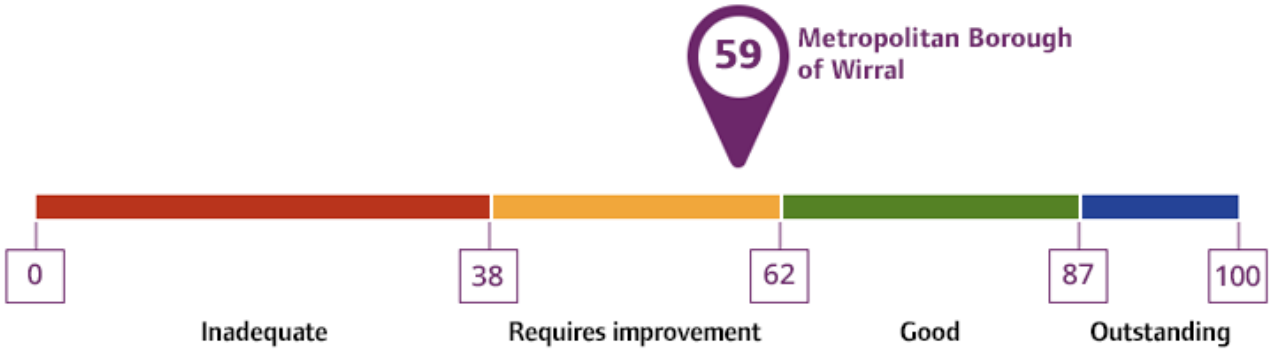
Overall summary

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.