Care Quality Commission

Metropolitan Borough of Wirral: local authority assessment

How we assess local authorities

Assessment published: 22 January 2025

About Metropolitan Borough of Wirral

Demographics

The Metropolitan Borough of Wirral is a peninsula with a population of 320,000. Wirral had an older population than the rest of England, with those aged 65 years and over making up 22% of the population, compared to 18.4% in the rest of England. There was an increase of 15.5% in people aged 65 years and over from 2011 to 2021, and a decrease of 3.9% of people aged 18-64.

There was significant deprivation in Wirral with the council having a multiple deprivation score of 7, meaning it was more than midway between the most deprived and least deprived in England. 35.8% of the total population were living in an area defined as the 20% most deprived areas of England. In tandem with this there was high inequality in life expectancy which was an important marker for the underlying health inequalities of the population. For example, males in Birkenhead and Tranmere were expected to live 70.4 years whereas males in Greasby, Frankby and Irby lived on average 83 years.

In 2021 there were 15,507 residents identifying as black, asian and minority ethnic (4.8% of the total population) which was proportionately less than the rest of the north-west (14.4%) and nationally (18%). The average rate of change in the city region was faster than the national average with an increase of 154% (23,000) of people in the population that identified as black between 2011 and 2021.

Wirral is located within the NHS Cheshire and Merseyside Integrated Care Board (ICB) for the region.

The council was run on a committee system, with the majority party (Labour) sharing decision making through committees aligned to portfolios. The majority party chairs the committees, and the committee chairs attended the leader's committee that oversees them. The leader of the council and committee chairs were all Labour.

Financial facts

The financial facts for the **Metropolitan Borough of Wirral** are:

- The Local Authority estimated that in 2022/23 its total budget would be **£502,625,000**. Its actual spend for that year was **£588,006,000** which was **£85,381,000** more than estimated.
- The Local Authority estimated that it would spend **£119,164,000** of its total budget on adult social care in 2022/23. Its actual spend was **£126,596,000**, which was **£6,832,000** more than estimated.
- In 2022/23, **22%** of the budget was spent on adult social care.
- The Local Authority had raised the full adult social care precept for 2023/24, with a value of **2%**.

- In 2022/23 approximately **8855** people were accessing long-term adult social care support, and approximately **840** people were accessing short-term adult social care support. Local Authorities spend money on a range of adult social care services, including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration and cost.

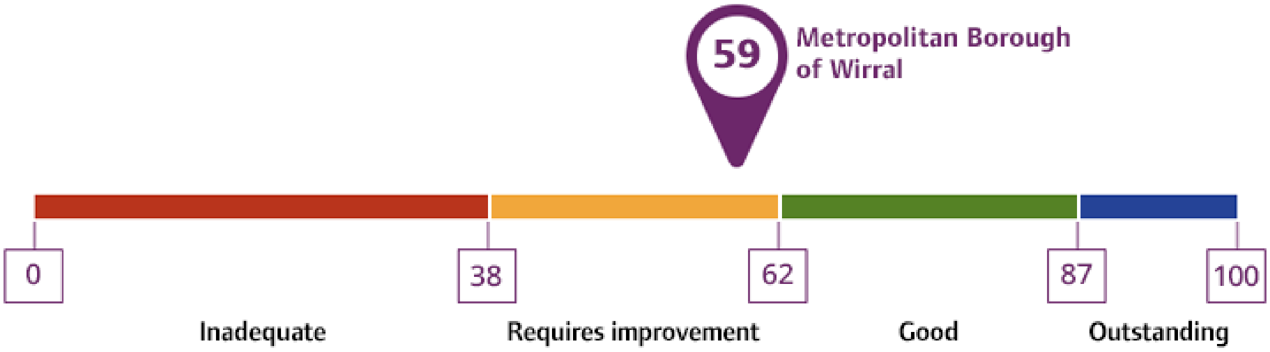
This data is reproduced at the request of the Department of Health and Social Care. It has not been factored into our assessment and is presented for information purposes only.

Overall summary

Local authority rating and score

Metropolitan Borough of Wirral

Requires improvement



Quality statement scores

Assessing needs

Score: 2

Supporting people to lead healthier lives
Score: 3

Equity in experience and outcomes
Score: 2

Care provision, integration and continuity
Score: 2

Partnerships and communities
Score: 3

Safe pathways, systems and transitions
Score: 2

Safeguarding
Score: 2

Governance, management and sustainability
Score: 2

Learning, improvement and innovation
Score: 3

Summary of people's experiences

Overall, we had mixed feedback from people about their experiences of contact with and receiving support from the local authority. People could contact the ‘front door’ of the local authority - the central advice and duty team (CADT) - via telephone or online. People told us that making the initial contact was sometimes difficult via telephone in terms of getting through, and they felt that they had to repeat ‘their story’ over and over again when passed on to other teams. People told us that once they were allocated a worker, they were happy with their experience. They told us that they felt supported, and assessments were person-centred. Staff provided positive practice examples of applying the ‘three conversation’ model in their assessments and accessing quick purchases for support and equipment via their teams ‘3C’s’ debit card which had delayed the need for people to need ongoing services.

The feedback we received from carers was mixed. Some carers shared that they weren’t always offered a carers assessment or did not know they could access one. Carers who had accessed a carers assessment spoke very positively about the one-off carers grant of £300, with this being used in many ways to support their wellbeing. Carers spoke very positively about the support they received from the commissioned carers organisation who had supported people in many different ways. Some great examples of this support being provided to us such as holistic therapies and days out. We were told that annual reviews weren’t consistent, and people often didn’t know when they would receive one. People told us that they would like to have an annual review planned in advance, but this was not their experience. This was reflective of the local authority’s backlog of annual reviews.

There was a growing community of people from an ethnic minority background in the local authority area. Staff demonstrated an understanding of the cultural needs of the communities they served, however, there wasn't always information which people whose first language wasn't English could access, with some voluntary groups being asked to create their own to share with them. Leaders identified that there was more work to be done to be inclusive of these communities and create stronger relationships. Feedback about use of translation services between people and staff was mixed. Staff reported prompt access to interpreting services during normal working hours, however access to interpreting services out of hours was a challenge. People also told us that accessing British sign language (BSL) interpreters to support them in accessing the service wasn't straight forward, with people having to self-refer to third sector organisations themselves without being signposted or supported to do so.

Summary of strengths, areas for development and next steps

There had been significant changes in the senior leadership team at the local authority, with a new Director of Social Services (DASS) and Principal Social Worker (PSW) in the recent months prior to our assessment. Teams spoke about positive changes since the new appointment to these posts, with the SLT being approachable and visible. The DASS had a clear vision and ambition for transformation to enhance the local authority's offer to prevent, reduce and delay the need for care and support. There were plans to improve the 'front door' of the service and work with partners around a 'Dementia care plus' model of care for those whose needs required an enhanced level of support. The DASS had support from the Chief Executive and members, and plans were developing. The PSW had introduced staff forums to promote learning and reflection which were well attended, as well as case audits with managers gathering feedback from people and their families. Learning from safeguarding adult reviews (SARs) was shared via 7-minute briefings, as well as within the staff forums.

People told us about positive experiences of assessment and support planning, however initial contact was sometimes a challenge. There was a low uptake of direct payments (DP). The local authority was keen to increase the uptake, and there were plans to address some of the known barriers, including the launch of a Personal Assistant register and provision of additional support for people with the ‘employer’ role. There had been delays in financial assessments for some people which had caused large bills to accumulate for their financial contributions. In some cases, this had led to financial pressures and people cancelling their care.

Staff were passionate about the implementation of the 3 conversations model and the ‘3C’s’ debit card, which had enabled them to access funds without delay to empower people to remain independent at home. We were told of one-off purchases which had avoided the need for people to have formal, ongoing care and support. Staff told us about a strong offer of supervision and progression pathways enabling them to progress.

The local authority had a robust offer of intermediate and reablement services, supporting people to avoid hospital admission and return home or ‘step down’ once they had ‘no criteria to reside’ in hospital. We were told of positive partnership working within the transfer of care hub (ToCH), and staff said it had made improvements in hospital discharge processes.

The Promoting People’s Independence Network (POPIN) team was successful in signposting people to community resources, including those without eligible needs. Staff reported that the interface worked well between the intermediate and reablement services, however due to there being so many teams - both integrated with health partners and ‘in house’- they weren’t always certain of the criteria or where to signpost to. This didn’t cause delays in support, only duplication of referrals at times. There were lengthy waits for OT assessment but there was speedy provision of equipment when needs had been assessed. There was not a Principal Occupational Therapist in the local authority, which is something the local authority could consider to promote the ‘voice’ of the profession within the senior leadership team (SLT).

There was recent investment in building additional extra-care schemes in the local authority area, with more planned. There was a strong domiciliary care offer, with capacity across all services. There had been issues relating to the standard of care within the care homes, with two care homes remaining suspended to new placements at the time of assessment. Quality monitoring of commissioned services had been strengthened with the introduction of the Provider Assessment Monitoring Management System Team (PAMMS); some improvements had been made, with 70% of all care homes in the local authority area at the time of assessment being rated as ‘good’ by CQC.

There were some gaps in care provision, for example, provision for young people with complex needs, and people with mental health issues who required respite prior to or following detention. Staff and leaders discussed gaps in provision for people with enhanced dementia, with increased requests for one-to-one support within care homes. Leaders told us about working with providers on a ‘Dementia plus’ model of care to bridge this gap and better support people at that stage of complex needs.

There were large health inequalities in Wirral, with life expectancy gaps of up to 12.6 years. At the time of assessment, a new ‘neighbourhood model’ was being piloted alongside partners from primary care, police, education, health and housing, with plans to launch these across the local authority area. Each neighbourhood will focus on the needs of the residents to address the prominent challenges in those neighbourhoods. We were told by staff, one of the neighbourhoods’ will be focussing on engaging communities from ethnic minority communities, which senior leaders identified as requiring more work. There was a clear commitment to co-production in Wirral, with people with lived experience contributing to strategies. The local authority had created a council for voluntary services (VCS), which partners described as being innovative. There were acknowledged challenges in partnership working between the local authority and health partners, with recent disagreements in relation to joint continuing healthcare (CHC) and special education needs and disabilities (SEND) funding.

There was robust partnership working in relation to safeguarding and the Multi Agency Safeguarding Hub (MASH) team at the local authority. Although not co-located, staff told us about good joint working and having access to read-only versions of health partners' IT systems assisted them in their work. Leaders were aware that data relating to safeguarding activity was not always accurate or easy to interpret and they had identified this as a priority to address.There were risks to people's well-being due to a backlog of unauthorised Deprivation of Liberty Safeguards (DoLS) applications and annual reviews. There had been investment by the local authority in additional staff for the review team to address the backlog, however additional resources had not been provided to the DoLS team and the plan to address the backlog was unclear. Since the assessment the local authority have informed CQC that overtime has been offered to staff to address the backlog, as well as seeking additional agency staff. Providers told us they didn't always receive feedback following safeguarding enquiries which required some improvement.

We were told by staff that transitions work would benefit from starting earlier, to better plan the move over into adult services and manage anxieties of families. There had been a low uptake of referrals to advocacy services to support with Care Act and mental capacity issues. In order to address this, the commissioned advocacy service had met with teams to promote referrals, and a prompt had been built into the IT system in order to prompt staff to consider advocacy earlier on in the assessment and support planning process.

Theme 1: How Metropolitan Borough of Wirral works with people

This theme includes these quality statements:

- Assessing needs

- Supporting people to live healthier lives
- Equity in experience and outcomes

We may not always review all quality statements during every assessment.

Assessing needs

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that is coordinated, and everyone works well together and with me.

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Key findings for this quality statement

Assessment, care planning and review arrangements

The pathway for people to access adult social care services was the 'Front Door': the Central Advice and Duty Team (CADT), via telephone or via email. The service used a strengths-based, 3 conversations (3C's) model. Staff told us the goal of CADT was to apply the 3C's model to assess needs and risk, then signpost to external agencies or the most appropriate internal team. People with learning disabilities (LD), or mental health (MH) needs were referred to specialist teams. Requests for longer-term placements or care packages were passed to the neighbourhood teams, which worked well. CADT also received safeguarding referrals which were sent on to the Multi Agency Safeguarding Hub (MASH) for screening.

We found pathways and processes ensured that people's support was planned and co-ordinated across the different agencies and services available. There was a clear focus on early intervention and prevention with a commitment to the delivery of a range of services which encompassed a strengths-based approach to assessment and support.

There was a range of services available at the front door. The Promoting People's Independence Network (POPIN) team comprised of care navigators, with a remit to work with those over 60. They completed needs assessments in the person's home with a view to supporting them to maintain their independence with the use of assistive technology and equipment. They also signposted onto other teams and partners and identified the need for carers assessments. Staff told us that the POPIN service was accessible without delays and provided the speedy interventions that people needed. The Short-Term Assessment and Reablement (STAR) and the 'AbleMe' service focused on increasing independence at home with the use of assistive technology and equipment for up to six weeks. The impact of this was yet to be seen, with 78.05% of people remaining at home 91 days after discharge from hospital into reablement services, which is lower than the England average of 83.70%. The 'Home First' team offered reablement at home to support discharges. Staff told us the interface between the teams worked well, although we heard they were not always confident in understanding the remit of their roles.

Leaders told us that the Integrated Care Board (ICB) and the Council had plans to evaluate all current NHS and local authority provision, Better Care Fund commissioned services, and services funded by the adult social care Discharge Fund. This was to analyse the impact and to understand if services met demand, reduced duplication and optimised people receiving the right care at the right time and in the right place.

Feedback we received from people in Wirral about access to care and support was mixed. People told us that there were difficulties accessing the front door and they felt that they had to tell their story ‘over and over again’ when they finally spoke to someone. Once they had accessed the service via the Front Door, they were generally satisfied with the support they received but the challenge seemed to be making the initial contact. Leaders told us that there is currently a review of the Front Door function taking place and have commissioned an external agency to assist them with this.

We were told that once people had been allocated a worker, they had a positive experience of assessment and care planning. We found that care planning ensured people’s human rights were respected and protected. People said they were involved in decisions made about them and confirmed their protected characteristics under the Equality Act 2010 were both understood and incorporated into care planning. National Data from the Adult Social Care Survey (ASCS) (October 23) showed that 63.18% of people in the local authority who were surveyed were satisfied with care and support, which was similar to the national average (62.72%). 80.35% of people felt they have control over their daily life, which was slightly above the national average of 77.62%.

People gave mostly positive feedback about the way the local authority completed assessments and care planning. Staff described and consistently demonstrated a person-centered approach in assessing need and developing care and support plans. They demonstrated passion about implementing the 3C’s approach and spoke of access to a ‘3C’s’ debit card, which enabled them to purchase one-off items and gave examples where this had quickly enabled people to remain independent at home.

People’s experience was inconsistent and there was some confusion around processes following implementation of services or equipment. Several people identified how social workers, the person and their carers had worked together to develop care plans. This involved social workers focusing on the individual’s wishes and aspirations, alongside supporting them to maintain their independence, choice, and control. Examples included a person telling us their assessment was completed promptly, and their carer also had their needs identified during the process. Another told us that an occupational therapist (OT) had assessed their needs well, providing equipment for them to try before finding the most suitable option for them. One family told us that a social worker in the service arranged a move into residential care for their loved one when they were unable to arrange this themselves due to living a distance away. In contrast, people told us that they didn’t know how to replace equipment, and carer’s assessments weren’t always offered initially. One person told us that they were unclear as to whether they would be receiving a review or when this would happen.

A ‘trusted assessor’ approach was adopted with staff across teams having accessed training to promote the quick provision of low-level equipment. Staff reported that they were able to arrange delivery of equipment the same day in some cases. In contrast, for those who had accessed an OT assessment, and required equipment, did not always have access to prompt delivery. We were told that this is due to the OT team not having access to the information technology (IT) systems used by the trusted assessors. Since the assessment, the local authority informed CQC that all practitioners have access to the same equipment ordering system.

Timeliness of assessments, care planning and reviews

The local authority had waiting lists for assessments and reviews. National data on Short and Long-Term Support (SALT) told us that 24.51% of people accessing long-term support had been reviewed (includes both planned and unplanned) and this was much lower than the England average of 58.77%. Local authority data told us that there were 1641 overdue annual reviews equating to 61.5% of total cases. Providers told us that reviews were not carried out in a timely manner, which resulted in them supporting people's increased needs without a local authority review and they were often not consulted as part of the review process. People told us they did not know when their reviews would take place and would have liked to have provisional dates from the local authority so that they knew when they would happen.

The average waiting time for Care Act assessments at the end of March 2024 was 12.9 days, which was positive given the rise in demand for service. Data provided by the local authority showed that there had been an 8.5% increase of people receiving a service from adult social care from April 2021/22 to April 2023/24. OT waiting lists were high for those not assessed as a priority. We were told OT referrals were triaged and placed in 'priority' 1, 2 or 3. Assessment wait times were longest for those deemed as 'priority 2', with the longest wait time recorded in October 2024 as 95 days. We were told that waiting lists were reviewed, however we were not told of plans to address the backlog. Those allocated to priority 1 had the promptest access to assessment with a maximum wait time of 4 days at the time of assessment.

Leaders told us that they were acting to manage and reduce waiting times for reviews. Additional funding had been allocated to recruit six staff to the review team, with plans to increase this. People coming into the service from CADT were able to access an assessment with little waiting time, however people receiving timely reviews of their services and equipment was an issue. We weren't told of any recent improvements in waiting times.

Assessment and care planning for unpaid carers, child's carers and child carers

We found the needs of unpaid carers were recognised as distinct from the person with care needs, and we saw support plans and reviews for unpaid carers were undertaken separately. Carers were identified through initial assessments of people's needs; however, feedback was mixed. Some people told us that carers assessments weren't initially offered when needs assessments of family were being completed but offered later in the care planning process. The Survey of Adult Carers in England (SACE) data showed low satisfaction levels, with 28.57% of carers reporting that they felt satisfied with social services (England average 36.83%). At the time of writing our assessment, 21 people were waiting for a carers assessment

The local authority commissioned a carer's organisation to support carers locally, with statutory carer's assessments completed by local authority staff. When carers contacted the carer's organisation, support could be accessed to complete initial information for their statutory assessment, which was then sent to the local authority. People told us that the carer's service also did their own assessment of carer's needs and there was some duplication with the local authority's assessment. People told us it would be better for them to integrate the statutory assessment into the carer's service.

The local authority commissioned a service to complete assessments with young carers. We were told by partners when young carers were approaching adulthood, they were supported to integrate into adult carer's support services, which people told them had helped them with the transition.

Following assessment, feedback was positive about support and services available to carers. We received a large amount of positive feedback from people who had accessed support from the carer's service. We were told people were offered advice and support groups, trips out, holistic therapies and one person was supported to advertise for a personal assistant (PA) which had been successful in allowing her to make use of a direct payment (DP).

There was a £300 one-off carer’s grant available to those who had been assessed by the local authority. This was well utilised by the people we spoke to. Examples included people accessing gym subscriptions to enhance their wellbeing, and one person purchasing an iPad. They reported, however, the process to access the grant was overly bureaucratic and had been completed via telephone when they would have preferred a visit to their home.

Additionally, we saw the local authority was leading co-production work with NHS colleagues to identify carers who did not identify as being in a caring role and did not access the support available via the local authority.

Help for people to meet their non-eligible care and support needs

People were given help, advice, and information about how to access services, facilities and other agencies for help with non-eligible care and support needs, through signposting in CADT and the POPIN service, who also supported people who were funding their own care.

Staff applied the 3 conversations model considering prevention when receiving initial contact from people. Staff demonstrated a robust knowledge of community resources and provided examples of signposting people to them, which had prevented, reduced or delayed people’s needs for other, formal care or support. Community resources were also made available online via a directory which people could access independently.

Eligibility decisions for care and support

The local authority’s framework for eligibility for care and support was transparent, clear and consistently applied and was available on their website. The local authority did not have any Care Act assessment appeals in the last year. We noted that while detail on the complaints process was accessible on the website, the information about how to appeal was not. Since the assessment, the local authority told us that appeal challenges are handled via their standard complains process.

Financial assessment and charging policy for care and support

The local authority's framework for eligibility for care and support was transparent, clear and consistently applied. There was an online portal available for people to carry out an assessment online.

At the time of assessment, there were 338 people awaiting a financial assessment and an average wait time for assessment being 26 days, which was a recent improvement. In the past 12 months, there had been a 640-day maximum wait time for financial assessments.

People told us that prior to recent improvements in financial assessment wait times, delays in receiving invoices for care had caused financial difficulties and anxiety, with some people having received high bills due to delays in financial assessments. Staff told us people had cancelled packages of care due to financial strain or debt. From October 2023 to September 2024, Adult Social Care received a total of 240 complaints, of which 75 of these complaints (31%) had a financial element. Key financial concerns included disputed invoices, disputing the financial assessment process, misunderstanding of charging implications of receiving care, and lack of clear information on the charging process and backdated charges and invoices.

Provision of independent advocacy

The local authority commissioned an independent advocacy service which covered all aspects of advocacy. Staff reported a good relationship with advocacy services. A prompt had been built into the local authority's IT system for staff to be able to refer easily for advocacy whilst completing Care Act assessments. The local authority had created this pathway in their system due to concerns being expressed about delayed referral, to prompt staff to consider advocacy earlier on. For continuity, if a person had worked with an advocate before, the same advocate was allocated where possible.

Local authority data showed between August 2023 to August 2024, 6 referrals were made for Independent Mental Capacity Advocate (IMCA) support, and 56 Care Act assessment support requests. Due to low levels of referrals, a meeting was held between the advocacy agency and staff teams to promote the service. Partners report that since then they have seen an increase in referrals. Staff reported no delays in accessing advocacy, with a practice example provided to us of speedy support from advocacy partners in relation to an unexpected care home closure.

Supporting people to live healthier lives

Score: 3

3 – Evidence shows a good standard

What people expect

I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

I am supported to plan ahead for important changes in my life that I can anticipate.

The local authority commitment

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.

Key findings for this quality statement

Arrangements to prevent, delay or reduce needs for care and support

The local authority's Adult Social Care Prevention and Early Intervention Strategy 2024-2029 highlights their priorities as reducing social isolation, supporting people to 'age well', and to provide advice and guidance in a timely manner. The local authority demonstrated areas of proactive work with people, partners and the wider community to provide a range of services and resources designed to promote independence and prevent, reduce or delay the need for care and support. The Director of Public Health was line managed by the DASS and had regular meetings with the SLT as well as the committee system. Leaders told us there were strong links between the SLT, Director of Public Health and the political leadership at the local authority, who worked collaboratively. We were told the prevent, reduce and delay agenda is threaded throughout all the local authority's strategies.

Partners told us that there was outreach work being carried out with a goal of capturing harder to reach communities, and those who may be digitally excluded. Partners engaged in door-knocking initiatives whereby they would share with each other which areas they were going to be working with partners, to ask if there was any information to pass onto people about local activities or events that may support their well-being.

Staff said alongside implementing the ‘3 conversations’ model, community teams had a directory of support for each locality area, known as ‘info bank’, which is available online for people to access independently. The online portal also invited people to suggest new services to be added. Staff told us that by having access to the 3C’s debit card they had been able to provide one-off resources quickly, which delayed or prevented a need for ongoing care and support. One example was the purchase of a hoover for a young person, which enabled them to manage maintaining their home without the need for a further service. Another example was the purchasing of a phone which allowed a person to be reached by health professionals which had previously presented a barrier to accessing support. Teams and partners referred people to the Promoting People’s Independence Network (POPIN) service who worked with anyone not known to the local authority, including people who were funding their own care, and those with ineligible care needs. POPIN signposted people to voluntary organisations who were successful in supporting with such things as meal deliveries and have access to a shop where people can come and try equipment for example.

There was a growing population of people from an ethic minority background in the local authority area and leaders identified that support services required some development with this in mind, to ensure that there are culturally appropriate services and resources for all residents.

There was specific consideration given to the support for unpaid carers. Carers said they felt that the local authority had worked with them and been preventative of carer breakdown by supporting them; for example, by seeking an ongoing placement in shared lives, before they reached crisis point, and by having access to respite services to have a break this supported them in their ongoing role. Carers said they had access to training from the local authority. They were empowered to make one-off purchases with grants which had promoted their wellbeing, with one example being, a carer purchasing an exercise bike to maintain their wellbeing. Support provided by partners in the community promoted peer support between carers and access to holistic services.

Provision and impact of intermediate care and reablement services

The local authority worked with partners to deliver intermediate care and reablement services that enabled people to regain and maintain independence. National data showed that 2.86% of people 65 plus received reablement/rehabilitation services after discharge from hospital. This is in line with the England average of 2.91% (Adult Social Care Outcomes Framework (ASCOF)). 78.05% of people 65 plus were still at home 91 days after discharge from hospital into reablement/rehab. This is lower than the England average of 83.70% (Short and Long Term Support (SALT)).

The local authority had identified pathways to the multi-disciplinary Short Term Assessment and Reablement (STAR) service, supporting people post discharge to regain optimal independence. Alongside the community therapy team, the local authority also had their own 'in house' reablement team 'AbleMe'. Their remit was to re-able those who had fallen ill or suffered an injury at home. At the point of assessment, the AbleMe service was still in its infancy, however leaders told us that there had been a successful start, and it was demonstrating positive results in preventing the need for longer-term services. Staff reported that the AbleMe service had engaged people who would previously not have met the criteria for reablement (STAR) and wouldn't have had access to short-term intervention to increase their independence in the community.

The Community Integrated Care Centre (CICC) supported discharge from the main treatment hospital, Arrowe Park, as well as providing a 'step up' function to reduce the need for admissions to hospital. The community integrated response team, 'Home First' team supported the CICC, as well as working with people in the community when people were discharged home for a limited time. Local authority staff were positive about the work the intermediate care and reablement services provided.

Access to equipment and home adaptations

There was good access to equipment and minor home adaptations to help people maintain their independence and continue living in their own homes. At the time of assessment, the local authority had an average wait time for equipment of 6 days, with the longest wait being 31 days in the past 12 months. Neighbourhood teams had staff with appropriate training to provide basic equipment to increase independence, with staff reporting that some equipment had been delivered the same day as ordering. Where cases were deemed low priority, the Occupational Therapy (OT) team told us of wait times for assessment of up to 9 months. Occupational Therapists (OT's) reported not having access to the same trusted assessor site as other teams, and not being able to access equipment as speedily as the other teams. Since the assessment, the local authority informed us that all practitioners should have access to the same equipment ordering system.

People told us of the positive impact that having access to equipment such as grab rails, bannisters and toilet frames had, and these items had made a real difference to their lives. There was not a Principal OT role at the local authority which staff felt would be beneficial to their profession and create a 'voice' in the Senior Leadership Team (SLT).

Provision of accessible information and advice

There was information and advice available for people on their rights under the Care Act 2014 and ways to meet their care and support needs, on the council website however we were not told of where else this could be accessed. This included information for unpaid carers and people who fund or arrange their own care and support. Survey of Adult Carers in England (SACE) data showed 79.22% of carers found information and advice to be helpful, which was lower than the England average of 85.22%. Information on the website was only accessible to people who had a computer which created a digital barrier to access. Despite this, in the Adult Social Care Survey (ASCS), 75.34% of people who used services said they found it easy to seek information about support, which was higher than the England average of 67.12%. This data would not account for those people that had been unable to access services due to barriers.

Partners reported that easy-read documents and alternative languages weren't always accessible, with some being asked to create their own easy-read documents to share with their communities. People frequently spoke about commissioned voluntary services supporting them in accessing information; and partners told us there was a gap in the local authority's ability to support people from an ethic minority background with information whose first language may not be English.

It was highlighted by partners that more work needs to be done to engage those from ethnic minority backgrounds, especially around caring responsibilities as there were barriers for people who don't identify as carers or people who worry about stigma in accessing advice and support. 56% of carers found it easy to access information and advice, which is slightly lower than the England average of 59% (Survey of Adult Carers). People told us that when supporting a family member who was in crisis, they received no advice in relation to carers support from the local authority and found this themselves using the internet. Carers accessing advice and information was not consistent and appeared to be dependent on the worker who they had contact with at the local authority.

Direct payments

The local authority had a low uptake of direct payments. Only 8.66% of people received direct payments which is very low compared to the England average of 26.22% (Adult Social Care Outcomes Framework). A direct payment review used co-production groups to try to address the reasons behind the low uptake. A lack of personal assistants (PA) registered was one reason provided, with people struggling to source a PA to match with. In response, the local authority had created a PA register. This was being developed at the point of assessment, therefore the impact of this could not be measured.

The review also recognised the challenges of being an ‘employer’ when taking on a DP and identified that people needed advice and support regarding PA's to facilitate choice and control over their care provision. It was also felt that the older demographic in the local authority area and the challenges they face with technology may impact upon their uptake of a direct payment. Staff told us a new direct payment ‘finder service’ was to be commissioned early 2025 which was intended to support and encourage people to take up DP’s. We were told at the time of our assessment the evaluation process was still taking place following the tender invitation closing, therefore no target uptake was identified as this would be agreed with the new provider.

Raising awareness of direct payments was recognised as important along with teams needing a consistent approach to ways of working, and provision of information booklets for people. No issues or difficulties were reported in respect of the transfer of a young person's direct payment when they transitioned to adult services. One person told us that the use of DP had given them choice and control over their care, and they had been supported to transition to adult service DP’s which had been smooth. Staff told us they were proud of the work being done to address the low DP uptake.

Equity in experience and outcomes

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

Key findings for this quality statement

Understanding and reducing barriers to care and support and reducing inequalities

The local authority worked with stakeholders and used data from the Joint Strategic Needs Assessment (JSNA) to understand the current care and support needs of people and communities. Leaders told us that they needed to develop objectives regarding improving experiences and outcomes for people who were more likely to have poor experiences of care such as those from minority backgrounds. Action planning was being led by the Principal Social Worker (PSW) and senior operational leaders. They told us they planned to use qualitative data gathered from quality assurance processes to help them inform provision of culturally appropriate services for those with protected characteristics, and to address intersectionality issues moving forward.

At the point of assessment, the authority had not provided any information about groups of people in their area identified as being at risk of having unmet needs or poor outcomes because of their protected characteristics. Leaders told us that they are aware of shortfalls in their current data set for them to utilise to inform them of areas of risk and had plans to address this.

The ‘Council Plan 2023-27’ stated that a key aim was to be an inclusive borough where nobody was left behind. The local authority recognised the need to improve both their understanding, and the actions required to achieve this. At the time of our assessment, there was a large majority white British population, however the demographic of Wirral was changing, with the rate of change in the city region being faster than the national average and there had been a 154% increase from 2011 to 2021 of people who identified as black. Leaders and staff were able to identify ethic minority communities such as people from Ukraine, Afghanistan and Syria. We were told about people from minority backgrounds accessing a multi-cultural centre in the community, however staff were not able to demonstrate how they reached into these communities to work with them to increase their cultural understanding of needs.

There were large health inequalities in Wirral, which were longstanding. Staff and leaders consistently referenced the ‘east’ and west’ of the local authority area, with the west being considered an affluent area, and the east having high levels of deprivation. There was up to a 12.6 year difference in life expectancy between areas of deprivation and the rest of the borough. Wirral’s "Equity for People and Place" 2021-26" plan stated their vision to create equity for people and place, and opportunities to secure the best possible future for their residents, communities and businesses. The plan did not specifically reference minority communities, or seldom heard voices, however we were told by partners that a new Council for Voluntary Services (CVS) had been set up by the local authority and it had invited ‘Wirral Change’ to take part. Wirral Change supported people from ethic minority backgrounds and we found they were able to provide a voice for seldom heard communities.

Leaders told us their integrated health and social care offer needed further development. Although socio-economic determinants of health were the principal consideration, leaders recognised the impact that a well-designed health and care system played in addressing inequalities of people's access and outcomes from care. To support this, leaders told us that the Better Care Fund (BCF) and the Health and Care Plan for Wirral incorporated equality and health inequalities as core delivery priorities. Equality Impact assessments would be completed for all future commissions and would be included as part of reviews of existing service. The local authority expected all future commissions to have identified key metrics to monitor and measure their impact on inequalities. The local authority had undertaken equality impact assessments in October 2022 on its services and some of its strategies. Within the equality impact assessments, the local authority considered positive and negative impacts on people with protected characteristics, as well as any mitigating action needed to address potential negative impacts. One action from this was to ensure all information and materials would be made available in different languages and formats. Partners told us that easy-read formats were not always available and were sometimes asked by the local authority to create their own.

Partners told us that although there was a strong voluntary sector in Wirral, there was a gap in focus on communities of interest for example the needs of LGBTQ+ population with no specific voluntary organisation leading on or representing this work. Partners also highlighted a significant gap around addressing the issue of hoarding. We were told that staff often failed to recognise hoarding as a concern. The local authority had offered training sessions and held a development day attended by 120 health and social care staff. They had also commissioned scoping work with an independent specialist with plans to provide a multi-disciplinary team (MDT) approach to this.

The local authority had regard to its Public Sector Equality Duty (Equality Act 2010). There was a strategic approach to co-production to inform and underpin development of its strategies. In response to a ‘2023 All Age Disability Review’, the local authority co-produced ‘Wirral's All Age Disability Strategy 2024-2029’ with people from across the local authority area including people with disabilities, their parents and carers, practitioners, commissioners, volunteers, and colleagues in health and social care. The strategy's vision was that people of all ages with disabilities would maximise their potential and be able to live a full and active life.

An ‘inequality audit’ had been carried out, and it was identified that people from black and ethnic minority (BAME) backgrounds were not accessing drug and alcohol services equally as other groups. Public health staff worked with multicultural organisations to understand the reasons behind this and then co-produced services. Insight work was undertaken with the community, and through this, barriers to accessing drugs and alcohol support were understood from different cultural perspectives. Reasons included not wanting to admit dependency due to stigma associated within different communities. As part of the work, community leaders delivered key messages to their communities and encouraged people to seek support.

Ukrainian and ethnic minority communities were identified as harder to reach communities in Wirral. The local authority had recently funded a well-attended event which took place in Birkenhead to develop links with different communities. Third sector organisations were invited and advertised and showcased the support they could offer. Partners asked the people attending for feedback about what is working and not working for them and fed this back to the local authority for consideration.

We found staff who performed Care Act duties understood cultural diversity within the area and took steps to engage appropriately. They received equality, diversity and inclusion training and were able to describe how to access interpreting services. A majority of staff spoke positively of their experience of engaging with interpreting services without delay, however this appeared to be a barrier for the out of hours team who struggled to access support with interpreting services overnight.

Inclusion and accessibility arrangements

There was mixed feedback about inclusion and accessibility arrangements. Partners reported experiencing issues around digital exclusion due to most information now being online, with some people not having the facility to access this. Staff reported mixed experiences of gaining access to British Sign Language (BSL) interpreters to support them in their Care Act duties, with some finding this problematic.

We heard about a person who had a hearing impairment struggling to engage with the local authority's financial assessment process. They told the local authority that they didn't understand the forms and requested a home visit due to their first language being British Sign Language (BSL). This was refused due to the process being form-based, and we were told nobody from the authority followed this up to ensure that the person understood the financial assessment process. The person then accessed support from a specialist support organisation locally, although they had not been signposted to it. In contrast to this we were told that the local authority had been consistently supportive to people with hearing loss, commissioning services to ensure people can stay connected with their culture and community, stay independent in their own homes and have access to mainstream services through deaf-led services.

There was a bespoke team to support visually impaired people, and people told us about their positive experience of the service in providing equipment and assistive technology. They had been happy with the offer available and the responsiveness of the team. There was no current team specialising in hearing impairment, and no current plans for one.

People said that difficulties were experienced by people whose first language was not English, with feedback stating they could not always access written information. Leaders acknowledged more work was needed to be more inclusive of those whose first language was not English.

Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity
- Partnerships and communities

We may not always review all quality statements during every assessment.

Care provision, integration and continuity

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that is coordinated, and everyone works well together and with me.

The local authority commitment

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Key findings for this quality statement

Understanding local needs for care and support

The local authority worked with local people and stakeholders and used available data from the Joint Strategic Needs Analysis (JSNA) to understand the care and support needs of people and communities. This included people who were most likely to experience poor care and outcomes, people with protected characteristics, unpaid carers and people who funded or arranged their own care, now and in the future. The JSNA provided a clear understanding of the key demographics, people's needs and anticipated changes for the future.

The JSNA identified Wirral had an older population than the rest of England, with 22% of the population being 65 years and older, compared to the England average of 18.4%. There were large disparities in life expectancy, with those in more affluent areas living up to 12.6 years longer than those in the most deprived areas, which makes up 35.8% of the local authority area. Whilst most people in Wirral were white British, there was growing diversity in terms of ethnicity and primary language, including specific Ukrainian, Syrian and Afghanistan communities.

People identifying as being from a Black, Asian and minority ethic background made up 9% of the total population, with the largest minority group being Asian (2.3%). All ethnic groups had grown over the last decade, with an increase of 154% of people who identified as being Black. The data was used to inform the Health and Wellbeing Strategy and the approach to prevent, reduce and delay needs for care, as well to inform the Adult Social Care Commissioning Strategy.

Market shaping and commissioning to meet local needs

People had access to a range of local support options in Wirral. In an Adult Social Care Survey, 81.32% of people who used services reported they had choice over services, which was higher than the England average of 70.28%. In contrast, people told us that in relation to domiciliary care, they did not always have choice and control of who supported them, with them being allocated an agency and told who would be providing their care. One person told us that they felt domiciliary staff did not always provide person-centred care or a holistic approach to their care. In that case, a meeting was held with the local authority to discuss the agency's actions and clarity was gained with a solution found in finding a different care agency, and the person managing their own care arrangements with a Direct Payment.

Leaders told us there were gaps in provision of day activities for young people with complex needs in the community. They said there needed to be bespoke support rather than the general offer of traditional day centres, for those with Learning Disabilities. The local authority had completed some work in the Learning Disability service and decommissioned Houses In Multiple Occupation (HMO’s), moving to a model of people living in their own properties, however some people reported missing living with peers. Partners told us about plans to reprovision better quality HMO’s in the local authority area.

Partners expressed some frustration at the generic offer of Dementia care and support, reporting there was little available to families other than extra care facilities and domiciliary care. We were told of Dementia-specific nursing support which had previously been available in the community to support people to remain at home longer, however this had been decommissioned by the Integrated Care Board despite partners telling us there was still a public demand for this service. The local authority had invested in building additional extra-care facilities, and leaders spoke to us about plans to consider expanding this model and look to provide support to those with more complex needs in the community, preventing the move to residential care.

Staff told us that due to the Mental Health (MH) bed crisis in the area and having to support more people in the community in crisis, this took them away from prevention work. They said they did engage in prevention work; however, this relied on services being available, which was often a barrier. Staff told us that there was no home treatment team for older people with organic mental health issues, therefore the only option was to seek a residential placement when people had increased needs. It is the responsibility of the Integrated Care Board to include home treatment teams, and no plans were in place to consider this at the time of assessment.

There had been some issues with the quality of the care homes in the local authority area, with two care homes being suspended to new placements due to concerns around quality of care. The Provider Assessment Monitoring Management System team (PAMMS) had actively been working with these care homes to improve standards. The local authority was committed to increasing standards of care, with 70% of all care homes in the borough at the time of assessment being rated as ‘good’ by CQC.

Providers told us there was a huge disparity between the local authority’s relationship with domiciliary care and older people's care home providers, and those who provided residential services to people with learning disabilities and mental health issues. This included unequal access to grants and funding, and access to training. Learning disability providers and mental health providers told us they were not aware of the support other providers in the older persons market had been receiving and reported not being as involved in co-production or collaboration. They were not part of the trusted assessor scheme which they felt would really benefit the people they supported and make their staff feel valued and recognised. Since the assessment, the local authority told us that they are now supporting the dementia care home sector with international recruitment funding, to support recruitment and improve quality within the sector.

Staff told us that residential placements were accessible in the area, including at short notice for respite placements. Data from the Survey of Adult Carers in England (SACE) showed that 17.07% of carers accessed support or services allowing them to take a break from caring at short notice or in an emergency which is higher than the England average of 12.08%. Leaders told us they had sufficiency in all areas, had no waiting lists for domiciliary care and were carrying a 9% vacancy rate in their residential and nursing market. They told us they experienced occasional challenges with specialist dementia nursing services and were working closely with their Integrated Care Board (ICB) colleagues to ensure they had capacity to meet demand for “dementia plus” provision.

Staff told us that young people needed more creative provision for daytime support, rather than the current offer of more traditional day centres run by the local authority. They reported there are no commissioned options for them to do what they want with their day outside of this model, such as educational courses or other meaningful opportunities.

The local authority had a market sustainability plan and a clear sight of future care and support needs, which had informed the investment in additional extra-care facilities being built. Wirral's market position statement and Wirral Plan highlighted priorities for adults’ care services over the next three years: co-producing a new model of care for the Care and Support at Home Service, growing the use of new technology and equipment to support independence, new models of co-operation with providers to deliver trusted assessments, increasing the numbers of people accessing services online, developing outcomes-based commissioning, and working collaboratively with Liverpool City Region Commissioners to use a Flexible Purchasing Framework.

The local authority commissioned models of care and support that were in line with recognised best practice and was keen to decommission outdated models. There had been a proactive approach to increasing housing stock and to reduce the use of houses of multiple occupancy into accommodation where people had their own front door with wrap around support. We were told of HMOs for people with a learning disability and autistic people being decommissioned recently and moving to this new model. There was an overall aim to reduce the use of care homes and provide more independent living options, for example Extra Care Housing (ECH) across all ages. The target was to increase ECH provision by 785 units within 10 years by 2035 which was progressing well. There are plans for 603 units, 484 for those aged 55 plus, and the rest for people aged 18-65, with 80 units in development at the time of assessment.

Frontline social work staff told us that they were encouraged to contact commissioners to discuss gaps in provision, and that contracts staff communicated new placement openings effectively to them. Staff told us there had been improved communication with the senior management team with them more effectively considering their input about what provision was needed.

Staff from the LD team told us that it was difficult to source specialist supported living provision for people with complex needs. They told us due to investment and increased capacity in extra care housing, there was usually availability however, extra care housing did not meet everyone's needs. They said that more options for choice of care provision for people with a learning disability and complex needs was needed, although they said this had improved at the time of assessment, with three supported living bungalows being built recently.

Staff told us about challenges around suitable accommodation and maintaining a living arrangement when a person's health deteriorated. Staff reported trying to enable people to remain in their own home for as long as possible, however this became difficult when a person’s health deteriorated and the buildings in which they lived in could not accommodate a change in their need, such as a stairlift for example. They reported many supported living buildings in the area were old and not appropriate for adaptations, with workers facing these challenges with the people they support as they age. Some client tenancies were private and described as precarious due to threat of no-fault evictions, although there were said to be good relations between the teams and many landlords. The local authority had a decommissioning plan underway to address the future needs of people to replace accommodation with specialist extra care properties.

The local authority had considered provision for unpaid carers. A commissioned service provided support information, advice, guidance and peer support groups. Carers told us that this service was invaluable to them and had supported them with many aspects of their roles. There was the offer of the pre-payment cards for carers of £300, which carers were able to utilise to support their wellbeing in a flexible way. Carers told us that accessing respite had been very positive, with 16.80% of carers accessing support or services allowing them to take a break from caring for 1 to 24hrs (16.14% England average (SACE)).

Leaders told us about future plans and an intention to work more collaboratively with partners in joint commissioning of services where appropriate. There was a focus on planning for the future population trajectory of residents, particularly in relation to the aging population of Wirral. Consideration was being given to dementia care, and how support could be provided for people to remain in the community as their illness progressed, shifting away from a residential care model.

Ensuring sufficient capacity in local services to meet demand

Information provided by the local authority indicated that they had no waiting lists for homecare provision or care homes. Due to the capacity in residential care homes, carers were able to access respite in unplanned circumstances.

We were told that management of allocations for extra care housing properties had been brought into the adult social care commissioning team instead of being held by extra care housing providers. There was now 'live' reporting and monitoring of voids in all of the extra care schemes by the Care Brokerage Team. This enabled an efficient and prompt process which meant that people were being offered a place quickly when a property became vacant, usually with 24 hours.

Staff spoke about challenges in hospital discharge when younger adults required ongoing residential respite which was required following discharge from an intermediate care ‘step down’ bed. In addition, when people were discharged to hotels or hostels due to experiencing homelessness, domiciliary care agencies were not always able to provide care in those settings, depending on possible risk to staff, which created a barrier to discharge at times. We were told by leaders that when people experiencing homelessness were discharged and they required care, hotels where domiciliary care providers could provide care would be sought where possible.

Staff told us about the impact of the lack of Mental Health beds, and Wirral’s procedure to not source beds out of the local authority area when people were being detained under the Mental Health Act (1983). They told us they were not able to carry out preventative work with people due to having to continually focus on crisis work because people remained in the community for treatment when they should have been detained in hospital. Staff told us the number of respite placements available for people with mental health issues were low, and that an increase in capacity could potentially alleviate the need for detention beds and prevent people from needing to go into hospital.

We were told of struggles to provide more specialist types of provision to people with complex needs due to this being a gap in the market. There was a lack of provision able to support people with progressed dementia, learning disabilities, mental health and drug and alcohol issues. Work was to consider provision for people with more complex dementia care needs. The ‘dementia care plus’ model was being considered to respond to a range of different needs such as dementia, EMI, complex needs and additional hours. The service design would be co-produced with the ICB with adult social care leading the project through joint commissioning and joint funding.

There was minimal need for people to use services or support in places outside of their local area. When support was being accessed from outside of the area, this was predominantly due to personal choice or to be close to family. There were 129 people placed out of area in total, with 69 people placed out of area in the past 12 months. Staff reported that this is usually by choice, so that people can live closer to family. People requiring specialist placements which couldn’t be provided in borough may also be placed out of area.

Ensuring quality of local services

The local authority had clear arrangements in place to monitor the quality and impact of the care and support services being commissioned for people and identifying required improvements. Wirral used the Provider Assessment and Market Management Solution (PAMMS) tool to help assess the quality of care being delivered by providers of adult social care services. Intelligence from PAMMS was used to inform a strategic review of the care home market for future delivery.

All providers had a named contract lead, quality improvement practitioner, and had face to face contract meetings. Each provider was red, amber, green (RAG) rated based on a multifactorial assessment which included intelligence, triggers, and risk tolerances to determine the frequency of monitoring. Frequencies included monthly, quarterly, 6 monthly, or annual monitoring. All providers submitted monthly key performance data and annual assurance reports regardless of their RAG rating. Staff told us that historically there wasn't a robust quality assurance process for providers, however the quality improvement team (QIT) had been of benefit to the service and providers.

The local authority had a Provider Risk Information Group (PRIG) made up of leaders and partners who met monthly for a coordinated multidisciplinary team (MDT) response to any significant presenting risks identified through the contract monitoring process or intelligence received from stakeholders.

70% of residential homes rated as CQC 'good', and 56% of nursing homes rated as 'good'. 77% of homecare rated 'good' or 'outstanding'. 92% of supported living services were rated 'good'. 5% nursing homes rated 'inadequate' and 2% of residential homes rated 'inadequate'. Any services rated 'requires improvement' by CQC were suspended for all new placements with intervention from the QIT until improvements were verified. Leaders told us that due to the work the QIT carried out, improvements had been made however there was more work that needed to be done. At the point of assessment, there were 7 suspensions of new placements in place in care homes, with reasons cited being concerns about the quality-of-care provision and safeguarding concerns.

Provider Risk Intelligence Group (PRIG) meetings were held with partners and CQC staff to share information and action plans regarding care providers. In addition, development days were held with providers and commissioners to tackle local issues. It was following this that the PAMMS tool was introduced. Providers told us about positive and supportive working relationships with the QIT team, with them being instrumental in driving improvements in their services.

There was a Quality Network Group in place to identify and report any gaps in service delivery to support overarching quality improvement initiatives across the health and social care system. Key objectives were to identify any emerging themes and trends and agree key areas to support and drive quality improvement across the health and social care sector. The membership also identified best practice for dissemination across the Wirral Care Market. Membership included ASC, ICB, and NHS colleagues.

Ensuring local services are sustainable

The local authority held monthly forum meetings with the community care market to share information, offer guidance and support, and inform in respect of future commissioning requirements. As a result of recruitment and retention difficulties in the care market in 2021 the local authority introduced two fee rate levels - standard and enhanced – enhanced for providers who pay Real Living Wage. Since 2021 there has been continued growth in the number of providers who take up the enhanced rate.

Staff reported that the market is stable with Wirral having 7% of adult social care job vacancies compared to the England average 9.7%. In the past 12 months, one homecare contract was handed back to the local authority, due to staffing issues and not being able to mobilise care. One nursing home contract was terminated due to them not being CQC compliant, and there were two residential home closures due to the owner deciding to cease trading.

Leaders told us about the support they had offered domiciliary care and care home providers since the COVID pandemic. They told us about providing grants and funding to help with recruitment such as paying for driving lessons or helping to purchase pool cars and personal protection equipment (PPE). In contrast, providers of learning disability and mental health services told us they had not received the same comprehensive support. One partner told us funding for their community outreach support hours was reviewed and uplifted annually, however their service-level agreement contract had not been uplifted for a number of years. This meant there had been a reduction in real terms as delivery costs had continued to increase. Their inability to offer competitive salaries had impacted on recruitment and they were concerned that in the short to midterm this could put some voluntary organisations at risk of closure.

We were not made aware of any monitoring tools to anticipate provider failure and service disruption. Following the assessment, the local authority told us that they had undertaken two exercises to review all provision with every residential and nursing provider to ascertain financial sustainability and identify any risks including assessment of funding streams.

Partnerships and communities

Score: 3

3 - Evidence shows a good standard

What people expect

I have care and support that is coordinated, and everyone works well together and with me.

The local authority commitment

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Key findings for this quality statement

Partnership working to deliver shared local and national objectives

The local authority was committed to working in partnership with other stakeholders to achieve better outcomes for local people. Where challenges existed amongst the differing priorities of partners, the LA worked with them to understand the impact of decisions on delivery of its adult social care duties and to identify joint solutions.

The local authority was working with multiple partners from across the area to create and set up a neighbourhood care model to tackle health inequalities, funded by the integrated care board (ICB). There were two pilot sites being tested at the time of our assessment, with each neighbourhood deciding a priority to focus on. Following the pilot and depending on the impact, there were plans to roll this model out across another 7 neighbourhoods.

The local authority had a clear commitment to co-production. Wirral Council Adult Social Care Prevention Strategy 2024-2029 had included the voices of people and carers who accessed care and support. People with lived experience helped shape strategies, developing a collective vision of aspirations for Wirral. We were told by people that they felt like equal partners in the co production process and had felt important. Partners told us that that they felt bringing the council and voluntary services together was visionary and innovative and highlighted issues which some had not been aware of. They told us partnerships had been cemented with the relationships providing good internal pathways to speed processes up.

The local authority worked in partnership with the local NHS trust to launch a Transfer of Care Hub (ToCH) in July 2023. The ToCH had resulted in a reduction of patients who did not meet the ‘criteria to reside’ in hospital. The ToCH promoted the ‘right patient, in the right place, at the right time’ goal. This program of work focused on improving internal processes and working with system partners to ensure a joined-up approach to safe, timely patient discharge. The local authority’s brokerage team had daily meetings with hospital colleagues and partners at the local hospital Arrowe Park as well as with the ‘Home First’ team to facilitate brokerage around hospital discharge. The team are office based which we were told supported good contact with other teams who attended to discuss any brokerage needs.

At the time of our assessment, we were told of plans for a new step-up / step-down service for people with mental health and complex needs, jointly commissioned with health partners. The service was awaiting registration with the Care Quality Commission to begin operation. The aim of the service was to support admission avoidance and rehab following discharge with an offer of a temporary placement in a rehab facility for a period of up to 12 months. There was an expectation of regular ongoing reviews, moving towards more independent options. The service was planned to link in with housing partners to support people to seek permanent accommodation.

The local authority had transferred its social work service for mental health and learning disability services formally to Cheshire and Wirral partners (CWP) to deliver the service within an integrated arrangement with health services. Staff told us that joint working in these integrated teams provided better outcomes for people due to the strong links with a range of professionals within those teams.

Arrangements to support effective partnership working

Leaders told us that they planned the use of the Better Care Fund (BCF) alongside the section 75 agreement to meet objectives set out in their Healthy Wirral Plan. There was an approach to integration with key areas of focus on prevention and intervention, reducing health inequalities, having an improved offer to carers and avoiding admission to hospital. We were told a significant proportion of the BCF is directed to the voluntary sector to commission community support services.

Leaders told us that they worked collaboratively with health partners to deliver services such ToCH, Urgent Community Response Team (UCR), STAR and HomeFirst. The integrated teams had worked together to successfully reduce hospital admissions and support discharges. Mental health services and services for people with a learning disability are delivered under a current section 75 agreement.

Leaders shared that there is a valuable opportunity to strengthen relationships within the Integrated Care Board (ICB). They recognised some differences in perspectives regarding budget allocation, with the local authority advocating for a greater emphasis on community-level support. While there were discussions around section 117 and shared funding arrangements, there was potential for improved communication moving forward.

The ICB recently communicated that, due to budget constraints, they would not be contributing to special educational needs and disability (SEND) funding. However, leaders highlighted a significant and growing demand for SEND resources. The ICB is actively addressing this challenge, recognising that they cannot control the volume of referrals, which has led to a backlog of over 5,000 children and an average waiting time of approximately 96 weeks for assessments. In response, the ICB is investing £200,000 and collaborating with the hospital and local authority to establish a new care model.

There have also been promising discussions between the local authority and ICB regarding a waiting list initiative aimed at effectively managing and prioritising cases. Although the initial cost proposed by the potential provider posed challenges, these discussions indicate a willingness to explore solutions together. Leaders reflected on the strong collaboration during the pandemic, highlighting the potential to revive that spirit of teamwork to address current issues.

Impact of partnership working

People told us they experienced a positive impact from partnership working and good communication, which enhanced the care and support they received. Frontline staff consistently spoke about positive working relationships with partners, with joint visits and joint working easily accessible within integrated teams and with partner agencies.

The local authority was working with an IT system provider to deploy a system to measure data in relation to their early intervention and prevention strategy, to support identification of risk to trigger early intervention. They plan to utilise information around falls, GP visits, hospital admissions and telecare data. At the time of assessment, this was yet to be launched. There were systems in place through governance to monitor the effectiveness of the systems in hospital discharge. This had resulted in development in pathways and focus of resources which improved flow for discharge, and a decrease in patients with no criteria to reside, with plans to improve this further.

Feedback from partners was mixed. One partner told us that prior to the Covid-19 pandemic, they felt partnership working with the local authority was more positive than it is now. Since the pandemic, they reported a gap in partnership collaboration and that relationships have turned transactional with a lack of shared purpose. Another partner shared that they felt despite the work being completed around co-production, the local authority had a culture of not always listening. They provided an example of having a lot of experience of working with people around direct payments, however when they expressed a wish to be part of the direct payment review, the local authority did not engage with them. Another partner shared with us that they felt that there is a 'single dialogue' with the local authority, with information being communicated to them, however they told us they feel there is a culture of not listening. They told us that they have discussed possible solutions to issues in the community, however this doesn't get fed to senior leaders for consideration.

In contrast, other providers told us about the positive impact that being trusted to carry out their own reviews of their care packages had enabled them to provide timely, consistent and appropriate care to people. These providers felt trusted, recognised and valued in their roles.

Working with voluntary and charity sector groups

The local authority worked collaboratively with the voluntary sector and the community to understand local social care needs. Organisations we spoke to reported having very positive relationships with the local authority and felt they were equal partners in co-production and that their views were important.

Wirral's All Age Disability Strategy 2024-2029 has been co-produced with people across Wirral, including people with disabilities, their parents and carers, practitioners, commissioners, volunteers, and health and social care staff. We were told about a new council for voluntary services (CVS) being set up by the local authority, which had produced the 'Wirral coming together' plan. The VCS acts as a coordinating organisation and vehicle for funds to flow through to empower for local organisations and communities to provide support services. There is understanding by leaders that there is still work to be done to engage harder to reach communities.

Theme 3: How Metropolitan Borough of Wirral ensures safety within the system

This theme includes these quality statements:

- Safe pathways, systems and transitions
- Safeguarding

We may not always review all quality statements during every assessment.

Safe pathways, systems and transitions

Score: 2

2 - Evidence shows some shortfalls

What people expect

When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place. I feel safe and am supported to understand and manage any risks.

I feel safe and am supported to understand and manage any risks.

The local authority commitment

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Key findings for this quality statement

Safety management

The local authority understands the risks to people across their care journeys, with service risk identified and managed proactively. Waiting lists were monitored and triaged across all teams with management oversight to ensure people with the greatest risk were prioritised. Referrals received by Multi Agency Safeguarding Hub (MASH) were screened as they came in and immediate action taken when needed. Staff told us about a system used out of hours to prioritise and triage cases as they came in, with immediate care plans implemented to manage risk. There was a comprehensive handover process to ensure communication was clear and people were kept safe until longer-term services or support was set up.

Staff in social work teams were trained and able to put in place basic equipment in people's homes to support safety, with equipment being delivered the same or next day in many cases. Safe discharges were promoted by daily huddles within the Transfer of Care Hub (ToCH), with seamless referrals to intermediate care and reablement services.

Information sharing protocols were safe, secure and timely. Teams told us that any suspensions of care providers were communicated without delay, and they would not be able to commission to that service which helped promote safety within their systems. Staff had access to an online provider concern portal to submit any concerns to ensure issues are picked up quickly. The quality assurance team received these and contacted providers to complete a PAMMS assessment if required. Concerns about providers were shared at regular Provider Risk Intelligence Group (PRIG) meetings to ensure that partners were aware of ongoing concerns with providers. Staff told us that some providers were proficient at raising safeguarding concerns, therefore intelligence from the PRIG meetings was disseminated to the MASH and locality teams for action where appropriate. Staff were able to utilise 'read only' access to health partners IT systems to assist with their work in the community.

Leaders told us that all deaths of service users open to the learning disability team were reviewed, to ensure there were safe systems and pathways throughout their care and to highlight any learning to improve the future care of those with additional needs.

The local authority had undertaken a review of the service front door and found that 71% of calls could have been managed differently or avoided. They were working with an external agency to plan changes to improve the experience for people and optimise their 'first point of contact'.

Learning forums had been established by the Principal Social Worker to promote reflective practice, with learning from complaints being shared to improve effectiveness of processes in keeping people safe. This supported the established quarterly social work networking events lead by the NHS Trust, which hosted external speakers.

Safety during transitions

The local authority had protocols in place to commence planning for children and young people from the age of 14 onwards to support transition into adult services, however there were gaps. Staff told us that in practice, work tended to start at around seventeen years of age, with staff reporting they wanted this to start earlier. They told us there needed to be an increased focus on promoting earlier referral with education colleagues to allow more time to plan for provision at the end of education placements. Following the assessment, the local authority told us that whilst pathways are clear to many staff, there can be delays in referrals being sent and an action plan was created in July 2024 to further improve this process.

The local authority was undertaking some work with the assistance of an external consultancy agency relating to the transitions process. A steering group held in April 2024 highlighted that in comparison to children's services data, adult social care systems were not supporting identification and tracking of young people that were likely to be eligible for support under the Care Act. The group found that staff across different services expressed confusion on referral, decision making and the allocation process. At the time of assessment, there was no action plan in place to address this.

Staff reported that direct payments transitioned across the service without issue, however respite provision was a main area of transition which families found difficult, with staff carrying out a lot of work to reassure families. Staff operated a 'named worker' model, alongside the 'staying close' model which provided a 'named personal assistant' (PA) when leaving the care system. Staff told us the named worker and named PA had provided a lot of stability for service users and had reduced the number of safeguarding concerns due to ongoing relationship building. Feedback from people with experience of transitions from children to adult services was generally positive.

Partners commissioned by the local authority to support young carers considered the needs arising during the transition from being a young carer to an adult carer. They linked with partners commissioned to support adult carers and held mixed support sessions when approaching the time of transition between the services. There were plans to extend the transitions offer to carers by introducing a 'boot camp' type of approach for carers aged 18 to 30.

We were told that teams worked closely with partners to manage risks arising from discharges from hospital, however feedback from partners about this was mixed. There were positive examples of working with health partners and staff reported good working relationships within the ToCH. Daily MDT huddles took place to discuss those ready for discharge with no criteria to reside to ensure safe discharge with referrals to intermediate care and reablement services. Staff reported that the interface between health and social care services worked well, and people were positive about their experience of moving between services. However, some staff were of the view that more training should be provided to health colleagues to support their understanding and involvement in mental capacity decisions and completing mental capacity act (MCA) assessments with local authority staff reporting experiencing resistance from health colleagues in completing them. Since the assessment, the local authority told us that the health trust commissioned additional training this year following a learning review from mental health, and support is offered by the Professional Standards team to attend any meetings relating to discharges in the hospital that involve complex MCA decisions and advice, and guidance is offered to both health and ASC colleagues on the MCA principles and values.

Since the introduction of ToCH, data demonstrated a reduction in numbers of patients staying over 14 and 21 days in hospital. At the time of assessment, the local authority had the lowest percentage of beds occupied by ‘non-criteria to reside’ patients (people ready for discharge) who were delayed in going home within the Cheshire and Merseyside Integrated Care System. Partners told us that there had been improvements in hospital discharge flows due to significant funding allocation, but several issues remained. For example, there were reports of discharges happening too quickly, with fears of potential compromise of patient safety. They expressed concerns about the focus on seven-day discharges as this could pose a challenge if the services the person needed upon discharge did not operate every day, resulting in a service gap and a risk to their safety. They told us the process of brokering wellbeing packages was difficult, with inconsistent commitments to seven-day availability.

Leaders told us when people were placed in a residential placement outside of area, face-to-face reviews were completed for those with complex or specialist nature support needs. If the placement is not within a commutable distance and not a complex case, the local authority requested purchase reviews be completed out by the host authority. Staff told us that there was a reliance on the local authority where a person was placed to provide any intelligence in relation to safeguarding concerns or enquiries. There was no evidence that this arrangement was working to ensure those local authorities were communicating concerns.

Providers expressed concerns relating to discharge from hospital for those having been detained under the Mental Health Act (1983), due to people being discharged without a named Community Psychiatric Nurse or Social Worker. They were concerned that following acute support, people were receiving support from someone who did not know them, and that there was no transition planned when people are discharged and return to the community.

Contingency planning

We were told by leaders that the provider market was stable with vacancies in all areas of provision at the time of assessment. The local authority had in place a business continuity plan in case of events which immediately disrupted functioning in the local authority and were prepared for possible risks in provision of care and support. Policies showed this could require a multi-agency response from all providers of both social care assessment and social care provision and acknowledged in some cases that Corporate Emergency Planning may also need to be activated.

Safeguarding

Score: 2

2 - Evidence shows some shortfalls

What people expect

I feel safe and am supported to understand and manage any risks.

The local authority commitment

We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Key findings for this quality statement

Safeguarding systems, processes and practices

There were effective systems, processes and practices to make sure people were protected from abuse and neglect with 76.88% of people who use services saying that those services had made them feel safe, which is higher than the England average of 71.06% (Adult Social Care Survey).

All safeguarding concerns went into the local authority via the Central Advice and Duty Team (CADT), which were then directed to the Multi Agency Safeguarding Hub (MASH) team. Daily screening of all referrals took place in order to identify any referrals requiring an immediate response. In the event there was an extraordinary number of concerns, there was an agreement in place for locality teams' duty to assist. There was an expectation that MASH completed all concerns within a five-day period from the date received, with staff using a risk prioritisation tool. Staff deployed a threshold matrix in decision making for determining when a concern should be converted to Section 42 enquiries, with consistent managerial oversight.

Although not co-located with partners, the MASH team described positive and accessible working relationships with partners allowing concerns to be investigated without delay. People told us that they had felt supported throughout safeguarding processes and were happy with the outcomes they received. Staff told us that having read-only access to health colleagues IT systems was of benefit.

MASH told us they had an experienced, consistent team with all staff involved in safeguarding work being suitably skilled and supported to undertake their duties effectively. All staff interviewed as part of the assessment were qualified social workers. 55.93% of independent and local authority staff had completed safeguarding training, which was higher than the England average of 48.70% (Adult Social Care Workforce Estimates (ASCWE)).

Partners and providers told us that the process in making a safeguarding referral was straight forward and quick, however some partners told us they received feedback after making a referral and some not. Providers in particular reported not hearing back about safeguarding concerns and having to follow up with the local authority to get feedback relating to any action and outcomes. The Wirral Safeguarding Adults Partnership Board (WSAPB) had raised this issue with the local authority for them to address. Since the assessment, the local authority informed CQC that they had implemented a specialist safeguarding officer attending the provider forum due to this concern being raised, who acted as a contact should providers require further information.

The local authority worked with the WSAPB to deliver a coordinated approach to safeguarding adults in the area. We were told that the WSAPB was well attended, however there had been concerns raised about representation from housing which had been fed back to leaders of the local authority to address.

An adult review group had taken place in May 2024 to assess how the local authority could strengthen embedding of learning taken from safeguarding adult reviews (SARs). WSAPB told us they had strengthened their processes in terms of commissioning SARs and completing them in a timelier manner. The WSAPB had secured links with neighbouring authorities which had enabled learning from local and regional research and practice.

There was a multi-agency risk assessment conference (MARAC) forum in situ at the local authority. Following a recent peer review highlighting the importance of sharing information, a staff member from the Professional Standards Team attended the MARAC and now leads on sharing information and learning across the local authority.

Responding to local safeguarding risks and issues

There is understanding of safeguarding risks and issues in the area. Wirral Safeguarding Adults Partnership Board was re-established in July 2021, following the disbandment of the Merseyside Safeguarding Adults Board which ran for 4 years. The move back to WSAPB was due to a drive to represent more local issues, rather than those of the wider region. We were told that due to moving back to WSAPB, resources had diminished, leaving a team of three workers supporting the board. A recent peer review had recommended WSAPB builds leadership capacity to complete the required work. At the time of assessment, no additional resources had been provided which is the responsibility of the local authority.

The WSAPB told us that the local authority safeguarding data is not easily accessible and understandable. They told us that they have asked for analysis of themes, types of abuse, and outcomes of safeguarding activity so they had good oversight, however they had not been provided this. They had access to the authority's data system however, they wanted information to be presented to them rather than having to drill through data themselves. Leaders were aware that data was not always accurate or easy to interpret and this was a priority to address.

The WSAPB annual report highlighted self-neglect and acts of omission being the most commonly recorded types of abuse in the area. Staff and members of the WSAPB told us that hoarding is a growing concern locally. In response to this, a Wirral Hoarding Improvement Project (WHIP) was recently commissioned by the WSAPB due to increasing concerns around hoarding and the complexity of these cases. The project had brought partners together, as well as people who exhibited hoarding behaviours to discuss how their needs are currently supported and met and how this could be improved.

The average waiting time for a deprivation of liberty safeguards (DoLs) assessment from initial request to assessment start date was 74.63 days, leaving people with unauthorised restrictions for long periods of time. We were told of vacancies in the DoLS team; however, these posts were not being advertised at the point of assessment. ‘High levels of DoLS referrals’ were included in the local authority’s risk register, with 901 cases awaiting assessment as of April 2024. Red, amber, green (RAG) rating of assessments was used when allocating, although we were not told of plans to address the backlog. Following the assessment, the local authority told CQC that they had recruited agency workers to fill vacant posts and offered overtime to tackle the backlog.

We were told about the increase of safeguarding referrals relating to people not having access to mental health beds when having been assessed as requiring detention under the Mental Health Act 1983. Members of the WSAPB felt that this issue could have been brought to the board sooner than it was by health partners due to the serious nature of the risks presented. Staff reported that there had been negative impacts on people’s wellbeing which could have been attributable to not having had access to a MH bed, however at the time of assessment no reviews of these cases had been carried out. All new referrals relating to this issue are monitored by the board.

In the 24 months preceding assessment, the WSAPB had received and signed off two SARs. There was recognition from the board that a significant amount of time had passed since the person’s death and subsequent publication of one of the reports related to the SAR, and local authority leaders recognised that further progress was needed to connect the WSAPB and the outcomes and learning from SARs and other reviews to their operational practice. 7-minute briefings had been established to share learning from SARs, and staff forums were utilised for reflective practice. Lessons learned from the published SARs included missed opportunities for multi-agency approaches to safeguarding and a need for a better coordinated approach to planning transitions in care. Following the assessment, the local authority told us that they had set up a governance group to ensure that learning is received by relevant agencies to gain assurance around improved practice.

Responding to concerns and undertaking Section 42 enquiries

The local authority had a system in place to address safeguarding enquiries that met the section 42 threshold. Due to concerns about consistency in decision making in safeguarding processes, the local authority had moved to a model of having a MASH team. The MASH team screened all safeguarding referrals and completed Section 42 (S42) enquiries. The locality teams as well as learning disability and mental health teams also completed enquiries where cases were open to their team or workers.

The local authority had seen a drop in safeguarding referrals and conversions to S42 enquiries from 2019 to 2022, however, there was an increase in the past 12 months. In 2022, 3960 Safeguarding concerns were received, with 655 meeting the threshold for a S42 safeguarding enquiry (17%). In 2023, 4771 concerns were received with 824 meeting the threshold for S42 enquiry, matching the conversion rate of the year prior (17%). Staff utilised a threshold matrix in decision making for conversion to S42 enquires, with the conversion rate stable this indicated the tool is consistently used.

The local authority and partners in Wirral NHS Trust measured the number of S42 enquiries open over 28 days. Cases that exceeded 28 days required a dialogue around the rationale for this be recorded and also discussed with a manager. Leaders told us that all current enquires open over the 28 days are awaiting additional information from partners and have ongoing oversight from an allocated worker. Staff in the MASH team told us about managerial oversight of open cases, and that they are provided sufficient time to complete any S42 enquires. As part of the auditing process, we were told all team managers completed case file audits and from this dip sample, families were contacted to gather qualitative feedback about their experience.

Partners told us that they didn’t always receive feedback regarding safeguarding outcomes. Providers told us that they frequently had to follow up with the local authority to find out information regarding enquires which had been completed.

The local authority had challenges with waiting lists in relation to Deprivation of Liberty Safeguards (DoLS) applications. In April 2024, the authority had 1206 DoLS applications awaiting allocation, with this identified on the authority's risk register. Staff told us cases are triaged and identified as 'high, medium and low' in terms of risk and level of deprivation to the person with higher risk applications being assessed first. However, the lengthy waiting times meant that risks to people's liberty and safety had not been fully assessed. There was a 'DoLS' team made up of internal staff as well as independent best interest assessors (BIA's) who picked up assessments each week, and a 'regulatory function' team who completed work relating to section 21A challenges. Staff in locality teams and also additional independent BIA's also completed assessments for the authority. The average wait time for a DoLS assessment at the time of our assessment was 74.63 days. Staff reported that they had vacancies within their teams, and there weren't enough staff to pick up assessments.

Making safeguarding personal

Safeguarding enquiries were mainly carried out sensitively and without delay, keeping the wishes and best interests of the person concerned at the centre. There were some delays in completion of S42 enquires due to waiting for information from partners, which at times caused long delays. Staff provided practice examples of how they made safeguarding personal, though they weren't confident that partners understood the principals of safeguarding, specifically in relation to consent. They told us about examples of professionals making referrals without gaining consent from the person concerned. Since the assessment, the local authority told CQC that they are developing a Level 3 Safeguarding training to share with partners.

People were able to have support from an advocate if they wished to do so. 83.72% of individuals lacking capacity were supported by an advocate, friend or family compared to the England average of 83.38% (Safeguarding Adults Collection). Staff told us that when people required support from advocacy services, the response was fast and accessible, with clear pathways for people to self-refer. Advocacy services supported with consistency of advocates if people had worked with a particular worker in the past. Leaders told us about having created a pathway on the IT system due to concerns being expressed about delayed referral for advocacy, to prompt staff to consider a referral earlier on, which had helped improve the number of people using advocacy. Local authority data told us that between August 2023 to August 2024, 6 referrals were made for Independent Mental Capacity Advocate (IMCA) support. Due to low levels of referrals, a meeting was held with partners commissioned to provide advocacy support with the teams. Leaders reported that since then they have seen an increase in referrals.

Theme 4: Leadership

This theme includes these quality statements:

- Governance, management and sustainability
- Learning, improvement and innovation

We may not always review all quality statements during every assessment.

Governance, management and sustainability

Score: 2

2 - Evidence shows some shortfalls

The local authority commitment

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Key findings for this quality statement

Governance, accountability and risk management

The local authority was going through a period of transition in the senior leadership team (SLT) with staff reporting the SLT now displayed improved internal partnership working, collaboration and communication. The new Director of Social Services (DASS) was appointed 4 months prior to our assessment. The new Principal Social Worker (PSW) was also fairly new in post, having been there for 6 months. Staff consistently spoke very positively about the changes describing them as visible and approachable. We were told that the PSW role had particularly high turnover in recent years via agency workers, with staff reporting feeling the impact of not having a stable PSW. Since being in post, the PSW had met with all teams and implemented robust quality assurance procedures and staff forums, promoting reflective learning which were well attended. Case file audits had been implemented, with service users being contacted directly by management across teams to gather feedback. Staff also had observations completed on visits to gather further qualitative data. The local authority's political and executive leaders were well informed about the potential risks facing adult social care however were not always sighted on improvement trajectories or actions to address these.

More work was needed to further develop systems to monitor, and quality assure the delivery of Care Act duties. Although there was a risk register in place with ongoing review, there were missed opportunities to make effective use of performance data. For example, data showed only 24.51% of people in receipt of a service had received a review from April 2023 to March 2024, and 1641 people in receipt of a long-term service had not received an annual review in the same period. Despite the data trending toward negative, and leaders telling us that reviews were an ongoing issue and required improvements, this was not listed on the local authority's risk register. We were told of investment in providing additional staff for the review team, however, the trajectory did not yet show evidence of improved performance. Leaders could have better oversight of improvement plans relating to reviews and addressing waiting times.

Partners told us that data was not easily interpreted, with access to the authority's performance dashboard being a concern. For example, the WSAPB told us that although they were provided with access, they weren't able to pick out any themes and trends relating to the safeguarding figures due to data not being clearly presented and analysed. Leaders were aware of the issues relating to data which, when addressed could enable them to more fully apply what it tells them in relation to delivery of care act duties to objectively drive performance. This was clearly an area of focus moving forwards.

Other challenges and risks as identified by the SLT which impacted on the delivery of Care Act duties included financial pressures, staffing levels, partnership working and long waiting lists for assessment and review leading to missed opportunities to regain independence.

The local authority’s political and executive leaders were well informed about the risks facing adult social care. Councillors were on the ICB place-based partnership board and on the Health and Wellbeing Board (HWB). The chair of HWB held regular meetings with the Adult Social Care committee chair about priorities, strengths and areas for improvement. Prior to a plan, issues went to the committee regarding anything in relation to adult care, then eventually through to full Council. The public could ask questions to committees which the Director of Public Health attended once a week. Leaders said there is a lot of overlap and duplication between the ICB place-based partnership and the HWB, with similar decisions being tabled at both. A workshop was planned at the time of assessment to consider and streamline this.

The Director of Public Health was an active member of the local authority’s SLT and had regular meetings with senior leaders and elected members to share information. Wirral had a council committee system; arrangements for scrutiny and challenge on policy decisions were in place. The Chief Executive had formal one to one’s with the DASS, for oversight of strategic and operational matters and there was an expectation that serious events would be escalated without delay. There were also weekly meetings between the DASS and the leader of the council.

Partners expressed that there is an opportunity to enhance the escalation process for reaching the management team. They noted that communication structures for engaging with managers from outside the local authority could be improved. For example, when they requested a team structure and contact information, they encountered challenges in obtaining this information. Additionally, there was a situation where a worker from a partner organisation needed to reach a specific team member but faced difficulties in accessing the necessary contact details. This feedback highlights areas for growth in fostering more open communication and support among all partners.

Strategic planning

The local authority had a clear commitment to co-production. Wirral Council Adult Social Care Prevention Strategy 2024-2029 had included the voices of people and carers who accessed care and support. People with lived experience helped shape strategies, developing a collective vision of aspirations for Wirral. We were told by people that they felt like equal partners in the co production process and had felt important. Partners made up part of the All-Age Disability Strategy Board. The board created Wirral's All Age Disability Strategy 2024-2029 which aimed to improve access to opportunities and reduce barriers for people of all ages with disabilities.

However, some staff told us they weren't always involved in developing strategic level and public health strategies. They told us their managers fed issues up to the SLT rather than being directly consulted themselves; however, they had been asked to contribute to views around commissioning of services and consultations around voluntary sector funding. There was no Principal Occupational Therapist (POT) role in the local authority. OT's across the service told us their profession would benefit from a having a POT to have representation and a 'voice' at a senior level to influence strategic decisions. Risks relating to delays in care reviews being completed was not highlighted on the authority's risk register. However, the issue was known, and resources had been allocated to this area of the service.

We were told the Council for Voluntary Service (CVS) had taken lead roles on some of the strategic adult social care and ICS programmes. The neighbourhood model is one example currently being piloted across two neighbourhoods, chosen because of the particularly high levels of deprivation and need. The vision is for neighbourhoods to be community led, working with primary care, police, education, health and housing to address local neighbourhood issues. There are currently 9 distinct neighbourhoods, with plans for a 10th neighbourhood based on the migrant community such as the travelling community and homeless people. This was in the early stages of development. The neighbourhood model underpins the implementation of the priorities within the Health and Wellbeing Strategy.

Information security

The local authority had clear policies and procedures in place in relation to the security of information. Shared electronic records with read-only access were used between the health partners and ASC to facilitate positive experiences and outcomes from assessment, care planning and review.

Learning, improvement and innovation

Score: 3

3 - Evidence shows a good standard

The local authority commitment

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Key findings for this quality statement

Continuous learning, improvement and professional development

There was an inclusive and positive culture of continuous learning and improvement. Local authority staff had ongoing access to learning and support so that Care Act duties were delivered safely and effectively. The SLT's management style was described as compassionate, and staff spoke about having a 'no blame' culture' at the authority. Senior leaders spoke about fostering a continuous learning environment across the service with staff responding positively to this. Senior leaders were described as being visible in the office and maintaining contact with front-line work.

Staff told us about practice forums and the '7-minute briefings', where lessons learned were shared. Staff reported these being impactful. There were also regular events to share learning from Safeguarding Adult Reviews (SARs), and themes reported from the Merseyside Safeguarding Adults Board. Service improvement leads had developed a tool to measure if the local authority were picking up themes from audits, however we were not told of any themes which had been picked up. There was a regular managers' network meeting to ensure information was cascaded to staff and responses and views fed back up the chain to the senior leadership team.

The local authority had introduced a '3 conversations' approach to Care Act assessments. Twenty-one case studies had been carried out by the local authority with feedback provided to staff on the impact of the new approach. Feedback from people was mainly positive and stated the model provided a more flexible, creative and person-centred approach to meeting care and support needs with assessments being completed in a timely manner. Feedback was that the 3C's model promoted independence, improved relationships between staff, people and families, increased the use of community resources, improved productivity and reduced care costs. One of the local authority partner organisations provided feedback about the outcomes of implementing the 3Cs approach with adult social care services. They reported improvements for people and families and their staff as well as a positive impact on the use of resources. Staff told us the 3C's model was working well and had embedded into practice. This was a good example of innovative improvements to social work practices to ensure a safer, more effective delivery of their Care Act duties.

The local authority told us about a report to the Adult Social Care and Public Health committee in November 2022 which outlined key actions that had been taken to improve the quality-of-care providers in the sector and raise the Care Quality Commission assessment ratings. They launched a Commissioning, Contracts, and Quality and Service Failure policy, which was briefed to care providers in the local market in July 2023 and was under review at the time of assessment. Contract Leads and Quality Improvement practitioners were mobilised and had supported the care market with a schedule of planned visits for 2024 focused on improvement. They had undertaken over 600 on site contract meetings in 2023 and supported more than 80 providers on their improvement journey.

There was support for continuous professional development across the service. Staff told us there was good quality training and time allocated for continuous professional development. Panels had been set up to support practice educators. The new PSW had taken a lead in ensuring all staff were encouraged to upskill and develop themselves. There were 'staff champions' in place for promoting and sharing best practice in specific topics like ‘Best Interests’ Assessments. Team managers were encouraged to promote the take-up of staff self-development through supervision sessions. This demonstrated the local authority were investing in and upskilling staff to assist their succession planning, with an ideology of ‘grow your own’ talent.

One staff member told us they were well supported with their continuous professional development and attended specialist worker interest groups and regional networks to share knowledge, best practice and learn from their peers. Another team told us they were supported by their manager to develop professionally and gave an example of a member of staff starting as an apprentice who was now in a senior role. Opportunities to become advanced practitioners such as Best Interests Assessors (BIA’s) or Practice Educators (PE) or Approved Mental Health Practitioners (AMHPs) were made available. Some staff however reported disappointment that frequently after progressing in their development, colleagues would move on to other local authorities, saying this was a drain on energy and resources.

Senior leaders told us that during the COVID-19 pandemic, the local authority invested in electronic devices (tablets) and provided them to Age UK who sent them out to people who usually attended day services, so they could maintain social contact via online sessions. We were told that post-COVID, some people preferred to stay with the online sessions rather than having to attend day services. Local authority staff had also reached out to a local 'knit and natter' group to show people how to work the devices and how to do things online.

People with lived experience told us they had been involved in workshops regarding frontline service times. They told us they had attended workshops about the ‘front door’ service and people's experiences of their first contact with the council, how this was managed and information available online. People with lived experience of social care support had also been involved in interviews held for the DASS position in recent months and were incredibly happy to have had the opportunity to be part of this recruitment.

The local authority shared learning, best practice and innovation with peers and system partners to influence and improve how care and support was provided. The Trusted Assessor programme was embedded into practice with unqualified staff trained to a high standard to undertake lower-level needs assessments, enabling them to order equipment without delay. Some care providers commissioned by the council had been given ‘trusted assessor’ status. One provider told us this had really benefitted people who used their home care service, enabling them to access equipment quickly.

The local authority had given providers the ability to increase and decrease certain care packages as required, to maximise the effectiveness of the support people needed. They were reviewing their own care packages which providers told us had enabled them to provide timely, consistent, appropriate care to people. The providers told us they felt trusted, recognised and valued in their roles. At the time of assessment, we were not informed of the local authority’s oversight arrangements for this, however, were told following that any long-term changes to support packages had to be reviewed by a social worker for approval.

The local authority had participated in a peer review conducted by the Local Government Association in December 2022. The review focused on strengths and good practice, and areas for improvement and challenges. 16 recommendations were made, including a review of the 3 conversations model; this influenced the authority to speed up the roll out of the model. Another recommendation supported the development of the proactive approach to increasing quality of care in care homes.

Learning from feedback

The local authority learned from people's feedback about their experiences of care and support, and from the feedback from staff and partners. This informed strategy, improvement activity and decision making at all levels. Leaders told us a quarterly report was produced which outlined the number of complaints received each quarter that year and the key themes. It included key 'takeaways' which were the main learning points for staff. The report showed there had been 220 complaints from April 2023 to March 2024, which was an increase from the previous year. However, there had been a reduction in the number of complaints escalated to the Local Government Ombudsman. The local authority stated they were 100% compliant with any recommendations made by the ombudsman and provided examples of ombudsman decisions and actions taken.

Leaders told us feedback was captured in a variety of ways. For example, people were encouraged to provide verbal and written feedback regarding outcomes following safeguarding procedures. Case files audits were carried out by managers, and actions were collated were feedback amongst peers for learning to be shared with staff. The SLT told us this had embedded learning into future strategies, improvements and enhanced the consistency of decision-making.

Leaders told us safeguarding data captured through data was sent out to team managers to monitor any emerging themes and trends. Managers were able to monitor staff performance and timeliness of work. Key performance indicators were measured, and issues raised with the SLT for action.

The local authority and its partners participated in the national Employer Standards survey. The survey helped the local authority gain understanding in experiences of registered social workers. The 2024 survey received 13 responses from social work staff employed in Cheshire and Wirral Partnership NHS Foundation Trust. The survey results were in line with the regional average responses with staff saying they could access training and development, well-being support, an annual appraisal and felt cared for by managers.

The local authority was committed to capturing compliments to share with staff and celebrate success. Between April 2023 and March 2024 adult social care services received 47 compliments from people and carers receiving support, and from other professionals. Compliments included how knowledgeable and reassuring staff were, assessments being collaborative, and how approachable staff were. One provider told us staff who carried out quality assurance visits were open to discussion and challenge as well as being knowledgeable and an expert in their field. The provider said that this had felt like true collaborative working, feeling listened to and valued.

There were processes to ensure that learning was shared when things went wrong, and also from examples of good practice. Leaders told us they encouraged reflection and collective problem-solving. They told us of processes in place for learning from feedback, including the 7-minute briefings, team meetings and learning hubs which were used to communicate learning. Staff told us their leaders were visible, approachable, and encouraged them to reflect on lessons learned and best practices.

Providers told us the local authority shared learning when need of improvement was identified. They told us the local authority held events and provided examples of when the local authority had shared root cause analysis of an incident. Providers told us the local authority acknowledged its own areas for improvement and actively sought their feedback. They also routinely asked for success stories to share around other providers, so everyone could learn from each other. Providers felt it was important for the local authority to be transparent so they could confidence in them as a trusted partner.
