight on main issues and is underpinned by detailed information.

The information forms our Joint Strategic Needs Assessment (JSNA) providing a detailed picture of the borough.

It is used to enable effective strategic planning to determine what actions local authorities and other partners need to take to meet resident needs and to address the wider determinants that impact on health and wellbeing.

### **How can you help?**

If you have ideas or any suggestions about these issues or topics then please email us at [wirralintelligenceservice@wirral.gov.uk](mailto:wirralintelligenceservice@wirral.gov.uk) or go to <https://www.wirralintelligenceservice.org/>

Version Number	Date	Authors
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# This is Wirral: Vulnerable Adults

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## Key Messages

- Wirral, like North West and England, has seen an increase in new client support requests for working age adults (18–64 years) increasing from 1,275 per 100,000 population in 2016/17 to 1,560 in 2018/19 (Page 9)
- While new client support requests for those over 65 years in Wirral have fallen from 13,455 in 2016/17 to 11,805 per 100,000 population, while North West and England have remained relatively static. It should be noted that local data suggests for 2018/19 Wirral had lower rates of requests for support than both North West Local Authorities and England (Page 9)
- Data suggests that between 2016/17 and 2018/19 the long-term care numbers at a Wirral and North West, for both working age adults and aged over 65 years, level remained static or fell slightly. This is equally true for short term care at a North West regional level but not for short term care on a Wirral footprint. This has seen the number of clients accessing support, as a rate per 100,000 population, falling from 17% (2016/17) to 11% (2018/19) for those aged 18 to 64 years and from 37% (2016/17) to 27% (2018/19) for those aged over 65 years (Page 10)
- Since 2010/11, these means test thresholds for the social care financial assessment have not been increased in line with inflation; if they had, the Kings Fund estimate the upper threshold would now be £2,811 higher at £26,061. This also implies that people whose assets today are between £23,250 and £26,061 have effectively lost their eligibility for publicly funded social care support. At this moment Wirral charges 100% of expendable income after all the required deductions and discretionary allowances have been made. (Page 11)
- Kings Fund research points to the fact that publicly funded social care is available only to people with high enough needs. But identifying the incidence of need, such as numbers and levels of disability, in the population is far from straightforward (Page 12)
- For Wirral, using Family Resources Survey and Office for National Statistics population data as Kings Fund used it is estimated that 67,739 people in Wirral had some form of a disability in 2018. This figure consists of 4,730 children, 31,594 working-age adults and 31,415 state pension age adults. This is an increase of almost 9,000 people since 2011, when there was estimated to be 59,028 people having a disability. Though understanding the needs and supporting these estimated populations is complex (Page 13)
- Data suggests that Wirral has followed a similar pattern to England with increasing numbers of working age claimants receiving disability benefits since Personal Independence Payments (PiP) replaced Disability Living Allowance (DLA) and PiP numbers increasing since 2014. Although there is a less pronounced fall for Wirral, it has still followed England, and seen a reduction in DLA and Attendance Allowance (AA) claimants aged over 65 (page 15)
- Kings Fund suggest that has risen since 2014/15, when local authorities have sought to protect adult social care budgets, but in real terms, the level of expenditure nationally in 2017/18 was still £700 million below the level of 2010/11, with increasing demand for services (Page 16)
- For Wirral, the social care income sources, show an almost 12% increase (from £50.24 million to £56.12 million) between 2016/17 and 2018/19 whilst other North West Local Authorities show an increase of 6% increase over those three financial years (Page 16)
- Nationally, local authorities have increased spending on adult social care in the past two years, but the cost to them of providing residential and nursing care and home care has risen at more than the rate of inflation. At the same time, the cost of providing care for older residents has grown faster than that for working-age adults (Page 17)

- The number of care home and residential beds available for people aged over 75, as the main users, has declined consistently in the past few years and compared to population the number of nursing home beds has remained flat while the number of care home beds has fallen. For Wirral it is a similar picture with the number of care home beds and nursing home beds generally following a similar national trend as reducing over time but higher relative numbers than England (Page 21)
- Both vacancy and turnover rate in Social Care and the NHS jobs has been increasing nationally since 2012/13 though, in most situations, both vacancy and turnover rates are lower in Wirral than nationally (Page 23)
- Nationally more carers are receiving 'information, advice and other universal services/signposting' from local authorities, but other types of support have not increased. Data for Wirral between 2016/17 and 2018/19 suggests that in many cases there has been a reduction across all types of support from the local authority (Page 24)
- Nationally, more carers are receiving Carer's Allowance, and this is the case for Wirral too with a steady increase in residents in receipt of this payment since 2010 from 4,360 to 6,370 in November 2018 (latest published data), or 46% increase in 8 years (Page 25)
- For Wirral just above two-thirds of care services are rated by Care Quality Commission as good (64.7%) and outstanding (2.4%) and this is below the national result (79% in 2018) with those providers and venues requiring improvement locally at 18.2% and above the national figure of 17% in 2018 (Page 26)
- Service users' satisfaction with the care funded by local authorities appears to have remained consistently high over the past four years, and in 2018/19 those saying they were either extremely or very satisfied for Wirral at 64.8%, then at 65.0% for North West Local Authorities and 64.3% for England (Page 28)
- The proportion of Wirral service users using direct payments jumped substantially in 2018/19 to 26.3% from 21.9% in 2017/18 and closer to England (28.3%) and above North West region comparators (25.4%) (Page 30)
- The overall number of Wirral residents entering residential or nursing care homes has increased in recent years for working age adults (aged 18 – 64) unlike nationally where this is a static figure with reductions for those aged over 65 years, which are similar to national outcomes though a much greater fall in the same three year period, albeit from a higher starting figure (Page 31)
- For Wirral, 2018/19 data for delayed transfers from hospital due to social care (all three measures) suggests a positive picture for Wirral when ranking better (lower) or equal to both North West and England figures (Page 33)
- In 2018/19 Wirral was similar to both North West and England in proportion of older people (65+) accessing reablement service on discharge from acute or community hospitals, but whilst this has remained steady over three years for England and North West then this has been falling for Wirral since 2015/16 (Page 34)
- Wirral has slightly higher rates for Continuing Health Care (CHC) and NHS Funded Nursing Care (FNC) when compared to NHS England North (Cheshire and Merseyside) Commissioning organisations but higher again than England for both CHC and FNC. Between 2017/18 and 2018/19 reduced its rates for FNC (202.84 to 188.50) but with an increase in CHC (Page 35)
- The number of Disabled Facilities Grants nationally increased in 2016/17 to recover to 2010/11 levels with Wirral, between 2016/17/ to 2018/19, significantly higher than national figures (Page 36)

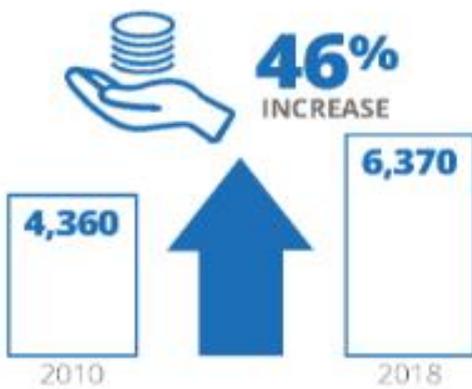
## VULNERABLE ADULTS



NEW CLIENT SUPPORT REQUESTS PER 100,000 POPULATION



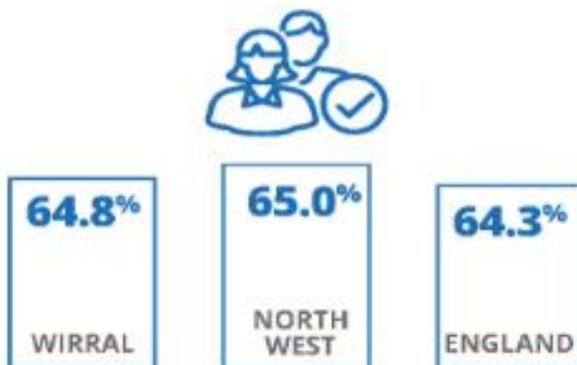
SOCIAL CARE SPEND



WIRRAL RESIDENTS CLAIMING CARERS ALLOWANCE



CARE SERVICES RATED OUTSTANDING/GOOD BY CARE QUALITY COMMISSION



SERVICE USERS SATISFACTION OF CARE FUNDED BY LOCAL AUTHORITY 2018/19



AVERAGE NUMBER OF DELAYED TRANSFERS OF CARE FROM HOSPITAL PER 100,000 POPULATION 2018/19

## What do we know?

### Introduction

Many people think of adults as being vulnerable if they're permanently or temporarily unable to care for themselves and their interests, either through a mental or physical cause.

Vulnerable adults are open to risks of psychological and physical harm or being exploited for other people's benefit.

### Definition

The following groups of people could be considered as 'vulnerable adults':

- older people who are physically or mentally frail
- people with learning disabilities
- people with a mental health condition such as dementia or personality disorder
- people who are ill and need help to carry out normal daily functions
- people with physical disabilities
- people who have undergone a recent trauma – a bereavement, a divorce or loss of a job, for instance
- people who, for whatever reason, are in abusive relationships or are homeless.

But care needs to be taken about who are considered 'vulnerable'. Just because someone is, for instance, older, or has a mental health condition or a learning disability, or has a physical disability, they are not necessarily 'vulnerable'. Indeed, they may take great offence if you were to consider them so. Everyone needs to be wary of applying 'labels' to the people in our care.

It is also important to recognise that being vulnerable isn't necessarily a long-term state. People who come into hospital for operations, for instance, will be very vulnerable immediately before, during and after the operation when they are not able to care for themselves and rely on health care staff to protect them and ensure their well-being. But in the vast majority of cases they will soon be completely independent again, so the vulnerable state is only temporary.

### Emerging themes for Social Care and Vulnerable Adults

The [Kings Fund published a review into social care in April 2019, Social care 360](#), which set out key trends in adult social care and aimed to seek out themes in social care which drew on a wide range of reliable data sources in order to provide a comprehensive '360 degree' view of adult social care services in the UK.

Kings Fund researchers have identified some key aspects when examining national data that suggest there are significant challenges for our care and support system now and in the future.

They are:

- One of the key areas of the review highlights the consistent rise over the last decade in the number of working age adults identifying themselves as having a disability. [The Family Resources Survey](#) shows a consistent rise over the last decade in the number of working-age adults identifying themselves as having a disability. More working-age people are approaching local authorities for support, and more are getting it and more working-age adults are claiming disability benefits ([indicator 5](#)).
- This prevalence of disability is increasing among working-age adults is not reflected within the demographic of older people. The indicators used by Kings Fund suggest that need for social care measured as the proportion of the population is stable, or even falling.

- However, the number of older people is growing significantly and with projections that these aged 65+ will increase more sharply in coming decades alongside evidence from this research that a significant amount of need among older people may not be being met.
- NHS data suggests rises in the number of emergency admissions for patients aged 85 years or older and in admissions for patients with multiple health conditions. This could relate to variations in investment in necessary preventive services. The investment present is not decreasing, but is starting from a low point, yet increases in the number of support grants offered and strong evidence for the effectiveness reablement services, the issue appears to be the initial low levels of existing funding.
- A third theme identified is the area around local authority and central government spending – with a tendency that indicators that relate to local authority spending remain the same or decline while those driven by central government are more likely to increase. For example, nationally the number of carers supported by local government has fallen over the past four years while the number receiving Carer's Allowance, a national benefit, has nearly doubled.
- Since 2015/16, the take-up of disability benefits by under-65s has also risen more than the take-up of long-term care provided by local authorities, and take-up of disability benefits among over-65s has fallen less.

There are some caveats to Kings Fund report that need recording:

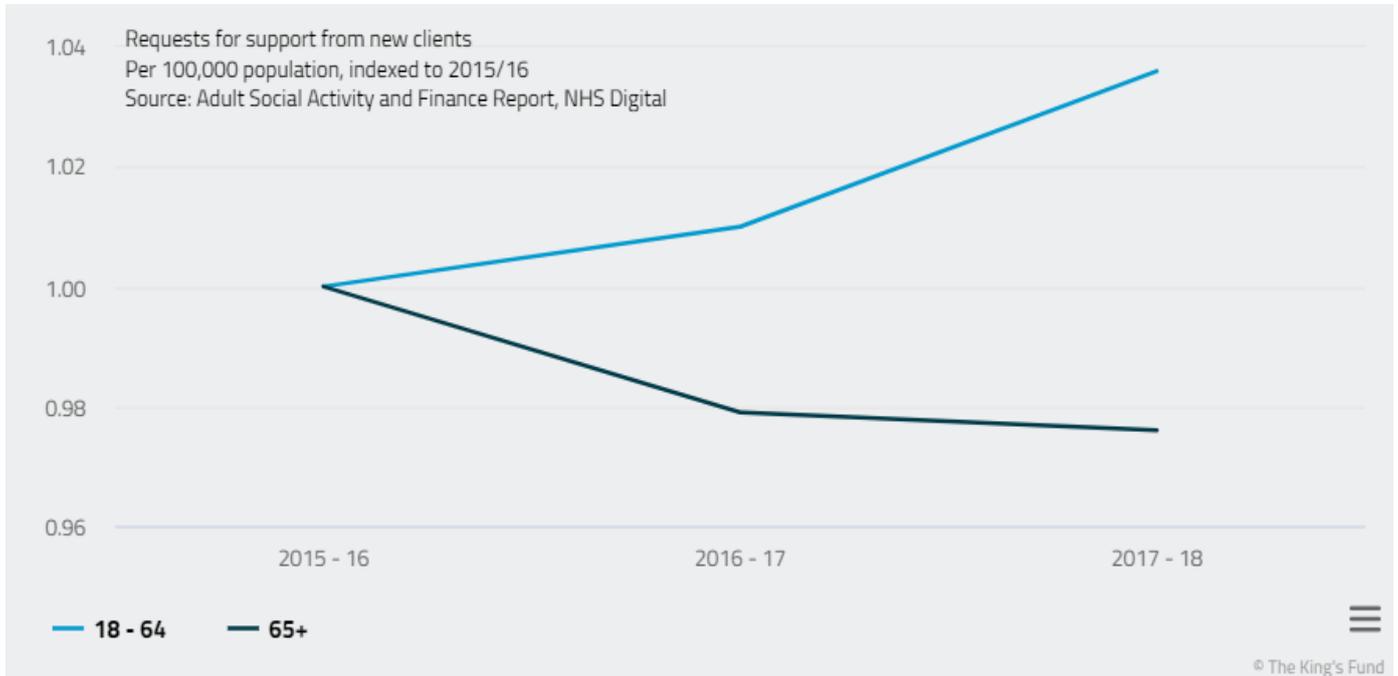
- There are, of course, a number of factors that impact this, including wide local variation that is not explored as part of the review.
- Their research also notes that the rate of take-up of NHS Continuing Healthcare (as well as NHS Funded Nursing Care) is declining and that there has been a small increase in the number of young people going into residential care, but the reasons are unclear.
- It is also important to point out that we are generally reporting measures of output rather than outcome. In terms of service delivery, this means we are reporting on the numbers receiving social care services at a time when – as we show – many local authorities have criteria thresholds which direct people to local support for their needs or to access social care services.
- See rest of Emerging Themes section of Kings Fund Adult Social Care 360 degrees <https://www.kingsfund.org.uk/publications/social-care-360>

In the next section the national data collated by Kings Fund research is presented alongside local content to consider similarities and differences to the reported aspects when reflecting in our local support for vulnerable adults and social care services.

## Comparing identified national issues to local situation

### Identified issue: Working age adults increasingly ask for help

**Figure 1:** Requests for social care support from new clients, rate per 100,000 population, indexed to 2015/16\*



Source: [Kings Fund 2019](#) from [Adult Social Activity and Finance Report, NHS Digital \(2019\)](#)

Notes: \*Though data for this indicator are available from 2014/15, local authorities advised NHS Digital of issues with its collection for that year. As a result, this and other analysis in this review only uses data from 2015/16 onwards.

**Figure 1** suggests that nationally the rate of new requests is increasing from working age adults but falling from older people. In **figure 2**, points to this possible national phenomenon is also being played out locally. With new clients support requests for 18 – 64 years increasing from 1,275 per 100,000 population to 1,560 with North West and England also reflecting this growing number. While new client support requests for over 65 years in Wirral have fallen from 13,455 in 2016/17 to 11,805 per 100,000 population, while North West and England have remained relatively static. It should be noted that local data suggests for 2018/19 Wirral had lower rates of requests for support than both North West Local Authorities and England.

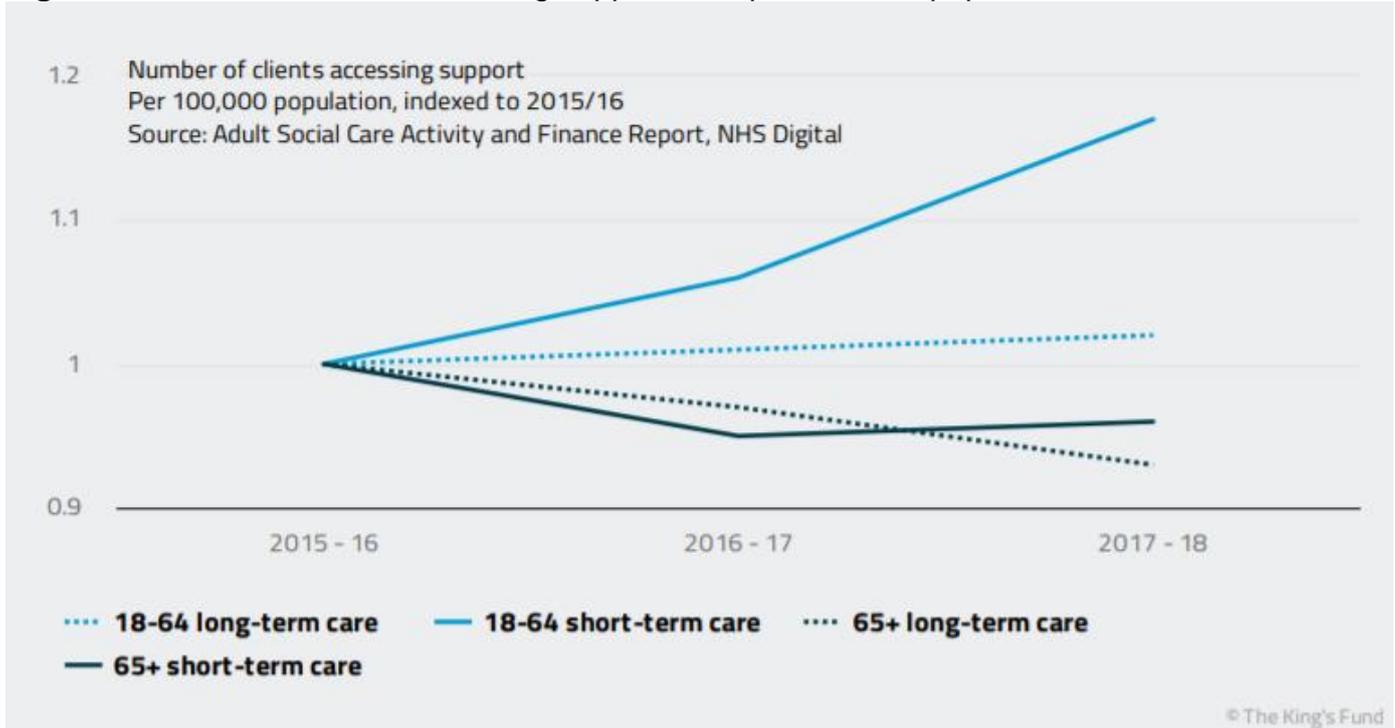
**Figure 2:** Requests for support from new clients, by age group, as a rate per 100,000 population, for Wirral and comparators, 2016/17 to 2018/19

Year	Wirral		North West		England	
	18 - 64 years	65+ years	18 - 64 years	65+ years	18 - 64 years	65+ years
2018-19	1,560	11,805	1,795	12,345	1,625	13,400
2017-18	1,610	11,830	1,740	12,720	1,555	13,160
2016-17	1,275	13,455	1,705	12,750	1,515	13,215

Source: [Adult Social Activity and Finance Report, NHS Digital \(2019\)](#)

**Identified issue: Older people are less likely to be getting support**

**Figure 3:** Number of clients accessing support, rate per 100,000 population, indexed to 2015/16



Source: [Kings Fund 2019](#) from [Adult Social Activity and Finance Report, NHS Digital \(2019\)](#)

Data presented in **figure 3** above suggests that short term care for 18 to 64 year olds has increased most over that 3-year period between 2015/16 and 2017/18 whereas as long term care for the same age-group has only slightly increased. Both short term and long term care for those aged over 65 years has fallen in this period between 2015/16 and 2017/18.

Wirral data, in **figure 4**, suggests that between 2016/17 and 2018/19 that long term care at a Wirral and North West level has remained static or fallen slightly. This is equally true for short term care at a North West regional level but not for short term care on a Wirral footprint. This has seen the percentage of requests for support from new clients (for Long Term and Short Term care specifically) falling from 17% (2016/17) to 11% (2018/19) for those aged 18 to 64 years and from 37% (2016/17) to 27% (2018/19) for those aged over 65 years.

**Figure 4:** Percentage of requests for support from new clients, for Long Term and Short Term care, for Wirral and North West, 2016/17 to 2018/19

Year	Type of support	Wirral		North West	
		18 - 64 years	65+ years	18 - 64 years	65+ years
2018/19	Long Term	6%	4%	9%	13%
	Short Term	11%	27%	14%	25%
2017/18	Long Term	6%	4%	9%	14%
	Short Term	12%	27%	14%	24%
2016/17	Long Term	7%	6%	9%	14%
	Short Term	17%	37%	13%	24%

Source: [Adult Social Activity and Finance Report, NHS Digital \(2019\)](#)

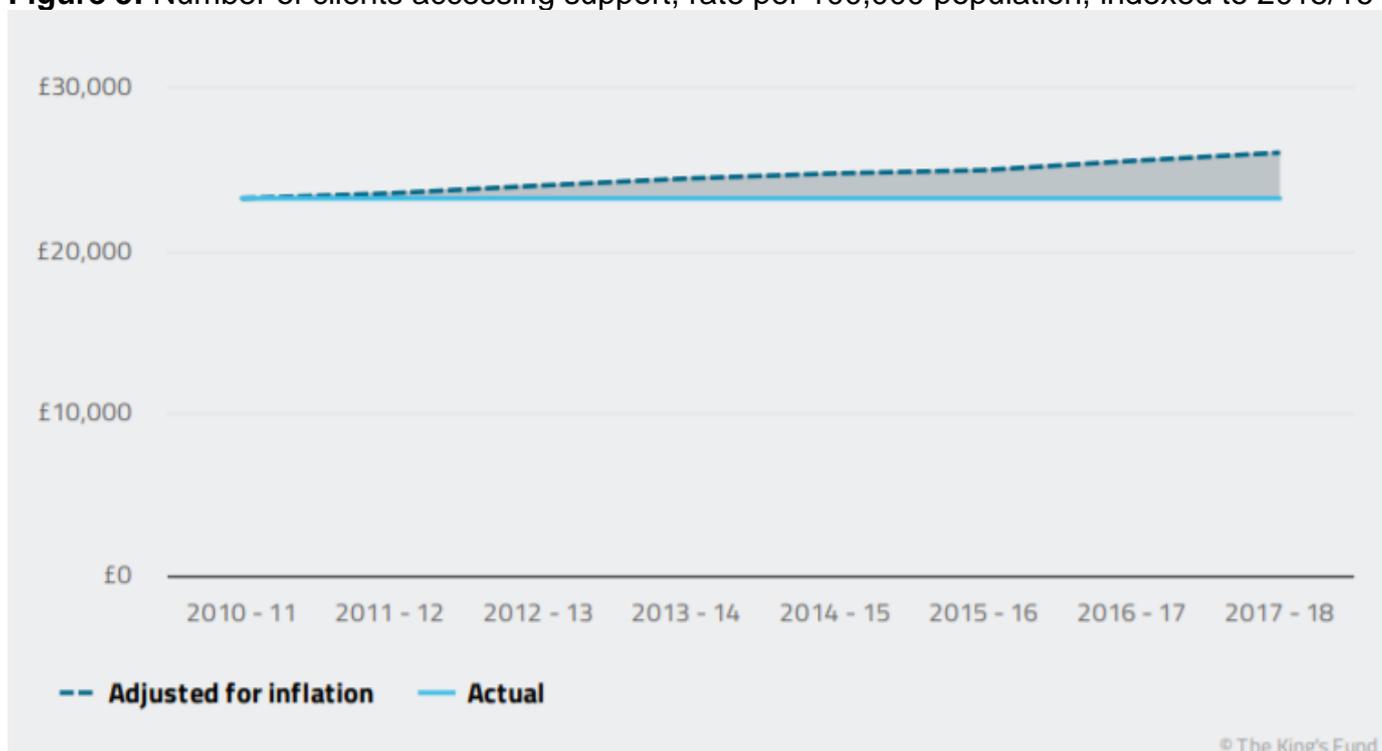
Notes: Through the hyperlink above – go to page 5 of 14 in 2016/17, 2017/18 and 2018/19 Activity and Finance Interactive Report (Power BI) of Adult Social Activity and Finance: Comparator Report

Kings Fund suggest some reasons that may be relevant at a national, and potentially, local level, for these differences and could include

- less financial eligibility,
- potential service users are being signposting to alternate measures before a formal request is made
- public perception of the quality or availability of social care
- less need of the older population who may have less disability
- increased need in 18 to 64 age group due to medical advances, people are surviving into adulthood with complex, lifelong conditions that may nonetheless require ongoing social care support and
- increased awareness by wider public of such aspects as 'hidden' disabilities such as autism, and of mental health conditions, which may lead more people to approach local authorities for support

### Identified issue: Fewer people now qualify for council social care support because financial thresholds have remained the same since 2010/11

**Figure 5:** Number of clients accessing support, rate per 100,000 population, indexed to 2015/16



Source: [Kings Fund 2019](#)

Since 2010/11, these [means test thresholds for the social care financial assessment](#) have not been increased in line with inflation; if they had, the Kings Fund estimate the upper threshold would now be £2,811 higher at £26,061.

So, people whose assets today are between £23,250 and £26,061 have effectively lost their eligibility for publicly funded social care support.

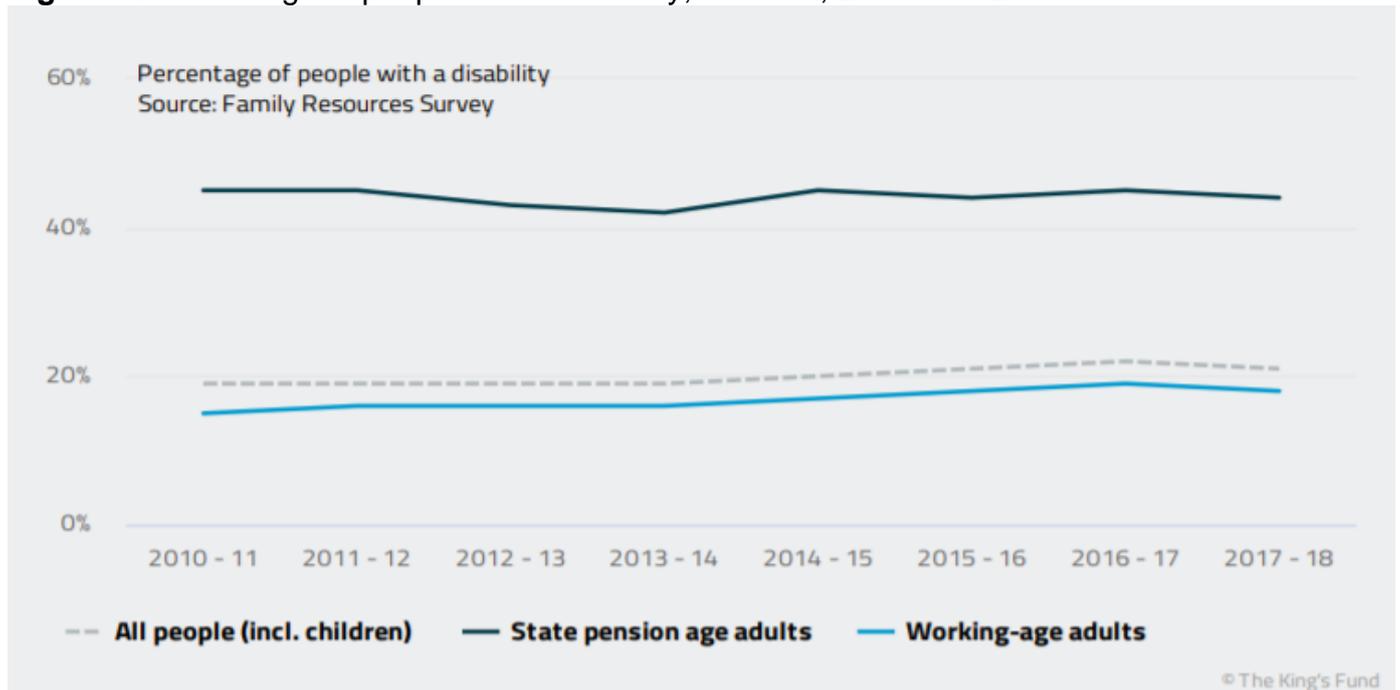
They will either have to pay for their care themselves, rely on informal care from friends and family – or go without. This is likely to affect older people rather than working-age adults, as they have had more lifetime opportunity to build up the level of savings or property that would leave them above the threshold. Working-age adults may be affected by the similar failure to raise the [minimum income guarantee](#) since 2015.

This is the amount of weekly income with which home care users must be left after local authorities have charged them for social care services. However, unlike for residential care, individual local authorities can adopt more generous charging policies for home care if they choose. At this moment Wirral charges 100% of expendable income after all the required deductions and discretionary allowances have been made. The lower and upper thresholds are statutory, therefore Wirral charges at the highest level possible.

**Identified issue: There’s conflicting evidence on need**

Kings Fund research points to the fact that publicly funded social care is available only to people with high enough needs. But identifying the incidence of need in the population is far from straightforward.

**Figure 6:** Percentage of people with a disability, National, 2010/11 – 2017/18



Source: [Kings Fund 2019](#) from [Family Resources Survey 2018](#)

The Family Resources Survey asks 19,000 households about levels of disability, defined as ‘a long-standing illness, disability or impairment which causes substantial difficulty with day-to-day activities’ (see **figure 6 above**).

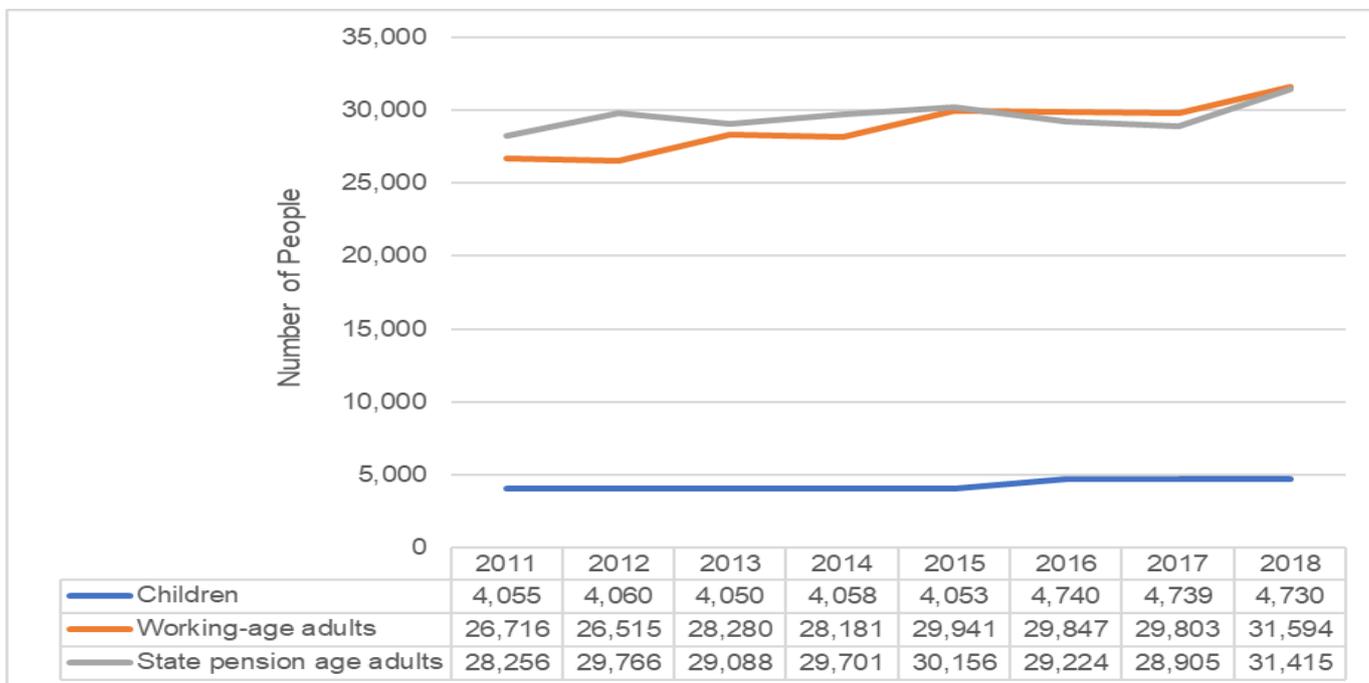
The 2017/18 report highlighted:

- 44 per cent of pension-age adults reported a disability, slightly down from 45 per cent in 2010/11.
- However, the percentage of working-age adults has increased over the same period from 15 per cent to 18 per cent.

The Office of Budgetary Responsibility analysis of this data finds that the proportion of disabled working age adults reporting mental health conditions increased from 24 per cent to 36 per cent in the five years to 2016/17.

For Wirral, using the same Family Resources Survey and Office for National Statistics population data (see **figure 7 below**), it is estimated that 67,739 people in Wirral had some form of a disability in 2018. This figure consists of 4,730 children, 31,594 working-age adults and 31,415 state pension age adults. This is an increase of almost 9,000 people since 2011, when there was estimated to be 59,028 people having a disability.

**Figure 7:** Estimated number of people with a disability, Wirral, 2011 – 2018

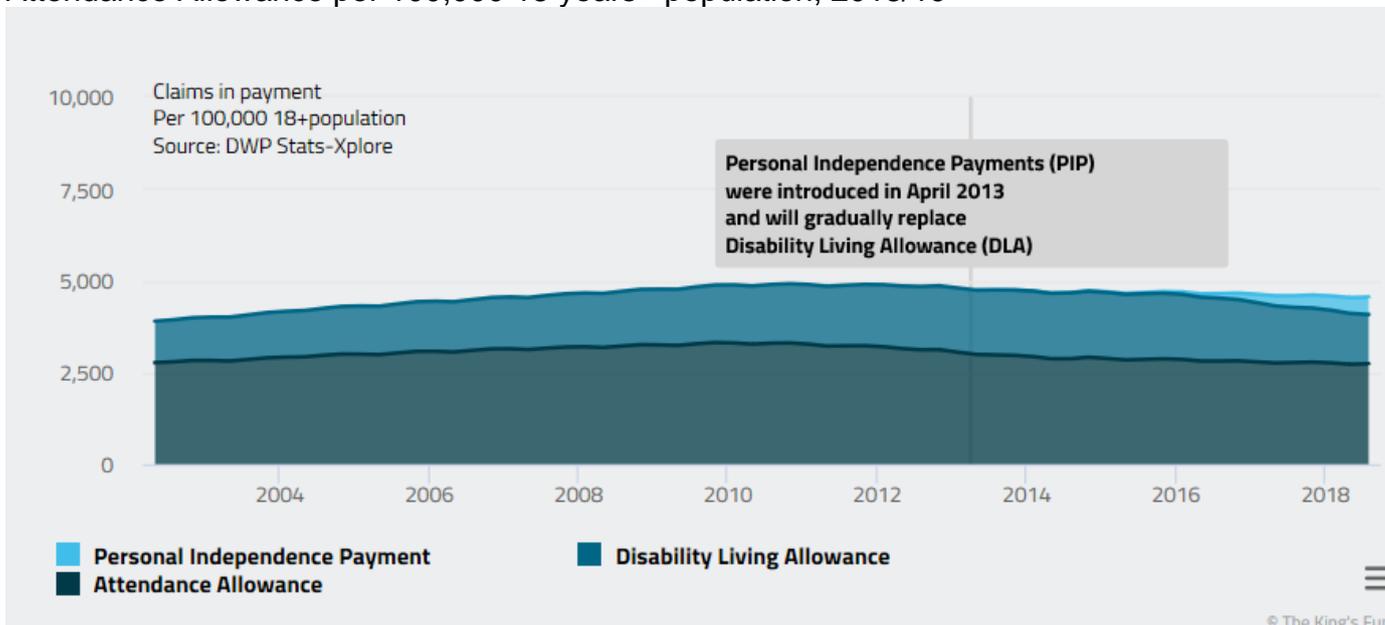


Source: [Family Resources Survey 2018](#) and [Office for National Statistics 2019](#)

### Identified issue: Overall, a higher proportion of people is receiving disability benefits

Kings Fund suggest in their research that long-term, receipt of disability benefits has increased among working-age adults, though it has now fallen among older people. Despite a growing older adult population, the number of these older adults claiming a disability benefit has remained flat unlike working age-adults that is climbing (**see figure 8a**).

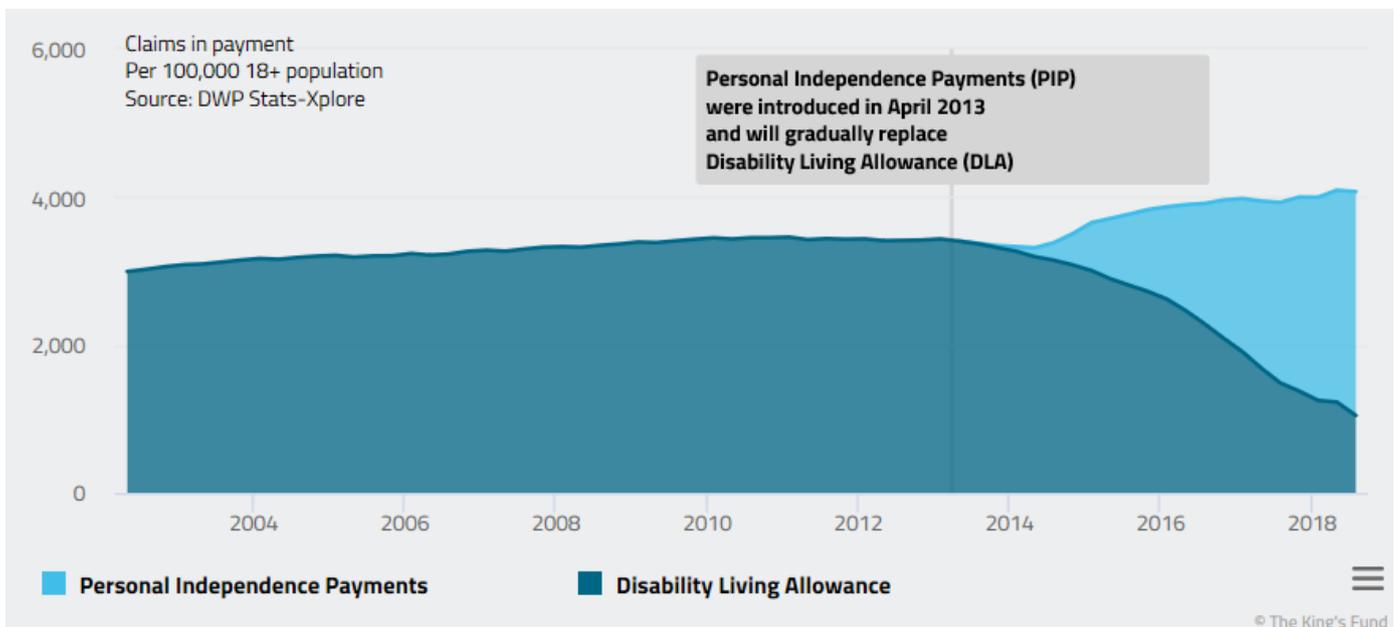
**Figure 8a:** Payment claims for Disability Living Allowance, Personal Independence Payment and Attendance Allowance per 100,000 18 years+ population, 2018/19



Source: [Kings Fund 2019](#) from [DWP Stats-Xplore 2018](#)

The proportion of people who claim disability benefits such as Disability Living Allowance, Personal Independence Payment and Attendance Allowance is a useful further indicator of the rate of disability in the population and therefore of the need for social care (though it can also, of course, be influenced by other factors such as changes to eligibility criteria).

**Figure 8b:** Payment claims for Disability Living Allowance and Personal Independence Payment per 100,000 population, those aged 18 years+, for England, from 2002 to 2018



Source: [Kings Fund 2019](#) from [DWP Stats-Xplore 2018](#)

- **Figure 8a and figure 8b** above show that a greater proportion of working-age people are now receiving disability benefits than in 2002, and the upturn has been greatest since the phased replacement of Disability Living Allowance (DLA) by Personal Independence Payment (PIP) in 2013 (though there have been some changes in the types of conditions most likely to be supported and this analysis focuses on the numbers of people receiving benefits, not the expenditure on them). This growth is consistent with the increasing proportion of working-age people reporting disability in the Family Resources Survey
- In 2017/18 there were 2.4 million people receiving disability benefit compared to 2.6 million in 2009/10
- This trend could be explained by a reduction in the prevalence of disability, as suggested by the Health Survey for England. However, the Office for Budgetary Responsibility observes it may also reflect a recent absence of benefit take-up promotion, as was done for pension credit after its introduction in 2003, for example.

**Figure 9a:** Rate of payment claimants per 100,000 residents for Disability Living Allowance and Personal Independence Payments, **aged 18 – 64 years**, for Wirral and England, 2002 to 2019

Rate of Attendance Allowance, Disability Living Allowance and Personal Independent Payment claimants per 100,000 population (18-64 years)

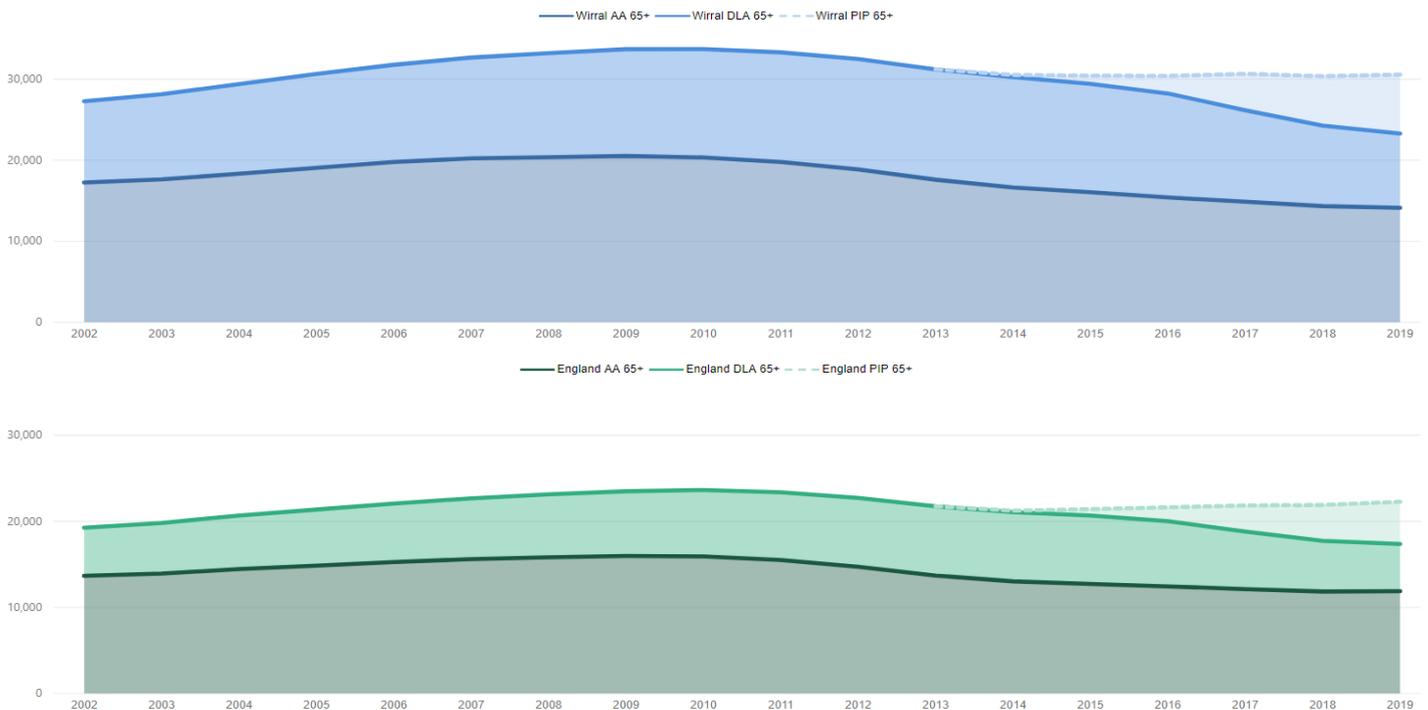


Source: [Kings Fund 2019](#) from [DWP Stats-Xplore 2018](#)

**Figure 9a** above suggests that Wirral has followed a similar pattern to England with increasing working age claimants since PIP payments replaced disability living allowance and then PIP increasing since 2014. It can be seen in **figure 9b** that, although there is a less pronounced fall for Wirral, that the area still has followed England and seen a reduction in DLA and AA claimants aged over 65.

**Figure 9b:** Rate of payment claimants per 100,000 residents for Attendance Allowance, Disability Living Allowance and Personal Independence Payments, **aged 65+**, for Wirral and England, 2002 to 2019

Rate of Attendance Allowance, Disability Living Allowance and Personal Independent Payment claimants per 100,000 population (18-64 years)

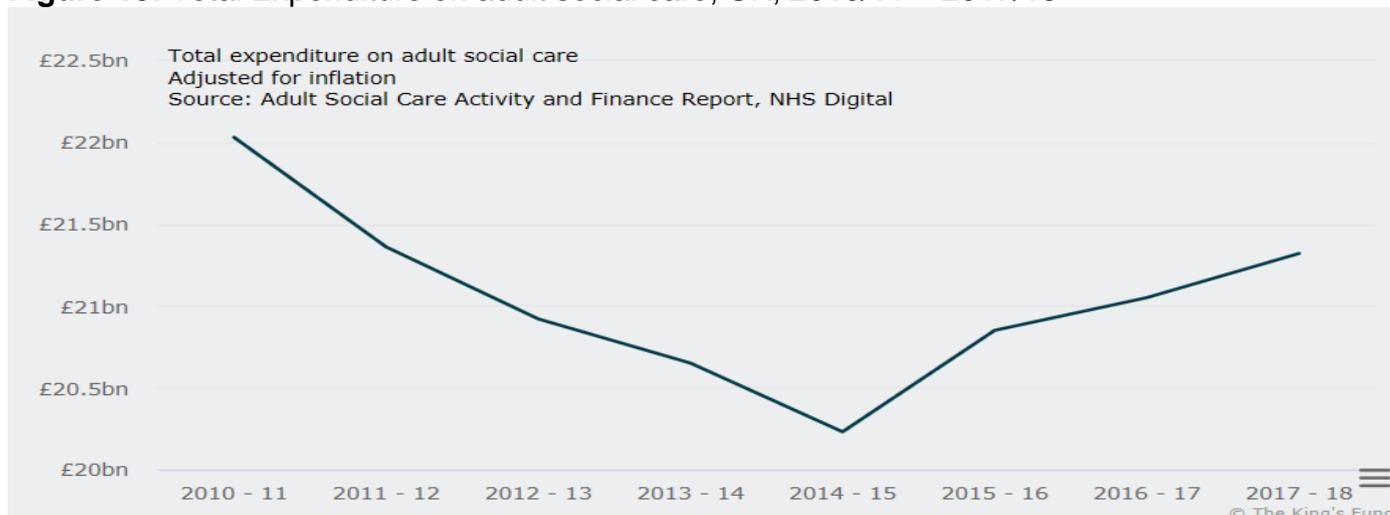


Source: [Kings Fund 2019](#) from [DWP Stats-Xplore 2018](#)

**Identified issue: Spending has fallen in real terms**

In 2017/18, total expenditure on adult social care by local authorities was £21.3 billion, up £684 million (3.3 per cent) from the previous year. However, while local authorities have sought to protect adult social care budgets, in real terms, expenditure is still £700 million below the level of 2010/11, despite increasing demand for services (see **figure 10** below).

**Figure 10:** Total Expenditure on adult social care, UK, 2010/11 – 2017/18

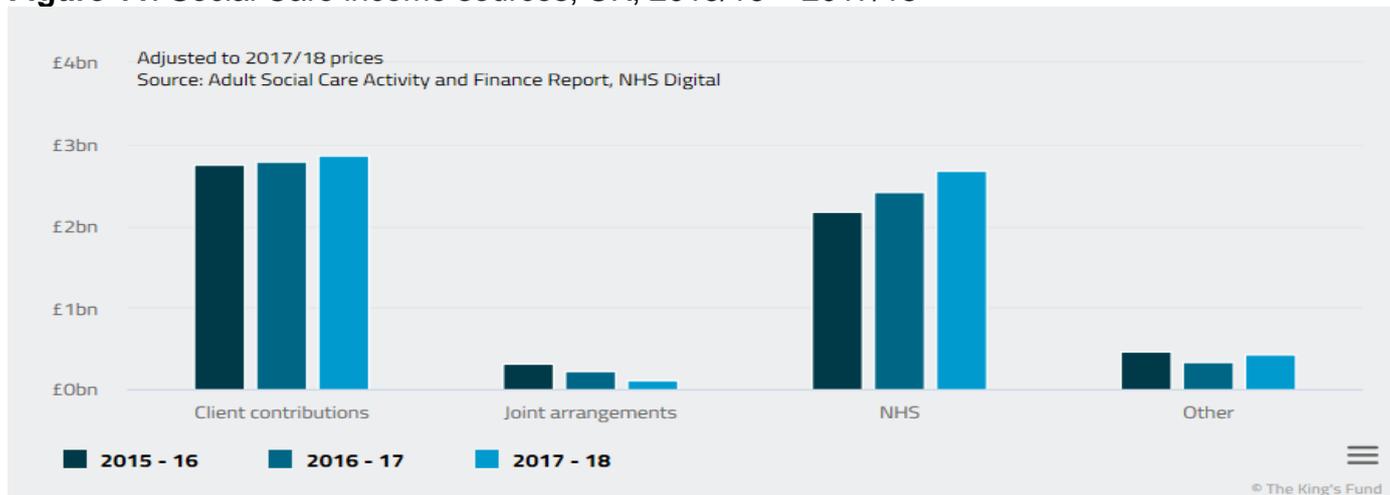


Source: [Kings Fund 2019](#) from [Adult Social Care Activity and Finance Report via NHS Digital 2018](#)

Key aspects include:

- Local authorities now spend nearly as much money on long-term care for working-age adults as for older people, though these percentages are essentially unchanged in the last three years.
- The Local Government Association estimate, of the sources of council expenditure on adult social care, client contributions 13.1 per cent; government grants 14.7 per cent; other income (NHS partnerships) 15.5 per cent; business rates 18.1 per cent; council tax 38.6 per cent (potential to raise more income from council tax through an additional 'social care precept').

**Figure 11:** Social Care income sources, UK, 2015/16 – 2017/18\*



Source: [Kings Fund 2019](#) from [Adult Social Care Activity and Finance Report via NHS Digital 2019](#)

Notes: \*all costs adjusted to reflect 2017/18 prices to aide comparison

**Figure 11** above shows that, for the three years for which this information is available, income from the NHS has increased, client contributions – the fees and charges that local authorities levy on service users after means testing – have also increased by more than inflation, despite a reduction in the number of people receiving services.

Kings Fund ask us to note:

- There is variation between local authorities in how much they spend, at least part of which stems from differences in the level of central government support to their central budgets, their ability to raise money locally and the level of need in the local population.
- The data above does not include private spending on care, for which there are no reliable estimates of trends (though the National Audit Office estimates the total size of the self-funder market at £10.9 billion in 2016/17). There is also significant expenditure on disability through the benefits system

For Wirral, the social care income sources, as seen in **figure 12** below, shows an almost 12% increase (from £50.24 million to £56.12 million) between 2016/17 and 2018/19 with increased amounts from Client Contributions and other income but predominantly from income from NHS sources. There has been change in that period (2016/17 to 2018/19) to social care income for other North West Local Authorities as well.

In the North West region there were increases in Client Contributions, income from NHS and Other Income that equated to a 6% increase over those three financial years.

**Figure 12:** Social Care income sources\*, Wirral and North West Region, 2016/17 – 2018/19

		Income				
		Client Contributions	Joint Arrangements	Income from NHS	Other Income	Total
2018/19	Wirral	£20,875	£0	£31,537	£3,704	£56,116
	North West	£460,779	£13,098	£421,174	£86,039	£981,090
2017/18	Wirral	£19,507	£0	£25,379	£11,606	£56,491
	North West	£437,977	£15,507	£448,538	£89,014	£991,036
2016/17	Wirral	£19,646	£0	£27,733	£2,861	£50,240
	North West	£420,026	£70,935	£369,223	£63,851	£924,035

Source: [Adult Social Care Activity and Finance Report via NHS Digital 2019](#)

Notes: \*all amounts should be multiplied by 1,000 to reach their actual cost

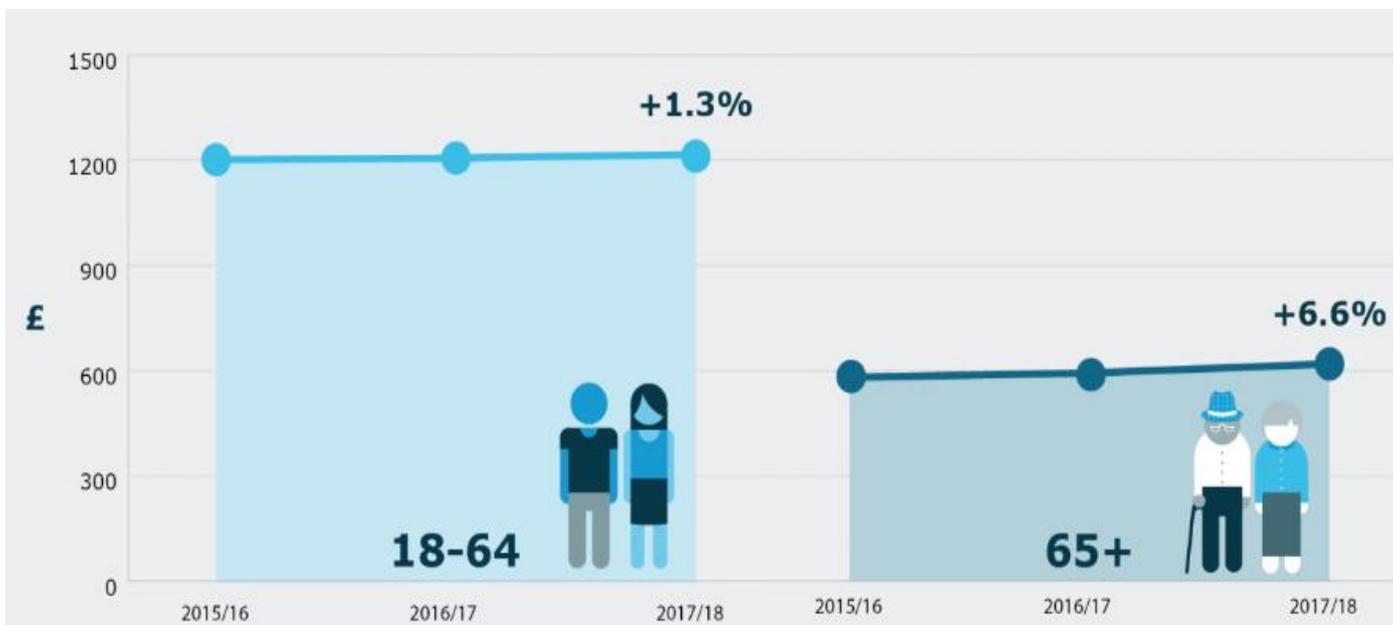
### Identified issue: across UK it is costing councils more to buy care

Though local authorities have increased spending on adult social care in the past two years, the cost to them of providing residential and nursing care and home care has risen at more than the rate of inflation. At the same time the cost of providing care for older residents has grown faster than for working-age adults.

Between 2015/16 and 2017/18 the average weekly unit cost for providing residential and nursing care to over 65s increased by 6.6 per cent to £615 and the average for under 65s increased by 1.3 per cent to £1,225 (see **figure 13** below).

Kings Fund recognise that these figures relate purely to local authority expenditure; there is less information about the costs to self-funders of residential and nursing care, though the [Competition and Markets Authority](#) estimates that on average they pay 41 per cent more than local authorities for the same level of care.

**Figure 13:** Average weekly unit cost of providing care, UK, 2015/16 – 2017/18\*



Source: [Kings Fund 2019](#) from [Adult Social Care Activity and Finance Report via NHS Digital 2019](#)

Notes: \*all costs adjusted to reflect 2017/18 prices to aide comparison

### Key considerations:

- An underlying factor in the increased spending by local authorities may be increased costs faced by providers, for example arising from increases in the national living wage.
- Additionally, local authorities may feel they need to pay providers more in order to stabilise the market following closures and withdrawals.
- An additional or alternative explanation for rising costs is that residents require increasing amounts of support because only those with highest needs enter residential or nursing care in the first place. This in turn may be because more people are being cared for at home.
- While far fewer working-age adults are in residential care, their costs are significantly higher than those for over 65s. This may be due to the type and higher level of support provided (around 45 per cent of working-age people have a learning disability as their primary reason for support, compared to just 3 per cent of over 65s).
- Unit costs for the provision of care at home have also been increasing. The Kings Fund research suggests that national rates paid by councils for externally-provided home care averaged £16.04/hour in 2017/18, compared to a rate of £15.82/hour in 2016/17, when adjusted for inflation.
- However, the rate of increase has fallen compared to 2015/16 and the average rate remains well below the £18.93 minimum put forward by the United Kingdom Home Care Association, which represents home care providers.
- Care provided in-house by local authorities is significantly more expensive than that which is externally commissioned. The unit costs for in-house provision of long-term residential care were on average £1,785 for younger people and £933 per week for older people in 2017/18, compared with external provision at £1,263 and £591 respectively.
- The hourly cost of in-house home care rose from £25.60 to £32.90 between 2016/17 and 2017/18. The additional cost of in-house home care provision may at least partly be because many reablement services – which are more expensive to provide than standard home care – are still provided in-house.

Wirral data on the average weekly cost of long term residential and long term nursing care can be seen in **figures 14a and 14b** below.

**Figure 14a:** Average weekly unit cost of providing long-term nursing care for Wirral residents and comparator areas between 2016/17 and 2018/19

Year	Age	Wirral	North West	England
2018/19	18-64	£ 835	£ 857	£ 976
	65+	£ 734	£ 617	£ 678
2017/18	18-64	£ 1,331	£ 817	£ 920
	65+	£ 868	£ 576	£ 637
2016/17	18-64	£ 820	£ 796	£ 911
	65+	£ 385	£ 517	£ 606

Source: [Adult Social Care Activity and Finance Report via NHS Digital 2019](#)

For long term nursing care for working age adults (18 – 64) this rose by over 60% from an average weekly cost of £820 in 2016/17 to £1,331 in 2017/18 then in 2018/19 to return to 2017/18 levels at £835. Also, average costs for long term nursing in Wirral were lower in 2019/19 at £835 compared to North West at £857 and England at £976. Both England and North West see steadily rising costs over this 3-year period and similarly for Wirral albeit that costs are rising but a more erratic trajectory.

For long term nursing care residents aged 65+ in Wirral then the average cost has risen over 90% from £385 in 2016/17 to £734 in 2018/19. Wirral in 2018/19 had higher average costs (£734) than both North West (£616) and England (£678) when in 2016/17 Wirral was lower (£385) than North West (£517) and England (£606).

Again, both England and North West have experienced a steady rise in costs over this 3-year period but the increase in Wirral costs has been a far steeper trajectory.

**Figure 14b:** Average weekly unit cost of providing long term residential care for Wirral residents and comparator areas between 2016/17 and 2018/19

Year	Age	Wirral	North West	England
2018/19	18-64	£ 1,177	£ 1,150	£ 1,320
	65+	£ 547	£ 559	£ 636
2017/18	18-64	£ 1,392	£ 1,090	£ 1,274
	65+	£ 669	£ 526	£ 604
2016/17	18-64	£ 732	£ 1,001	£ 1,235
	65+	£ 322	£ 490	£ 565

Source: [Adult Social Care Activity and Finance Report via NHS Digital 2019](#)

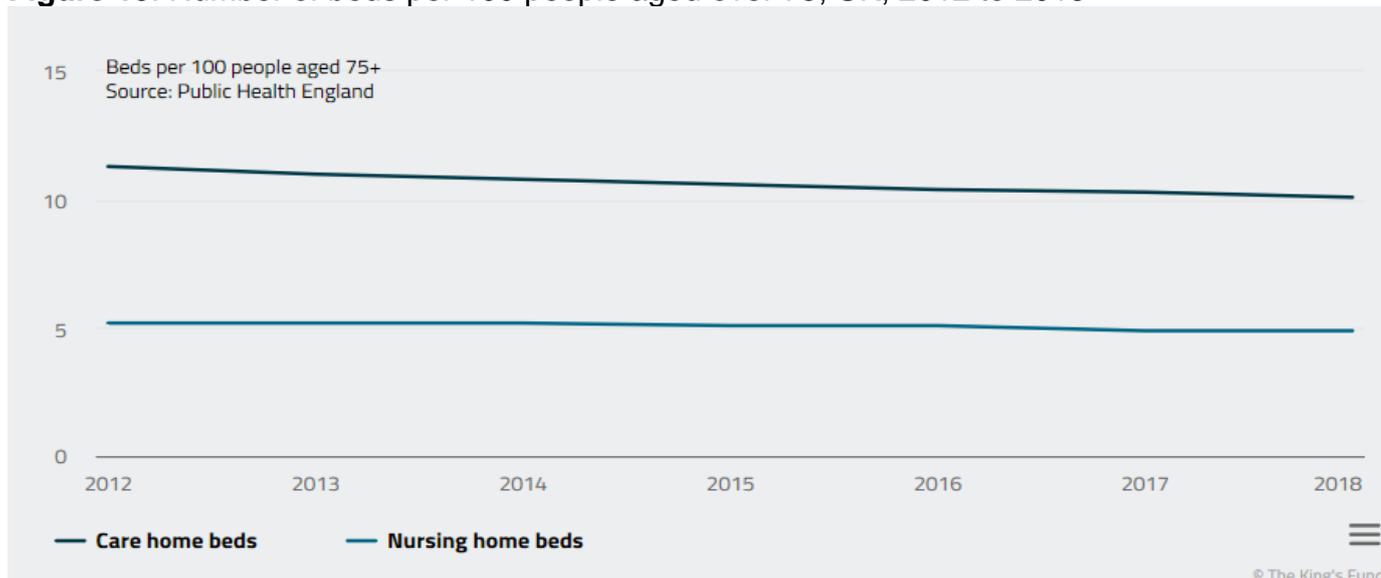
For long term residential care for working age adults (18 – 64), Wirral average unit costs increased substantially between 2016/17 at £732 to £1,392 in 2017/18 to fallback slightly in 2018/19 to £1,177 but still over 60% higher than 2016/17 levels. Increases were also apparent at North West and England level with Wirral now slightly higher than North West authorities but lower than the England figure considering 2018/19 data. This compares to 2016/17 when Wirral costs were substantially lower than both North West and England.

For long term residential care residents aged 65+, Wirral costs increased by over 100% from £322 (average weekly cost) in 2016/17 to £669 (average weekly cost) in 2017/18 to then fall back slightly in 2018/19 to £547 (average weekly cost). This 2018/19 average weekly unit cost of £547 for Wirral is still lower than both North West (£559) and England (£636) but is almost 70% higher than 2016/17 costs whilst in that time North West costs have increased by 14% and England by almost 13%.

**Identified issue: nationally there are fewer residential and nursing homes places available for older people**

The number of beds available for people aged over 75, as the main users, has declined consistently in the past few years and compared to population the number of nursing home beds has remained flat while the number of care home beds has fallen (**figure 15**).

**Figure 15:** Number of beds per 100 people aged over 75, UK, 2012 to 2018



Source: [Kings Fund 2019](#) from [Public Health England \(2019\)](#)

**Key considerations:**

- Overall nationally there appears to be slightly fewer care beds available now compared to 2012, with a small increase in beds in nursing homes offset by a slightly larger decrease in beds in care homes.
- Availability of beds for the increasing numbers of older people have declined from around 11.3 beds in care homes per 100 people aged 75+ to 10.1. Beds in nursing homes have shown a smaller decline.
- The fall in bed availability may reflect the gradual change in social care policy, which has shifted towards providing care at home rather than in residential care.
- There has also been a significant change in care home ownership in the past few decades: in 1984, 57 per cent of places were in local authority-run residential homes but by 2017 this had fallen to just 8 per cent.

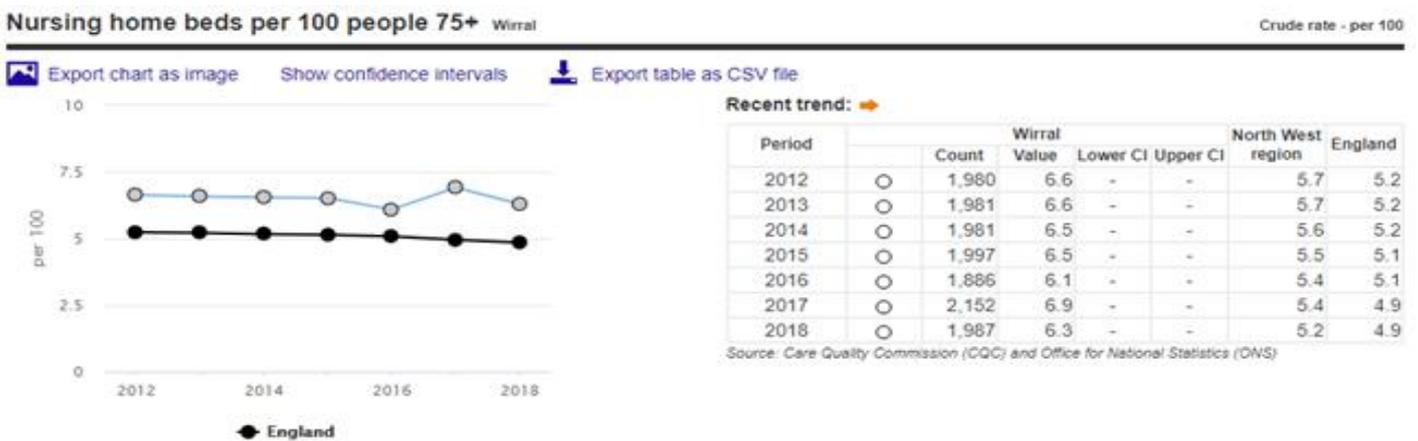
For Wirral in **figure 16** and **figure 17** below the number of care home beds and nursing home beds are generally following a similar national trend reducing over time but locally there has been increases in 2017 to drop lower again in 2018.

**Figure 16:** Number of care home beds per 100 people aged over 75, Wirral and comparators, 2012 to 2018



Source: [Public Health England \(2019\)](#)

**Figure 17:** Number of nursing home beds per 100 people aged over 75, Wirral and comparators, 2012 to 2018



Source: [Public Health England \(2019\)](#)

**Identified issue: There are more jobs in the care sector**

Adult social care is a large and growing sector in England: nearly 1.5 million people work in an estimated 1.6 million jobs (1.1 million full-time equivalents) in around 21,000 organisations, according to social care workforce intelligence body, Skills for Care.

The number of jobs has increased by around 275,000 since 2009 but the rate is slowing: the workforce grew by only around 15,000 a year between 2014 and 2017 compared to an average of 45,000 a year between 2010 and 2014.

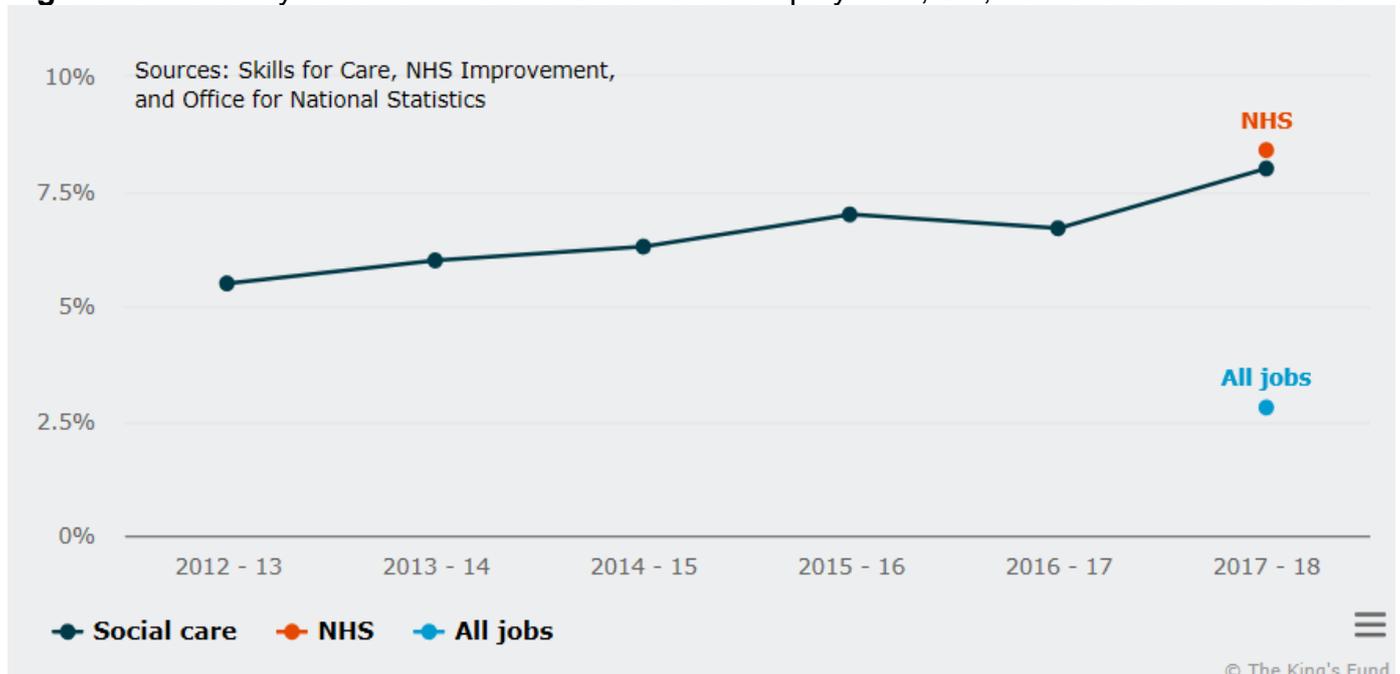
The annual growth in social care jobs has broadly tracked the growth in the older population in England. On average, one adult social care job is needed for every seven people over 65 and every three people over 75. If the number of jobs does continue to grow in line with the growth in the older population, the implications are stark: [Skills for Care](#) estimates the need for between 650,000 and 950,000 new adult social care jobs by 2035 and subsequent difficulty in finding people to fill these potential posts.

**Identified issue... nationally vacancies are growing**

The vacancy rate in social care has been increasing and is similar to the vacancy rate in the NHS. Overall around 8 per cent of jobs are vacant and 390,000 staff leave their jobs each year.

Industry workforce body [Skills for Care](#) (on whose data the section in the Kings Fund report is based) estimate that on average around 110,000 jobs, or 8 per cent, are vacant in adult social care at any one time and similar to vacancies in the NHS and much higher than the 2.8 per cent figure for the economy as whole. Turnover of staff is also high at 30.7 per cent, equivalent to around 390,000 leavers over a year (**figure18**).

**Figure 18:** Vacancy rates for NHS and Social Care employment, UK, 2012/2013 to 2017/2018



Source: [Kings Fund 2019 from Skills for Care, NHS Improvement and Office for National Statistics, 2018](#)

Kings Fund consider this part of a long-term trend that has seen the vacancy rate rise since 2012/13. In 2016/17 the average vacancy rate was 20,000 lower at 90,000.

Turnover rates have also increased steadily, from 23.1 per cent in 2012/13 to 30.7 per cent in 2017/18 – a worrying number, particularly since continuity of caregiver is an important factor for people who receive care.

#### Key considerations:

- residential care has generally had a lower vacancy rates than home care
- This is despite their pay rising since the introduction of the national living wage in 2016 – in 2018 the average increase in care worker pay was 5.2% (2.7% in real terms).
- the rise has not necessarily made the sector more competitive with other industries. At £7.89, the average hourly rate for a care worker in the independent sector is far lower than that of store assistants in supermarkets such as Aldi, which pays £10.55 inside the M25 area and £9.10 outside.
- Though the lowest paid care workers have seen an increase, the industry's pay bill as a whole increased by only one percent, with 30 per cent of care workers now paid in the bottom decile of the pay scale compared to just 10 per cent in 2016.

This is the latest information available from the [Adult Social Care Workforce Data Set \(ASC-WDS\)](#), taken from local authorities as at September 2018 and from independent sector employees as at March 2019. This suggests for Wirral that:

- Vacancy rate
  - All services – 6% (Nationally 7.8% - all job roles)
  - Care Home with nursing – 4% (Nationally 6.3% - all job roles)
  - CQC Non-residential – 11% (Nationally 10.6% - all job roles)

- Turnover rate
  - All services – 27% (Nationally 30.8% - all job roles)
  - Care home with nursing – 26% (Nationally 31.5% - all job roles)
  - CQC Non-residential – 30% (Nationally 38.8% - all job roles)

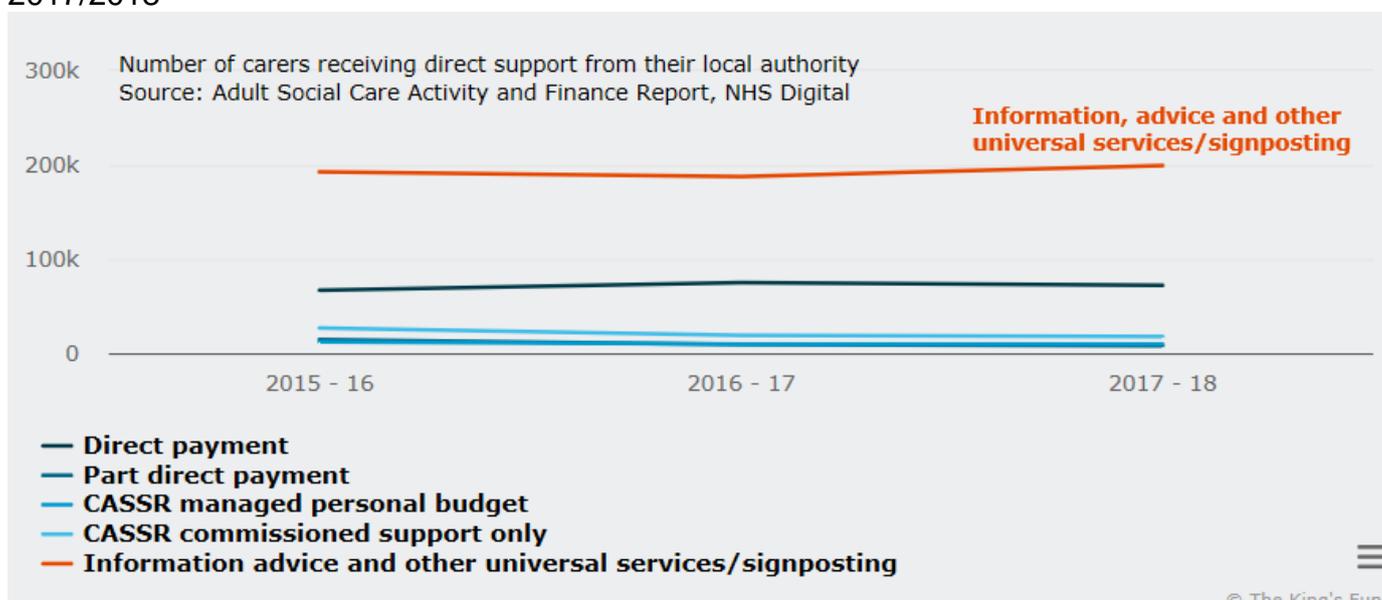
Also [see Wirral Report from Adult Social Care Workforce Data Set](#)

### Identified issue...nationally the picture of carer support is mixed

Unpaid carers do the work of an additional four million paid care workers. There are two main statutory sources of support for them: local authorities offer financial support, services and advice; a national benefit,

Carer's Allowance is available to those caring for people receiving disability benefits. More carers are receiving Carer's Allowance but the number receiving direct support from local authorities is falling (**figure 19**). More carers are receiving 'information, advice and other universal services/signposting' from local authorities, but other types of support have not increased.

**Figure 19:** Number of carers receiving direct support from their local authority, UK, 2015/2016 to 2017/2018



Source: [Kings Fund 2019](#) from [Adult Social Activity and Finance Report, NHS Digital \(2019\)](#)

Data for Wirral between 2016/17 and 2018/19 (**figure 20**) suggests that in many cases there has been a reduction across all types of support from the local authority

**Figure 20:** Number of carers receiving direct support from Wirral Council, 2016/17 to 2018/2019

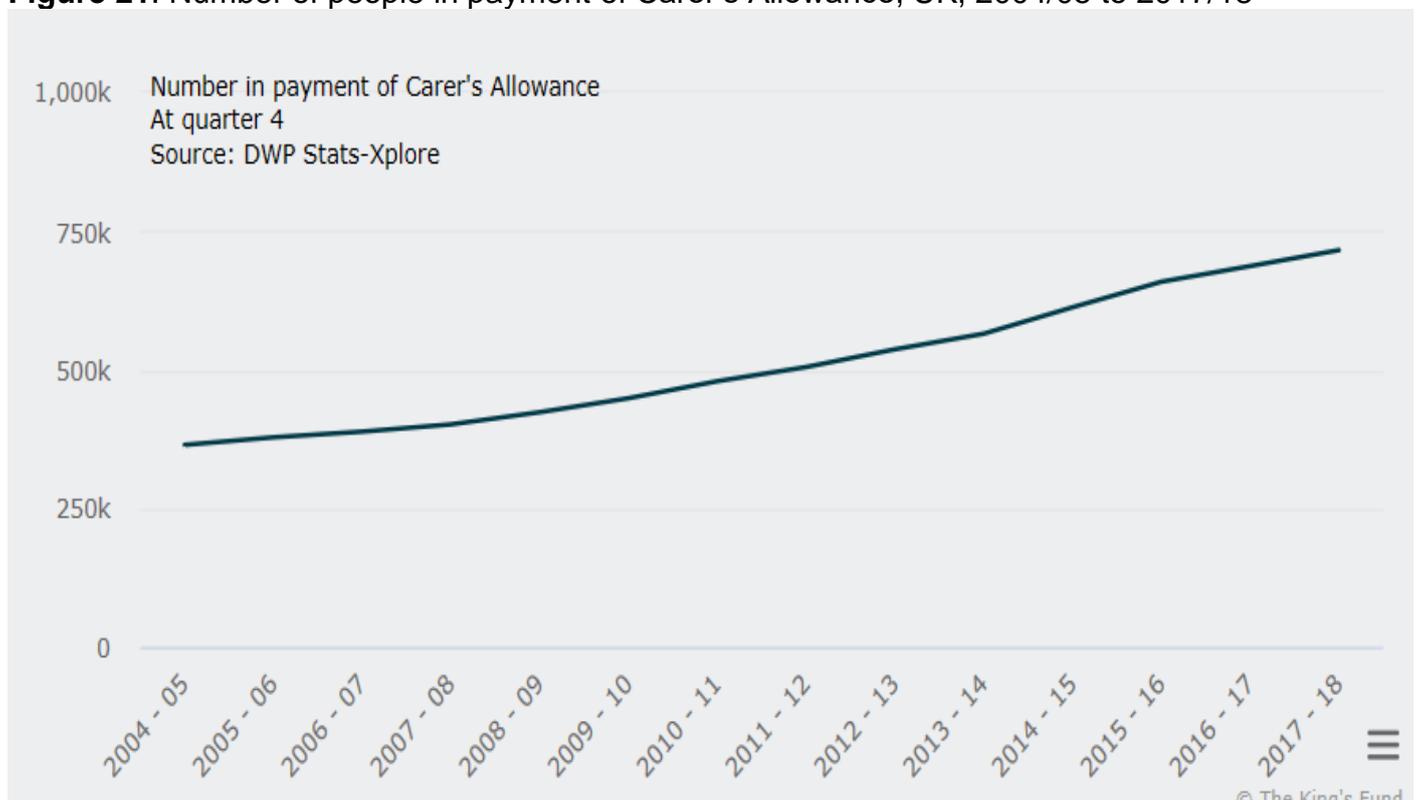
Type of support	Specific support	2016/17	2017/18	2018/19
Direct Support	Direct Payment	370	165	50
	Part Direct Payment	*	*	*
	CASSR Managed Personal Budget	*	*	*
	CASSR Commissioned Support Only	*	*	70
	Information, Advice and other Universal Services and or Signposting	1,570	315	555
No Direct Support	No Direct Support to Carer	50	410	135
<b>Total</b>	<b>Total</b>	<b>1,990</b>	<b>885</b>	<b>815</b>
Support Involving Cared for Person <sup>2</sup>	Respite or Other Forms of Carer Support delivered to the cared-for person	370	370	330

Source: [Kings Fund 2019](#) from [Adult Social Activity and Finance Report, NHS Digital \(2019\)](#)

Notes: CASSR is Councils with Adult Social Services Responsibilities

At the same time nationally the number of people receiving Carer's Allowance has been increasing (**figure 21**).

**Figure 21:** Number of people in payment of Carer's Allowance, UK, 2004/05 to 2017/18



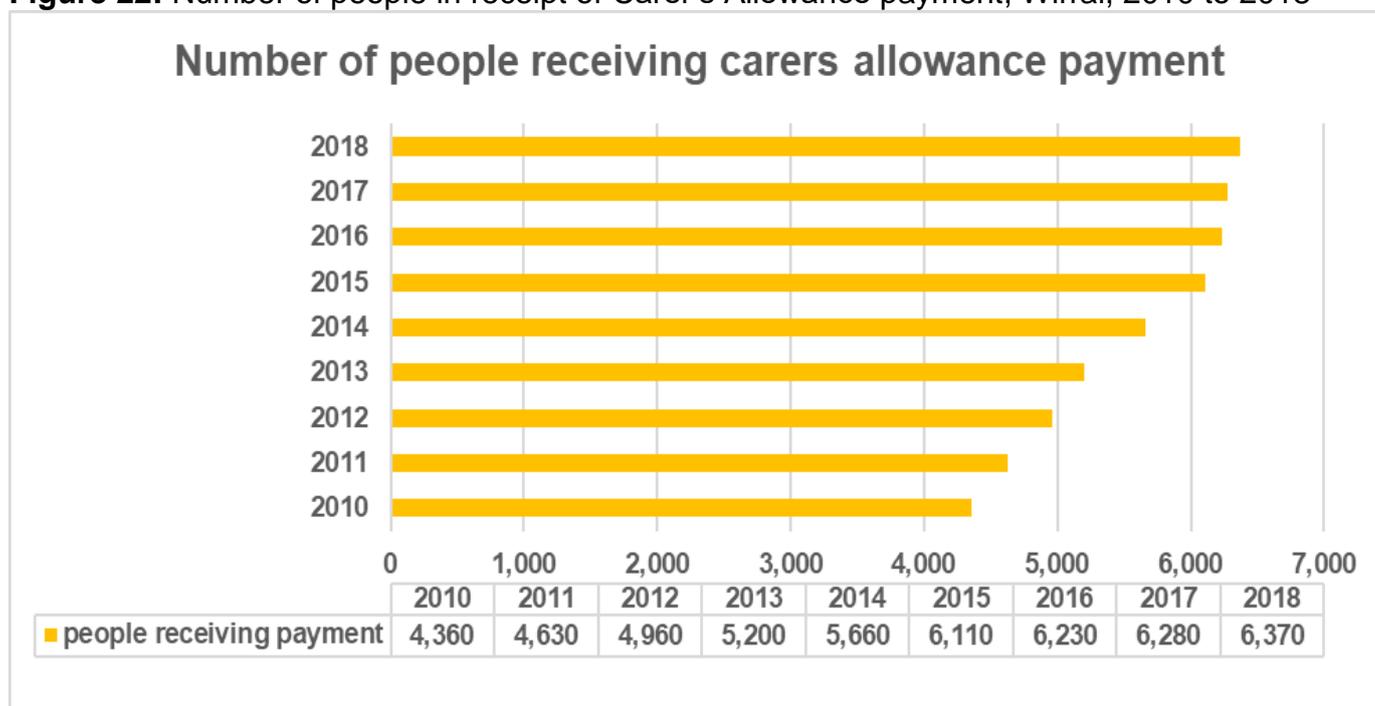
Source: [Kings Fund 2019](#) from [DWP Stats-Xplore 2018](#)

Key considerations:

- Information, advice and signposting makes up the majority of direct support received by carers (64.7 per cent in 2017/18).
- By contrast, the number of people claiming Carer's Allowance has been steadily increasing over this period (and, in fact, well before it), with an additional 29,000 nationally receiving the benefit between February 2017 and February 2018.
- The increase in numbers receiving Carer's Allowance will also have been influenced by an increase in the numbers of people claiming the qualifying disability benefits and by changes to state pension entitlement, which mean that some women must wait longer to claim their pension but are able to claim Carer's Allowance

Nationally, more carers are receiving Carer's Allowance and this is equally the case for Wirral where there has been a steady increase in residents in receipt of this payment since 2010 from 4,360 to 6,370 in November 2018 (latest published data), or 46% increase in 8 years (**figure 22 below**).

**Figure 22:** Number of people in receipt of Carer's Allowance payment, Wirral, 2010 to 2018



Source: [DWP NOMIS 2019](#)

### Identified issue: Care quality appears to be rising

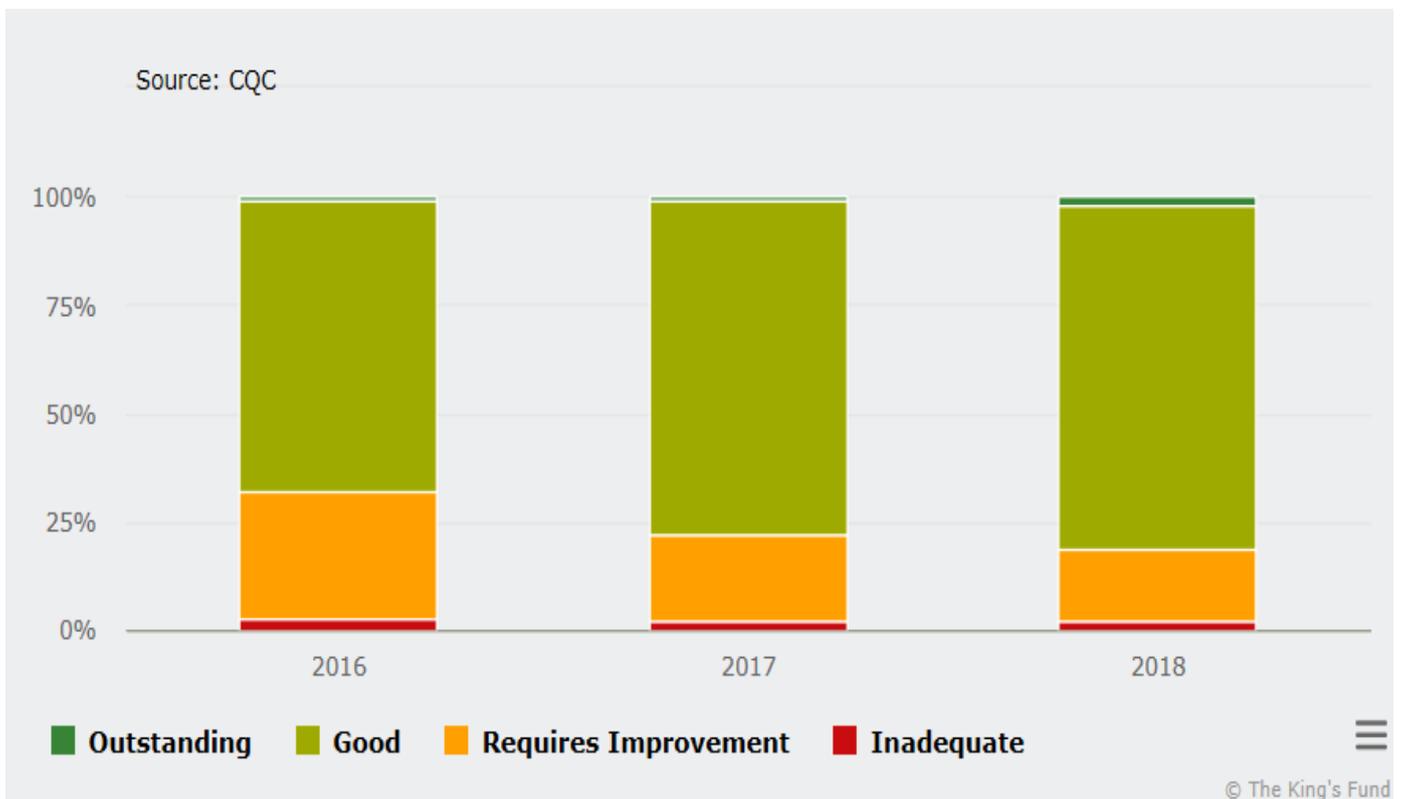
More services are rated good or outstanding, though Kings Fund suggest caution about the apparent improvement. The 2018 State of Care report (used for comparison by Kings Fund), the Care Quality Commission (CQC) says the overall quality of social care has improved slightly.

Its data, in **figure 23 below**, shows a higher percentage of services rated good or outstanding for each of the past three years.

Though these results should also be considered in terms of

- how long ratings remain in place (longer for good and above)
- rated inadequate services are more likely to close
- Smaller care homes have higher ratings and may relate to those how are resident
- Inspections are snapshots of performance
- Level of support offered to local providers

**Figure 23:** Percentage of care services rated as outstanding, good, requires improvement or inadequate, UK, 2016 to 2018



Source: [Kings Fund 2019](#) from [Care Quality Commission 2019](#)

For Wirral just above two-thirds of care services are rated as Good (64.7%) and Outstanding (2.4%) when compared to data in the [State Of Health Care and Adult Social Care in England 2018/19](#) report though this appears to be lower than national figures (79% in 2018) with those requiring improvement locally (18.2%) above the national figure (17% in 2018) in **figure 24 below**.

**Figure 24:** Percentage of care services rated as outstanding, good, requires improvement or inadequate, Wirral, 2019 (Latest Inspection List)

Rating	Number	Percentage (%)
Good	110	64.7
Requires improvement	31	18.2
No Rating	15	8.8
Inadequate	10	5.9
Outstanding	4	2.4
Total number of venues	170	100.0

Source: [Care Quality Commission 2019](#)

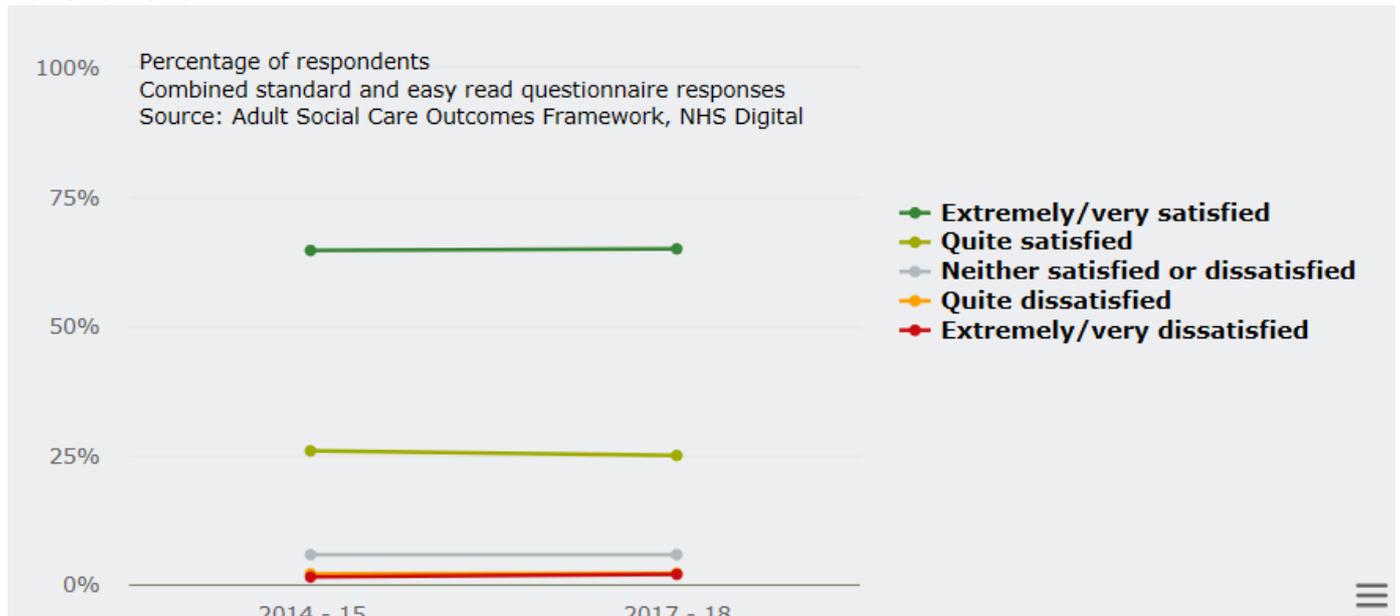
**Notes:** data source on CQC website - Active locations for providers registered under the Health and Social Care Act (HSCA) as CQC care directory - with filters (December 2019)

### Identified issue: nationally service users say they're satisfied

Service users' satisfaction with the care funded by local authorities appears to have remained consistently high over the past four years, with approximately 65 per cent saying they are either

extremely or very satisfied. Fewer than 5 per cent say they are dissatisfied (see **figure 25 below**).

**Figure 25:** Percentage of respondents of combined questionnaire responses for annual adult social care survey on Service users' satisfaction with the care funded by local authorities, UK, 2016 to 2018



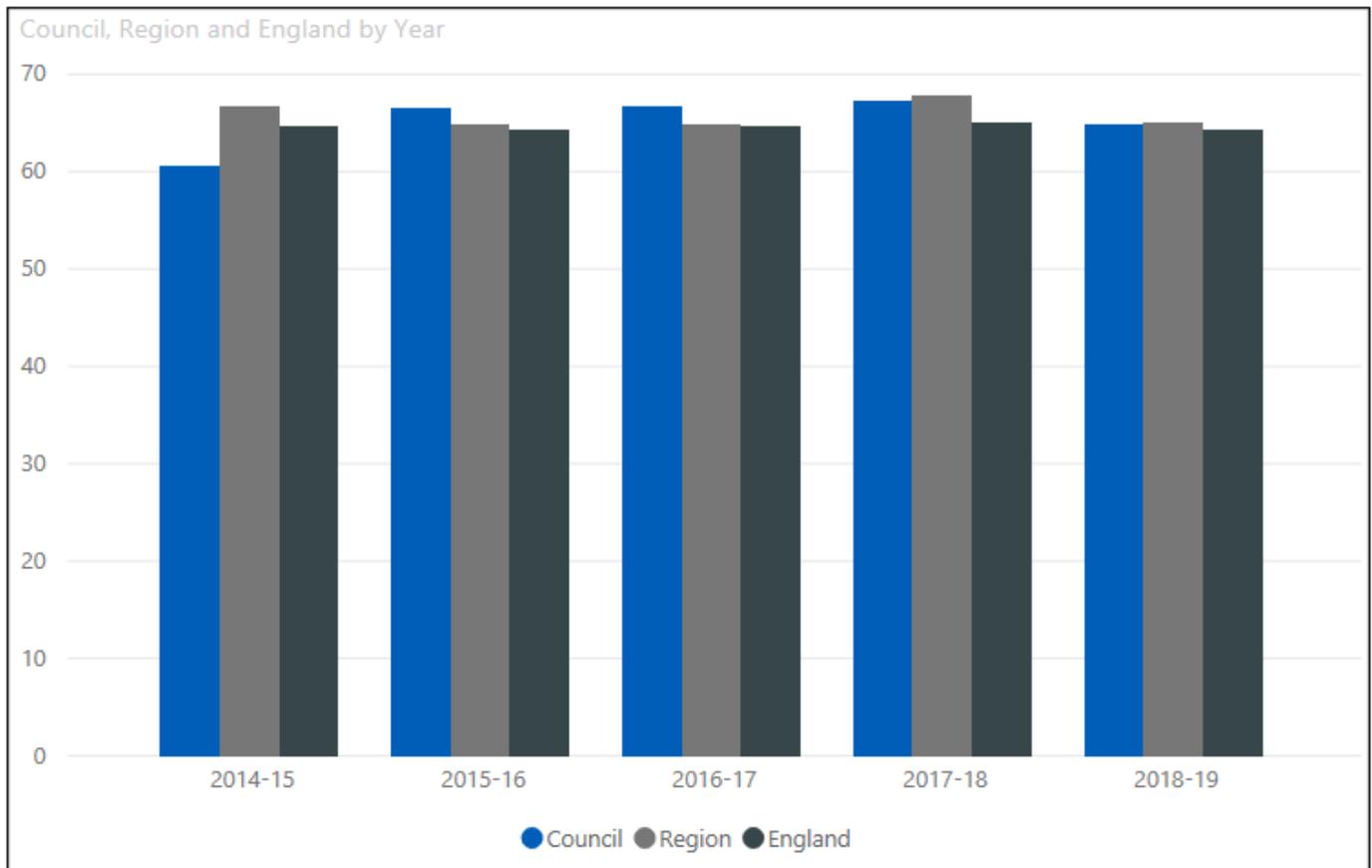
Source: [Kings Fund 2019](#) from [Adult Social Care Outcomes Framework, NHS Digital](#) (2019)

**Key considerations:**

- One interpretation of this data is therefore that, despite declining budgets, local authorities have managed to protect the services they provide to – an admittedly declining number of – individuals who are eligible for services.
- The [bi-annual survey of adult carers](#), which asks about satisfaction not only with services for carers themselves but also with services provided to the person they care for sees only 39 per cent (in 2016/17) extremely or very satisfied
- Local Government Ombudsman (LGO) data showing a rising number of complaints about adult social care.
- There is some variation between different groups responding to the survey. People over 65 report lower levels of satisfaction than those aged 18–64. Black and minority ethnic people also report lower levels of satisfaction than white respondents. People in residential care are more likely to be satisfied than those receiving nursing or community care services.
- There is no data available about the satisfaction of people who fund their own care services (including any who no longer receive publicly-funded care).

For Wirral the results are very similar to comparator areas with Wirral at 64.8% for overall satisfaction of people who use services with their care and support and 65.0% for North West Local Authorities and 64.3% for England (**Figures 26a and 26b**)

**Figure 26a:** Percentage of respondents of combined questionnaire responses for annual adult social care survey, 3A as overall satisfaction of people who use services with their care and support, Wirral and comparator areas, 2014/15 to 2018/19



Source: [Adult Social Care Outcomes Framework, NHS Digital \(2019\)](#)

**Figure 26b:** Percentage of respondents of combined questionnaire responses for annual adult social care survey, 3A as overall satisfaction of people who use services with their care and support, Wirral and comparator areas, 2014/15 to 2018/19

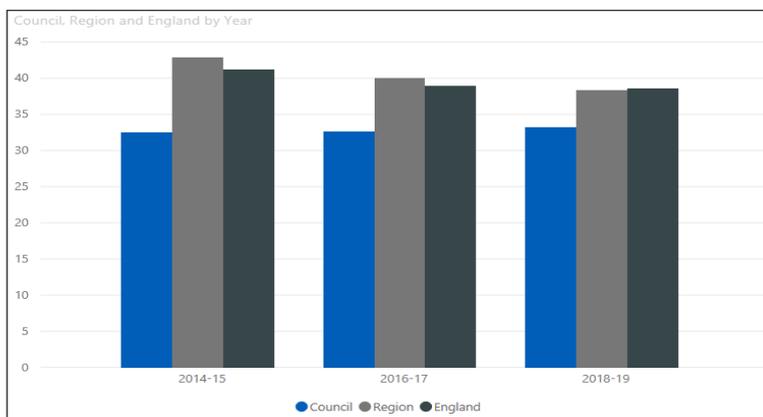
Year	Council score	Region score	England score
2018-19	64.8	65.0	64.3
2017-18	67.2	67.9	65.0
2016-17	66.8	64.9	64.7
2015-16	66.6	64.9	64.4
2014-15	60.6	66.8	64.7

Source: [Adult Social Care Outcomes Framework, NHS Digital \(2019\)](#)

In terms of those responses to question 3B of the Adult Social Care Outcomes Framework (ASCOF) survey that considers overall satisfaction of carers with social services then the results mirror those suggested results as stated above (**see figure 27 below**) however they satisfaction is lower but Wirral results are improving slightly over the 3-year period while both Regional and England scores have fallen.

**Figure 27:** Percentage of respondents of combined questionnaire responses for annual adult social care survey, 3B, overall satisfaction of carers with social services for Wirral and comparator areas, 2014/15 to 2018/19

Year	Council score	Region score	England score
2018-19	33.2	38.4	38.6
2016-17	32.6	40.0	39.0
2014-15	32.5	42.9	41.2

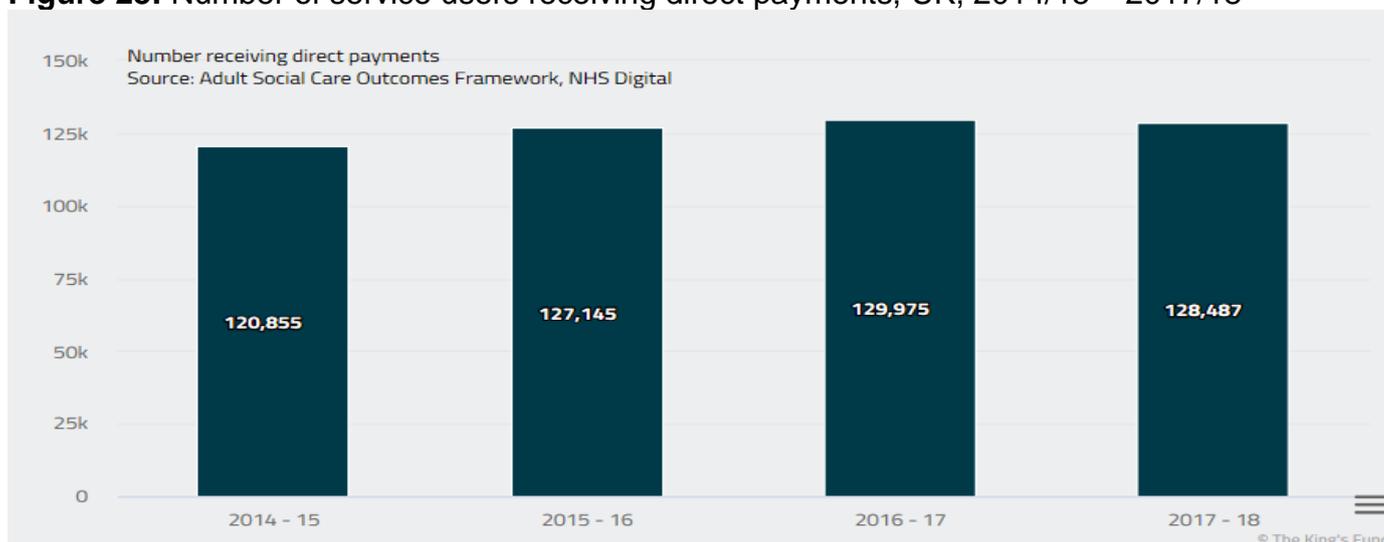


Source: [Adult Social Care Outcomes Framework, NHS Digital \(2019\)](#)

### Identified issue: Direct payments remain at a low level

Direct payments should be a valuable indicator of 'personalisation' of services – the amount of control an individual has over their care and support. Nationally, the number of service users receiving direct payments has not progressed, with a far higher percentage of working-age adults using them than older people (see **figure 28** below).

**Figure 28:** Number of service users receiving direct payments, UK, 2014/15 – 2017/18



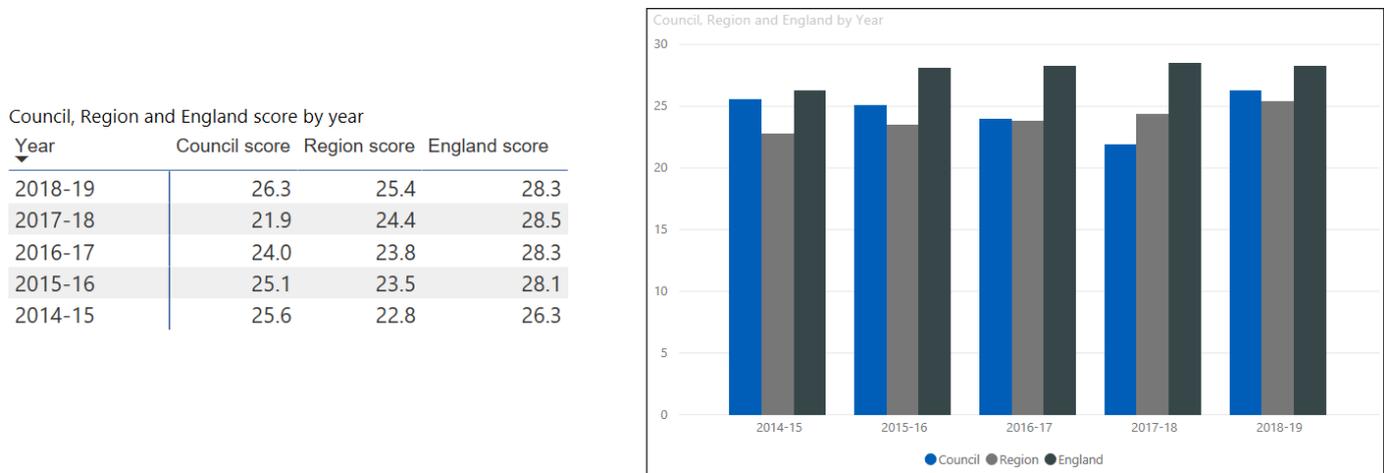
Source: [Kings Fund 2019](#) from [Adult Social Care Outcomes Framework, NHS Digital \(2019\)](#)

### Key considerations:

- Kings Fund could not provide an explanation for the reasons for this trend, and whether personalisation is actually stalling. Their data suggests that older people in particular appear reluctant to take advantage of the options that direct payments offer just 17.5 per cent of over-65s take direct payments compared to over 40 per cent of working-age adults.
- The change may be due simply to lack of interest. Support groups say that a key factor is support for take-up. People often need help to manage services, particularly if they opt to directly employ personal assistants, and this support has not grown in the way envisaged by the 2014 Care Act.
- Availability of personal assistants and services to choose from may also be a factor: if local services are limited to one or two options, users may conclude they may as well receive them direct from the local authority rather than go to the extra effort of managing them themselves.
- These factors may help to explain the wide variation between local authorities in the amount of take-up: in some local authorities fewer than 9 per cent of people opt for a direct payment yet in others it is nearly 60 per cent.

For Wirral, the number of service users receiving direct payments fell from 874 in 2016/17 to 815 2017/18 and then 747 in 2018/19 but as can be seen in **figure 29 below** the proportion of Wirral people using this option actually jumped substantially in 2018/19 to 26.3% from 21.9% in 2017/18 and closer to England (28.3%) and above North West region comparators (25.4%).

**Figure 29:** Proportion of service users receiving direct payments, Wirral and comparator areas, 2014/15 – 2018/19



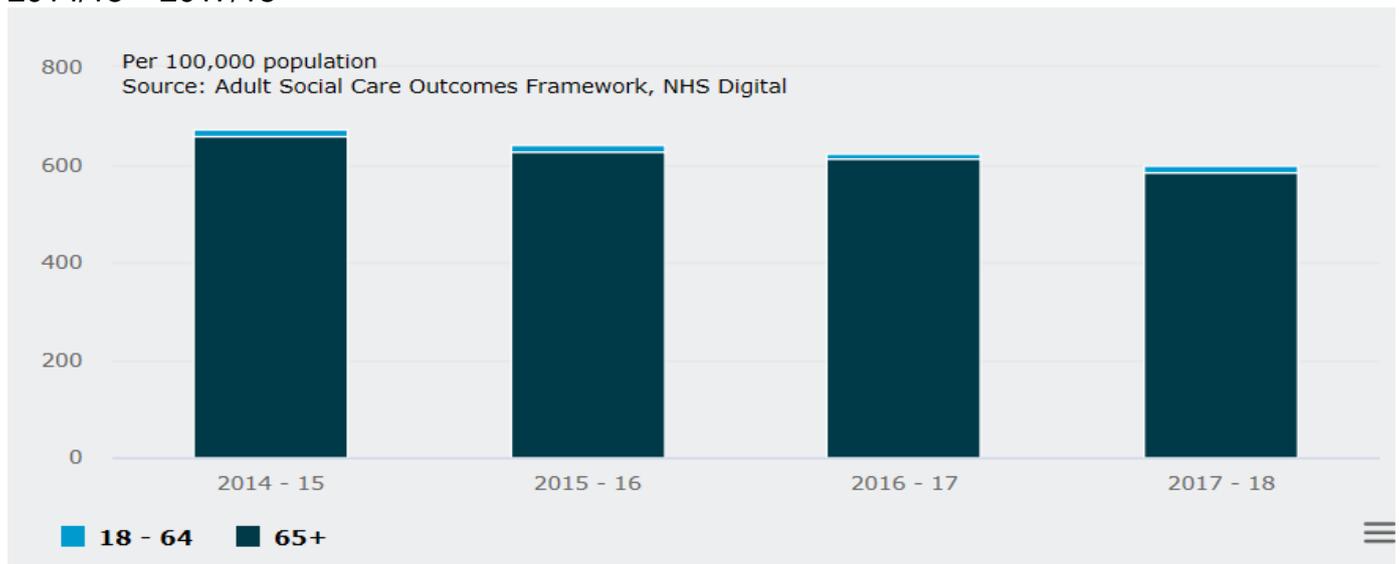
**Source:** [Adult Social Care Outcomes Framework, NHS Digital \(2019\)](#)

**Note:** This survey result relates to survey question 1C2A: The proportion of people who use services who receive direct payments, from Adult Social Care Outcomes Framework, NHS Digital (2019)

### Identified issue: Fewer people are entering care homes

Avoiding permanent placements in residential care is seen as an indicator of the quality of the social care system, partly because it is a measure of delayed dependency and also because people prefer to remain independent at home for as long as possible. Residential care is also typically more expensive than home-based care (though this depends on the care provided at home with some high-intensity home-based packages can be very expensive).

**Figure 30:** Number of people admitted to residential or nursing care per 100,000 population, UK, 2014/15 – 2017/18



**Source:** [Kings Fund 2019](#) from [Adult Social Care Outcomes Framework, NHS Digital \(2019\)](#)

The overall number of people entering residential or nursing care homes, in **figure 30**, has declined over the past few years. Nationally for older people, the rate has fallen from 659 per 100,000 people in 2014/15 to 586 per 100,000 in 2017/18. For working-age adults, the fall has been marginal, from 14.1 per 100,000 in 2014/15 to 14.0 in 2017/18.

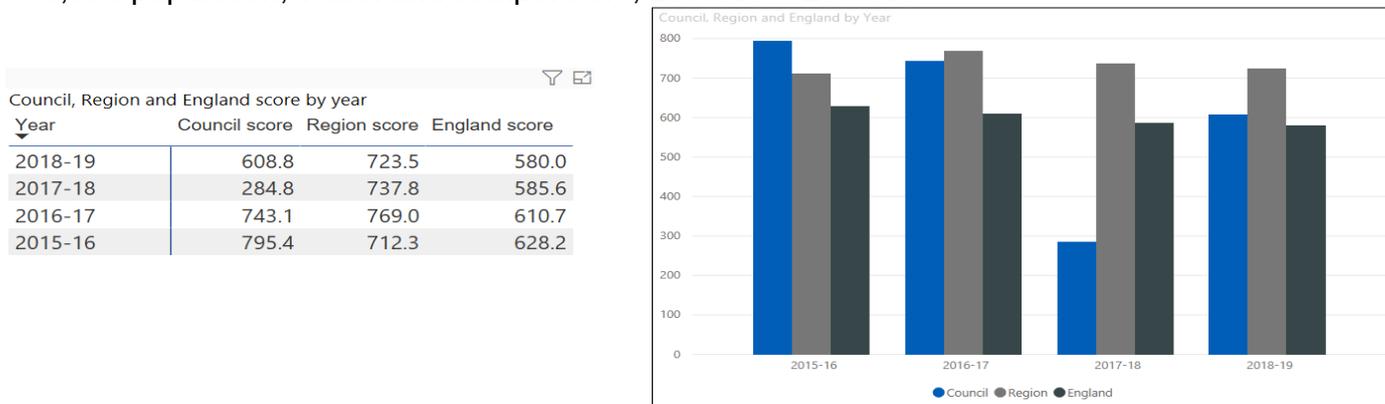
**Key considerations:**

- A note comes from directors of adult social services in their autumn 2018 survey that overall numbers admitted to residential care may have been set to increase again, partly as a result of the 'unintended consequences' of efforts to reduce the number of delayed transfers of care from hospital.

For Wirral there is a contradictory picture to that data reported nationally. The overall number of Wirral residents entering residential or nursing care homes, in **figures 31a and 31b** below, implies clear increases in recent years for those aged 18 – 64 and reductions for those aged above 65 years. Nationally for older people, as stated in **figure 31a** the rate has fallen from 628 per 100,000 people in 2015/16 to 580 per 100,000 in 2018/19.

In Wirral it has fallen also but from a much higher starting level of 795 down to much closer to the national figure, at 609 per 100,000 people for Wirral and this is below North West Region at 723 per 100,000. However for working-age adults, **figure 31b**, the increase has been substantial for Wirral, from 14 per 100,000 in 2015/16 to 28 in 2018/19 which is double the national rate and similarly higher when compared to North West region.

**Figure 31a:** Number of people, aged above 65, admitted to residential or nursing care per 100,000 population, Wirral and comparators, 2015/16 – 2018/19



**Figure 31b:** Number of people, aged 18 – 64, admitted to residential or nursing care per 100,000 population, Wirral and comparators, 2015/16 – 2018/19



**Source:** [Adult Social Care Outcomes Framework, NHS Digital \(2019\)](#)

**Note:** This survey result relates to survey questions 2A1: Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population, and 2A2: Long-term support needs of younger adults (aged 65+) met by admission to residential and nursing care homes, per 100,000 population, from Adult Social Care Outcomes Framework, NHS Digital (2019)

**Identified issue: Delayed discharge from hospital due to social care have fallen**

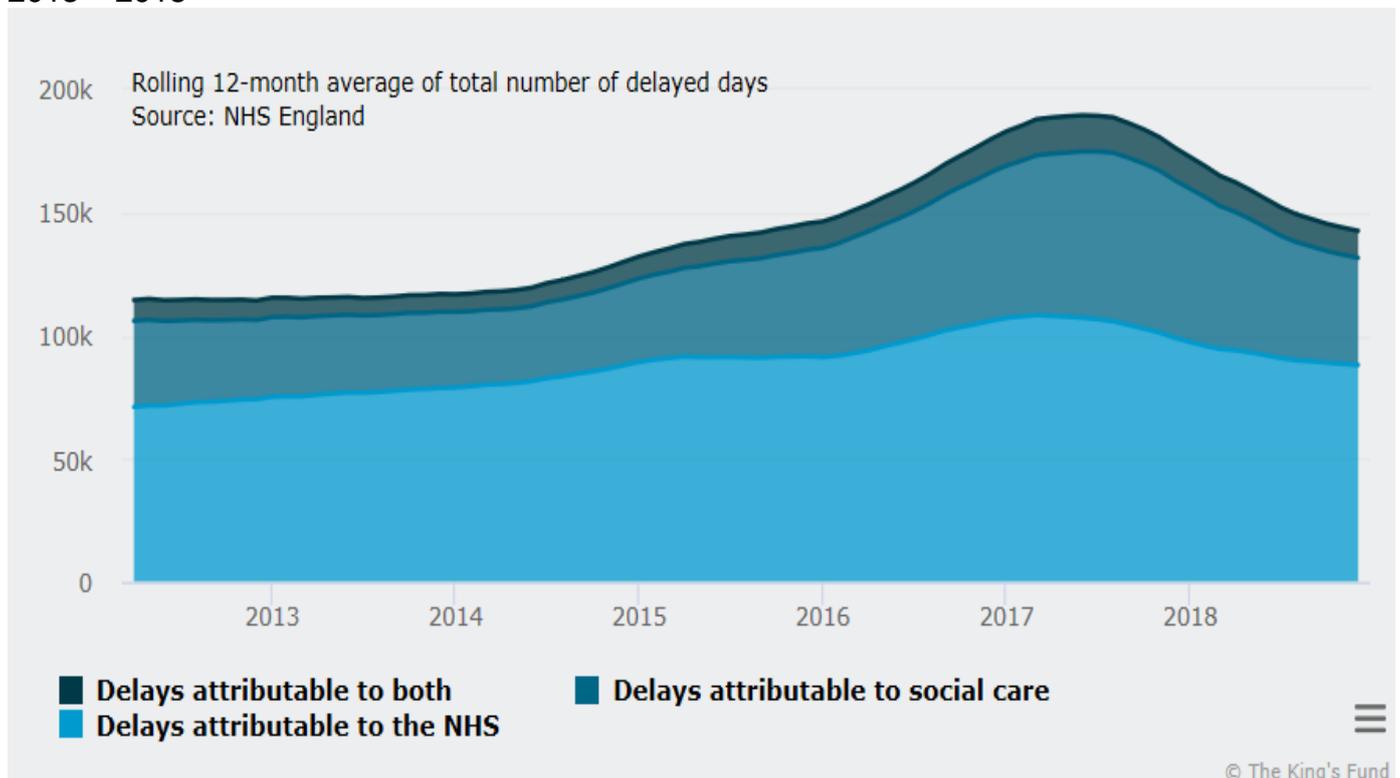
Delayed transfers from hospital due to social care have fallen sharply since a peak in the winter of 2016/17. This follows a concerted effort by local authorities and NHS organisations, under intense scrutiny from the government and NHS England, to reduce pressure on acute hospital beds.

Kings Fund suggest that it may have been so intense, that pressure has been, that it is easy to forget that it is the NHS, not social care, which accounts for most delayed transfers, albeit that they have risen less sharply (and have since declined less suddenly) than those in social care. And the reduction can also overshadow the reality that, for both social care and NHS delays, the figures are still higher than they were in 2012 (see figure 32 below).

Clearly it is important that people do not spend more time in hospital than is necessary. However, too singular a focus on delayed transfers can take attention away from work to prevent admissions in the first place and from ensuring that transfers are not just made promptly but also appropriately. A recent review by the CQC also noted that focusing on delayed transfers in isolation can divert attention from other important opportunities to deliver better care.

The Association of Directors of Adult Social Services believes that pressure to get older people out of hospital sometimes leads to them being moved directly into residential care when they do not need to be there and the focus on delayed transfers of care can also overshadow the reality for councils: four in five of their referrals come not from hospitals but community settings, and the greatest rate of increase in demand is coming not from older people but from working-age adults.

**Figure 32:** Rolling 12-month average of total number of delayed transfers from hospital, UK, 2013 – 2018



Source: [Kings Fund 2019](#) taken [NHS England 2019](#)

For Wirral data for 2018/19 suggests a positive picture relating to delayed transfers of care from hospital as reported in the Adult Social Care Outcomes Framework (ASCOF), England 2018-19. (figure 33 below). When compared to both North West and England then Wirral ranks as lower or equal to in all three measures.

**Figure 33:** Average number of delayed transfers of care from hospital, per 100,000, Wirral and comparators, 2018/19

	Wirral	North West	England
Average number of delayed transfers of care (for those aged 18 and over), per 100,000 population (2C(1))	7.4	11.6	10.3
Average number of delayed transfers of care (for those aged 18 and over) that are attributable to adult social care, per 100,000 population (2C(2))	3.1	4.5	3.1
Average number of delayed transfers of care (for those aged 18 and over) that are jointly attributable to NHS and adult social care, per 100,000 population (2C(3))	0.0	0.8	0.8

Source: [NHS England 2019](#)

Note: This survey result relates to survey questions 2C(1) 2C(2) 2C(3) from Adult Social Care Outcomes Framework, NHS Digital (2019)

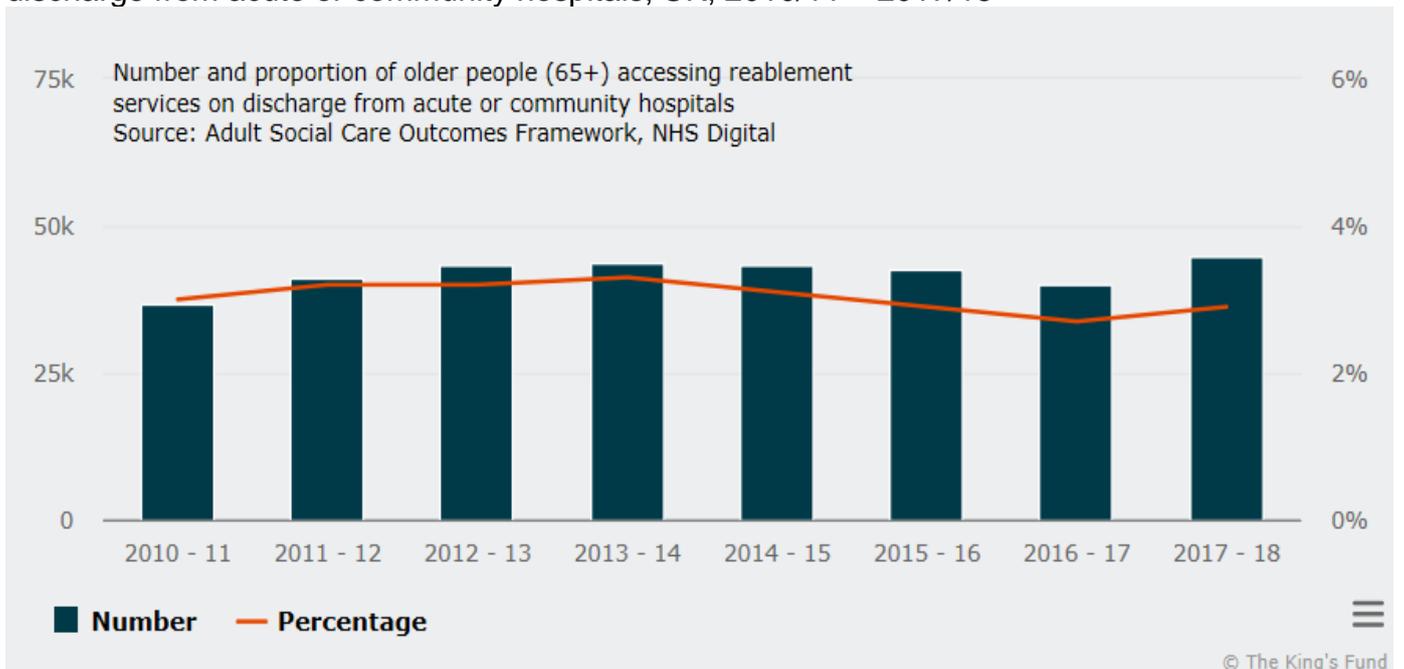
### Identified issue: More people are receiving reablement

Reablement can be provided to anyone who would benefit but often in practice it is arranged as someone leaves hospital, with the aim of preventing them being readmitted. This measure shows that after a decline from 2013/14 onwards, the number of people offered reablement on leaving hospital increased in 2017/18 (see figure 34 below).

The increase may stem from increased recognition of evidence that reablement works. The National Audit for Intermediate Care shows 75 per cent of people improving independence as a result of reablement, with typical gains in mobility and other abilities of over a third.

The rise in reablement packages is consistent with other parts reported in the Kings Fund report, which shows local authorities providing more short-term care in 2017/18. Interestingly, this increase is greater for under-65s and may potentially signal increased recognition that younger disabled people, including those with learning disabilities, can benefit from 'pathways to independence' planning.

**Figure 34:** Number and proportion of older people (65+) accessing reablement service on discharge from acute or community hospitals, UK, 2010/11 – 2017/18



Source: [Kings Fund 2019](#) from [Adult Social Care Outcomes Framework, NHS Digital](#) (2019)

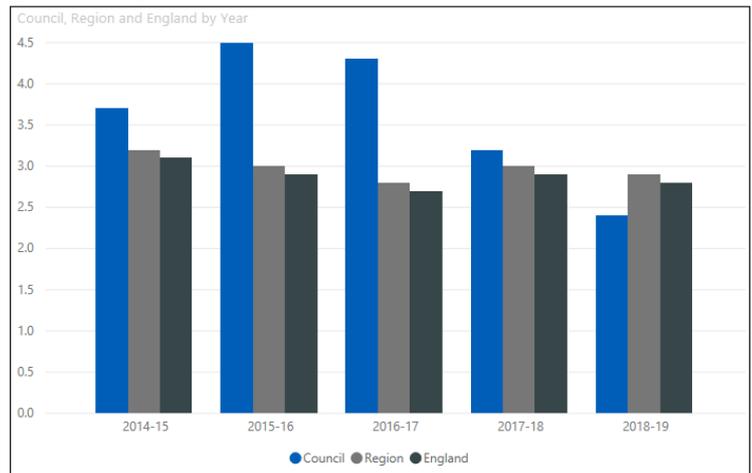
Key considerations:

- Despite the overall increase in packages, national data shows that numbers receiving reablement vary greatly from one local authority to another: fewer than 1% of over-65s leaving hospital in some areas but more than 10 per cent in others.

As **figure 35** below suggests, Wirral compares to both North West and England but the proportion of older people (65+) accessing reablement service on discharge from acute or community hospitals, has been falling since 2015/16.

**Figure 35:** Proportion of older people (65+) accessing reablement service on discharge from acute or community hospitals, Wirral and comparators, 2014/15 – 2018/19

Year	Council score	Region score	England score
2018-19	2.4	2.9	2.8
2017-18	3.2	3.0	2.9
2016-17	4.3	2.8	2.7
2015-16	4.5	3.0	2.9
2014-15	3.7	3.2	3.1



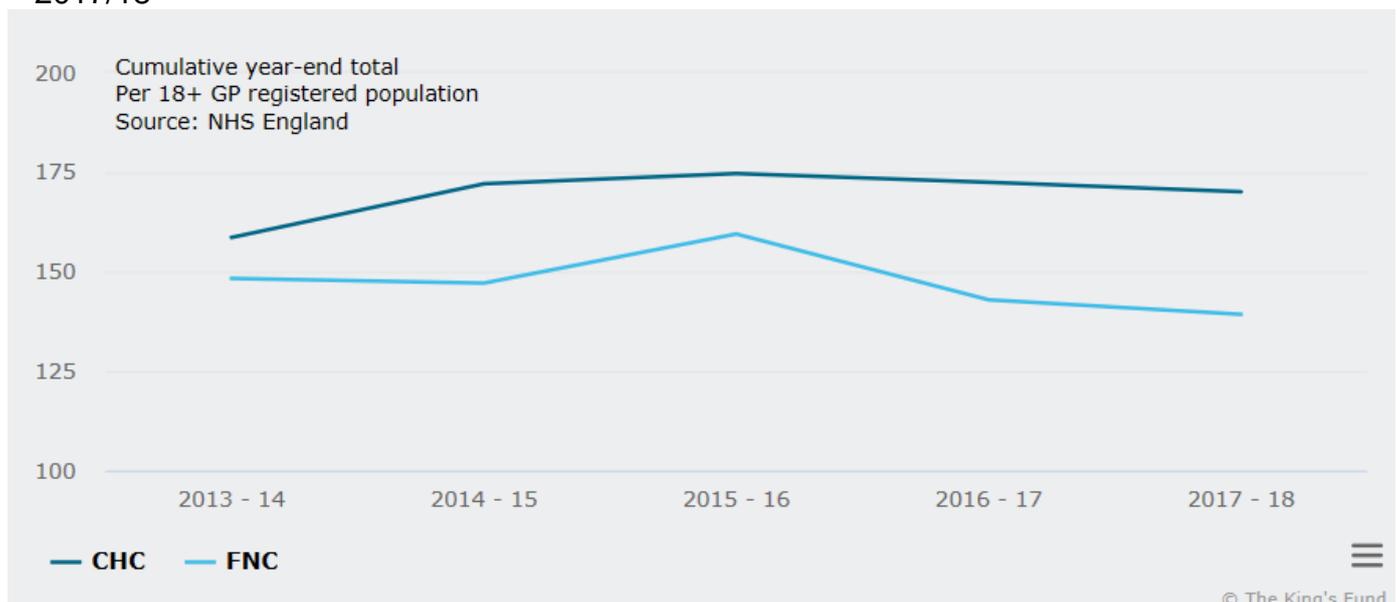
**Source:** [Adult Social Care Outcomes Framework, NHS Digital \(2019\)](#)

**Note:** This survey result relates to survey questions 2B(2): The proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital, from Adult Social Care Outcomes Framework, NHS Digital (2019)

### Identified issue: People are less likely to be receiving NHS Continuing Healthcare

The NHS funds two elements of care that are very closely related to social care: NHS Continuing Healthcare (CHC) and NHS-funded nursing care (FNC). The rate of receipt for both has begun to decline since 2015/16 (see **figure 36** below).

**Figure 36:** Cumulative year-end total of Adults aged 18+ receiving NHS Continuing Healthcare (CHC) and NHS Funded Nursing Care (FNC) per 50,000 GP registered population, UK, 2013/14 – 2017/18



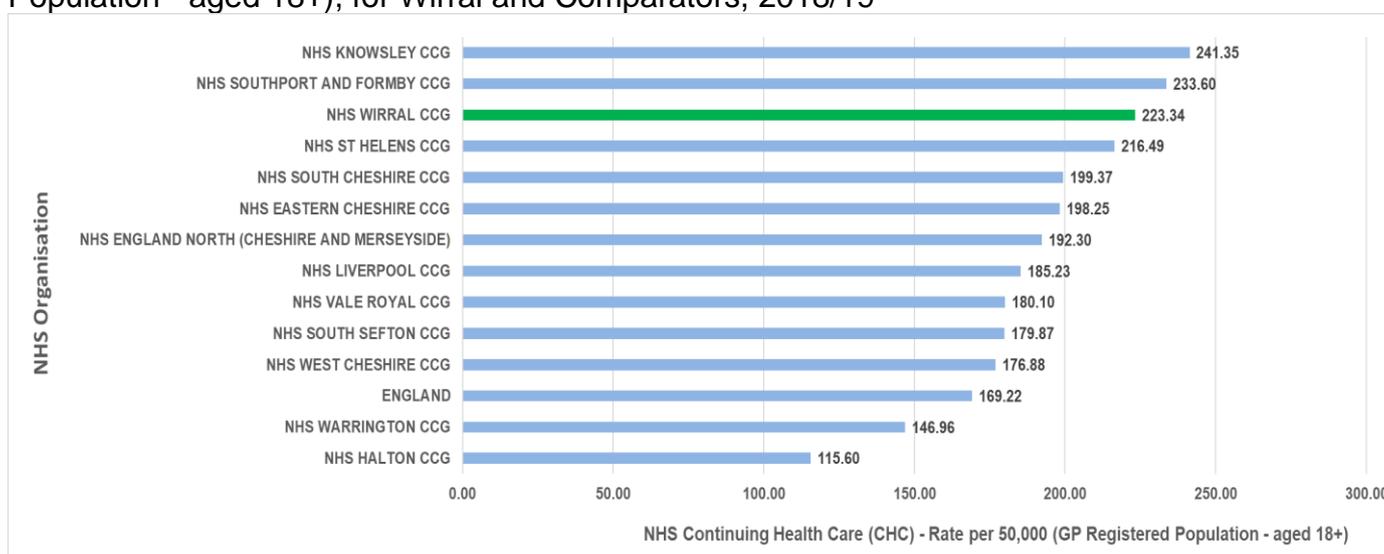
**Source:** [Kings Fund 2019](#) taken [NHS England 2019](#)

Key considerations:

- CHC is a significant amount of expenditure with a National Audit Office report putting it at £3.1 billion in 2015/16.
- CHC funds not only an individual's health care, which would be free under the NHS anyway, but also their social care, which otherwise would be means tested. Since social care costs can be very expensive, it can make a huge financial difference to an individual if they have to pay these costs themselves or, if that person has low enough assets to qualify for publicly funded social care, to the local authority, who will otherwise have to pick up the bill.
- NHS-funded nursing care (FNC) is only available to those who require the input of a registered nurse, live in a nursing home and have been assessed for CHC but found ineligible.

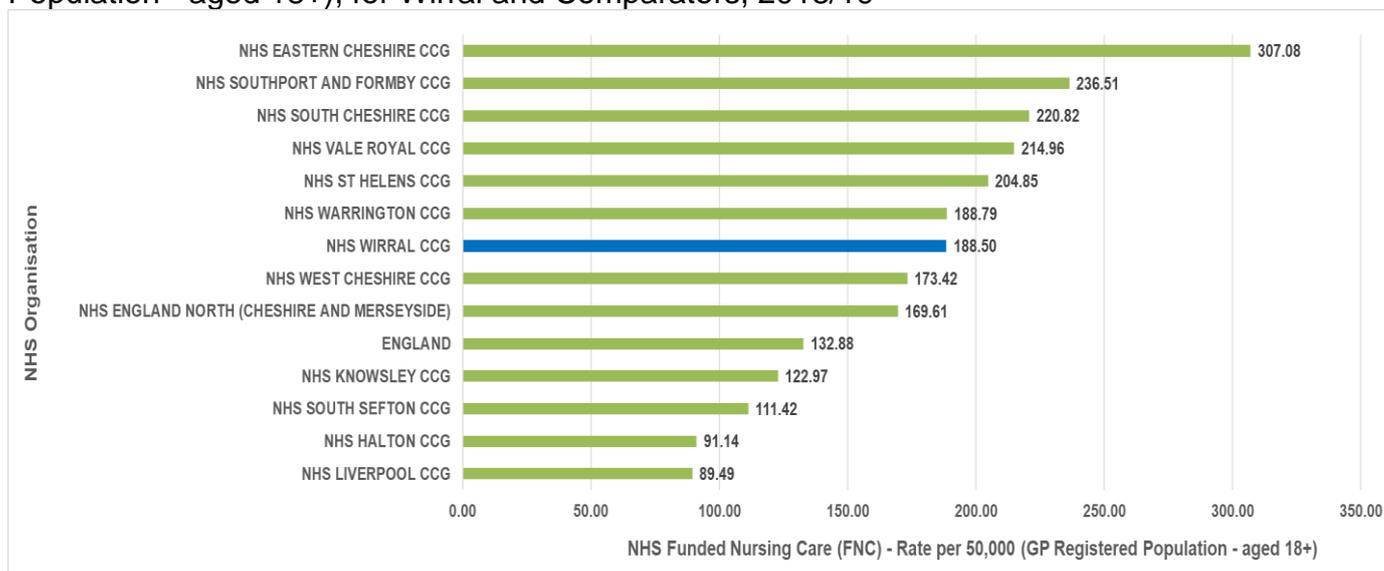
In figures 37a and 37b below describe Wirral and comparator data for 2018/19 (to April) for Continuing Health Care and NHS Funded Nursing Care. It suggests that Wirral has slightly higher rates for CHC and FNC when compared to NHS England North (Cheshire and Merseyside) Commissioning organisations but higher again than England for both CHC and FNC.

**Figure 37a:** NHS Continuing Health Care (CHC) - Rate per 50,000 (GP Registered Practice Population - aged 18+), for Wirral and Comparators, 2018/19



Source: [NHS Digital 2019](#)

**Figure 37b:** NHS Funded Nursing Care (FNC) - Rate per 50,000 (GP Registered Practice Population - aged 18+), for Wirral and Comparators, 2018/19



Source: [NHS Digital 2019](#)

Comparing [2017/18 \(Qt. 4 revised 8/11/18\) data at NHS Digital](#) and [2018/19 \(Qt. 4 revised 14/11/19\) data](#) as a rate per 50,000 GP Practice population, then it suggests that:

- England reduced the rate of both CHC (170.09 to 169.22) and FNC (139.27 to 132.88) in 2018/19 compared to 2017/18
- NHS England North reduced numbers for FNC in 2018/19 (184.46 to 169.61) but increased its CHC rates (170.70 to 192.30) compared to 2017/18
- Wirral also reduced its rates for FNC (202.84 to 188.50) in 2018/19 compared to 2017/18 but with an increase in CHC (209.73 to 223.34) over that same period

**Identified issue: The number of grants to improve disabled people’s homes has increased**

Disabled Facilities Grants are potentially an important part of strategies to enable older and disabled people to live independently in their homes for as long as possible. The number of grants increased in 2016/17 to recover to 2010/11 levels (**see figure 38 below**).

**Figure 38:** Average number of disabled facilities grants completed by Local Authorities\*, UK, 2009/10 – 2016/17



Source: [Kings Fund 2019](#) taken [Disabled Facilities Grants Review 2018](#)

Notes: \*66% of Local Authorities completed the return requested by the Kings Fund

**Key considerations:**

- Expected that numbers of grants would increase substantially.
- Demand suggests that there could be 1.9 million households with one or more people with a limiting long-term illness or disability that required adaptations. Even if this figure is a high estimate it is still substantially higher than the number of adaptations being completed.

Local data from Wirral Disabled Adaptations Service Team within Supported Housing & Homelessness Section highlights the numbers of Disabled Facilities Grants completed by Wirral Council were as follows:

- 2018/19 - 449
- 2017/18 - 349
- 2016/17 - 319

The numbers have been steadily increasing due to increased referrals and new ways of working introduced over the last 18 to 24 months.

**Vulnerable Adults in Wirral: Market Position Statement Evidence Base**

## **Wirral Neighbourhood Information**

- Wirral Community Insight provides content to match our 4 Localities and 9 Neighbourhood areas.
- These bespoke reports can be found on <https://wirral.communityinsight.org/>

## **Wirral population and life expectancy**

- More information can be found via the Wirral Intelligence site on [Wirral Population and Data Information](#)

## **Older People**

- You can read more about our Older People (65+) including projections to 2030 at [Wirral Older People](#)

## **Carers**

- Carers make up a large part of the Wirral Population and more information can be found at [Carers](#)

## **Learning Disabilities, Autism, profound hearing disabilities and Mental illnesses**

- Information can be located here, along with health data for Older people at <https://www.pansi.org.uk/> <https://www.poppi.org.uk/> [Health Data Older People](#)

## **Dementia**

- Estimates suggest that around 4,800 people predominantly aged 65+, possibly rising to over 7,000 by 2030, could have dementia. With this first number compared to current GP records for known dementia patients it suggests there could be around 1,600 people locally who have dementia but are not known to services.
- Equally this estimate could be dominated with over 60% females having dementia <https://www.wirralintelligenceservice.org/jsna/dementia/>

## **Falls**

- Estimates point to almost 18,000 falls per year by people aged 65 and over, rising to almost 24,000 per year by 2030, a possible 33% increase in that 15-year period with figures suggesting that females could potentially suffer 30% more falls than males in that period <https://www.wirralintelligenceservice.org/jsna/falls-older-people/>

## **Diabetes**

- Wirral population predicted to have Type 1 or Type 2 diabetes is expected to increase from approximately 13,000 in 2015 to around 17,000 in 2030
- Different types of Cardiovascular Disease will have different impacts on Social Care with for example prevalence estimates implying there are over 2,200 residents, rising to over 2,500 by 2030, that may have a longstanding health condition as a result of a stroke with the consequences that translate to increased needs for social care and the support it requires <https://www.wirralintelligenceservice.org/jsna/heart-disease/>

## **Chronic Kidney Disease**

- The prevalence rate for Wirral of 6.9% which equates to approximately 18,000 Wirral residents, aged 16 and over, possibly with the condition.

## **Chronic obstructive pulmonary disease (COPD)**

- The prevalence rate for Wirral of 2.4% (2014/15) equates to approximately 8,000 Wirral residents

## **Cancer**

- Estimates suggest that 2 in 3 people living with cancer have personal or practical support needs and that 4 in 5 people have emotional support needs. With a figure of approaching 1,700 people in Wirral with cancer suggests there are a number of residents who require support due to their diagnosis <https://www.wirralintelligenceservice.org/jsna/cancer/>
- Will continue to be a major consideration in terms of support for individuals, their Carers and families. <https://www.wirralintelligenceservice.org/jsna/end-of-life/>

## **What are we doing and why?**

Since May 2018, Wirral Council and Wirral Clinical Commissioning Group have worked collaboratively as 'Wirral Health and Care Commissioning' (WHaCC) to deliver improved outcomes for Wirral residents.

The formal integration of governance arrangements and strategic objectives has enabled the delivery of a work plan which has encompassed the key pledges of the Wirral Plan 2020; '*Older People Live Well*', '*People with disabilities live independently*', '*Wirral residents live healthier lives*' and '*Good quality housing that meets the needs of residents*', as well as ensuring that local requirements under The Care Act 2014 and Health and Social Care Act 2012 are met.

## **Care and Support at Home**

Developments within Care and Support at Home services are key to ensuring that Wirral is equipped to meet changing and growing demand - there has been a 16% increase in activity in this service area in 2018/19, with the expectation of a steady increase in activity over the next few years, so it is vital that work continues to ensure Wirral residents are given opportunity to be supported at home and that the need for long term care is delayed. Domiciliary Care packages provide an opportunity for care to be accessed at home and can assist with timely discharge from acute care settings, and there has been an increasingly collaborative approach between Wirral Health and Care Commissioning and providers of domiciliary care to co-produce a new model of care focused on delivering improved outcomes for individuals.

The Care & Support at Home Service will deliver a reformed model of care and support in the community, delivering early intervention and preventative support through to intensive health and social care interventions and focusing on the following areas:

- Reablement
- Domiciliary Care
- Continuing Health Care non-complex (not requiring nursing from registered provider)
- End of Life Care
- Trusted assessment

A national trend for high staff turnover within the sector is reflected in Wirral, however a partnership approach to recruitment has resulted in 2018 being the first Winter period where new staff were recruited, alongside joint recruitment initiatives also underway to support this sector in recruiting and retaining staff and creating and establishing a "Wirral Career Pathway" with a range of small, medium and large enterprises.

Commissioners are aiming for a much-increased community and domiciliary offer and a reduction in residential and nursing placements and will continue to invest in the domiciliary care market to achieve this.

## **Assistive Technology in Care and Support at Home**

Health and social care services are under increasing financial pressure, and it is clear that existing services delivered in traditional and orthodox ways will not be able to meet increasing demand. While efforts are being made across the system through the Healthy Wirral Programme and other system transformation, it is clear that new and existing technologies can be utilised to save money, avoid costs and enable new models of service delivery that in turn will enhance outcomes for people and impact positively on their lives.

WHAAC are piloting and trialling new equipment to identify suitability and solve problems. Any technologies that provide a potential solution with a focus on avoiding costs, reducing reliance on care and increasing independence can be used.

People should be encouraged to remain in their own homes for longer, living healthier and better lives, supported by the use of new technologies, in conjunction with the wider community.

This reduces the costs to statutory services and makes better use of community-based services.

Key priorities for the community care market over the next 2 years are:

- Falls Prevention App
- Geolocation
- Home Smart Monitoring
- Electronic Care Planning

## Supported Living

Supported Living services provide assistance for people who are living in their own property or who are living in shared accommodation with other people, with approximately 780 people currently accessing this type of accommodation on Wirral.

A key focus is for the supported living model to be reviewed to ensure that it meets the needs of individuals, and that any services not fit for purpose are decommissioned.

Apartment style schemes have recently commissioned apartment style schemes where people live with 'their own front door' and can have access to background support when needed and new schemes will continue to be developed in line with the Wirral Plan's specialist housing targets.

As part of the Transforming Care Programme, there is an expectation that those people who have been placed out of Borough, will be supported to relocate back to the area. To do this Commissioners will work jointly with providers to develop appropriate accommodation to meet the needs of those people, this will also include ensuring that staff have the appropriate skills, knowledge and training in order to support a range of needs.

Commissioners are currently reviewing the supporting people funding arrangements and will deliver a new model linked to the care and accommodation panel during 2019/2020.

## Extra Care

As people grow older, there is acknowledgement that their needs will increase, and Extra Care housing provides people with the opportunity to continue to live in their own accommodation with care on site for when they need to access it. Wirral already have 200 units of Extra Care

accommodation in operation, which has been developed as an alternative to residential care and is a valued resource in the Borough.

Commissioners have been working with developers to increase the number of Extra Care units for older people, and also to develop this type of accommodation for people with disabilities. Within the Extra Care accommodation for people with disabilities the emphasis is on promoting independence for people with learning disabilities and/or autism.

This has been identified as an area for growth as we know that people with learning disabilities and/or autism want the opportunity to live in their own home, with their own front door, but in order to meet their needs they may require access to support which is based on site. For people with disabilities this accommodation will be the first offer that people will receive when they are assessed to live independently.

Existing schemes are currently being reviewed with a view to identifying a range of technology that can be used to maintain a person's independence and support them to be autonomous and ensure Wirral is at the forefront of technological provision.

## Carers and Respite Services

The value that Carers give to supporting people to remain independent is critical. They play a key role in providing emotional, physical and practical support and, in financial terms, it has been calculated as the equivalent approximately £841 million per annum in Wirral, with an estimated 40,000 people providing care. WHaCC will commission services to support working Carers as a priority, to enable them to lead active and engaging lives. When carers make a request for an assessment, the support they already receive via the community offer is considered, prior to any commissioned services being put into place. Providers will be increasingly asked to tie people into their local community offer to reduce dependency and promote independence. This is reflected in all new commissions going forward.

WHaCC have commissioned a Community Interest Company (CIC) to shape and support the third sector and has developed them to respond to meet local demands. WHaCC commission services to support Carers in the community and to meet outcomes identified by the Carers, either as a discussion with the Carer or through the Carers Assessment process.

Moving forward there will be a drive to increase the number of Carers Assessments completed, either face to face or on-line. The Carers Health and Wellbeing Service forms part of the Early Intervention and Prevention contract delivered by Wirral Health and Wellbeing CIC, this service will be reviewed and recommissioned in 2020.

### Respite

Carers and family members on Wirral are supported with their caring needs by the provision of respite services on Wirral commissioned by WHaCC or alternatively, by accessing a direct payment in order to organise their own respite provision - Wirral actively promotes Direct Payments to people who require respite services, which ensures that people access the type of respite service that they feel will meet their needs and requirements. This ensures that while Carers are receiving a break from their caring roles, the service user has an enjoyable respite break and their respite outcomes are met.

Wirral has commissioned a 10 bedded respite and emergency unit for people with learning and physical disabilities who require care and support, with this service commissioned to 2024. The service will be reviewed on a regular basis, while the respite needs of people on Wirral are continually monitored to guarantee that future commissioned respite services will meet any changes needs of the Carers and the people who will access the services. In addition,

collaborative working is taking place with colleagues from the Clinical Commissioning Group (CCG) on a wider respite offer as an alternative to existing health funded arrangements.

For older people, there are a range of commissioned short break beds available including 9 residential, 8 residential EMI and 2 nursing care, with reviews undertaken around the number of respite beds currently commissioned so that adjustments can be made to reflect value for money, quality and demand.

Residential respite support focuses on a quality service and that providers offer greater diversity of experience for people using this service through links into the community and third sector support, with breaks from caring also provided through Domiciliary Care, including a flexible Care at Home service and day care provision. This will be reviewed during 2020/2021.

## Residential and Nursing Care

Whilst the long-term plan for Wirral is to reduce the number of placements in residential and nursing settings as it continues to both improve and grow its domiciliary care offer and increase the number of Extra Care housing units, the Council will continue to support and place people with the most complex needs such as dementia in these settings.

WHAAC will work with and support the care market to improve the quality of the care provision in line with the Care Quality Commission (CQC), whose fundamental standards and ratings system sets the benchmark for the quality of care people should expect. Through innovation and technology projects, care homes are supported to provide services for more complex needs by successfully deploying technology within the care home setting for people with dementia; therefore, increasing personal independence, choice and control and creating better outcomes for people and reducing dependency on statutory services. In addition, these technological advances can assist with falls prevention, medicine management and electronic care planning.

Sufficiency within the market for self-funders is a responsibility for the Local Authority under The Care Act and support is offered to people in finding a service or by arranging their care - offering the deferred payment scheme and top up agreements for long term care needs.

### Specialist Residential and Nursing

Wirral currently commissions a small number of specialist residential and nursing care services for people with disabilities alongside development of a range of other accommodation to meet the needs of people with disabilities (with specific emphasis on Extra Care accommodation).

The aim of the Council is to reduce the number of people who are living in residential and nursing care, particularly those people with low level needs and younger people.

Wirral wants to support people with disabilities to be as independent as possible and to enable them to have more choice and control over their lives, whilst still acknowledging that there will be people, specifically those people with complex needs who will require this type of accommodation. The key aim will be to only place those people with the highest needs into residential and nursing care, and not to place young people with disabilities in residential care settings.

## Mental Health Services

In July 2018 WhaCC transferred its social work service for mental health services formally to Cheshire and Wirral Partnership (CWP) to deliver within an integrated arrangement with health services. Services for people with Mental Health issues is an area that WHaCC are continuing to develop as part of this new offer, with an increasingly deployed 'Lead Professional' model to

ensure that people who require assessment and support can work with the right professional at the right time.

Mental health is a key priority for the Healthy Wirral work stream, with four key areas for delivery: Crisis Care, Talking Together/Living Well Wirral, Physical Health in Mental Health and Dementia Care

Wirral's plan and commissioning intentions meet the requirements of the Mental Health Five Year Forward View and will look at further transformation in line with the NHS Long Term Plan.

Commissioned services are continually developed to ensure a stronger focus on improving the quality of the services provided as well as a move towards maximising opportunities for innovation and collaboration and to promote best practice across the Cheshire, Merseyside and Wirral area.

## Urgent Care

Wirral is committed to improving performance around Urgent Care by continuing to develop a resilient, responsive and effective urgent care system that focuses on patient care, quality and makes best use of resources.

There are 3 key aspects to the areas of focus for urgent care improvement:

- Admission avoidance and reducing non-elective admissions.
- Improving the flow through the hospital from admission to discharge.
- Timely discharge and supporting 'Home First' and 'Transfer to Assess' principles.

For adults and children with urgent care needs, Wirral's vision is to provide a highly responsive service that delivers care as close to home as possible, minimising disruption and inconvenience for patients, carers and families.

For those people with more serious or life-threatening emergency care needs, treatment should be available and accessible in centres with the right expertise, processes and facilities to maximise the prospects of survival and a good recovery:

Key deliverables include:

- System wide capacity and demand modelling to identify the range and volume of services required.
- Implementation of the result of the consultation exercise around community urgent care services.
- Delivery of the urgent treatment centre with redesigned and improved urgent care pathways.
- Implementation of the Integrated Urgent Care Clinical Assessment Services (IUCAS).
- Making the best use of the Better Care Fund to ensure we have the right services to provide the care needed.
- Support development of neighbourhoods to provide the right level of support, closer to home, for people with complex needs.

Services will be remodelled based on outcomes of a system wide capacity and demand review to enable delivery of operational priorities, ensuring:

- Continued focus on further reducing Emergency Department attendances and Non-Elective Admissions.
- Achievement of the 4-hour standard.
- Improving internal hospital flow from the point of admission to discharge with particular focus on reducing long stay patients.

- Improving length of stay in both acute and community settings whilst reducing bed dependency and particularly improving our integrated commissioning approach and requirements within the community home first and T2A model.
- Rapidly improving the 7-day home first pathway and community model to meet system requirements, optimising the future model.
- Full implementation of the newly commissioned domiciliary care contract.
- Maximising 7 day working by reviewing roles and responsibilities to improve efficiency supporting current and future workforce challenges, maximising technology solutions.

## Wirral Independence Service and Shared Lives

The Wirral Independence Service is a key component of the achievement of independence, safety, dignity and wellbeing of adults. Wirral has a range of services through a single lead provider operating a 7-day service, 8am - 8pm, 365 days a year - resulting in a more efficient service and a positive experience for people supported.

The service provides an integrated customer pathway across different services, reducing hospital and care home admissions and the number of falls at home. The service is offered to people living on Wirral or to people who have been discharged from acute settings from neighbouring authorities to Wirral.

Approximately 3884 people in Wirral are benefiting from Assistive Technology in their home reducing burden on carers and increasing confidence and peace of mind and maximising quality of life. This service is a 'foundation' commission which underpins all other commissioning activity within the borough, and it will be continually developed.

Shared Lives provides long term placements for individuals living with a shared lives carer and their families, as well as day support and respite.

The Shared Lives service is currently utilised by a wide range of people, with a range of identified and assessed needs. Provided in peoples own homes, the service is flexible and can adapt to suit individuals. This service was re-commissioned in 2018 and the current model is currently under review in order to expand the Shared Lives offer as part of a move to offering alternative accommodation models.

## Transfer to Assess

The transfer to assessment service enables people to be discharged earlier from acute inpatient wards and for people living in their own homes who may need short-term or urgent support within a nursing home environment, in order to prevent hospital admission by coordinating care in alternative settings. Features of this service include the trusted assessment between health and social care, the reablement offer, rehabilitation, and care coordinators within an integrated multi-disciplinary team to support patients and their families throughout and facilitates a more relaxed and appropriate environment to engage with family and friends to enable informed future care decisions to be made.

This service currently provides 104 community transfer to assess nursing beds with additional capacity to meet seasonal pressures and 40 local hospital-based beds that support nursing care for those people requiring initial assessment, outside of an acute setting, and plan for future care (usually at home). These beds work collaboratively with short-term assessment and reablement services that reduce the demand for acute health care.

WHaCC will continue to jointly commission support services to enable timely discharge from hospital but will move to commission less beds over time, based on detailed modelling of capacity as the home first and community care offers are improved.

## Day Services and Employment

### Learning Disabilities and Mental Health

There are a range of Providers who currently offer day opportunities to people in Wirral - commissioned through WHaCC either on a block contract or a spot purchase basis. Wirral wants to establish a framework of providers who are commissioned to provide day services and work with these providers to ensure that there are a variety of activities for people to access which will provide more choice and control.

Within the Liverpool City Region, a Flexible Purchasing System (FPS) has been established for providers who deliver day activities and employment services. Procurement activity will take place during 2019/2020, led by Liverpool City Council, with the aim of increasing the number of providers that Wirral will be able to commission within the community. This will give individuals more choice about the activities they take part in and move towards a reduced building-based day opportunity offer. Providers will be expected to focus on outcomes for individuals and supporting people to be more independent and more specifically moving into work, volunteering, leisure and learning. Wirral will continue to develop and research a range of innovative technologies which will support people to access these services and move towards more independence.

### Older People

For older people, including those with dementia, there are a range of day care models available in Wirral. This includes commissioned services within the third sector, or through the use of Direct Payments to access an alternative. Some of the services are available 7 days a week in order to ensure that people have a choice about when they attend and to be flexible around Carers needs. Day care for people with early on-set dementia is provided in a specialist centre which operates for 3 days per week as well as day care opportunities for socially isolated groups e.g. people who are physically frail and isolated.

Older people's day care services will be reviewed and recommissioned in 2020.

## Neighbourhood Working, Early Intervention and Prevention

Wirral's neighbourhood working model looks to ensure the best possible outcomes for the population within nine neighbourhood areas across Wirral. The focus of this model is to draw on the full range of resources, including voluntary and community sector as well as public services, and making effective use of them. To do this, strong system leadership and local relationships need to be developed, and effective local delivery networks put in place across sectors. Place based care is about collaborating to improve services and building capacity within the voluntary sector and local communities in order to support people to be as healthy as they can be.

In addition, future commissioning of early intervention and prevention services will be based on organisations working to provide a coordinated third sector response to the needs of vulnerable Wirral residents, and to support residents to access universal and community support services that will build resilience and improve or maintain an individual's health and wellbeing. We will review this offer during 2019/2010.

A range of services are currently provided by Wirral Health and Wellbeing Community Interest Company to assist and enhance the lives of vulnerable people of all ages and their Carers.

The services provided to adults and older people include:

- Day Services for Older People and People with Early Onset Dementia.

- General Support Opportunities for vulnerable people.
- Home Service - support to facilitate early discharge from hospital.
- Third Sector Connectors - connecting people to services.
- Falls Army - volunteers to support the reduction in falls.
- Breeze - programme of support and self-management of people with long-term conditions.
- Shop mobility - wheelchair and powered scooter hire.
- Carers Health and Wellbeing Service

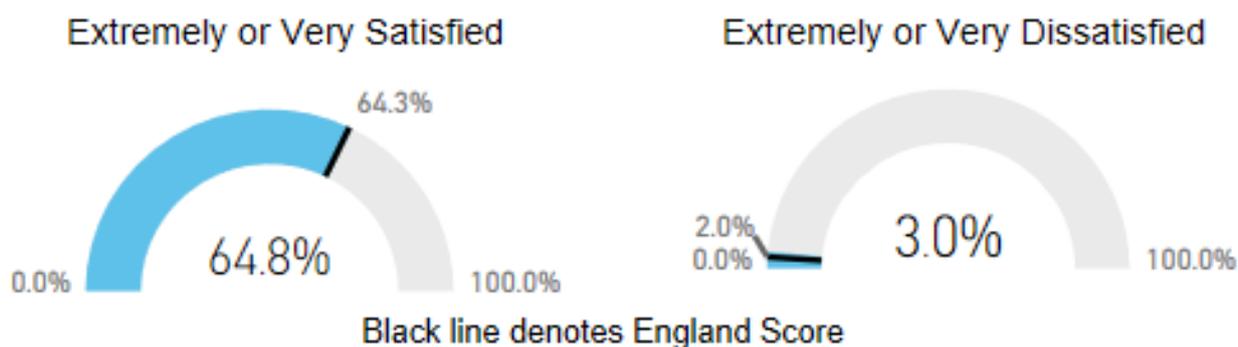
## Local View

Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, the Council has a statutory responsibility to scrutinise commissioners and providers of health services on Wirral. Wirral Council's Adult Care and Health Overview & Scrutiny Committee takes a lead in discharging this function by delivering an annual work programme. A key priority when carrying out this duty is to engage with local communities and stakeholders, so that the insight and perspective of local people can form an integral part of the health scrutiny process. In addition, by reviewing national data around local satisfaction with adult social care services, it is possible to gain further understanding of how vulnerable adults feel they are supported locally.

## Adult Social Care Survey (ASCS) 2018-19

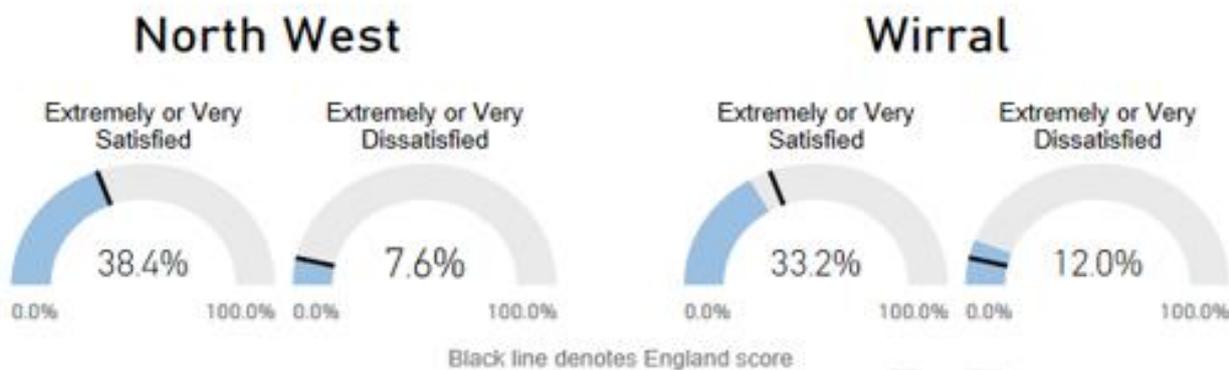
The Personal Social Services Adult Social Care Survey is an annual national survey with gathers information from service users aged 18 and over and in receipt of long term support services that are funded or managed by social services.

In 2018/19, 64.8% of adult social care service users on Wirral was very or extremely satisfied with the care and support that they received which was slightly higher than the national average of 64.3%. 3% of these service users reported that they were very or extremely dissatisfied with the care and support that they had received on Wirral.

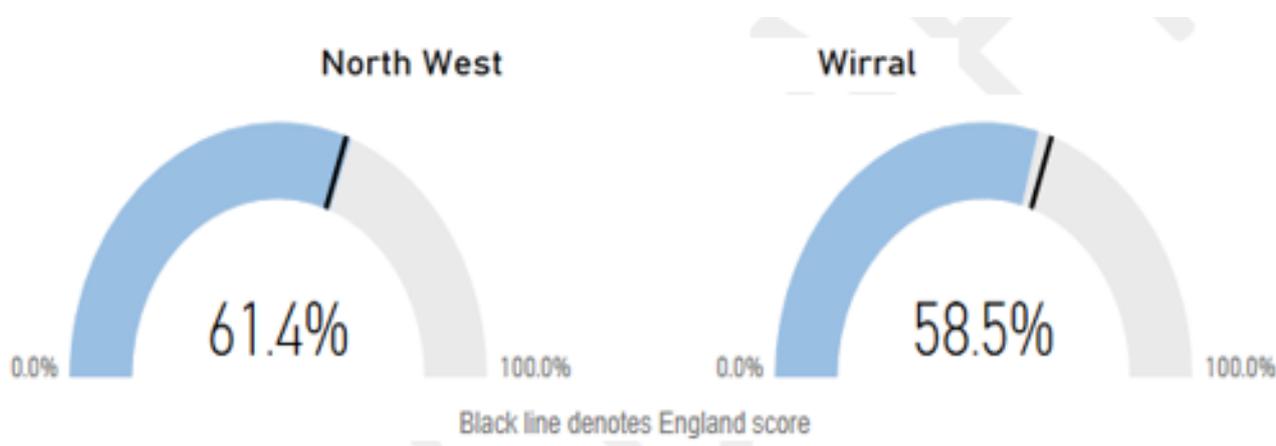


## Survey of Adult Carers in England (SACE) 2018-19

The Personal Social Services Survey of Adult Carers in England is a biennial survey conducted through NHS Digital by Councils with Adult Social Services responsibilities. The survey seeks the opinion of unpaid carers aged 18 or over, caring for a person aged 18 or over on a number of topics. 33.2% of people who had received services on Wirral were very or extremely satisfied with their support - this was below the national average of 38.6%.



58.5% of carers on Wirral reporting that their caring duties had caused them feelings of stress – below the national average of 60.6%. Nationally, the number of carers that reported experiencing stress as a result of their caring responsibilities has significantly increased since 2016/17.



## Wirral Residents Survey 2017

In 2017, Wirral Council carried out a wide-ranging Residents' Survey providing valuable insight into residents' thoughts on the Borough and service provision. This survey reported that there had been a significant rise in the proportion of residents who felt health services for the elderly need improving (29% vs. 24% in 2015).

Satisfaction with Community Clinics had also significantly decreased, but this could have been due to over-subscription as significantly more residents use them and less go to the GP.

Almost one in three residents (28%) provide unpaid care for someone else, and 7% provide at least 20 hours a week. A quarter of carers (25%) live with the person they help, although nearly a quarter of these carers (23%) say the person will probably have to move into more suitable accommodation in the next five years.

## Wirral Mental Health Survey 2017

In 2017, Wirral Clinical Commissioning Group carried out a survey of residents who currently have a mental health condition, have experienced mental health care in the past two years or are close to someone with a mental health condition, in order to share their views and experiences of mental healthcare across Wirral.

145 people responded to the survey, of which 52.4% were using or had used Wirral mental health services since 2015. Feedback received as part of this survey highlighted the need for improvement

in a number of areas, with key findings being the need for physical and mental health to be seen as one and the need for better access to services through self-referral and shorter waiting times.

## Urgent Care

A comprehensive consultation exercise was undertaken as part of the Urgent Care Transformation programme; with a broad timeline of engagement activity including a public survey, statutory and public meetings, social media promotion, postcard drops and focus groups for people with protected characteristics. A public survey was also held between September and December 2018 alongside the launch of a dedicated website providing detailed information regarding the proposals for Urgent Care on Wirral.

There were 1965 respondents to the public survey with 98% identifying themselves as residents of Wirral. In response to the public consultation, 8 different petitions were received with a total of 45,095 respondents. Of two options provided, 66.5% of respondents stated their preference of a 24-hour Accident and Emergency offer, alongside a 24-hour Urgent Treatment Centre with a more limited provision of wound care and 0-19 services – with full consultation results available [here](#).

Two special meetings of Wirral Council's Adult Care and Health Overview & Scrutiny Committee were held, with attendance from two Wirral GP Federations and Patient Participation Groups, as well as local NHS Trusts. In addition, a Joint Health Committee was convened between Wirral Council and Cheshire West and Chester Council to ensure scrutiny of these substantial cross-boundary developments within the wider area health service provision. The outcomes of these joint health scrutiny meetings can be found [here](#).

## Integrated Health and Social Care

The integration of health and social care has been a national focus in recent years, and Wirral has taken a lead in joining up services and providing a seamless experience of what can be a very complicated care system. Wirral Health and Care Commissioning has been in operation since May 2018 as a formal strategic partnership between Wirral Council and Wirral CCG - with a key development in 2018/19 being the pooling of funds and financial governance in order to take forward plans for a single health and care commissioner for Wirral.

As part of the Adult Care and Health Overview & Scrutiny Committee work programme, Elected Members looked in detail at the pooling of health and care budgets and the tangible impact of this integrated working on Wirral residents. In addition, as part of the scrutiny into the pooled budgets for 2019/20 and 2020/21, the Committee heard from frontline staff as well as patient and carer representatives to ensure the positive effect of integrated care on local people.

This feedback primarily stated that delays in care provision due to the question of funding responsibility have largely been addressed, and integration has enabled care to cut across health and social care boundaries rather than having a defined role for each. Members of the Adult Care and Health Overview & Scrutiny Committee have been kept apprised on the three main areas of integrated care in Wirral; an integrated commissioner for health and care services, an integrated older people and adults social care service (delivered through Wirral Community Health and Care NHS Foundation Trust) and an integrated all age disability and mental health service (delivered through Cheshire and Wirral Partnership NHS Foundation Trust).

A number of key achievements that have been realised following the integration of services include fewer people being cared for in residential or nursing homes, significant increases in

pathway plans in place for children looked after, and a single domiciliary care commission that has removed waiting lists and enabled more flexible care.

An independent peer review was also undertaken by the Association of Directors of Adult Social Services (ADASS) and the Local Government Associate (LGA). The review found that integration of health and care service in Wirral is 'having a positive impact on the frontline and people who use services' as well as improving innovation, joint working at neighbourhood level and problem solving across the health economy.

## Learning Disabilities

Elected Members carried out a 'Reality Check' site visit to the Pensby Wood Day Centre, a purpose-built facility that provides care and support for adults with Profound Multiple Learning Disabilities from across Wirral and beyond.

The Centre received £1.2m of Council funding in 2017, and Elected Members were keen to find out the impact of this investment on those being supported by talking to families and staff and witnessing the use of the facility first-hand. Investment meant significant improvements to the building, particularly the pool area and sensory interaction rooms – with a variety of activities for people supported that enable life skills to be developed and improve quality of life for Wirral's most vulnerable residents.

A report of the Adult Care and Health Overview & Scrutiny Committee detailing this visit can be found [here](#). Scrutiny Committees have also received regular updates on the commissioning of support for people with a disability which supports the pledges and priorities of the Wirral Plan and All Age Disability Strategy.

## Underpinning and supporting evidence

[Visit Wirral Intelligence Service website for more details that inform this document.](#)

## Contact details

**For further details please contact**

Wirral Intelligence Service at [wirralintelligenceservice@wirral.gov.uk](mailto:wirralintelligenceservice@wirral.gov.uk)

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