



Adult Social Care and Public Health Committee

Date:	Tuesday, 13 October 2026
Time:	6.00 p.m.
Venue:	Wallasey Town Hall

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This meeting will be [webcast](#)

AGENDA

1. **WELCOME AND INTRODUCTIONS**
2. **APOLOGIES**
3. **MEMBER DECLARATIONS OF INTEREST**

Members are asked to consider whether they have any disclosable pecuniary interests and/or any other relevant interest in connection with any item(s) on this agenda and, if so, to declare them and state the nature of the interest.

4. **MINUTES (Pages 1 - 16)**

To approve the accuracy of the minutes of the meeting held on 15 September 2026.

5. PUBLIC QUESTIONS

5.1 Public Questions

Notice of question to be given in writing or by email by 12 noon, Thursday 8 October 2026 to the Council's Monitoring Officer via this link: [Public Question Form](#) and to be dealt with in accordance with Standing Order 10. The question to be put at the meeting shall not exceed 100 words in length.

For more information on how your personal information will be used, please see this link: [Document Data Protection Protocol for Public Speakers at Committees | Wirral Council](#)

Please telephone the Committee Services Officer if you have not received an acknowledgement of your question by the deadline for submission.

5.2 Statements and Petitions

Notice of representations (statements) and petitions are to be given in writing by 12 noon, Thursday 8 October 2026 to the Council's Monitoring Officer.

To register your intention to give a statement please do so via this link: [Public Statement Notification](#), and this will be dealt with in accordance with Standing Order 11.1.

Petitions may be presented to the Committee. The person presenting the petition will be allowed to address the meeting briefly (not exceeding three minutes) to outline the aims of the petition. The Chair will refer the matter to another appropriate body of the Council within whose terms of reference it falls without discussion, unless a relevant item appears elsewhere on the Agenda. Please give notice of petitions to committeeservices@wirral.gov.uk in advance of the meeting.

5.3 Member Questions

Questions by Members to be dealt with in accordance with Standing Orders 12.3 to 12.8.

SECTION A - KEY AND OTHER DECISIONS

- 6. EXTENSION OF THE INFORMATION AND ADVICE SERVICES CONTRACT WITH WIRRAL CITIZENS ADVICE BUREAU (2027–2028) (Pages 17 - 24)**
- 7. BETTER CARE FUND MID-YEAR (Q2) PERFORMANCE AND DELIVERY REPORT (Pages 25 - 36)**

- 8. BETTER CARE FUND SECTION 75 UPDATE (Pages 37 - 46)**
- 9. ADULT SOCIAL CARE PREVENTION STRATEGY (Pages 47 - 94)**

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SECTION B - BUDGET AND PERFORMANCE MANAGEMENT

SECTION C - OVERVIEW AND SCRUTINY

- 10. ADULT SOCIAL CARE WINTER PREPAREDNESS AND RESILIENCE 2026/27 (Pages 95 - 104)**
- 11. ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE WORK PROGRAMME UPDATE (Pages 105 - 114)**

Adult Social Care and Public Health Committee Terms of Reference

The terms of reference for this committee can be found at the end of this agenda.

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ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Tuesday, 15 September 2026

Present: Councillor S Powell-Wilde (Chair)

Councillors	E Tomeny	G McManus
	C Povall	C Walsh-McDonald
	Cooper	K Murphy
	B Hall	G Bennett

Apologies Councillors P Gilchrist T Jones

26 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting as well as those watching the webcast.

27 APOLOGIES

Apologies for absence were received from Councillor Tony Jones and Councillor Phil Gilchrist.

28 MEMBER DECLARATIONS OF INTEREST

Members were asked to declare any disclosable pecuniary interests and any other relevant interest and to state the nature of the interest.

There were no declarations of interest.

29 MINUTES

Resolved – That the minutes of the meeting held on 14 July 2026 be approved as a correct record.

30 PUBLIC QUESTIONS

30.1 Public Questions

The Chair informed Members that 20 public questions had been received.

The first question was on behalf of Canna-Fam asking whether the committee would consider using the Canna-Fam company for training adult social care and public health teams.

The Chair responded to state that the Council had not identified a specific requirement for training in this area. It was noted that should evidence emerge that additional guidance or workforce development was needed this would be considered through the Council's normal processes alongside other identified training priorities.

As a supplementary question on behalf of Canna-Fam, Peter Spencer asked whether the Council would be open to receive additional information. The Chair agreed to this and asked for the information to be sent to the Senior Officer.

The second question was asked on behalf of Wirral Green Party who queried what had been done to improve access to dentistry for Wirral residents and what still needed to be done including estimated timescales for completion.

The Chair responded to say that the commissioning of dentistry services sat outside the remit of this Committee. A written response would be requested from the NHS Integrated Care Board for Cheshire and Merseyside as they were responsible for dentistry services.

As a supplementary question on behalf of Wirral Green Party an explanation was sought as to why dentistry was outside the remit of a Committee relating to Public Health with a healthcare scrutiny role.

The Chair stated that the Health and Wellbeing Board would have oversight of this and advised that the question be taken to them.

The third question was received from Christine Brie and asked whether the current day services could be re-designed to reflect the excellent provision that they provided and whether the Council could celebrate the good work that takes place.

The Chair responded to say that the Council recognised and valued the important role that day services had played in supporting residents over many years. However, as needs and expectations changed the Council must ensure that the services continued to provide high quality person centred support for the future. The intention was to modernise and develop the existing offer to provide greater choice and expanding opportunities while building on the strengths and support already in place.

The fourth question was asked by Sarah Turner on behalf of Christina Lennon who queried how the Council could do up the day centre buildings when the Council did not have any money.

The Chair acknowledged that the Council faced significant financial challenges and there would need to be prioritisation and difficult decisions in order to remain financially stable. It was explained that investment was

planned into Eastham to enable the Day Centre to support high needs and the ambition was that it would complement Pensby Wood. Other Day Centres had a routine and reactive maintenance programme which the facilities management team would prioritise when repairs were needed.

The fifth question was asked by Susan Smale who queried whether Wirral Evolutions was able to recruit to its vacant posts as a statutory service being exempt from the recruitment freeze.

The Chair responded to state that the Council continued to face significant financial challenges and were obliged to demonstrate that they were doing everything to support a sustainable financial plan. Wirral Evolutions was not a statutory or registered service. The service delivered support for persons under the Care Act. Representations were regularly made to the Council's Human Resources and Recruitment team to prioritise cover and recruitment on a case by case basis. Where essential to service delivery exemptions were made.

Susan Smale asked a supplementary question regarding the reported 16 percent vacancy rate within the service and sought clarification of the anticipated timescales for recruiting permanent staff to fill vacant posts to reduce reliance on agency workers, given the additional costs associated with agency staffing arrangements.

The Chair responded to state that the question would be referred to the relevant officers to provide a detailed response within seven working days.

The sixth question was asked by John Daulby who asked whether Dale Farm could apply to be on the framework.

The Chair responded to clarify that all providers, Charities and Voluntary Community Faith groups could apply to be on the framework and the procurement was on the Council's procurement site the "CHEST".

John Daulby asked a supplementary question regarding whether the Council would continue to support the co-production approach that had been developed over the previous 18 months, including the work undertaken with local stakeholders and service users. It was suggested that co-production had been effective in improving services and reducing pressure on Council resources.

The Chair responded to state that a written response would be provided within seven days.

The seventh question was asked on behalf of Unison regarding the recommendation for Option 2 following the consultation and asked for an

estimate of proportion of people who would have access to day services stopped, or reduced, if these proposals were accepted.

The Chair responded to state that Option 1 was effectively do nothing and this was not a viable option as highlighted in previous committee discussions. Options 2 and 3 allowed the needs of the current day services users to be met whilst also allowing the Council to ensure that it further developed the offer. The duty to consult was used to inform recommendations and decisions and other factors also had to be considered. The Council needed to develop sustainable solutions to the challenges it faced and become more resilient. Every person supported would receive a new review and assessment to ensure that their care plan reflected their needs, choice and was personal to them. The overall aim was to deliver better services and outcomes for Wirral residents. The needs and demand for services for the most vulnerable residents was increasing year on year and the Council had to ensure that it was planning for both the now and the future.

A supplementary question was asked by Helen Kane on behalf of Unison about why restrictions had been placed on staff so that they could not handle cash more than once a week which limited access to community-based options and how there could be confidence that the number of people accessing Day Services will be reduced.

The Chair responded that a written response would be provided within seven days.

The eighth question was received from Clare Young who was extremely happy with the outcome of the public consultation and option 2 being the recommendation, but asked what assurances there were that when the personal reviews took place, the whole offer would be shared with individuals and sought assurance that individuals and their carers/advocates would have the option to continue to use current day services.

The Chair responded to say that the Council had made a commitment to work closely with the people they care for, their parents, carers, and advocates. When the personal reviews are undertaken care needs would be tailored to requirements under the Care Act for personalisation. The full offer in accordance with the persons needs would be discussed, including Direct Payments, to support the person in making the best decisions for them. The Commissioning Framework was seeking to help the Council develop a better offer overall offering more choice, activities, and freedom to design a personal programme. The new service offer would build on the Day Centre provision that already existed and are provided directly by the council and hoped to improve choice and independence.

The ninth question was received from Peter Linnane and asked what specific safeguards would protect continuity of staff, peer relationships, familiar

routines, trusted environments and respite for carers where these were important to an individual's well-being.

The Chair responded that the consultation highlighted the importance placed on managing change and the Council intended to ensure that change was managed with the people the Council care for, their parents and carers in a collaborative way. Co-production would be used to jointly work on the future solutions.

The tenth question was received from Valerie Brown who asked for a guarantee that all the existing centres would remain open and whether the sale of Highcroft Day Care Centre would be part of the second phase.

The Chair responded that the only decision on day services was the one in the report at Committee today. The Council was duty bound to demonstrate value for money in the use of its resources in the face of growing demand and this included how assets were used and maintained. The Council was recommending working closely with its residents in a collaborative way to co-produce future services and solutions and aspired to continuously deliver the best outcomes for residents.

The eleventh question was received from Sheena Hennell and stated that the carers group welcomed Option 2 and were delighted that the Council wished to continue to work with them in co-production known as the Reference Group. The Retain and Refocus was welcomed but it was asked if the strap line could be Keep and Make Even Better instead.

In response, the Chair stated that the Council was committed to working with residents through co-production and the Council was grateful for ideas. It was important to ensure that this journey continued with the reference group and that time was set aside to plan and programme how to discuss and develop the important issues so that recommendations could be brought forward for decision in a planned way.

The twelfth question was received from Ian Young and asked for confirmation that those in supported living would continue to have access to day services to the same extent as currently.

The Chair responded to confirm that every person supported by the Council would have a new review and assessment that would identify a personal plan tailored to their needs. This would include assessing the need for day services alongside other services and activities and the plan would reflect each person's needs.

The thirteenth question was received from Alison Avery who thanked those who worked hard to enable the consultation on the future and modernisation of Wirral's Adult Day Services provision to take place and asked what assurances could be given that the chosen option would be properly and adequately funded.

The Chair responded that investment was being made to improve Eastham Day Centre to be able to support high needs. The Council was currently out to procure a new framework to deliver a broader and better offer for day opportunities and had invested to ensure that every person supported received a new review and assessment. The Council's focus was on modernisation, building better resilience, choice and independence for Wirral residents to experience better outcomes. The Council had an obligation to ensure it was demonstrating value for money and to deliver a sustainable financial plan.

The fourteenth question was received from Paul Eggleton who requested confirmation that the proposed implementation of Option 2 and then Option 3 meant that no current attendee at a Wirral Evolutions centre would be forced to move to another centre or HUB going forward without their or their carers agreement.

In response the Chair stated that Care plans would be informed by a new review and assessment to ensure that a personalised plan would be tailored to the needs of the person being cared for. It was hoped that the broadening and improvement of the day opportunities offer would allow every resident to make more informed personal choices.

The fifteenth question was received from Norman Bradshaw who asked if Wirral Evolutions would be allowed to spend their budget, as a statutory service being exempt from the spending freeze.

The Chair responded that Wirral Evolutions was not a statutory or registered service. It was a service that delivered support for persons assessed under the Care Act. There was no spending freeze on the agreed budget for Wirral Evolutions. All Council services were expected to demonstrate value for money, keep within budget and make a contribution if savings were required.

The sixteenth question was received from Joan Wright who asked how elected members were going to enhance the current provision for adult day services, whether the term Retain and Refocus could be altered to 'Keep and Make Even Better' and whether the Council would support future partnerships such as Leisure Services and the Floral Pavilion or local business such as Unilever.

The Chair responded to state that the question was similar to question 11 and the same principle applied. The Council wished to work with residents to co-produce and develop the services together. The Council welcomed exploring every partnership and opportunity that would bring improvement and support the aspiration to give Wirral residents more choice, opportunity and independence.

The seventeenth question was received from Susan Eggleton and asked why Option 3 was being proposed as a further change once Option 2 had been fully implemented, in accordance with wishes of the clear feedback from the

Consultation process in which the vast majority of respondents put Options 1 and 2 as their first or second choice.

The Chair responded that Option 1 was effectively to do nothing which was not a viable option as highlighted in previous committee discussions. The Chair added that Options 2 and 3 would meet the needs of the current day services users whilst also allowing the Council to further develop the offer.

The eighteenth question was received from Richard Avery and asked for confirmation that there would not be any "efficiency" targets for Day Services during the re-design.

The Chair responded to state that the Council had limited resources and demand for services continued to increase year on year. Whatever services the Council developed for the future there was an obligation to demonstrate value for money, efficiency and sustainability, whilst providing a more tailored person-centred approach.

The nineteenth question was received from Robert James Wright who asked whether the Council had any sites in mind, where any of the day services could be co-located, as part of the re-design.

The Chair responded that the Council aimed to work with residents to co-produce future development of the service and this journey would take time. The Council were commissioning a new framework of providers and were keen to expand and broaden the offer for day opportunities and activities. There had been reference to other assets in the Borough such as the Floral or leisure centres and it was hoped that more residents could experience and have access to the best facilities and activities in the Borough.

The twentieth question was received from Andrew Smith who asked if Dale Farm Trust could apply to be on the framework.

The Chair responded to state that all providers, Charities and Voluntary Community Faith groups could apply to be on the framework. The procurement was on the Council's procurement site the 'CHEST'.

30.2 Statements and Petitions

No statements or petitions were received.

30.3 Member Questions

No member questions were received.

31 IMPROVING SERVICES FOR PEOPLE RECEIVING DAY CARE

The Director of Adults, Health and Strategic Commissioning introduced the report which stated that the Council's vision was to support individuals with

care and support needs to live fulfilling lives, with choice, independence, and control at the heart of our approach. The report sought approval for a phased modernisation of adult day services in Wirral, aligning provision with national policy and local ambitions to promote independence, wellbeing and community inclusion. The proposals would gradually move from a predominantly building-based model towards a blended, more personalised day opportunities offer, while retaining specialist support for people with complex needs.

The recommendations were informed by extensive consultation with over 600 stakeholders, which highlighted the importance of retaining valued services, trusted relationships and safe environments while expanding community-based opportunities and choice.

The case for change was clear with expected improvement of independence, wellbeing, community participation and employment opportunities, greater choice and control, a stronger community support market, and sustainable specialist provision for those with high and complex needs.

The Council would work closely with the people they cared for, their carers, parents and stakeholders to co-produce and develop the service together. The Director of Adults Health and Strategic Commissioning reported that the future of Adult Day Services was about making a difference and delivering better outcomes for the people of Wirral. The aim was to ensure that Wirral had the best services for its most vulnerable people both now and in the future. At the heart of this was to help people who draw on care and support to live fulfilling lives. All the residents of Wirral had the right to participate in what Wirral had to offer, irrespective of whether they had a disability.

Most peoples ambitions and aspirations were to be able to participate as much as the next person and not be judged or restricted by the opportunities available to them. This was the ambition of Wirral Council.

It was reported that 571 people currently accessed day services, with a mixed model already in place comprising both in-house and commissioned provision. Members were advised that some existing day service buildings required significant future investment and that the proposals sought to improve service resilience, sustainability and outcomes for service users.

It was highlighted that extensive engagement had been undertaken, including a 12-week public consultation which received 602 responses. Feedback highlighted the importance of social connections, friendship groups and community participation. It was reported that the preferred approach was to retain and refocus existing services as the first phase of a longer-term programme, maintaining specialist building-based provision for those with complex needs while gradually expanding community-based opportunities, volunteering, employment pathways and personalised support. Members

were informed that all service users would receive an individual review and assessment, with changes implemented gradually through co-production with service users, carers and stakeholders. It was further noted that success would be measured through improved independence, wellbeing, choice and community inclusion, with the overall aim of delivering a modern, sustainable service that continued to meet the needs and aspirations of residents.

Members raised concerns regarding the impact of the proposals on friendship groups, community connections and existing support networks. In response, the Director of Adults, Health and Strategic Commissioning confirmed that individual assessments, transition planning and ongoing reviews would be used to identify and address any issues arising from changes to services, and that future provision would be co-produced with service users and providers. He also advised that the Council would continue to develop a wider range of community-based opportunities through a new commissioning framework, while maintaining appropriate support for those with more complex needs.

Members sought assurance that implementation would be based on individual need and delivered within a realistic timescale. The Director of Adults, Health and Strategic Commissioning confirmed that person-centred assessments and reviews would form the basis of all future support arrangements, with approximately 1,000 reviews planned for the affected cohort and completion currently expected by March 2027. He further advised that the proposals were intended to support the long-term sustainability of Adult Social Care services, increase choice and flexibility through Direct Payments and community-based provision, and ensure that suitable building-based services remained available where required.

Cllr Powell-Wilde moved and Cllr Povall seconded the officer recommendation.

Cllr Ewan Tomeny then moved an amendment, seconded by Councillor Craig Walsh-McDonald, that the Committee agree the officer recommendations 1 and 4 with the deletion of recommendations 2 and 3 and with the following additional wording:

“3. Request that the Director of Adult Social Care and Strategic Commissioning brings back a further report to a future committee with a financial analysis and a vision for all current buildings and staffing.”

The above amendment was then put to the vote and it was lost (3:6).

The original motion was then put to the vote and it was,

Resolved (6:3) – that

1. The findings of the public consultation on the Redesign and Transformation of Adult Day Services be noted;

2. **A phased approach of modernisation from Day Services to Day Opportunities by 31 March 2028, commencing with Option 2: Retain and Refocus in the first 12 months be approved;**
3. **Authority be delegated to the Director of Adults, Health and Strategic Commissioning to take all necessary actions to implement the phased modernisation programme, as set out in paragraphs 3.21 to 3.24 of the report, and**
4. **The commitment to work closely with the people being cared for, their carers, parents and stakeholders to ensure that the offer was developed using the principles of co-production and collaborative working be endorsed.**

32 **COMMISSIONING INTENTIONS FOR ETHNIC MINORITY HEALTH AND WELLBEING SERVICES**

The Acting Assistant Director of Public Health presented the report of the Director of Public Health which sought agreement to progress a procurement exercise for ethnic minority services from April 2027. The current services were experiencing increasing demand, supporting residents and communities with a wide range of issues. The report set out the proposed procurement process and funding model including use of the Public Health Grant, given the strong links between the service outcomes, and improved population health.

The proposal was for a contract worth up to £900,000 over a three year period which was approximately £300,000 per annum. It was funded through the Public Health Grant as an initial two year contract with an option to extend for a further year. The recommission had been based on an extensive Joint Strategic Needs Assessment in 2026 that looked into the health needs of our asylum seeker and refugee populations, but also a system-wide workshop that was held in June 2026 with a wide range of key partners and stakeholders. The Joint Strategic Needs Assessment identified several barriers faced by asylum seeker refugees in Wirral's ethnic minority communities, including language, social isolation, discrimination, poor housing, and difficulties accessing healthcare. The recommission supported wider Council priorities around prevention, inclusion, community resilience and reducing inequalities.

The current Wirral model involved two separate contracts with two providers which had led to some duplication in delivery and fragmentation in the pathways for Wirral's communities. It was proposed to move to a single procurement commissioning framework with four specific lots which were community outreach and engagement, asylum seeker and refugee support, community health and wellbeing, and cultural awareness and inclusion training.

The proposed lotting approach had been developed to create a more coordinated and flexible model of support which was intended to increase accessibility to the procurement process for the wider voluntary community and faith sector organisations. It was reported that providers could bid for a maximum of two lots that best aligned with their expertise and skills and capacity rather than being required to deliver a whole programme of work. Assurance was given that the future contracts would include a clear outcomes framework with providers required to demonstrate delivery against agreed performance measures linked to reducing health inequalities, improving access to services and strengthening community resilience. Contract management arrangements would include regular performance monitoring, reporting and review meetings to provide assurances regarding delivery, quality and value for money.

Members queried how the recommissioned ethnic minority services would address gaps in the current provision, involve communities in service design and ensure accessibility. The Interim Assistant Director of Public Health explained that the new model would place greater emphasis on encouraging ethnic minority communities to access mainstream services through cultural awareness training for frontline staff, alongside a strengthened outreach approach to engage with dispersed migrant populations in their own communities. She advised that extensive qualitative engagement had been undertaken as part of the Joint Strategic Needs Assessment, including consultation with both service users and non-users, and that this intelligence would continue to inform future commissioning and service redesign.

In response to questions regarding market engagement, the Interim Assistant Director of Public Health reported that eight responses had been received through a pre-market questionnaire, with interest expressed across all four service lots and from some providers not previously active within the Borough.

Members also sought assurance regarding the coordination of services, the availability of specialist immigration advice and the management of potential silo working between providers. Members were informed that local health and wellbeing support services continued to be well used by different communities and that the proposed lot structure aimed to create a more integrated service offer. The commissioning framework had been designed to promote collaboration between providers through shared performance measures, joint monitoring arrangements and referral processes, with all providers brought together through a single performance management framework to ensure effective communication and cross-working.

Resolved – That the Director of Public Health be authorised to:

- 1. Proceed with a single procurement exercise for ethnic minority services with four service lots as referred to in paragraph 3.9 of the report;**

2. Award each lot to the successful tenderer following the tender process in accordance with the Most Advantageous Tender criteria.

33 ADULT SOCIAL CARE AND PUBLIC HEALTH PERFORMANCE REPORT

The Assistant Director, Operational Delivery and Professional Standards presented the report of the Director of Adults, Health and Strategic Commissioning which provided a performance report in relation to Adult Social Care and Public Health for quarter one from April to June 2026. Overall, demand remained high across services, but there was evidence of progress in supporting people to live independently and strengthening some community-based care and improving alternative models of support. There was some levelling off and some reduction in long-term residential and nursing care placements in quarter one. Some of that was influenced by the population growth, increasing complexity of need and hospital discharge requirements. There was a shift towards independence and community-based care and the domiciliary care numbers had continually increased as more people were being supported to remain in their homes. The number of Direct Payments remained at 549. It was reported that 15 percent of people eligible for Direct Payments were in receipt of them and the aim was to increase this to 24 percent by the end of this financial year. There was positive growth in alternative care models and in Shared Lives, extra care in the community and the use of assistive technology. The vacancy rate in the care market was just under 6%. There was strong progress in supporting independence in the care market. High demand continued to provide pressure on Adult Social Care, particularly around residential and nursing care, where there were some significant challenges which required ongoing focus to address.

A Member sought clarification on the promotion of Direct Payments and raised concerns that information was not sufficiently visible within Day Centres and may not be accessible to all service users through online channels. The Assistant Director, Operational Delivery and Professional Standards reported that training had been delivered to Day Centre staff, including a recent workshop, and highlighted the launch of a new website and support from the People's Places Lives service to improve staff awareness and engagement. It was acknowledged that further work was required to strengthen communication and promotion of Direct Payments to those receiving support.

Members also sought clarification on Shared Lives arrangements and the distinction between Primary and Secondary Carers was explained. Members were advised that recruitment to Shared Lives remained active and that opportunities to expand provision would continue to be explored.

In relation to Deprivation of Liberty Safeguards (DoLS), the Assistant Director, Operational Delivery and Professional Standards advised that a recent

judgement had resulted in activity being suspended whilst existing and new arrangements were reviewed and that clearer reporting was expected in future quarters.

Members also discussed the reported No Criteria to Reside (NCTR) rate, and the Assistant Director, Operational Delivery and Professional Standards noted that performance remained favourable compared to regional levels and highlighted the role of reablement services, Better Care Fund initiatives, Home First and Community Integrated Care Coordination in supporting discharge arrangements. The Director of Adults, Health and Strategic Commissioning reported continued high demand across acute services, increasing levels of frailty and complexity amongst patients, and growing demand for nursing and dementia-related placements. It was noted that winter preparedness planning was underway to help manage these pressures.

Resolved – That the content of the report be noted.

34 **ANNUAL UPDATE REPORT ON WIRRAL'S HEALTH PROTECTION STRATEGY 2023-2027**

The Assistant Director, Consultant in Public Health, and the Public Health Principal presented the report of the Director of Public Health which provided an update on the partnership work undertaken to date to deliver the Wirral Health Protection Strategy 2023-2027. This included protecting the health of Wirral's residents and communities from infectious diseases, environmental hazards and emerging health threats aligned with the ambitions set out in Wirral's Health and Wellbeing Strategy.

The delivery of the Health Protection Strategy 2023-2027, was coordinated around seven priority areas, with cancer screening added as an additional priority in 2025. The Assistant Director, Consultant in Public Health, and the Public Health Principal reported that partnership working continued to support the prevention of ill health, reduction of health inequalities and improvement of health outcomes. Key achievements included a coordinated response to local measles outbreaks, which helped minimise the impact of increased case numbers through enhanced preparedness, testing pathways and targeted vaccination communications. Improvements were also reported in cancer screening uptake, with breast cancer screening exceeding regional and national averages, bowel screening remaining above the North West average, and a successful cervical screening pilot delivered via the Living Well bus, which NHS England had confirmed would continue. Hospital admissions for urinary tract infections had reduced by 33.5% compared with 2018/19 levels and significantly exceeded the local target and reflected partnership work to improve hydration and promote appropriate antibiotic use. Further successes included winter preparedness campaigns, promotion of vaccination programmes, and a public health communications campaign that reached almost one million people online.

The Public Health Principal advised that work would continue to increase vaccination uptake, tackle antimicrobial resistance, reduce infection rates, support earlier HIV diagnosis and address health inequalities. Planned actions included infection prevention workshops, emergency preparedness exercises, Joint Strategic Needs Assessments on antimicrobial resistance and adverse weather resilience, and a comprehensive evaluation of the current strategy to inform the development of a refreshed Health Protection Strategy beyond 2027.

Members congratulated officers on the success of the UTI project and queried whether further work was required in areas such as microbial resistance and obesity. The Assistant Director, Consultant in Public Health stressed the importance of planning and preparedness for emerging public health challenges and highlighted antimicrobial resistance (AMR) as an area requiring further attention. It was noted that antibiotic use remained high in primary care and that a new post had been established at Arrowe Park.

Members queried the timeliness of some public health data, including TB, MMR and air pollution indicators. It was explained that while the report relied on publicly available data which was subject to rigorous quality assurance processes, more current non-public data was sometimes available locally. She advised that air pollution measures were based on public health outcomes data and that minor variations could occur between different datasets.

Members sought assurances regarding the impact of ongoing NHS and Integrated Care Board (ICB) changes on health protection arrangements and wider health services. The Assistant Director, Consultant in Public Health advised that delivery of the Health Protection Strategy relied on close collaboration with ICB colleagues and confirmed that dialogue was ongoing at both operational and senior levels. The significance of the changes and the importance of maintaining collaborative working was emphasised. The Director of Public Health advised that discussions were continuing to secure assurances that the ICB would maintain an active role and that further details would be shared once available.

The Chair welcomed the reported improvement in breast cancer screening uptake and requested additional information on this area.

Resolved – That the progress made to date in the implementation of the Wirral Health Protection Strategy 2023 – 2027 as set out in the report be noted.

35 **ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE WORK PROGRAMME UPDATE**

The Director of Adults, Health and Strategic Commissioning introduced the

report which detailed the annual work programme of the items for consideration by the Adult Social Care and Public Health Committee.

It was agreed that the briefing note on Drugs and their Classification would be removed from the work programme.

Resolved – That subject to the removal of the above item, the proposed Adult Social Care and Public Health Committee work programme for the remainder of the 2026/27 municipal year be noted.

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ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

TUESDAY, 13 OCTOBER 2026

REPORT TITLE:	INFORMATION AND ADVICE SERVICE CONTRACT EXTENSION
REPORT OF:	DIRECTOR OF PUBLIC HEALTH

REPORT SUMMARY

This report seeks approval from the Adult Social Care and Public Health Committee to exercise the first one-year extension option within the existing Information and Advice Service contract currently delivered as Ask Us Wirral by Citizens Advice Wirral.

Legal advice received by the council has confirmed that, notwithstanding the extension provisions contained within the original contract, a further Committee decision is required to approve the extension option. This report therefore seeks the necessary governance approval to enable the council to proceed with the extension.

Contract monitoring confirms that the service is performing strongly, delivering the required outcomes for residents and operating within the approved financial framework. Failure to approve the extension could create risks to service continuity and access to advice and support for vulnerable residents.

The service provides universal information, advice and casework support to Wirral residents across a wide range of issues including welfare benefits, debt, housing, employment, health and wellbeing, family support, and cost of living related concerns.

Since commencement of the current contract on 1 April 2024, the service has continued to provide support to residents experiencing financial hardship and social disadvantage, contributing to the council's wider objectives of reducing inequalities and improving population health outcomes.

Approval is sought to extend the contract for a further period of one year from 1 April 2027 to 31 March 2028, in accordance with the provisions contained within the original contract award.

The report supports the draft Wirral Plan 2027-31: A New Chapter for Wirral, specifically the aim to be pro-active and increase the amount of early help people can access. The proposed decision affects all wards within the borough and is a key decision.

RECOMMENDATION/S

The Adult Social Care and Public Health Committee is recommended to:

1. Note that performance monitoring of the current Information and Advice Service Contract (Ask Us Wirral) demonstrates that the service is delivering strong outcomes for Wirral residents and is performing effectively against agreed objectives and that monitoring has provided assurance that there are no significant concerns regarding service delivery, contract compliance, or the achievement of agreed outcomes.
2. Approve the exercise of the first one-year extension option within the Information and Advice Service Contract (Ask Us Wirral), currently delivered by Wirral Citizens Advice Bureau Limited, for the period 1 April 2027 to 31 March 2028, in accordance with the extension provisions contained within the contract.
3. Authorise the Director of Legal Services, in consultation with the Director of Public Health, to complete all necessary contractual arrangements associated with the extension of the Information and Advice Service Contract (Ask Us Wirral) for the period 1 April 2027 to 31 March 2028.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The current Information and Advice Service remains a key element of Wirral's prevention and early intervention offer, providing residents with timely access to advice, support, and advocacy services. The service contributes directly to improving health and wellbeing outcomes by addressing wider determinants of health including poverty, debt, housing insecurity, unemployment, social isolation, and access to welfare support.
- 1.2 Performance monitoring undertaken throughout the contract period demonstrates that the service continues to deliver positive outcomes for residents and represents an effective use of public resources.
- 1.3 Extending the current arrangement will provide continuity of service for residents while allowing sufficient time to undertake strategic review and future commissioning planning.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 The option of undertaking an immediate procurement exercise has been considered. However, given the strong performance of the existing contract, continuing demand for the service and the availability of an extension provision within the current contract, this option is not considered the most effective use of resources at this time.
- 2.2 The option of ceasing the service was considered and discounted due to the significant contribution the service makes towards prevention, reducing inequalities, and supporting vulnerable residents.
- 2.3 The option of bringing the service in-house was also considered. This is not recommended as the current delivery model provides specialist expertise, established community networks, and additional social value that would be difficult to replicate within existing resources.

3.0 BACKGROUND INFORMATION

- 3.1 The current Information and Advice Service was commissioned to provide accessible, high-quality information, advice and advocacy support to residents across Wirral. The current contract commenced on 1 April 2024 following an open procurement process and was awarded to Wirral Citizens Advice Bureau Limited for an initial three-year period with options to extend for one year plus a further one year.
- 3.2 The service supports residents with a range of issues including:
 - Welfare benefits and income maximisation
 - Debt and financial capability
 - Housing and homelessness prevention
 - Employment support
 - Energy and fuel poverty

- Family and relationship issues
- Health and wellbeing support
- Signposting and referral to specialist services

- 3.3 The service continues to play an important role in supporting residents impacted by cost-of-living pressures and wider socioeconomic challenges.
- 3.4 Performance monitoring demonstrates that Ask Us Wirral continues to perform strongly against the agreed contractual requirements. During 2025/26 the service recorded 143,214 contacts, significantly exceeding the annual target of 60,000 contacts. The service also completed 105,005 assessments, engaged 14,347 residents, provided advice to 11,627 residents, and delivered support for 2,720 complex cases and tribunals, all exceeding the agreed annual targets.
- 3.5 The service continues to perform well against its key access and responsiveness indicators. 62.6% of service users self-triaged online against a target of 60%, demonstrating effective use of digital access routes. The service contacted 83.8% of referred residents within three days of referral against a target of 75% and offered appointments within seven working days for 89.9% of residents following triage or assessment. Whilst slightly below the 95% target for appointment availability, performance remained within tolerance levels and was rated Green under the agreed performance framework.
- 3.6 The service continues to provide significant support to residents experiencing financial hardship, social disadvantage, and poor mental health. During the reporting period, 3,317 residents accessing the service identified as having a mental health condition and 788 residents were known to be engaging with statutory mental health services. The service also made 1,453 referrals to other support services, demonstrating its important role within the wider health, care and voluntary sector system.
- 3.7 The Information and Advice Service provides a universal borough-wide offer, available to all Wirral residents. The majority of clients accessing the service have come from communities experiencing the greatest health inequalities, with 65% of service users residing in the Birkenhead and Wallasey constituencies, areas that contain many of the borough's most deprived neighbourhoods.
- 3.8 The service supports residents presenting with a wide range of issues; however, the most common reasons for accessing support relate to benefits, debt and financial hardship, and housing or other welfare-related concerns. Residents frequently present with multiple interconnected issues requiring holistic support rather than resolution of a single presenting problem.
- 3.9 The outcomes achieved extend beyond the provision of information and advice and make a significant contribution to reducing poverty and improving wellbeing. Service evaluations demonstrate that the service has secured £25.2 million in benefit entitlement for residents and supported the management or write-off of £27 million of debt. In addition, 82% of service users reported an improvement in their wellbeing following intervention and 82% of Employment Support Alliance (ESA) and Personal Independence Payment (PIP) appeals were successful.

- 3.10 Evidence gathered from service users demonstrates that financial difficulties often have profound impacts on health and wellbeing, with residents reporting stress, anxiety, difficulties meeting essential living costs and struggling to cope prior to receiving support. Following intervention, service users reported improvements in financial resilience, mental wellbeing, family relationships and their ability to afford essentials such as food, heating and transport. Many residents also reported feeling more in control of their lives and better able to manage their finances.
- 3.11 Analysis of social return on investment with the current contract identified that Citizens Advice Wirral generated between £33 and £50 in social value for every £1 invested within the contract. The benefits were seen across the following themes:
- Increased income (£1,800,000)
 - Increased empowerment (£1,200,000)
 - Reduced anxiety (£781,000)
 - Increased employability (£390,000)
 - Increased security of tenancy (£232,000)

4.0 FINANCIAL IMPLICATIONS

- 4.1 The total cost of the contract extension for one year is £1,655,066. The contract is commissioned by Public Health, who are providing £1,192,066 of this value. Additional contributions are being received from NHS Cheshire and Merseyside Integrated Commissioning Board (£386,000) and from Wirral Council's Children's services (£42,000) and Housing department (£35,000).
- 4.2 The value and availability of the Public Health grant for 2027/28 - 2028/29 is indicative. The budget has been allocated based on the indicative grant funding. Should the grant vary and be reduced then contract amounts may need to be varied, and the proposed tender exercises will consider appropriate mitigating measures.
- 4.3 The proposed extension does not create any additional financial commitment beyond that already anticipated within the original contract arrangements. Extension of the contract provides continuity and stability whilst avoiding the costs and resource implications associated with undertaking a new procurement exercise at this stage. Subject to the continued availability of Public Health Grant funding, the extension can be accommodated within existing budget provisions.

5.0 LEGAL IMPLICATIONS

- 5.1 The original contract included provisions allowing the council to extend the contract for additional periods subject to satisfactory performance and agreement by the council.
- 5.2 The extension option requires a formal Committee decision to ensure compliance with the council's governance and decision-making requirements. This report therefore seeks the necessary approval for the extension and is not the result of concerns regarding the performance of the service or the provider.
- 5.3 Subject to Committee approval, the proposed extension is considered to be consistent with the terms of the existing contract and applicable procurement legislation.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 The recommendations contained within this report have no significant implications for council staffing, ICT systems or physical assets.
- 6.2 The provider will continue to maintain appropriate staffing arrangements to deliver contractual requirements throughout the extension period.

7.0 RELEVANT RISKS

- 7.1 The principal risk associated with not approving the extension is disruption to service continuity. The Information and Advice Service provides a significant element of the Council's prevention and early intervention offer and any gap in provision could reduce access to advice, advocacy and support for residents experiencing financial hardship, housing difficulties, welfare issues and other challenges affecting health and wellbeing.
- 7.2 There is a risk that increasing demand associated with ongoing financial pressures may place additional pressure on service capacity. When combined with the impact of wider local and national policy changes, demand may increase beyond anticipated levels, placing sustained pressure on service capacity and presenting a risk to the continued delivery of agreed outcomes and performance standards. This risk will continue to be managed through contract monitoring and performance review arrangements.
- 7.3 There is a risk that future funding arrangements may change. Appropriate contractual provisions remain in place to mitigate financial risks.
- 7.4 Regular contract management arrangements will continue throughout the extension period to ensure contractual compliance and delivery of agreed outcomes.
- 7.5 Given the satisfactory performance of the service, the risks associated with extending the contract are considered low and can continue to be managed through established contract monitoring and governance arrangements. Conversely, a decision not to extend would require consideration of alternative delivery arrangements and could result in uncertainty for residents, partner organisations and service staff.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 Regular engagement has taken place throughout the contract period with service users, community organisations, health partners and other stakeholders.
- 8.2 Feedback received demonstrates the continued value of the service and supports the proposal to extend the existing contract arrangement.

9.0 EQUALITY IMPLICATIONS

- 9.1 Wirral Council has a legal requirement to make sure its policies, and the way it carries out its work, does not discriminate against anyone. An Equality Impact

Assessment is a tool to help council services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision, or activity.

- 9.2 The Equality Impact Assessment relating to this service can be found here:
<https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments>

10.0 ENVIRONMENT, BIODIVERSITY AND CLIMATE IMPLICATIONS

- 10.1 The recommendations within this report are not expected to have any significant direct impact on carbon emissions.
- 10.2 The provider will continue to support council objectives regarding sustainability and environmental responsibility where applicable.

11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 Community Wealth Building is a people-centred approach to economic growth which reorganises local economies to be fairer and stops wealth flowing out of communities, towns, and cities, and instead places control of this wealth into the hands of local people, communities, businesses, and organisations. This extension will support several of the key outcomes within the strategy.

12.0 CRIME AND DISORDER IMPLICATIONS

- 12.1 The Information and Advice Service contributes to the prevention of crime, anti-social behaviour and exploitation by supporting residents who may be vulnerable due to poverty, financial hardship, housing insecurity, unemployment, social exclusion, or poor mental health.
- 12.2 The service provides early intervention and preventative support, helping residents access advice relating to debt, welfare benefits, housing, consumer issues, and other matters that can contribute to vulnerability and increase the risk of financial abuse, scams, exploitation and crisis situations.
- 12.3 The service works closely with statutory, voluntary and community sector partners to identify safeguarding concerns and to support residents who may be at risk of abuse, neglect, domestic abuse, financial exploitation or other forms of harm.
- 12.4 By helping residents improve financial resilience, access support services and address the wider determinants of health, the service contributes to stronger and more resilient communities and supports the wider objectives of reducing crime and disorder across Wirral.

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APPENDICES

N/A

BACKGROUND PAPERS

Wirral Citizen's Advice Bureau Ltd Wirral Council Public Health Services Contract
(DN568876)

TERMS OF REFERENCE

This report is being considered by the Adult Social Care and Public Health Committee in accordance with its Terms of Reference:

- c) all Public Health functions (in co-ordination with those functions reserved to the Health and Wellbeing Board and the Overview and Scrutiny Committee's statutory health functions).
- e) undertaking the development and implementation of policy in relation to the Committee's functions, incorporating the assessment of outcomes, review of effectiveness and formulation of recommendations to the Council, partners and other bodies, which shall include any decision relating to:
 - (l) furthering public health objectives through the development of partnerships with other public bodies, community, voluntary and charitable groups and through the improvement and integration of health and social care services.
- g) in respect of the Health and Social Care Act 2006, the functions to:
 - (iii) investigate major health issues identified by, or of concern to, the local population.
 - (v) scrutinise the impact of interventions on the health of local inhabitants, particularly socially excluded and other minority groups, with the aim of reducing health inequalities.
 - (vi) maintain an overview of health service delivery against national and local targets, particularly those that improve the public's health.

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Social Care and Public Health Committee Information and Advice Services Commission	8 th September 2021
Adult Social Care and Public Health Committee Information and Advice Services Commission	29 th November 2022
Adult Social Care and Public Health Committee Information and Advice Services Commission	18 th July 2023
Adult Social Care and Public Health Committee Information and Advice Services Commission	22 nd November 2023



ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Tuesday, 13 October 2026

REPORT TITLE:	BETTER CARE FUND MID-YEAR (Q2) PERFORMANCE AND DELIVERY REPORT
REPORT OF:	DIRECTOR OF ADULTS, HEALTH, AND STRATEGIC COMMISSIONING

REPORT SUMMARY

This report provides an update on activity against the Better Care Fund (BCF) plan for Quarter 2 of the 2026/2027 financial year. Submission of this report is a mandatory requirement for NHS England (NHSE)

This report demonstrates continued compliance with the requirements of the BCF and that the NHS England (NHSE) outcomes for 2026/2027 are being met. The report updates on financial performance against the fund and outlines schemes currently under review.

The report supports the Council Plan: Wirral Working Together 2023-27, specifically the 'promoting independence and healthier lives' theme.

The report provides an update on planning for transition of the Better Care Fund 2026/2027 to Integrated Care Funding Framework (ICFF) which will apply for 2027/2028

This report has implications for all wards This is not a key decision.

RECOMMENDATION/S

The Adult Social Care and Public Health Committee is recommended to note:

1. Continued compliance with the requirements of the BCF fund and that NHSE outcomes for the BCF continues to be met locally.
2. That the current financial position does not pose a risk to the Section 75 Agreement with the NHS Cheshire and Merseyside ICB ("ICB").
3. The detail of the pooled budget areas in 2026/2027 as part of the mandatory Section 75 agreement with the ICB.
4. The planning for the transition from BCF to ICFF as outlined within the report.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The Better Care Fund (BCF) Plan for 2026/27 supports a range of integrated health and care schemes which contribute to the objectives set out within the Better Care Fund Framework 2026/27 and the emerging Neighbourhood Health agenda. The programme supports the delivery of:
- Provision of more care closer to home.
 - Increases in the focus on prevention to enable people to live healthier and more independent lives.
 - Harnessing digital technology to transform care.
 - Supporting timely hospital discharge and reducing avoidable admissions.
 - Improving reablement outcomes and helping people regain and maintain independence.
 - Strengthening intermediate care services and reducing demand for long-term residential and nursing care.
- 1.2 The report provides evidence that the demand assumptions contained within the 2026/27 Better Care Fund Plan were broadly accurate and that investment through the Better Care Fund has delivered the anticipated health and social care capacity, supporting improved system flow, independence outcomes and community-based care. The report also demonstrates how the 2026/27 programme aligns with the national policy direction for integrated care, intermediate care and planning for neighbourhood health services.
- 1.3 The Board is asked to note that all Better Care Fund schemes are being reviewed to ensure continued alignment with the emerging transition towards neighbourhood health arrangements and the future Integrated Community Funding Framework (ICFF), with particular focus on hospital discharge, reablement and intermediate care services

2.0 OTHER OPTIONS CONSIDERED

- 2.1 No other options were considered as the submission of a BCF plan is a mandatory requirement and requires the Council to work in collaboration with the NHS Cheshire and Merseyside ICB to deliver services within an agreed legal framework. The BCF plan and pooled fund arrangements are contributing to ensuring people and carers remain as independent as possible for as long as possible, and people are discharged from hospital to the right place at the right time. In the absence of a plan and a Section 75 agreement, the Council and the ICB would be unable to deliver services jointly, locally and would be in breach of NHSE requirements.
- 2.2 There is some risk associated with not accepting the report, namely a failure to provide the regular updates on the delivery of the BCF would be in breach of the NHSE mandatory requirements.

3.0 BACKGROUND INFORMATION

- 3.1 In 2026 there was a continued mandatory requirement to develop a BCF Plan which set out how the Council and NHS Cheshire and Merseyside ICB would deploy BCF funding to achieve the government's priorities and BCF outcomes. The plan was approved by the Health and Wellbeing Board on 17th July 2025.
- 3.2 The submission of a BCF plan is a mandated requirement and requires the Local Authority to work in collaboration with the NHS Cheshire and Merseyside ICB to deliver services within an agreed legal framework.
- 3.3 The BCF was established in 2014 to support integrated working across health and social care, housing and the voluntary community and faith sector to support person-centred care, sustainability, and better outcomes for people. The BCF represents a collaboration between:
- Department of Health and Social Care (DHSC)
 - NHS England
 - Department for Levelling Up, Housing and Communities (DLUHC) and
 - The Local Government Association (LGA).
- 3.4 The BCF plan articulates at a place-based level, how the BCF is used to successfully deliver the integration of health and social care in a way that:
- Supports person-centred care;
 - Supports sustainability and better outcomes for people and carers;
 - Enables people to stay well, safe, and independent at home for longer; and
 - Enables the provision of care and support at the right time and in the right place.
- 3.5 The BCF Policy Framework 2026 to 2027 sets out the Government's priorities for 2026. The government is committed to reforming and strengthening neighbourhood services across health and social care, with the goal of:
- Bringing more care into local communities.
 - Unite professionals from different organisations into teams aligned around people's needs.
 - Joined up services.
 - Focus health and care services increasingly on the prevention of ill health.
 - Joint working across the NHS, local government, the voluntary sector and other local partners.
 - Developing neighbourhood health services through integrated health, social care and community-based support.
 - Working in close partnership with local people.
- 3.6 For 2026/27, NHS England requires Health and Wellbeing Boards to review their use of the Better Care Fund to ensure it supports the development of neighbourhood health services and Home First principles. Emphasis is placed on strengthening intermediate care, improving reablement outcomes, supporting timely discharge from hospital and reducing avoidable admissions and long-term reliance on residential care

3.7 The BCF 2026/27 Core Objectives are:

- Support people to remain independent for longer through integrated health and social care services.
- Prevent avoidable hospital admissions, particularly for people aged 65 and over.
- Improve hospital discharge and reduce delays, ensuring people leave hospital at the right time with appropriate support.
- Strengthen intermediate care and reablement services to help people recover and regain independence after illness or hospital stays.
- Reduce long-term admissions to residential and nursing care by developing community-based alternatives.
- Support unpaid carers and maintain their ability to continue caring.
- Promote neighbourhood health and integrated working between local authorities, NHS organisations and voluntary sector partners.
- Increase investment in Adult Social Care and ensure value for money from pooled budgets

3.8 Wirral now reports a much-improved No Criteria to Reside (people medically fit for discharge) position, with less than 13% (August 2026) of beds occupied by people who fall into this category compared 26/27 when they occupied 14.8% of beds and to 24/25, when they occupied over 30% of beds.

3.9 Capacity and demand analysis of the last 12 months suggests that whilst capacity across place has increased, more work is needed to ensure there is sufficient capacity within the system to ensure more people are discharged from hospital and assessed at home (this is referred to as Pathway 1 (P1).

3.10 Some examples of achievements against plan in 2026/2027 that the BCF will continue to fund are set out below.

3.11 In 2023, a 71 ward-based intermediate care service was put in place (for people who have no clinical need to remain in hospital but do require therapy and reablement) at Clatterbridge Intermediate Care Centre has ensured people return home when their skills are optimised, and the right care is in place when they do.

3.12 The Transfer of Care Hub, based at Wirral University Teaching Hospital is a multidisciplinary team, including social workers, nurses, and therapists, and has enabled swift discharges onto the right pathway for people reducing length of stay.

3.13 The Home First service (community based), a multi-disciplinary team, including social workers, nurses, therapists and health care assistants, has enabled people to be discharged, to receive therapy and be assessed at home when they no longer have criteria to remain in hospital. To support this approach a hybrid model has developed enabling people to be discharged with therapy and domiciliary care support, and for 2026/2027, this has been enhanced with a trusted assessment model in place to support care act assessments.

3.14 Urgent Crisis Response service (community based) has prevented hospital admissions both in the community and via the hospital 'front door'.

- 3.15 The community based domiciliary care service provides reablement and can meet current demand. The mobile night service, as an example, has enabled people with higher acuity needs to return home and provide support to family carers.
- 3.16 BCF funding has contributed to the development of a new Direct Payment model which will complement the 3 Conversations strength-based approach to assessment enabling people to consider options other than commissioned support. The new Direct Payment support service was launched in January 2025 and is now fully mobilised.
- 3.17 Ongoing investment into enabling technology has seen people in receipt of this service rise to 5,814 in August 2026 from 5,717 in August 2025.
- 3.18 The Governance is as follows:
- All reviews are completed jointly with the ICB and the Council as equal partners.
 - Recommendations following all reviews are considered and approved by ICB/NHS and Local Authority senior leaders in joint meetings.
 - The Health and Wellbeing Board is advised of any adjustments via the quarterly and end of year reports and assured that the realisation of the BCF 2026/2027 plan objectives have not been compromised.
 - The Section 75 financial arrangements are ratified by the Adult Social Care and Public Health Committee
- 3.19 All reviews of services have at their core, an equality impact assessment, to ensure the communities in Wirral experiencing health and wellbeing inequalities have equal access to funded services. Services are reviewed also for value for money and productivity as requested by BCF national team.
- 3.20 The Health and Wellbeing Board and Adult Social Care and Public Health Committee are advised of any adjustments via the mid-year and end of year reports and assured that the realisation of the BCF plan objectives have not been compromised.
- 3.21 A series of workshops were held from January to March and in August/September 2026 led by the Health and Wellbeing Board and Health and Care system partners to support the planning for the transition from BCF to ICFF. The workshops are to ensure oversight and leadership by the HWB and also to ensure that plans for the BCF align with the Neighbourhood Health model plans locally as mandated.
- 3.22 The Better Care Fund continues to play a critical role in supporting integrated health and social care services across Wirral, enabling people to remain independent for longer, supporting timely hospital discharge, and reducing the need for long-term care. The achievements outlined within this report demonstrate that BCF investment is delivering improved outcomes for residents whilst supporting system sustainability and resilience. As national reforms to the Better Care Fund continue to develop, Wirral will work closely with NHS Cheshire and Merseyside ICB and wider partners to ensure that BCF-funded schemes remain aligned with neighbourhood health priorities, particularly in relation to prevention, intermediate care, reablement and

Home First approaches, ensuring that local investment continues to provide value for money and meet the needs of Wirral residents.

- 3.23 The Integrated Care Funding Framework (ICFF) will replace the Better Care Fund from 2027/28 and is expected to focus on promoting independence, strengthening neighbourhood-based care, preventing hospital admissions, improving discharge outcomes, maximising reablement, reducing reliance on long-term care, supporting unpaid carers and delivering more integrated commissioning across health and social care systems
- 3.24 The priorities for the ICFF 2027/28 are likely to be (but not yet confirmed):
- Promoting Independence- Supporting people to live independently for longer through community-based services, prevention, reablement and early intervention.
 - Reducing Hospital Demand- Reducing avoidable admissions and supporting people to receive care closer to home wherever possible.
 - Improving Hospital Discharge- Ensuring timely discharge from hospital with appropriate health and social care support in place.
 - Strengthening Intermediate Care- Expanding rehabilitation, recovery and reablement services to help people regain independence after illness or hospital stays.
 - Reducing Long-Term Care Dependency- Reducing admissions into residential and nursing care through preventative and community-based alternatives.
 - Neighbourhood Health Models- Supporting integrated teams across health, social care, housing and the voluntary sector to deliver care at local neighbourhood level.
 - Supporting Unpaid Carers- Maintaining investment in carers' support and preventing carer breakdown.
 - Integrated Commissioning and Pooled Budgets- Strengthening joint planning and commissioning between Local Authorities and Integrated Care Boards, with a greater focus on outcomes and value for money.

4.0 FINANCIAL IMPLICATIONS

- 4.1 BCF funding is composed of mandatory contributions from Integrated Care Boards and local authorities. Local areas can also voluntarily pool additional funding through the BCF where they are assured that this represents value for money.
- 4.2 To give local areas greater flexibility in how they meet the objectives of the BCF, the previously ring-fenced hospital discharge fund is now merged within the BCF. While discharge funding is now consolidated, reducing discharge delays remains a critical shared priority across the NHS and local authorities, and plans should reflect a continued focus on this area.
- 4.3 The current in year report at the end of Quarter 2 is forecasting as follows:

Better Care Fund Summary 2026/27

Better Care Fund	2026/2027 Budget	Forecast Outturn	Variance
Integrated Services	£32.80	£32.80	£0.00
Adult Social Care Services	£27.20	£27.20	£0.00
C&M ICB - Wirral Place Services	£5.70	£5.70	£0.00
DFG	£6.10	£6.10	£0.00
Innovation Fund	£0.40	£0.40	£0.00
Known Pressures & Contingency	£0.20	£0.20	£0.00
	£72.40	£72.40	£0.00

4.4 The allocation of fair funding for 2024/25 to 2028/29 is as follows:

Fair funding review local authority allocation 24/25-28/29

Illustrative Core Spending Power of Local Government:					
	2024-2025 £ Millions	2025-2026 £ Millions	2026-2027 £ Millions	2027-2028 £ Millions	2028-2029 £ Millions
Fair Funding Allocation	0.0	0.0	232.2	229.9	227.7
Of which: <i>Baseline funding level</i>	0.0	0.0	102.5	104.9	107.0
Of which: <i>Revenue support grant</i>	0.0	0.0	105.9	125.1	120.7
Of which: <i>Local Authority Better care grant</i>	0.0	0.0	23.7	-	-
Legacy Funding Assessment	217.5	229.1	0.0	0.0	0.0

5.0 LEGAL IMPLICATIONS

5.1 The Better Care Fund is delivered through an agreement made under Section 75 of the National Health Services Act 2006 between the Council and NHS Cheshire and Merseyside ICB, with a value totalling £72.14m. The Council must ensure compliance with the national BCF framework, funding conditions and governance requirements, whilst continuing to meet its statutory duties under the Care Act 2014. Future legal implications will need to be considered as national arrangements transition to the Integrated Care Funding Framework (ICFF) from 2027/28

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 The activity under the BCF can be managed within existing resources.

7.0 RELEVANT RISKS

The Better Care Fund supports the delivery of a wide range of integrated health and social care services that are fundamental to improving outcomes for Wirral residents, supporting hospital discharge, promoting independence and reducing reliance on long-term care. As with any complex partnership programme, there are a number of strategic, operational and financial risks that could affect the successful delivery of the Better Care Fund and the achievement of its intended outcomes. These risks are regularly monitored and reviewed through established partnership governance arrangements involving Wirral Council, NHS Cheshire and Merseyside ICB and delivery partners, with significant issues escalated through the appropriate governance structures, including the Health and Wellbeing Board. The risks outlined below represent the principal risks currently associated with delivery of the 2026/27 Better Care Fund Plan and align with wider system and corporate risks, including increasing demand and financial pressures across health and social care services.

- 7.1 *Funding Reform Risk:* 2026/27 is a transition year ahead of the move from the Better Care Fund (BCF) to the Integrated Care Funding Framework (ICFF) in 2027/28. Changes to national policy, funding allocations or grant conditions may impact future funding levels and service sustainability.
Mitigation: Wirral Council and NHS Cheshire and Merseyside ICB continue to monitor national guidance and engage with regional and national developments relating to the ICFF. Regular review of BCF-funded schemes ensures alignment with emerging priorities and supports transition planning ahead of implementation.
- 7.2 *Performance Risk:* Failure to achieve BCF objectives relating to reducing hospital admissions, improving discharge performance, reablement outcomes and reducing long-term care admissions may adversely affect outcomes for residents and place additional pressure on health and social care services.
Mitigation: Performance is monitored through established BCF governance arrangements, including regular reporting against national and local metrics. Where performance concerns are identified, improvement actions are agreed and monitored jointly by partners to support the delivery of agreed outcomes.
- 7.3 *Financial Risk:* Demand for health and social care services may exceed available BCF resources, creating pressures for both the Council and the NHS and impacting delivery of agreed schemes.
Mitigation: Financial performance is subject to regular monitoring through joint governance arrangements, with budget forecasts and expenditure reviewed throughout the year. Partners work collaboratively to identify and manage emerging financial pressures and ensure resources remain focused on agreed priorities.
- 7.4 *Partnership Risk:* Delivery of BCF schemes relies on effective collaboration between Wirral Council, NHS Cheshire and Merseyside ICB and delivery partners. Failure to maintain effective joint governance and decision-making could affect programme delivery.
Mitigation: Strong partnership arrangements are supported through Section 75 agreements, defined governance structures, regular stakeholder engagement and

joint decision-making processes. Risks and issues are escalated through established governance routes where necessary.

- 7.5 *Discharge and Capacity Risk:* Insufficient community capacity, workforce shortages or delays in commissioned services may affect hospital discharge performance and increase demand for long-term care.

Mitigation: System partners continue to monitor discharge performance, community capacity and workforce pressures through operational and strategic forums. BCF-funded schemes support timely discharge, admission avoidance and the provision of community-based care, helping to reduce pressures across the health and care system.

- 7.6 There is a risk that the BCF schemes are not reviewed for performance and efficiency. This is mitigated by an established review framework.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 Engagement with a range of stakeholders and service providers is ongoing, as part of any review requirements.

- 8.2 Three workshops were held by the Health and Wellbeing Board throughout August and September 2026. The dates and key focus areas are set out below:

- August 17th, 2026, the session focused on NHS Integration, the Provider Alliance and Neighbourhood Health Interface.
- August 24th, 2026, the session focused on sharing Adult Social Care Public Health work on Early Intervention and Prevention, and support with logic modelling for the 2027/28 outcomes and measures.
- September 21st, 2026, the session focused on an outline proposal for the 2027/28 BCF Plan for progression.

9.0 EQUALITY IMPLICATIONS

- 9.1 The Better Care Fund supports services that promote independence, wellbeing, prevention and timely access to care and support for groups with protected characteristics, particularly older people, disabled people, carers and people with long-term health conditions. BCF-funded schemes, including intermediate care, reablement, carers support, hospital discharge services and community-based care, are designed to improve outcomes and reduce health inequalities.

- 9.2 In developing and delivering BCF plans, the Council and NHS Cheshire and Merseyside ICB must have due regard to the Equality Act 2010 and the Public Sector Equality Duty, ensuring that decisions do not unlawfully discriminate and that opportunities are taken to advance equality of opportunity and foster good relations between different groups. BCF investment should seek to reduce inequalities in access, experience and outcomes across health and social care services.

- 9.3 Any significant changes to services arising from BCF-funded schemes should be subject to appropriate Equality Impact Assessment (EIA) processes. The proposals within the BCF Plan are intended to have a positive impact on residents by supporting independence, improving access to community-based services and reducing reliance on institutional care.

10.0 ENVIRONMENT, BIODIVERSITY AND CLIMATE IMPLICATIONS

- 10.1 The Better Care Fund supports community-based, preventative models of care that may contribute to reduced travel and more sustainable use of health and care resources. No significant adverse environmental or climate implications have been identified arising directly from the BCF Plan, although environmental impacts will be considered in the development and delivery of individual schemes where appropriate.

11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 The Better Care Fund contributes to community wealth building by supporting local provision of health and care services, sustaining employment within the care sector, strengthening the role of community and voluntary organisations and promoting independence through investment in community-based support.

12.0 CRIME AND DISORDER IMPLICATIONS

- 12.1 All providers are required to undertake pre-employment checks on staff for any regulated activity.
- 12.2 There are no direct crime and disorder implications arising from the Better Care Fund Plan. However, BCF-funded services support vulnerable residents, promote wellbeing and independence, and contribute to safeguarding arrangements that help reduce the risk of neglect, abuse and exploitation.

REPORT AUTHOR: Jayne Marshall

Assistant Director of Integrated Services and Commissioning

BACKGROUND PAPERS

[Better Care Fund framework 2026 to 2027 - GOV.UK](#)

TERMS OF REFERENCE

This report is being considered by the Adult Social Care and Public Health Committee in accordance with Section 'E' of its Terms of Reference, to provide assurance on the progress, performance and delivery of the Better Care Fund and to support oversight of integrated health and social care partnership arrangements.

SUBJECT HISTORY (last 4 years)

Council Meeting	Date
Health and Wellbeing Board (S75 Agreement)	29 September 2021
Adult Social Care and Public Health Committee (Pooled Fund Arrangements)	13 October 2021
Health and Wellbeing Board (Better Care Fund)	9 February 2022
Health and Wellbeing Board	23 March 2023
Health and Wellbeing Board	7 December 2023
Health and Wellbeing Board	14 March 2024
Adult Social Care and Public Health Committee	18 August 2024
Health and Wellbeing Board	17 July 2026
Adult Social Care and Public health committee	10 June 2026
Adult Social Care and Public health Committee	9 June 2026
Health and Wellbeing Board	16 July 2026

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ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Tuesday, 13 October 2026

REPORT TITLE:	BETTER CARE FUND SECTION 75 UPDATE,
REPORT OF:	DIRECTOR OF ADULTS, HEALTH, AND STRATEGIC COMMISSIONING

REPORT SUMMARY

This report provides an update on the operation of the Section 75 Agreement between Wirral Council and NHS Cheshire and Merseyside Integrated Care Board (ICB), established under the National Health Service Act 2006. The report outlines the governance arrangements in place to support the effective management of pooled budgets and integrated commissioning arrangements and provides assurance that the agreement continues to support the delivery of integrated health and social care services across Wirral.

The report supports the Council Plan: Wirral Working Together 2023-27, specifically the 'promoting independence and healthier lives' theme.

This report has implications for all wards. This is a non-key decision.

RECOMMENDATION/S

The Adult Social Care and Public Health Committee is recommended to:

1. Note the pooled budget arrangements for 2026/27 delivered through the Section 75 Agreement between Wirral Council and NHS Cheshire and Merseyside Integrated Care Board (ICB), Wirral Place.
2. Note the continuation of the pooled fund arrangements for 2026/27, with a total pooled budget value of £72.4 million, supporting the delivery of integrated health and social care services across Wirral.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 To ensure the Adult Social Care and Public Health Committee is informed of the pooled budget arrangements established through the Section 75 Partnership Agreement between Wirral Council and NHS Cheshire and Merseyside Integrated Care Board (ICB), Wirral Place, and has oversight of the governance arrangements supporting integrated health and social care delivery. The Section 75 Agreement provides the legal framework for the pooling of resources and joint commissioning arrangements
- 1.2 To provide assurance that the continuation of the pooled fund arrangements, with a total value of £72.4 million for 2026/27, will support the delivery of integrated health and social care services, promote independence, improve health outcomes, support hospital discharge, reduce demand on acute services and contribute to delivery of local and national Better Care Fund objectives
- 1.3 To ensure appropriate governance, financial oversight and performance monitoring arrangements are in place for the management of the Better Care Fund and associated pooled budget schemes throughout 2026/27
- 1.4 To ensure the Adult Social Care and Public Health Committee is aware of ongoing national reforms and the planned transition from the Better Care Fund (BCF) to the Integrated Care Funding Framework (ICFF) from 2027/28, enabling partners to prepare for future funding and commissioning arrangements.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 *Do Nothing-* Not continuing the pooled budget arrangements through the Section 75 Agreement was considered but rejected. This would reduce the ability of the Council and the NHS Cheshire and Merseyside ICB to jointly commission and deliver integrated services, potentially impacting delivery of Better Care Fund objectives and outcomes for Wirral residents. It could also limit the effective use of BCF funding and weaken partnership arrangements.
- 2.2 *Deliver Services Through Separate Budgets-* Maintaining separate commissioning and funding arrangements rather than operating through a pooled budget was considered but rejected. This approach would reduce opportunities for integrated service delivery, increase administrative complexity and make it more difficult to achieve shared outcomes relating to independence, hospital discharge, prevention and community-based care.
- 2.3 *Amend the Scope of the Pooled Budget-* Partners continue to review the schemes included within the pooled budget as part of annual planning arrangements. However, maintaining the existing partnership framework for 2026/27 was considered the most appropriate option to provide stability

during the transition to the Integrated Care Funding Framework (ICFF) planned for 2027/28

3.0 BACKGROUND INFORMATION

- 3.1 The Better Care Fund (BCF) was introduced by the Government to support closer integration between health and social care services through pooled budgets and joint commissioning arrangements between Local Authorities and NHS organisations. The fund aims to improve outcomes for residents by promoting independence, reducing health inequalities, supporting timely hospital discharge, preventing avoidable hospital admissions and reducing reliance on long-term residential care.
- 3.2 The Better Care Fund is a mandatory pooled budget arrangement established under Section 75 of the National Health Service Act 2006. The 2026/27 Better Care Fund Framework requires Local Authorities, Integrated Care Boards (ICBs) and Health and Wellbeing Boards to work collaboratively to plan and oversee investment in integrated health and social care services. The framework also represents a transition year ahead of the planned move to the Integrated Care Funding Framework (ICFF) from 2027/28.
- 3.3 Local Arrangements In Wirral, the Better Care Fund is delivered through a Section 75 Partnership Agreement between Wirral Council and NHS Cheshire and Merseyside Integrated Care Board (ICB), Wirral Place. The Agreement establishes arrangements for pooled budgets, financial governance, risk sharing and performance monitoring to support the commissioning and delivery of integrated services across the borough.
- 3.4 For 2026/27, the total pooled budget value is £72.4 million. The pooled fund supports a range of services that contribute to improved health and wellbeing outcomes for Wirral residents, including intermediate care, discharge pathways, community-based support, carers' services, reablement and Disabled Facilities Grant funded activity. These services support residents to remain independent, maintain wellbeing and reduce avoidable demand on health and care services.
- 3.5 The pooled fund is governed through established partnership arrangements between the Council and the ICB, with oversight provided through joint governance structures and regular financial and performance monitoring. Partners are required to demonstrate delivery against national Better Care Fund objectives, including reducing non-elective hospital admissions, improving discharge performance, improving reablement outcomes and reducing long-term admissions to residential and nursing care.
- 3.6 National policy confirms that 2026/27 will act as a transition year towards implementation of the Integrated Care Funding Framework (ICFF) from 2027/28. During this period, partners will continue to review pooled budget arrangements and commissioning priorities to ensure the long-term sustainability of integrated health and social care services and alignment with neighbourhood health models

3.7 The proposed Better Care Fund for 2026/27 is as per the table below:

Better Care Fund	2026/27 Budget
DFG	£ 6,071,658
NHS Minimum Contribution	£ 40,309,134
Local Authority Better Care Grant	£ 23,734,327
Additional LA Contribution	£ 2,270,700
Additional NHS Contribution	£ 24,956
Total	£72,410,775

- 3.8 The pooled budget supports a range of integrated health and social care services across Wirral, including intermediate care, hospital discharge pathways, reablement, community support services, carers' services, enabling technology and Disabled Facilities Grant provision.
- 3.9 Governance arrangements are in place to ensure joint oversight of the Better Care Fund pooled budget by Wirral Council and NHS Cheshire and Merseyside ICB, Wirral Place. Accountability for the Section 75 Agreement rests with both organisations as equal partners.
- 3.10 Reviews of BCF-funded services are undertaken jointly by the Council and ICB, with engagement from wider system partners through established partnership forums, including the Wirral Provider Alliance. Any proposed changes to schemes are considered through the agreed governance arrangements and reported to the Health and Wellbeing Board for assurance.
- 3.11 The Health and Wellbeing Board and the Adult Social Care and Public Health Committee receive regular updates on financial performance, delivery of BCF objectives and any changes to the pooled fund arrangements. The Section 75 financial arrangements are approved through the Adult Social Care and Public Health Committee.
- 3.12 Disabled Facilities Grant funding forms part of the overall BCF allocation but is paid directly to local housing authorities and remains ring-fenced for this purpose. Appropriate governance and monitoring arrangements are in place for these resources.
- 3.13 All service reviews and proposals consider equality impacts to ensure residents experiencing health and wellbeing inequalities have equitable access to funded services. Governance arrangements will continue to be reviewed as preparations progress for the transition to the Integrated Care Funding Framework (ICFF) from 2027/28.
- 3.14 Reviews of BCF-funded services are undertaken jointly by Wirral Council and NHS Cheshire and Merseyside ICB, with proposals considered through established governance arrangements and discussed with system partners, including the Wirral Provider Alliance.

- 3.15 The Health and Wellbeing Board and Adult Social Care and Public Health Committee receive regular reports on financial performance, delivery of BCF objectives and any changes to pooled fund arrangements, providing assurance that agreed outcomes continue to be achieved.
- 3.16 The Section 75 financial arrangements are approved and monitored through the Adult Social Care and Public Health Committee.
- 3.17 Governance arrangements will continue to be reviewed as national reforms progress towards the Integrated Care Funding Framework (ICFF), ensuring ongoing compliance with national guidance and alignment with local priorities.

4.0 FINANCIAL IMPLICATIONS

- 4.1 The Section 75 Partnership Agreement provides the framework for the management of the Better Care Fund (BCF) pooled budget between Wirral Council and NHS Cheshire and Merseyside Integrated Care Board (ICB), Wirral Place. The total pooled budget for 2026/27 is £72.4 million, comprising contributions from both partners to support the commissioning and delivery of integrated health and social care services across Wirral.
- 4.2 The pooled fund supports a range of services aimed at promoting independence, reducing demand on acute health services, facilitating hospital discharge, supporting carers and delivering community-based care. Financial performance is monitored jointly by the Council and the ICB through established governance arrangements to ensure resources are deployed effectively and in accordance with the agreed BCF Plan.
- 4.3 There are no additional financial implications arising directly from this report. The continuation of the Section 75 arrangements provides assurance regarding the management and oversight of existing pooled resources during 2026/27. Any significant variances, risks or proposed changes to the use of the pooled fund will be reported through the appropriate governance arrangements.
- 4.4 Financial performance will continue to be monitored through established joint governance arrangements, with regular reporting to the Adult Social Care and Public Health Committee.

5.0 LEGAL IMPLICATIONS

- 5.1 The Better Care Fund (BCF) operates through a Section 75 Partnership Agreement made under the National Health Service Act 2006, which enables local authorities and NHS bodies to pool budgets and commission services jointly. The Section 75 Agreement between Wirral Council and NHS Cheshire and Merseyside Integrated Care Board (ICB), Wirral Place, provides the legal framework for the management, governance and oversight of the pooled budget arrangements.

- 5.2 The Council and the ICB must ensure that the pooled fund is managed in accordance with the requirements of the BCF Framework 2026/27, the terms of the Section 75 Agreement and their respective statutory duties.
- 5.3 The Council remains responsible for meeting its statutory duties under the Care Act 2014, while the ICB remains responsible for the discharge of its NHS functions. The pooling of resources through the BCF does not alter these statutory responsibilities but supports the delivery of integrated services to achieve shared outcomes for residents.
- 5.4 There are no additional legal implications arising directly from this report. The report provides assurance regarding the continuation and governance of the existing Section 75 arrangements for 2026/27. Future legal considerations will be reviewed as national policy develops and the transition to the Integrated Care Funding Framework (ICFF) progresses from 2027/28.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 The Better Care Fund supports the delivery of integrated health and social care services through existing Council, NHS and commissioned provider resources. The pooled budget funds a range of services that promote independence, support hospital discharge, provide reablement, support carers and deliver community-based care across Wirral.
- 6.2 There are no additional staffing, ICT or asset implications arising directly from this report. Resources required to deliver BCF-funded schemes are managed within the existing pooled budget arrangements and through the established governance framework between Wirral Council and NHS Cheshire and Merseyside ICB.
- 6.3 Any future changes to service delivery models, workforce requirements, digital solutions, property utilisation or commissioned services will be considered through the appropriate business planning and governance processes.

7.0 RELEVANT RISKS

- 7.1 The Section 75 Agreement underpins the joint commissioning and delivery of a range of integrated health and social care services across Wirral. Delivery is dependent upon effective partnership working between Wirral Council, NHS Cheshire and Merseyside Integrated Care Board and commissioned providers, alongside the availability of sufficient financial and workforce resources. Current pressures across the health and care system, including increasing demand, workforce challenges, NHS organisational change, and financial constraints, create a number of risks that may impact the delivery and sustainability of services funded through the Section 75 Agreement. The risks outlined below represent the key strategic risks currently associated with the operation of the Agreement and are subject to ongoing review through established governance arrangements.

- Demand Risk:*** Increasing demand for health and social care services may place pressure on available BCF resources, particularly in relation to hospital discharge, community services, reablement and support for people with complex needs.

Mitigation: Demand trends are monitored through regular performance and activity reporting across partnership governance arrangements. Capacity and demand are reviewed jointly by partners to identify emerging pressures at an early stage, enabling resources and service provision to be adjusted where appropriate. Investment in preventative and community-based services also supports demand management and reduces reliance on acute services.
- Financial Risk:*** Cost pressures arising from inflation, workforce shortages and increased service demand may impact the affordability and sustainability of BCF-funded schemes.

Mitigation: Financial performance is monitored jointly through established governance arrangements, with regular budget monitoring and forecasting to identify and address pressures. Schemes are subject to ongoing review to ensure value for money and alignment with strategic priorities.
- Performance Risk:*** Failure to achieve national and local BCF objectives, including reducing hospital admissions, improving discharge performance, improving reablement outcomes and reducing long-term residential care admissions, could impact outcomes for residents and increase pressure on health and care services.

Mitigation: Performance is monitored through the Better Care Fund governance framework, supported by regular reporting against agreed metrics and outcomes. Where performance concerns are identified, partners work collaboratively to implement improvement actions and monitor progress. Service reviews and quality assurance arrangements support continuous improvement.
- Partnership Risk:*** Delivery of the BCF relies on effective collaboration between Wirral Council, NHS Cheshire and Merseyside ICB and wider system partners. Any breakdown in partnership arrangements could affect service delivery and achievement of agreed outcomes.

Mitigation: Clear governance arrangements, partnership agreements and regular stakeholder engagement support effective joint working. Escalation processes are in place to resolve issues promptly, and collaborative decision-making is embedded through established boards and programme groups.
- Funding Reform Risk:*** National reforms to integrated health and care funding, including the planned transition from the Better Care Fund to the Integrated Care Funding Framework (ICFF) from 2027/28, may result in changes to funding arrangements, priorities and governance requirements.

Mitigation: Wirral Council and NHS Cheshire and Merseyside ICB continue to engage with national guidance and emerging policy developments. Transitional planning is underway to ensure local arrangements remain aligned with future requirements, with governance structures providing oversight of risks and opportunities associated with implementation of the ICFF.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 Engagement with a range of stakeholders and service providers is ongoing, as part of any review requirements.

9.0 EQUALITY IMPLICATIONS

- 9.1 The Better Care Fund supports services that directly benefit groups with protected characteristics, particularly older people, disabled people, people with long-term health conditions and unpaid carers. BCF-funded services promote independence, wellbeing, access to community-based support and improved health and care outcomes, helping to reduce inequalities across the borough.
- 9.2 In delivering the BCF Plan, Wirral Council and NHS Cheshire and Merseyside ICB must continue to have due regard to their duties under the Equality Act 2010, ensuring that services are accessible, equitable and responsive to the needs of local communities.
- 9.3 Equality impacts are considered as part of the planning, commissioning and review of BCF-funded services to ensure that residents experiencing health and wellbeing inequalities are not disadvantaged and are able to access appropriate support.

10.0 ENVIRONMENT, BIODIVERSITY AND CLIMATE IMPLICATIONS

- 10.1 The Better Care Fund supports the delivery of integrated, community-based and preventative health and social care services that help people remain independent and receive support closer to home. This approach can contribute to more sustainable service delivery by reducing avoidable hospital admissions, supporting timely hospital discharge and reducing unnecessary travel across the health and care system.
- 10.2 There are no significant direct environmental or climate implications arising from this report. However, environmental sustainability will continue to be considered in the commissioning and delivery of BCF-funded services, where appropriate, in line with the Council's and NHS partners' wider commitments to sustainable service delivery.

11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 The Better Care Fund supports community wealth building through investment in local health, social care and voluntary sector services that help residents remain independent and connected to their communities. The pooled budget supports employment within the local care sector, sustains local provider organisations and contributes to the resilience of community-based services.
- 11.2 The delivery of BCF-funded schemes relies on collaboration between the Council, NHS, care providers and voluntary, community, faith and social enterprise (VCFSE) organisations, helping to retain social and economic value within Wirral and support local communities.
- 11.3 Investment in preventative services, reablement, carers support and community-based care also helps residents maintain independence, reducing demand for more intensive services and supporting healthier and more sustainable communities

12.0 CRIME AND DISORDER IMPLICATIONS

- 12.1 There are no direct crime and disorder implications arising from this report.
- 12.2 The Better Care Fund supports services that promote independence, wellbeing and safeguarding, contributing indirectly to the protection of vulnerable residents and safer communities.

REPORT AUTHOR **Jayne Marshall**
Assistant Director of Integrated Services and commissioning
email: jaynemarshall@wirral.gov.uk

BACKGROUND PAPERS

[Better Care Fund framework 2026 to 2027 - GOV.UK](#)

TERMS OF REFERENCE

This report is being considered by the Adult Social Care and Public Health Committee in accordance with Section E(ii) of its Terms of Reference, to provide oversight of the Council's Section 75 partnership arrangements with health bodies, including governance, performance, financial management and the effectiveness of integrated health and social care delivery.

SUBJECT HISTORY (last 4 years)

Council Meeting	Date
Health and Wellbeing Board (S75 Agreement)	29 September 2021
Adult Social Care and Public Health Committee (Pooled Fund Arrangements)	13 October 2021
Health and Wellbeing Board (Better Care Fund)	9 February 2022
Health and Wellbeing Board	23 March 2023
Health and Wellbeing Board	7 December 2023
Health and Wellbeing Board	14 March 2024
Adult Social Care and Public Health Committee	18 August 2024
Health and Wellbeing Board	17 July 2025
Adult Social Care and Public Health Committee	10 June 2025
Adult Social Care and Public Health Committee	25 November 2025
Adult Social Care and Public Health Committee	9 June 2026



ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Tuesday, 13 October 2026

REPORT TITLE:	ADULT SOCIAL CARE PREVENTION STRATEGY
REPORT OF:	DIRECTOR OF ADULTS, HEALTH, AND STRATEGIC COMMISSIONING

REPORT SUMMARY

The Adult Social Care Prevention Strategy 2026-2028 sets out a two-year programme to embed prevention across Adult Social Care in Wirral, helping to prevent, delay and reduce the need for care and support in response to rising demand. It focuses on developing a shared understanding of prevention across the system, strengthening evidence and insight, and testing innovative approaches. Delivered through a multi-agency implementation group and aligned with local and national priorities, the strategy aims to strengthen partnerships, enhance understanding of demand, and pilot prevention initiatives, thereby building the foundations for a longer-term strategy.

The strategy supports implementation of the Council Plan: Wirral Working Together 2023-27, particularly the 'Promoting Independence and Healthier Lives' theme.

This is not a key decision and affects all wards within the borough.

RECOMMENDATION

The Adult Social Care and Public Health Committee is requested to:

1. Endorse the Wirral Adult Social Care Prevention Strategy 2026-2028.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION

- 1.1 The Adult Social Care (ASC) Prevention Strategy sets out to embed a prevention approach across the Adult Social Care system over the next two years, building the foundations for a longer-term strategy. This is essential to mainstreaming prevention, ensuring a common language and purpose across the system.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 Prevention is a must-do, not a nice-to-do, and preventing, delaying and reducing care needs is the only way in which we will be able to manage the rising demand for ASC.
- 2.2 We considered waiting to develop this strategy until after a deep-dive analysis of local data and a more thorough review of evidence. However, we cannot wait to move towards a more prevention-focused approach. The compromise was to develop a 2-year strategy that aims to build the foundations for a longer-term prevention strategy.

3.0 BACKGROUND INFORMATION

- 3.1 The demand for health and social care is rising both nationally and locally, and so are the costs of implementing our statutory duty to meet the care and support needs of our residents.
- 3.2 An ASC Prevention Task and Finish group was established in December 2025 to expand on existing work and services already in place to provide early support to individuals and families to prevent, delay and reduce the need for ongoing health and social care. Part of the task was to develop a Prevention Strategy.
- 3.3 The strategy represents a two-year programme focused on embedding prevention within Adult Social Care through three areas of focus:
- establishing a common understanding of prevention
 - building a stronger understanding of demand and good practice; and
 - testing innovative approaches that can inform a longer-term prevention strategy.
- 3.4 The strategy was developed internally with feedback from key stakeholders from across the Adult Social Care system, including providers and the voluntary and community sector.
- 3.5 Both the development and implementation of the strategy are strongly and proactively linked with the developing Neighbourhood Health model and the Better Care Fund, as well as Wirral's Health and Wellbeing Strategy, the NHS 10-year Plan, and the Government's ambition to shift "from sickness to prevention".
- 3.6 The strategy was informed by learning from the national *Future of Prevention* programme that sets out the need to develop a common language around prevention, pilot approaches locally, build on initial success, and then expand within

ASC before moving to a whole-council and whole-system approach. Key enablers identified for this are:

1. Strategic leadership and vision
2. Integrated governance and accountability
3. Data and analytics infrastructure
4. Prevention-focused workforce development
5. Community co-production methodology
6. Sustainable funding models
7. Comprehensive evaluation framework

3.7 We have convened a multi-agency implementation group made up of partners from across the ASC system to collectively develop an action plan to deliver on this strategy. One of these actions will be to gather qualitative insights from those with experience of ASC to further inform our understanding of how ASC works currently and how we can reach people earlier in the future.

3.8 The implementation group will also develop specific outcome measures that we will use to assess the effectiveness of the strategy, ensuring buy-in and ownership from across the system. We propose that we report our progress back to Committee every 6 months over the next two years.

4.0 FINANCIAL IMPLICATIONS

4.1 We are currently seeking to deliver cost-neutral pilots that aim to do things differently and embed prevention into our day-to-day business.

4.2 Ultimately, prevention aims to reduce demand and therefore Council spend. This strategy aims to pilot prevention approaches that help to achieve this. However, it is not currently possible to quantify what this would look like over the next two years.

4.3 Public Health funding cannot be used for the statutory care responsibilities of the council's Adult Social Care as defined under the Care Act 2014. Public Health funding can complement and target wellbeing of population groups in improving personal health and social determinants of health and wellbeing.

5.0 LEGAL IMPLICATIONS

5.1 This strategy supports the Local Authority to meet the requirements of the Care Act 2014 to prevent, delay and reduce our residents' needs for care and support.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 While the strategy is owned by Adult Social Care, it is supported by Public Health, and there is dedicated resource within the Public Health team to lead the evidence and insights focus of this strategy over the next year and a half.

6.2 The implementation of this strategy is being undertaken by a multi-agency group of partners from across the borough, and the aim is to build a prevention approach into day-to-day work rather than create more work for people.

7.0 RELEVANT RISKS

- 7.1 We need to manage expectations about what this strategy can achieve over the course of two years. Its aim is to lay the groundwork for a longer-term strategy, rather than to achieve large reductions in demand immediately.
- 7.2 Implementation of the strategy is a collaborative effort with system partners; however, it remains uncertain how ongoing rapid changes within the NHS may affect partners' capacity to engage, including access to timely linked health and care data. We will remain flexible and address any capacity issues as they arise.
- 7.3 To enable innovation, this strategy sets out an approach to pilots that prioritises learning over guaranteed success. However, we will balance this approach with evidence-informed approaches that have demonstrated success elsewhere.
- 7.4 Prevention generally requires an invest to save approach, but the Council is still required to make significant savings. We will attempt to demonstrate return on investment where possible, but we need to consider shifting resources in order to maximise the move to a prevention approach.
- 7.5 The Implementation Group will develop a risk register to ensure we mitigate and/or escalate any relevant risks.
- 7.6 Preventing, delaying and reducing care needs is the only way in which we will be able to manage the rising demand for ASC.
- 7.7 Given the current climate, we cannot wait to move towards a more prevention-focused approach. This 2-year strategy is essential to build the foundations for a longer-term prevention strategy.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 The implementation of this strategy will include engagement of ASC clients and staff, as well as residents and system partners, to better understand the system and where improvements can be made.

9.0 EQUALITY IMPLICATIONS

- 9.1 An Equality Impact Assessment (EIA) is available at:
<https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments>.

10.0 ENVIRONMENT, BIODIVERSITY AND CLIMATE CHANGE IMPLICATIONS

- 10.1 This strategy is expected to have no impact on emissions of Greenhouse Gases. However, it does aim to embed prevention across the ASC system, which includes ensuring healthy places and spaces by adults and older adults.

11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 Preventing, delaying and reducing care and support needs has the potential to directly contribute to a resilient and inclusive economy, by enabling people to be employed and/or contribute to society.

12.0 CRIME AND DISORDER IMPLICATIONS

- 12.1 There are no direct crime and disorder implications arising from this strategy. However, this strategy aims to embed prevention across the ASC system, which includes ensuring safe and healthy places and spaces by adults and older adults.

REPORT AUTHOR: **Sophie Baird**
Consultant in Public Health / Assistant Director Public Health

APPENDICES

Appendix 1 – Adult Social Care Prevention Strategy

BACKGROUND PAPERS

[Care Act 2014](#)

[Prevention in social care - SCIE](#)

[The Future of Prevention](#)

[Earlier action and support: The case for prevention in adult social care and beyond | Local Government Association](#)

TERMS OF REFERENCE

This report is being considered by the Adult Social Care and Public Health Committee in accordance with Sections a, b, c, e, and g of its Terms of Reference

- a) adult social care matters (e.g., people aged 18 or over with eligible social care needs and their carers);
- b) promoting choice and independence in the provision of all adult social care
- c) all Public Health functions (in co-ordination with those functions reserved to the Health and Wellbeing Board and the Overview and Scrutiny Committee's statutory health functions).
- e) undertaking the development and implementation of policy in relation to the Committee's functions, incorporating the assessment of outcomes, review of effectiveness and formulation of recommendations to the Council, partners and other bodies, which shall include any decision relating to:
 - (i) furthering public health objectives through the development of partnerships with other public bodies, community, voluntary and charitable groups and through the improvement and integration of health and social care services;

- (iii) adult social care support for carers;
- (v) supporting people;
- (viii) preventative and response services, including those concerning domestic violence.

g) in respect of the Health and Social Care Act 2006, the functions to:

- (i) investigate major health issues identified by, or of concern to, the local population.
- (iii) scrutinise the impact of interventions on the health of local inhabitants, particularly socially excluded and other minority groups, with the aim of reducing health inequalities.

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
N/A	

Wirral Adult Social Care Prevention Strategy

Making Prevention Everyone's Business
2026 - 2028

Foreword



Sayyed Osman,
Director of Adult
Social Services



Dave Bradburn,
Director of Public
Health

Prevention is one of the most important opportunities we have to improve lives, reduce inequalities, and ensure the people of Wirral can remain independent, healthy and connected to their communities for longer. As demand for adult social care continues to rise, it is increasingly important that we work together to focus not only on meeting needs when they arise, but on preventing and delaying needs from developing, and reducing needs wherever possible.

This Adult Social Care Prevention Strategy sets out our shared commitment to making prevention everyone's business across Wirral. It aligns with our duties under the Care Act 2014 and reflects our ambition to place prevention at the heart of everything we do. From promoting healthy ageing and reducing social isolation, to supporting carers, improving access to information and advice, and strengthening community resilience, prevention must be woven through every interaction, service and decision.

Prevention cannot be delivered by Adult Social Care alone. Success depends on strong partnerships across the Council, NHS, Housing, voluntary, community and faith organisations, service providers, carers, and residents themselves. By taking a whole-system approach, we can create the conditions that enable people to live well, maintain their independence and achieve the outcomes that matter most to them.

This two-year strategy represents the first step in a longer journey. It focuses on building a shared understanding of prevention, using evidence and insight to better understand demand, and testing innovative approaches that will inform future development. Through co-production and collaboration, we will learn from what works, build on the many strengths already present in our communities, and create a stronger foundation for the future.

Together, we can make prevention a core part of how we support Wirral residents to live healthier, safer and more fulfilling lives.

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1. Introduction

We are committed to prevention and early intervention

The Wirral Adult Social Care (ASC) Prevention Strategy is a key milestone in placing prevention at the centre of how we support local residents. It reflects our commitment to early intervention, in line with the Care Act 2014 duty to prevent, delay, and reduce needs for care and support. By doing this together with partners **we aim to achieve and ensure that residents can live their lives more independently and be happy and healthy.**

The demand for ASC is rising both nationally and locally, and so are the costs of implementing our statutory duty to meet the care and support needs of our residents. The proportion of our residents age 65 and over – the largest group receiving ASC services – is high and is projected to grow considerably. We therefore want to encourage a proactive approach to enabling health and wellbeing to ensure more people live in good health for longer. We also recognise all age disability demand and the need to support people across the life course. It is essential that we recognise the growing demand and pressures on ASC and highlight the value of a prevention strategy that can be adopted by the whole Wirral community.

Our aim is that this prevention strategy becomes the mainstay of all council initiatives and aligns with our wider commissioning principles and the Wirral Plan. The prevention strategy will initially be two years in length and **focus on embedding prevention and intervening earlier to reduce demand for statutory ASC services.**

Recognising how impactful ‘prevention’ can be, **this strategy aims to grow the practice of prevention from the ground up.** We will drive this work forward with supporting partners across the borough, including the community, voluntary and private sectors, and health partners. To achieve this, we will fully engage in meaningful co-production and ensure we hear all thoughts, ideas and suggestions to inform a later long-term strategy.

Prevention is a must-do, not a nice-to-do

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- ✓ Prevention is more effective if we **do it together**, focussed on the idea that if we **commit to act early and listen** to what we all want and need, it can be achieved. **Being proactive** in relation to health and social care needs is better for individuals and more cost effective for the public purse.
- ✓ Locally, in 2024-25 there were 18,785 **new requests for support** in ASC in Wirral³. This has **increased** each year from 15,785 in 2022-23 and continues to increase.
- ✓ The Department of Health and Social Care have projected a **57% increase** in adults aged 65 and over, and a **29% increase** in adults age 18-64 **requiring care** in England by 2038 compared with 2018.²
- ✓ A report published by the Local Government Association found that for every £1 invested in earlier action and support programs, **£3.17 in savings** are generated, potentially leading to £11.1 billion in savings across England.¹
- ✓ Wirral needs a prevention strategy so it can offer more **meaningful, individualised support and guidance** to a more **informed, self-reliant, and resilient community**. Prioritising prevention will benefit residents as they will live more years in good health and with their independence.

A two-year strategy

This initial Prevention Strategy will be two years in length with the aim of:

- Better **understanding** demand
- **Embedding** prevention into everyday practice
- Laying the **groundwork** for a long-term strategy

The intended audience is:

- Wirral Council departments
- Health & Care professionals and NHS colleagues
- Voluntary Community Faith and Social Enterprise (VCFSE) sector
- Housing providers
- Emergency services



Image by Elliot Manches via Centre for Ageing Better



Our Vision

To empower our residents to live **healthier, independent, and fulfilling** lives by promoting choice, dignity, safety and wellbeing.

We will do this by:

Providing the **right care at the right time**, enabling people to remain safe and well at home...

...while delivering **effective, efficient, and person-centred** services that achieve the best possible outcomes for our communities using timely information

Principles guiding our approach

Person-centred and strengths-based

Focus on independence, capabilities and goals.

Evidence-informed and data-led

Use population health management to target interventions.

Co-produced with residents and carers

Prevention must be shaped with lived experience.

Community-powered

Work with local Voluntary Community Faith and Social Enterprise assets, peer support and neighbourhood strengths.

Equity-focused

Reduce health and social inequalities as a core outcome.

Integrated across the system

Shared responsibility across health, NHS, social care, housing and community partners.



We will put outcomes for people, families and communities at the heart of all we do

Individuals → will live more years in good health with an emphasis on being active for longer and will experience better long-term outcomes

Families → will feel confident in supporting their family members who are in touch with adult social care and remain resilient in providing care

Communities → will feel confident in being proactive towards prevention and healthy ageing and will include prevention when designing classes, initiatives and programmes for our community. We will use the strengths of the VCFSE sector to help deliver prevention initiatives.

Organisations → will identify areas that could effectively reduce demand and improve long-term health outcomes for residents. Seek opportunities to embed prevention into contracts and make service improvements or additions

2. Strategic context

The Council is required to make savings, and prevention can help to achieve this

Political factors

- NHS 10-year plan – sets out 3 shifts: from hospital to community; from analogue to digital; and from sickness to prevention⁴
- Neighbourhood Health framework⁵ – aims to move health and care services closer to home and on the high street
- Wirral Council Transformation agenda

Prevention is a core strategic priority locally and nationally, but there is more to do that requires system-wide alignment and delivery at neighbourhood level.

Economic influences

- Continuing financial constraints in local government and NHS
- Local requirement to make efficiencies
- Increasing cost pressures in care markets and workforce
- Evidence indicates prioritisation of high impact, invest to save prevention approaches. We must be aware of cost effectiveness and financial benefit when proposing prevention initiatives or approaches.

Prevention must demonstrate reduced demand for high intensity care and deliver financial sustainability locally.

Many strategic Council documents support prevention, but we need to go further

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- **Prevention Framework:** A whole-council framework for embedding preventative approaches in public services⁶
- **Health & Wellbeing Strategy:** focuses on partners' mutual priorities, resources and assets that will make the biggest difference to improving health in Wirral, including strengthening health and care action to address differences in health outcomes⁷
- **The Local Plan:** Guides where and how new development should take place and where additional infrastructure may be needed, including sheltered, supported or extra care housing⁸
- **The Council Plan:** Sets out how the council will continue to navigate the challenges we are facing, but to also seize the opportunities for the future for Wirral⁹.
- **Target Operating Model for ASC:** this model highlights prevention as the foundational pillar which should be considered across all aspects of ASC.
- **All Age Disability Strategy 2024-29:** Sets out a commitment to make things better for people with disabilities and their parents and carers¹⁰
- **ASC Co-production Strategy 2024-29:** Sets out four principles of co-production – accessibility, diversity, equality, and to understand what people want and need¹¹
- **ASC Commissioning Strategy:** Sets out priorities and commissioning intentions with the community care market up to 2026¹²
- **Adult Carers Strategy:** Provides a foundation for improving identification, recognition, and support for local Carers¹³
- **Corporate Carer Strategy:** A developing strategy that will enable elected leaders and senior officers to champion the needs of adults at all levels¹⁴

Care needs are becoming more complex, but technology offers opportunities to target prevention

Sociological trends

- Ageing population and rising complexity of need
- Persistent health inequalities across Wirral communities
- Increasing expectations of personalised, flexible and high-quality care
- Unpaid carers face increasing risk of burnout
- Increasing loneliness, social isolation and poor mental wellbeing
- Increasing recognition of the value of community assets, networks, and lived experience

Prevention must be person-centred, community-led, and targeted at inequalities, supporting independence and wellbeing.

Technological innovations

- Increasing availability and use of technology-enabled care
- NHS 10-year plan priority for digitalisation
- Artificial intelligence offers emerging opportunities to target prevention
- Risks of digital exclusion
- Data-sharing challenges make integration between health and social care more complex

Technology offers opportunities to scale prevention and target resources, but we need to ensure inclusive and integrated implementation.

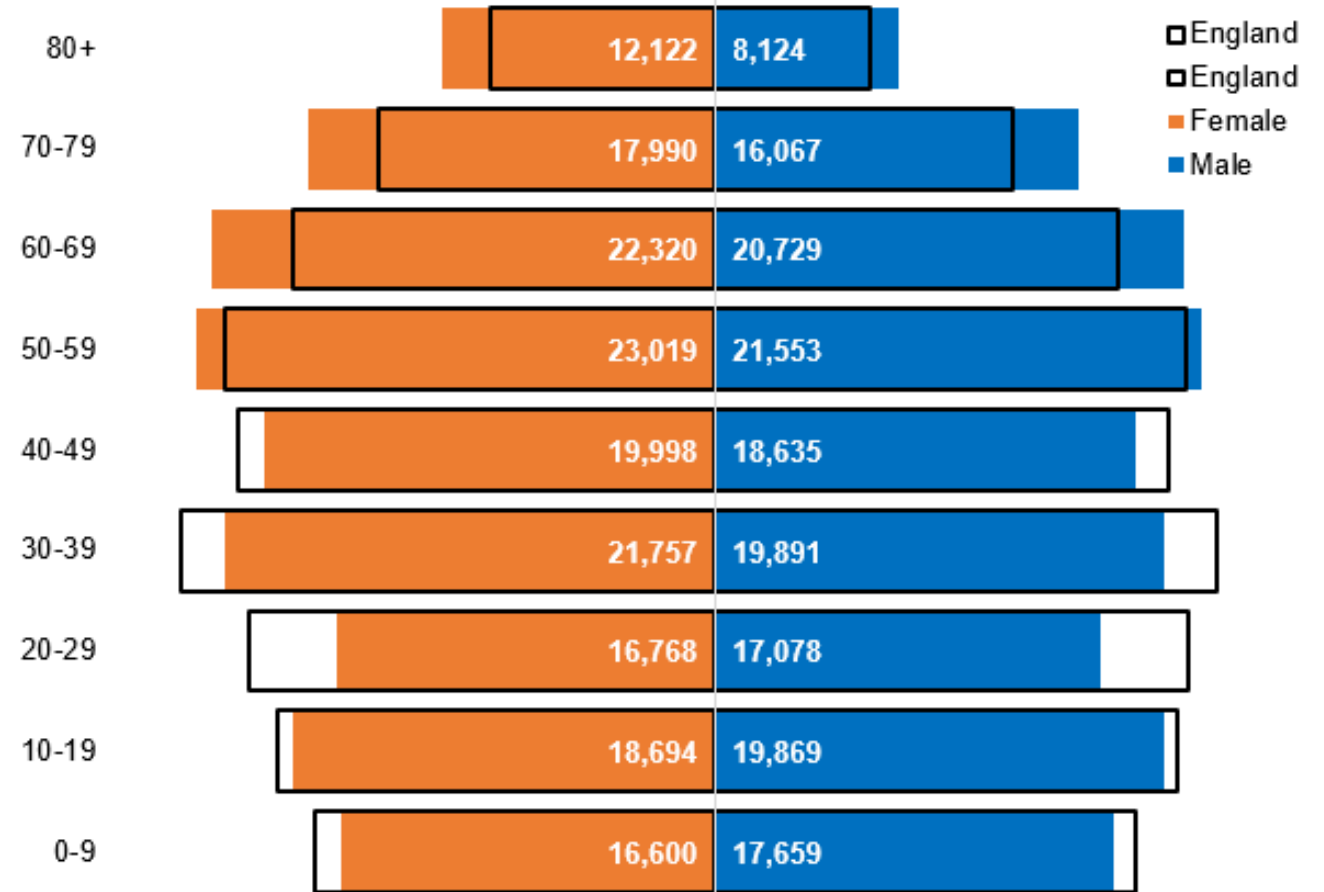
There are more older adults in Wirral compared to England

328,873 people live in Wirral and 22.5% are aged 65+¹⁵

This chart shows that we have an **older population** than the England average, with every age group from the age of 50 larger than England.

62% of ASC clients in Wirral's ASC are aged 65 and over³

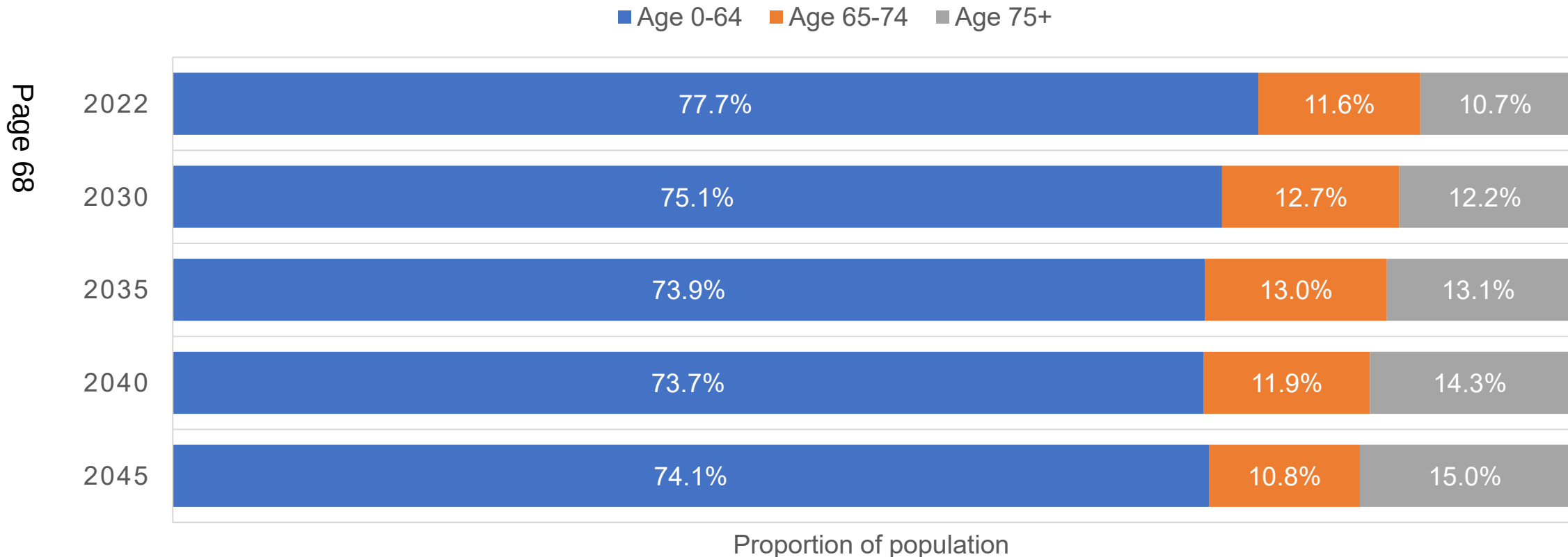
Number of people in Wirral by age and gender compared to England (2024)



Source: [Wirral Health & Wellbeing Knowledge Hub Interactive Report](#)

Our population of older adults is forecast to grow, which will greatly impact demand for ASC

Projections suggest that the number of people in Wirral aged 65+ years will increase from just under 34,500 to almost 52,000 over the next 20 years.

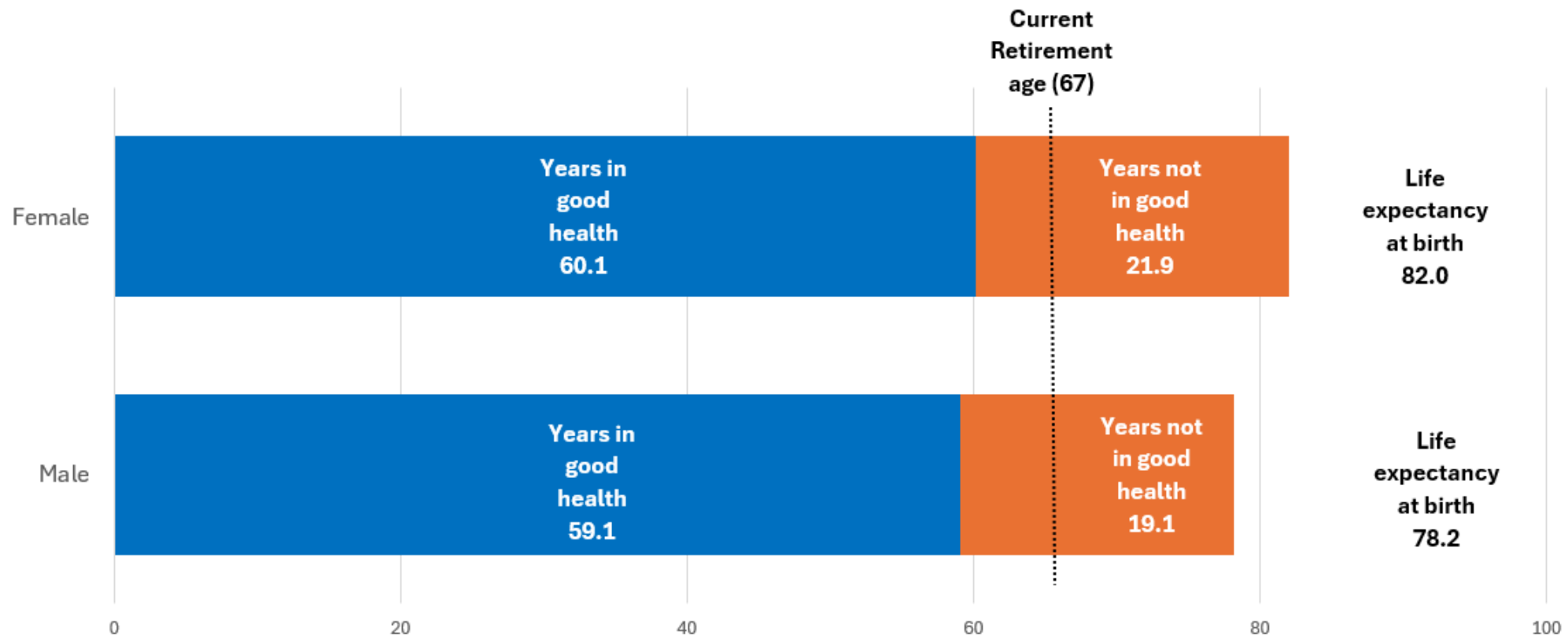


Data source: Office for National Statistics Population Projections 2022

People are living longer, but they're living around a quarter of their lives in poor health and/or disability

Although people are living longer, their later years are spent in poor health, creating greater demands on health and social care services.

Life expectancy and healthy life expectancy in Wirral (2022-24)



Data source : Office for National Statistics (ONS) 2025.



82.0 78.2

Life expectancy has improved in recent years, but remains significantly lower than the England average¹⁶



20 years

People in Wirral are spending around 20 years of their lives in poor health¹⁷



10 years

People are recorded as having 7 or more conditions 10 years earlier in the most deprived areas¹⁸



0.78%

Estimated population in Wirral living with a learning disability compared to 0.59% England average¹⁹



12.9%

Adults are Unpaid Carers in Wirral compared to 10.2% in England²⁰



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0.97%

Wirral has a higher proportion of people than England (0.8%) living with dementia²¹



20.6 18.3

Life expectancy at age 65 has slightly improved but remains significantly lower than the England average with a gap in life expectancy of 2.3 years between males and females¹⁶



41.4%

Of social care service users reported that they had as much social contact as they would like²²



18.4%

There are less older people living in poverty (IDAOPI), than the England average (18.58%)²³



16.6%

Adults age 65+ in Wirral receive Attendance Allowance to help pay for support due to disability or illness, compared to 14.1% England average²⁴



1,517 per 100,000

Emergency hospital admissions in people 65+ due to falls is significantly better than England rate (1,958 per 100,000)¹⁶



1 in 5

Wirral people aged 65+ are classified as severely frail, and 1 in 5 are classified as moderately frail¹⁸



90.2%

More than 9 out of 10 people in Wirral aged 65+ classified as severely frail and also have hypertension. The next most prevalent condition is respiratory disease¹⁸



34.9%

There are more older people living alone in Wirral, than the England average (31.4%)²⁰



36.3%

Of those aged 50-64, being retired was the most common reason for being economically inactive (36.3%), followed by long-term sick/disability (35.7%)²⁵

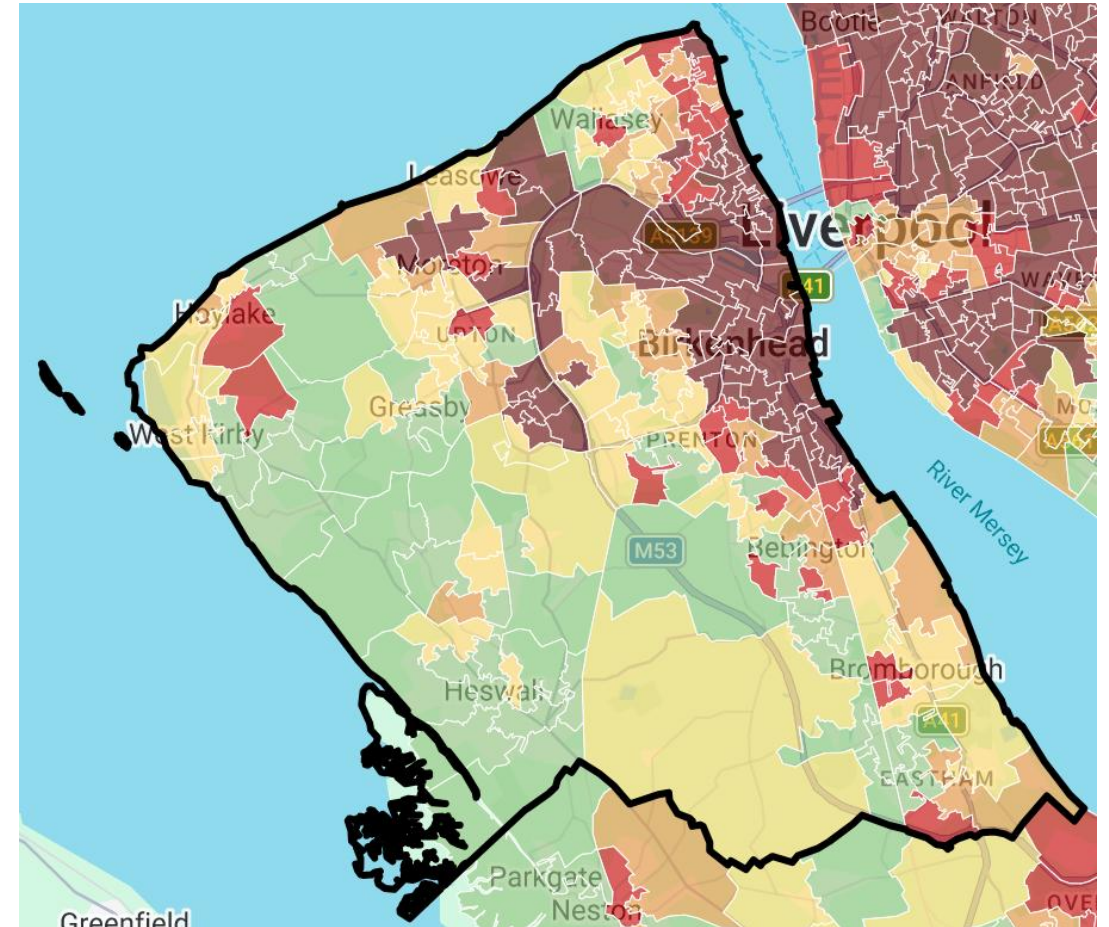
Wirral has a clear East-West divide in deprivation and health inequalities

Deprivation is closely linked to **persistent health inequalities**, led by **unmet needs** and **barriers** to accessing services across Wirral communities.

This highlights **under-represented and minority groups** and the importance of co-production when shaping prevention for all Wirral residents.

It is essential that we acknowledge this when considering how this strategy will **interact differently** with individuals and the barriers they face towards proposed prevention and early intervention activities.

Map of Index of Multiple Deprivation (IMD)
by Lower Super Output Area in Wirral (2025)



Source: Ministry of Housing Communities and Local Government

The VCFSE sector is a key partner in delivering prevention, and it requires a whole-place approach

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Environmental factors

- Housing and deprivation impact health and wellbeing²⁶
- Wirral's **Healthy Homes** team supports tenants and homeowners to help them stay independent, healthy and safe in their homes
- Increasing **climate risks** (heat/cold) disproportionately affect vulnerable people
- **Transport for City Region (TCR)** is a newly secured investment for Liverpool City Region to improve transport links

Effective prevention requires a whole place approach, integrating housing, environment, and infrastructure.

Industry analysis

- Wirral has an active **VCFSE sector**
- Resident access to information and services is supported by resources such as **Wirral InfoBank**²⁷
- There is a risk of sectors working in silos which can be mitigated by **co-production** and **engagement** with residents and communities
- Adult Social Care currently work in **four localities** across Wirral, and it is important to recognise how teams across the entire borough work together

Prevention depends on a strong network of providers and community assets, not just statutory services.

Legislative requirements

- Care Act 2014
- Equality and Human Rights Acts
- Mental Capacity Act

The Council has a duty to promote wellbeing and prevent, delay, and reduce care and support needs.

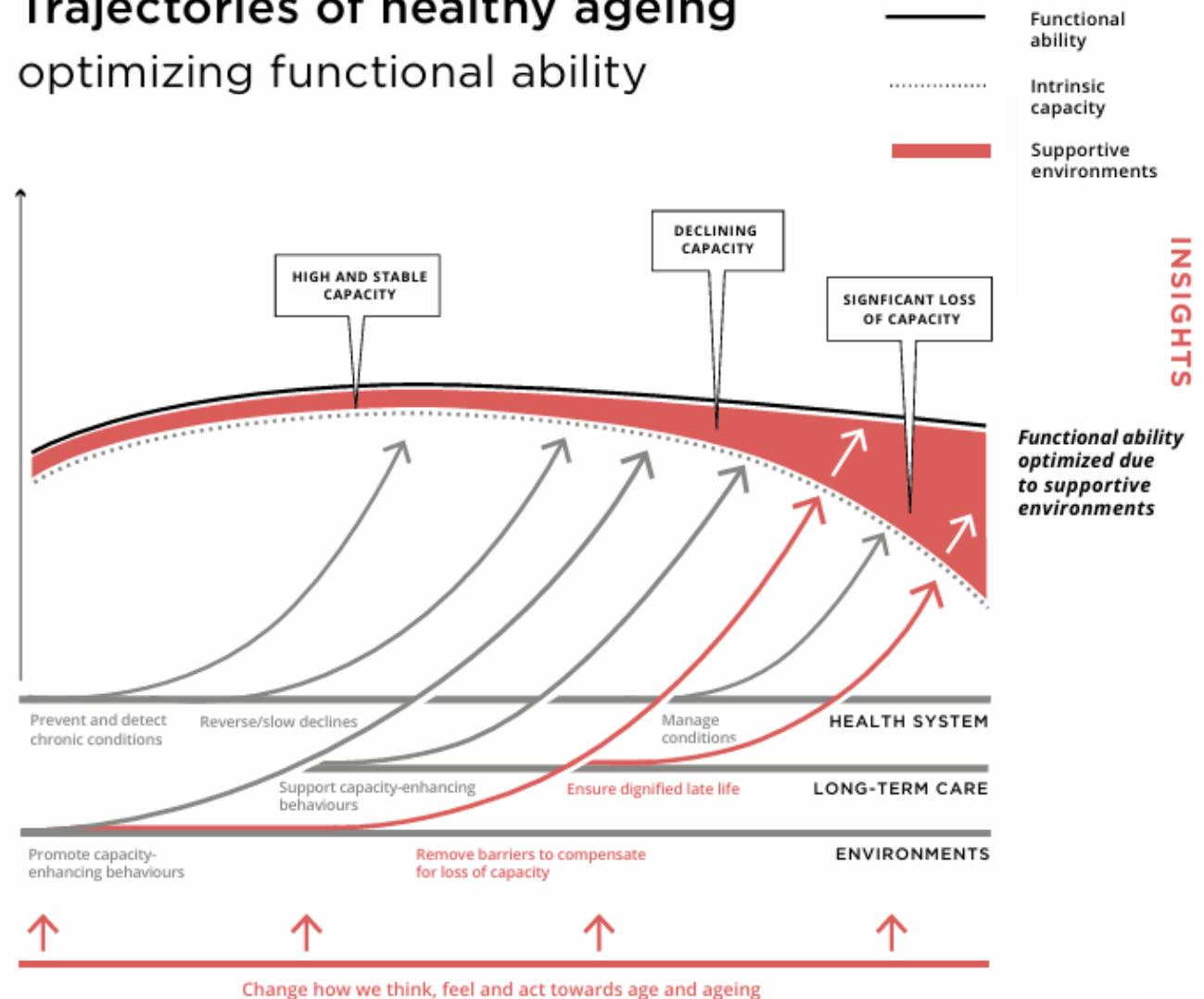
Poor health and complex needs are not inevitable

Functional ability combines the intrinsic capacity of the individual, the environment a person lives in, and how people interact with their environment.

Intrinsic capacity comprises all the physical and mental capacities that a person can draw on, e.g. physical movement, vision and hearing, vitality, cognition, and psychological capacity.

Environments shape what people with a given level of intrinsic capacity can be and do. Environments include the home, community and broader society, and all the factors within them.

Trajectories of healthy ageing optimizing functional ability



Prevention requires a system-wide approach with contribution from all partners

This two-year strategy aligns with Wirral's corporate Prevention Framework, providing focus in relation to adult social care.

Within ASC, true prevention should run all the way through **every contact with residents** in whatever form it takes – universal services, community groups, information and advice, assessment, care and support planning, and reviews, as well as strategic plans and service development.

But prevention **cannot be done in silos**; all partners have a role in prevention, and it is important that we work together to be successful. This figure illustrates the **joined-up approach to prevention** that needs to be taken locally and the role of each partner in an effective system.

Prevention in a joined-up local system



Source: Social Care Institute for Excellence, Prevention in Social Care. [Prevention in social care - SCIE](#)

3. What we mean by prevention

Care Act 2014 – Local authorities must prevent, delay, and reduce needs for care and support

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Applies to all adults and carers (not just those eligible)

Linked to promoting wellbeing in all decisions

Required to prevent, delay and reduce care and support needs

Focus on early intervention to maintain independence

Must use community and local resources to support people

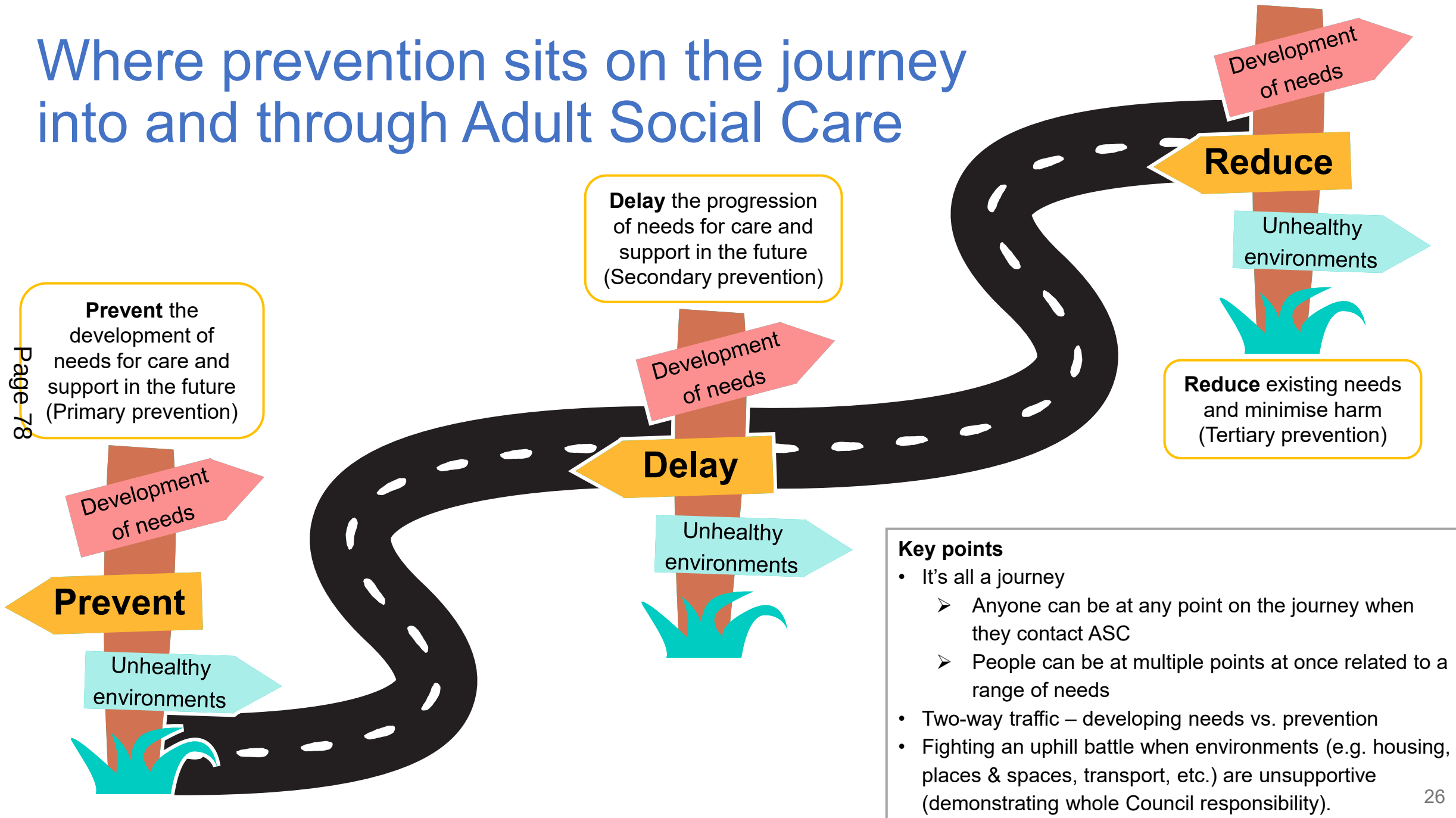
The language of Prevent, Delay, Reduce sets out three clear levels of proactive prevention

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Prevention is understood as a **culture and system-wide responsibility**, not a single service

Where prevention sits on the journey into and through Adult Social Care



		PREVENT	DELAY	REDUCE	Personalised care planning that takes a holistic approach
CULTURE CHANGE Page 79	Healthy places & spaces	- Safe neighbourhoods - Good public transport - Healthy housing	- Housing adaptations - Accessible spaces to promote community engagement	Using housing stock appropriately	
	Social contact	- Befriending - Age friendly social settings - How can frontline services better document loneliness and social isolation	Telephone conversations and services	- Flexible approach to individual needs and recognising prioritise and goals - Making better use of touch points and social connections	
	Information & advice	- Community Connectors & Navigators - Supported employment - Money management & debt advice - Use of understandable social media - Improve website and access to easy reads	- Support to manage money - MECC - Young People Transition - Information desk in Trust or other healthcare and NHS settings	- Proactive about sharing information - Upskilling and educating people on what is available to support	
	Healthy & active lifestyles	- NHS Health Checks - Pre-falls service - Promoting health & active lifestyles	- Falls prevention service - LD Health Reviews - Screening	- Reablement - Nutrition and hydration	
	Family, friends & carers	- VCSE having a good understanding of how to support families and carers - Promotion of Wirral InfoBank - Implementation of Carers Passport	- Carer support - WIRED - Carers Alliance events and forums - Assistive tech	Respite care	
	Falls prevention and frailty	- Strength and balance classes - Supporting individuals to Assess risk in own home or environment in a game/engaging way	- Self-assess home environment - Information so families can recognise decline - Assistive tech	Staff confidence to promote activity amongst high-risk	
Individuals may need multiple levels of prevention at once					27

4. Areas of Focus

Our Areas of Focus

Our focus over the next two years will be **embedding prevention** in ASC whilst **laying the foundations** for future development. Our initial areas of focus will be:

Proactive prevention across all partners

We aim for everyone to develop a **mutual understanding** of what prevention means across the Borough and to all our partners and residents. We aim for **every-day conversations** to include messages around prevention.

Evidence and insights

Talk to ASC sector, providers and residents to identify areas for improvement and a future longer-term strategy.
Analyse local health and social care data to better understand people's journeys into care and where we can intervene earlier.

Pilot schemes

Trial and evaluate prevention approaches across adult social care to further inform successes and learning.

Proactive prevention across all partners

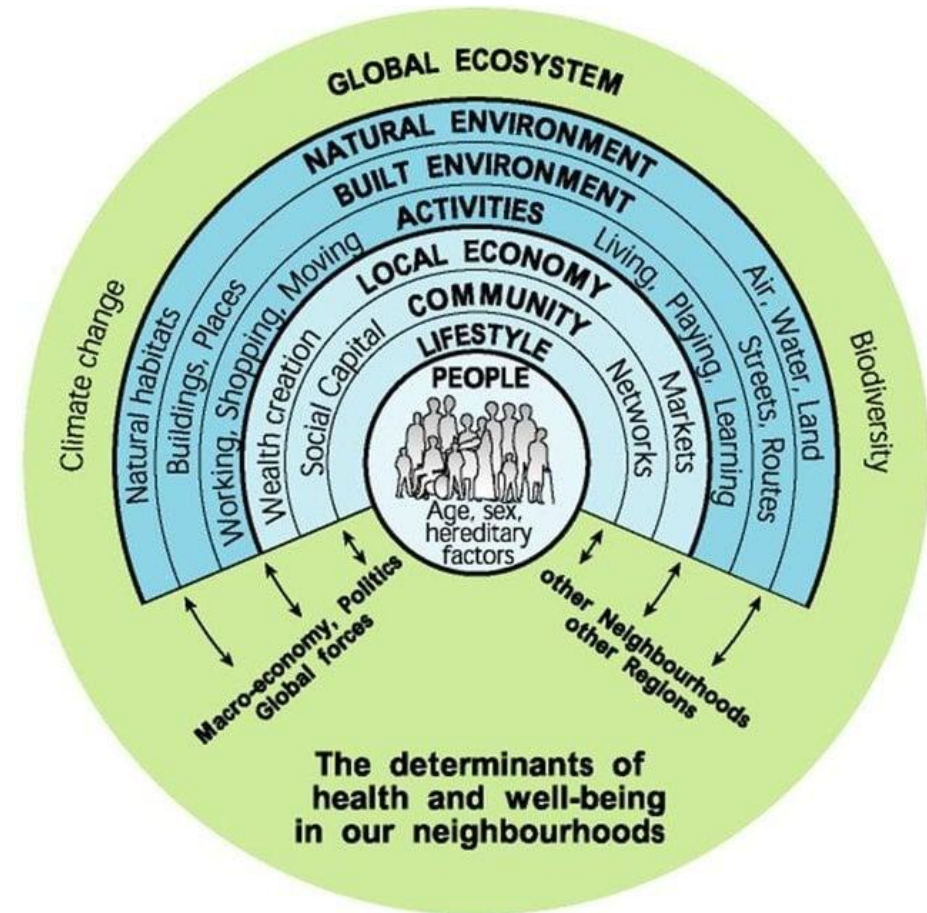
We will:

- **Raise the profile** of prevention and the need for a joined-up approach

We will do this by:

- Using consistent **terminology** that is available to all, so everyone has the same understanding of the breadth of prevention
- Hosting **conversations and workshops** with system partners and local and diverse communities, building on their existing strategies
- Exploring making Wirral an **Age-friendly Borough**

Determinants of health and well-being from the individual level to the global



Source: Barton, H., & Grant, M. (2006). A health map for the local human habitat. The Journal for the Royal Society for the Promotion of Health, 126(6), 252–253

Evidence and insights

We will:

- **Better understand** demand and journeys into care and where we might be able to intervene earlier

We will do this by:

- Conducting a **deep-dive analysis** of local health and social care data to identify drivers of demand
- Reviewing **evidence and good practice** about what works to prevent, delay and reduce care and support needs
- **Engaging key stakeholders** to gain a deeper understanding of prevention in Wirral and ensure ownership of all findings and recommendations
- Recognising the **role of the VCFSE** sector as a key delivery partner

How do we achieve it?

Co-design
workshops

Lived
experience
panels

Community
partnerships

Accessible
information

Ongoing
feedback

Pilot schemes

We will:

- **Test out prevention approaches** to support the planning of future prevention work

We will do this by:

- Working with partners to carry out cost-neutral pilots that **prioritise learning** over guaranteed success
- **Evaluating** the approaches used and the outcomes achieved
- Building on **existing strengths** within the system to ensure effective prevention is embedded
- Take into consideration cost effectiveness, financial benefit and social **return on investment**

1. Identify and prioritise residents based on impact

2. Get to know the people we want to support holistically

3. Actively connect people to the right intervention or support

4. Measure and drive impact we're aiming for

5. Sustain the model and benefits for this cohort

Adapted from: [Future of Prevention – Delivery model for targeted prevention](#)

5. Implementing the Strategy

How Everyone Can Embed Prevention



Frontline → Early support that is focused on residents



System → Joined-up services that work together for residents



Intelligence → Smarter use of data to reduce inequalities



Community → Communities shaping services with residents



Outcome → Helping residents to live independently for longer

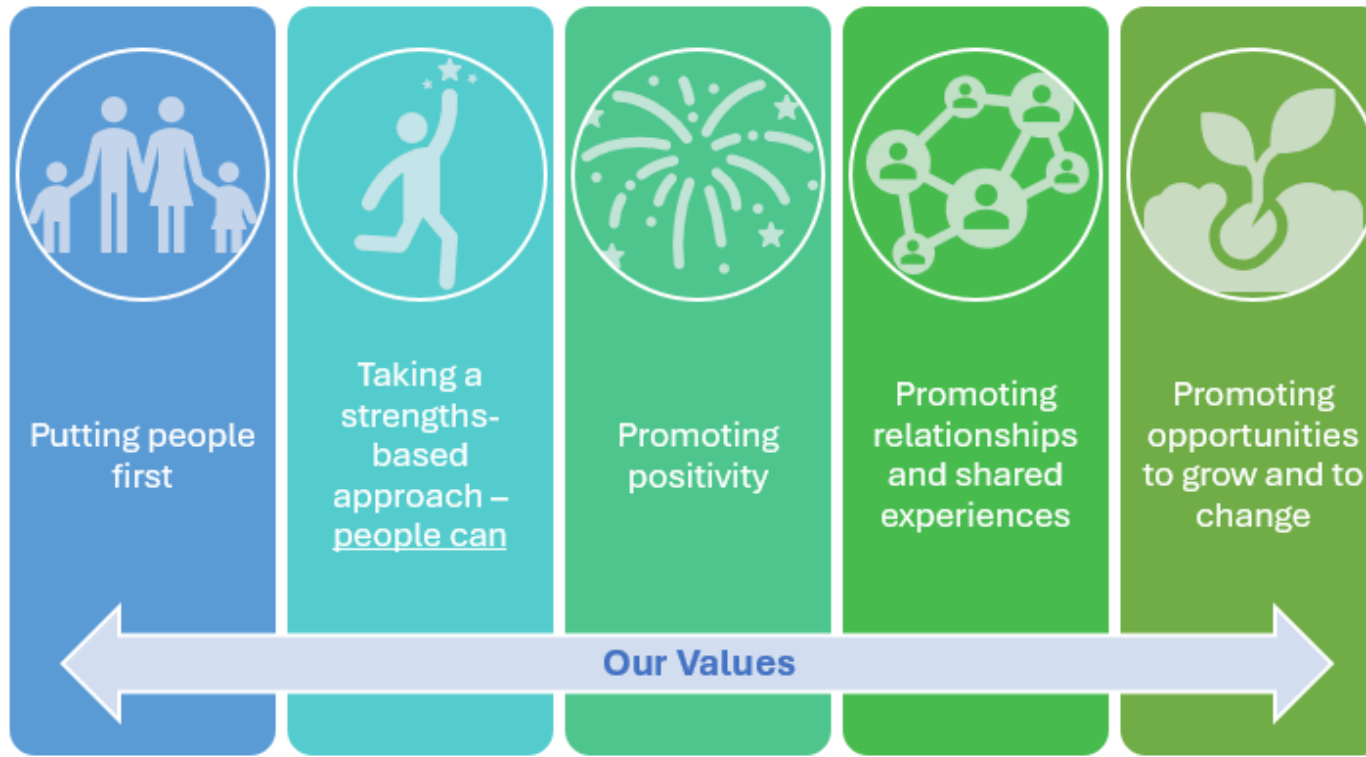
Prevention for all

We are committed to:

- working more closely with **diverse communities** and community organisations to co-design services
- ensuring prevention is **culturally appropriate and accessible**
- using data to understand where inequalities exist so we can **target resources** where they will have the greatest impact

Embedding preventative approaches

The Values Underpinning Preventative Approaches



- **Strategic leadership:** Establish a multi-agency implementation group to develop an action plan and drive forward delivery of the strategy
- **Partnership working:** Regularly update and engage with partners to ensure ownership
- **Commissioning for prevention:** Build prevention into all contracts
- **Co-production:** Listen to staff and residents
- **Evaluation:** Evaluate pilots to demonstrate successes and to understand what can be learned from preventative approaches

Source: Prevention Framework, Wirral Council (2021)

How we will make our priorities happen

Resources

- ASC and Public Health workforce
- Community and voluntary sector infrastructure
- Data and intelligence from ASC, Public Health and ICB
- Health and social care workforce
- Community Connectors
- Social prescribing
- Referral pathways
- Learning Disability health reviews
- Wirral Infobank
- Promote existing services

Activities

- Use of AI / technology while keeping in person services
- Integrated Front Door (multi-agency)
- Social prescribing and community support
- Strength-based reviews to assess level of care
- Collate and analyse insights and data relating to adult social care
- Early Intervention and Prevention contract
- Engage with service users and providers to gather insights on their understanding of prevention
- Pilot to improve reablement programmes carried out by care staff
- Discuss and promote prevention with the wider organisation and other sectors
- Raise the profile of prevention by hosting conversations and workshops with system partners and local communities to create a shift towards prevention
- Aim to be involved in Neighbourhood Hubs planning and highlighting prevention within the design

How we will know we have achieved

Outputs

- To produce a needs assessment collating data and evidence relating to prevention within adult social care
- Carry out demand forecasting to better understand the need for prevention and the impact initiatives could have on adult social care
- As the strategy develops, we will aim to identify other pilots and opportunities for improvement that can be addressed in the short-term

Two-year strategy outcomes

- Increase understanding of the need for prevention specific to Wirral
- Gain insights from stakeholders and residents touched by Wirral's adult social care system
- Improving reablement outcomes
- Improved carer wellbeing and resilience
- Increased social interaction and engagement of older adults at risk of social isolation
- Identify areas or activities that could be evaluated to improve long-term prevention planning
- Identify what Wirral does well so we can build and learn from this
- Better understanding people's journeys into care
- Feedback on the carers self-assessment and improve the visibility of this tool

Future / long-term outcomes

- Reducing numbers in 24hr care (care homes vs. domiciliary care)
- Reduce hospital admissions due to falls
- Improving reablement outcomes
- Improve health / being active for longer
- Healthy lifestyle choices – access to services
- Reducing isolation – connecting to community throughout the life course → kinder & inclusive neighbourhoods
- Reducing carer breakdown
- Increased step-down care (from providers Trusted Assessors)
- Reduced increase in care
- Increased carer satisfaction
- Better use of Direct Payments (builds rapport)
- Outcomes for individuals, families, communities, organisations
- Understanding whether services are truly accessible or whether people face barriers e.g. digital exclusion

Pathway to Achieving Our Outcomes

This strategy aims to **lay the foundations** for a long-term strategy in the future. It sets out our ambitions over the next two years to work towards truly embedding prevention by:

- **Defining prevention** for a shared understanding across ASC and our partners
- Using **data, evidence and insights** to better understand where we can intervene earlier
- Piloting prevention approaches that **prioritise learning**

Delivering this strategy **requires a different way of thinking and working** to enable us to prevent, delay and reduce care and support needs across Wirral. If successful, we will be better placed to **enable culture change** and strengthen partnership working that helps our residents to stay healthy, well and independent.

Our multi-agency implementation group will **co-produce an action plan** to deliver this strategy over the next 2 years.

Evidence and data collection

Identify what we're doing well

Where do we need to improve

A long-term strategy for prevention

6. Further information

Prevention: Actions taken to stop health problems, social issues, or other challenges from occurring, worsening, or recurring. Prevention can be primary (preventing a problem before it starts), secondary (early identification and intervention), or tertiary (reducing the impact of an existing problem).

Strategy: A plan designed to achieve specific goals and priorities. A strategy sets out the vision, objectives and actions needed to bring about desired outcomes.

Community: A group of people who share a common location, interest, or experience. Communities can be defined geographically or by shared characteristics, interests or needs.

Adult social care: Services and support provided to adults who need help due to age, illness, disability, mental health conditions, or other circumstances. Adult social care aims to promote wellbeing, independence and quality of life.

Public health: The science and art of preventing disease, prolonging life, and promoting health through the organised efforts of society.

System partners: Organisations, agencies, groups, or individuals that work together to improve outcomes for a population. Examples include local authorities, NHS organisations, VCFSE organisations, education providers, and housing services.

Strength-based: An approach that focuses on individuals', families', and communities' strengths, assets, skills, and resources rather than solely on their problems, needs, or deficits. It aims to build resilience, independence, and capacity.

Life expectancy: The average number of years a person can expect to live based on current mortality rates and influences within a population.

Healthy life expectancy: The average number of years a person can expect to live in good health, taking into account both length of life and quality of health.

Deprivation: A measure of disadvantage experienced by individuals or communities, often relating to factors such as income, employment, education, housing, health, crime, and access to services.

Ecological: An approach that recognises that health and wellbeing are influenced by multiple interacting factors, including individual behaviours, social relationships, communities, organisations, environments, and wider societal conditions.

Legislation: Laws enacted by Parliament or other governing bodies that provide the legal framework for policies, services, rights, responsibilities, and decision-making.

Direct payments: When a person may be eligible to receive a payment to help pay for care instead of the services being organised and paid for by the local authority or NHS.

Attendance allowance: A payment to help with extra costs if a person has a disability or health condition severe enough to need personal support. This does not cover mobility needs.

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Acknowledgements

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ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Tuesday, 13 October 2026

REPORT TITLE:	ADULT SOCIAL CARE WINTER PREPAREDNESS AND RESILIENCE 2026/2027
REPORT OF:	DIRECTOR OF ADULTS, HEALTH AND STRATEGIC COMMISSIONING

REPORT SUMMARY

This report provides the Adult Social Care and Public Health Committee with assurance regarding Adult Social Care's preparedness for winter 2026/27.

Winter can place additional pressures on health and care services due to increased demand, seasonal illness, workforce challenges and severe weather. Adult Social Care has worked closely with NHS, Public Health, care provider, and voluntary, community, faith and social enterprise (VCFSE) partners to develop plans that support residents to remain safe, well and independent throughout the winter period.

The report outlines the arrangements in place to support timely hospital discharge, prevent avoidable admissions, maximise independence through Home First and reablement approaches, maintain a resilient and sustainable care market, support population health through infection prevention and control, and vaccination programmes, and ensure effective operational oversight during periods of increased system pressure.

Adult Social Care's winter preparedness arrangements are delivered through a whole-system approach alongside NHS, Public Health, VCFSE and independent sector partners, supporting a coordinated response to winter pressures across health and care services. The council's approach builds on learning from previous winters and supports the ambition of enabling Wirral residents to live healthy, independent lives within their communities for as long as possible.

This matter affects all Wards within the borough. It is not a key decision.

RECOMMENDATIONS

The Adult Social Care and Public Health Committee is requested to:

1. Note the Adult Social Care Winter Preparedness Plan for 2026/27.
2. Note the arrangements in place to support timely hospital discharge, admission avoidance, reablement and care market resilience during periods of increased demand.
3. Receive assurance that appropriate operational monitoring, governance and escalation arrangements will be maintained throughout the winter period to support safe and effective service delivery.
4. Note that a post-winter review will be undertaken to assess performance, outcomes, expenditure and learning, which will inform winter planning for 2027/28.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 Winter creates additional demand and operational risk across health and social care. Committee oversight provides assurance that the Council has appropriate arrangements in place to support Wirral residents to remain safe, independent and well, maintain essential services and contribute to the resilience of the wider health and care system.
- 1.2 National winter planning expectations require local partners to maintain robust and deliverable arrangements informed by demand and capacity analysis and capable of responding to periods of surge. Adult Social Care is therefore a core contributor to the wider health and care system winter response.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 No alternative option has been identified. Winter preparedness forms part of established Adult Social Care business continuity, hospital discharge, market oversight and partnership arrangements.
- 2.2 A failure to plan collaboratively would increase the risk of avoidable hospital admission, delayed discharge, loss of independence and unplanned pressure on commissioned services.

3.0 BACKGROUND INFORMATION

- 3.1 Adult Social Care will build its winter response on learning from previous periods of operational pressure and intelligence from Public Health, NHS partners, providers and operational teams. The approach aligns with Cheshire and Merseyside system winter arrangements and local Wirral plans.
- 3.2 Winter can create increased pressures across health and social care services, including seasonal illness, increased frailty and falls, workforce absence, severe weather, infectious disease outbreaks, increased demand for hospital discharge support, pressure on community and care services, and additional demands on unpaid carers.
- 3.3 The overarching aim is to support Wirral residents to remain safe, independent and well at home wherever possible through strengths-based practice, Home First principles and timely interventions that promote recovery and reduce reliance on long-term care.
- 3.4 Hospital Discharge, Home First and Admission Avoidance
Adult Social Care will continue to work with hospital, community and system partners to support safe and timely discharge throughout the winter period. Transfer of Care Hub (TOCH) which is our hospital social work team, will maintain arrangements to support seven-day resilience, with operational and senior management oversight available to respond to periods of increased demand.

- 3.5 Intermediate care, reablement and Home First services will remain central to the winter response. These services support recovery, maximise independence, prevent avoidable admissions and reduce the need for ongoing long-term support following discharge from hospital.
- 3.6 Discharge to Assess and short-term recovery pathways will continue to support people who are not immediately able to return home following hospital treatment, enabling assessment and recovery to take place in the most appropriate setting whilst avoiding unnecessary delays and premature decisions regarding long-term care.
- 3.7 Adult Social Care will work alongside NHS and community partners to support admission avoidance through timely interventions and rapid responses where short-term support can prevent unnecessary hospital attendance or admission and enable residents to remain safely at home.
- 3.8 Adult Social Care works closely with NHS and system partners through established discharge and flow arrangements. This includes participation in the weekly System Discharge Cell and twice-weekly meetings with Wirral University Teaching Hospital (WUTH) and Community Intermediate Care Centre (CICC) colleagues to review demand, capacity, patient flow and discharge performance, ensuring barriers are identified and addressed quickly through a coordinated system approach.
- 3.9 Practical barriers to discharge will be addressed through coordinated access to equipment, adaptations, welfare support, and voluntary and community sector services, helping residents return home safely and at the earliest appropriate opportunity.
- 3.10 Integrated multidisciplinary arrangements will support early identification of barriers, proactive discharge planning and timely access to appropriate support pathways. Demand, capacity and delays will be monitored routinely to enable prompt operational action where required.
- 3.11 System Winter Planning and Partnership Working
The council continues to work closely with NHS, hospital and wider system partners through the Urgent and Emergency Care (UEC) programme to develop and deliver a coordinated Winter Plan. The plan focuses on maintaining patient flow, reducing avoidable hospital admissions, supporting timely and safe discharges and ensuring services can respond effectively to increased seasonal pressures.
- 3.12 Partners have agreed a range of system-wide actions to strengthen resilience across health and social care services. Escalation frameworks and system escalation processes are in place to support a coordinated response to operational pressures and ensure risks are managed
- 3.13 The Voluntary, Community, Faith and Social Enterprise (VCFSE) sector remains an important partner in winter resilience through the provision of information, advice, welfare support, social connection, discharge support and practical assistance that helps prevent escalation of need, supports recovery and promotes independence.

- 3.14 The council, NHS partners, social care providers and the VCFSE sector will continue to work collaboratively to support people across the urgent and emergency care pathway. This includes community-based support to prevent hospital admissions, facilitate timely discharge and improve outcomes for residents, particularly those from disadvantaged or underserved communities. The council's Crisis and Resilience Programme will continue to provide targeted support to households experiencing financial hardship, housing challenges and other wider determinants of health that can impact wellbeing during the winter period. A high-level overview of these arrangements is provided within this report, with the NHS UEC Winter Plan appended for further reference.
- 3.15 **Public Health, Infection Prevention and Control**
The council will continue to work collaboratively with Public Health colleagues, NHS partners and care providers to support infection prevention and control arrangements across health and social care settings. This includes promoting best practice, responding to emerging public health risks and supporting providers to maintain safe environments for people receiving care and support.
- 3.16 Partners will continue to support the delivery and uptake of seasonal vaccination programmes, recognising the important role vaccinations play in protecting vulnerable residents, supporting workforce resilience and reducing demand on health and care services during periods of increased winter pressure.
- 3.17 A partnership approach will be maintained throughout the winter period to ensure a coordinated and proactive response to population health needs and operational pressures across the wider system. A strong focus will also be maintained on prevention and addressing the wider determinants of health. Public Health, primary care and voluntary sector partners will continue targeted work to address issues such as fuel poverty, social isolation and health inequalities, helping vulnerable residents remain well and independent throughout the winter period.
- 3.18 Care homes will continue to be supported through close partnership working with Primary Care Networks (PCNs) and wider health and care services. Residents will have access to seasonal vaccination and antiviral programmes alongside enhanced clinical support, helping to reduce the impact of winter illnesses and avoid unnecessary hospital admissions.
- 3.19 Primary care services will play a key role in winter resilience through seasonal vaccination programmes, proactive support for people with long-term conditions and frailty, and additional service capacity to support periods of increased demand. Robust escalation arrangements will support a coordinated response across health and care services where operational pressures arise.
- 3.20 **Care Market Capacity, Quality and Sustainability**
Maintaining a sustainable, resilient and high-quality care market is essential to supporting winter resilience across the health and care system. The Commissioning, Contracts and Quality Team will continue to work closely with providers and system partners to monitor care home, nursing care, supported living and home care capacity, workforce pressures and emerging provider risks throughout the winter period.

- 3.21 Providers are expected to maintain robust business continuity arrangements covering severe weather, workforce shortages, infectious disease outbreaks, utility disruption and other events which may impact continuity of care.
- 3.22 The Council maintains a comprehensive quality assurance and contract monitoring framework, including routine provider engagement, quality oversight activity and responsive intervention where concerns are identified.
- 3.23 A multi-agency Provider at Risk Group brings together commissioning, contract, quality, operational and health partners to oversee services where quality, sustainability or operational concerns exist. Where enhanced support is required, improvement plans are agreed and monitored through increased quality and contract oversight. Clinical advice and support from health partners may also be utilised to support service improvement and the safe management of quality concerns.
- 3.24 This collaborative approach supports market resilience, promotes continuous quality improvement and helps ensure residents continue to receive safe, effective and high-quality care throughout periods of increased winter demand.
- 3.25 Carers, Workforce, Business Continuity and Governance
Adult Social Care recognises the vital role unpaid carers play in supporting people to remain independent within their own homes and communities. The Council will continue to work with carers' organisations, community partners and operational teams to ensure carers can access appropriate information, advice and support during periods of increased winter pressure.
- 3.26 Winter planning arrangements align with the council's wider business continuity and emergency planning framework. Services will maintain preparedness for severe weather events, flooding, utility disruption and other incidents which may impact service delivery, ensuring risks to vulnerable residents are managed effectively.
- 3.27 Workforce availability, sickness levels and operational demand will be monitored throughout the winter period. Managers will prioritise essential activity and deploy resources to areas of greatest pressure to maintain safe and effective service delivery.
- 3.28 Operational and senior management governance arrangements will monitor key indicators including hospital discharge performance, reablement demand and outcomes, waiting times, care market capacity, provider risks, workforce pressures, safeguarding activity and expenditure. Escalation arrangements will be proportionate to the level of pressure and include system-wide escalation processes and activation of business continuity arrangements where required.
- 3.29 A post-winter review will assess delivery, outcomes, expenditure and learning to inform future winter planning and continuous improvement for winter 2027/28.

4.0 FINANCIAL IMPLICATIONS

- 4.1 Winter demand may result in additional expenditure associated with short-term care, discharge support, reablement, commissioned capacity and provider pressures. Expenditure will be monitored through established Adult Social Care financial

governance arrangements and any material variance will be reported through the appropriate council governance routes.

- 4.2 Where services or schemes are jointly funded with NHS partners, financial responsibilities and expected outcomes will be managed through established partnership governance and Better Care Fund arrangements.

5.0 LEGAL IMPLICATIONS

- 5.1 Adult Social Care will continue to discharge its statutory responsibilities, including duties under the Care Act 2014, throughout periods of winter pressure. Winter planning arrangements support the Council in meeting its legal obligations whilst ensuring decisions remain lawful, proportionate, person-centred and responsive to individual needs and risks.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 The principal resource implications relate to workforce resilience, operational capacity and commissioned care provision. Service and business continuity arrangements will be utilised to manage increased demand and disruption. Any requirement for additional resources will be considered through established management and financial governance arrangements.

7.0 RELEVANT RISKS

- 7.1 If the recommendations within this report are not noted, the Committee would not receive formal assurance regarding the Council's preparedness for winter 2026/27 and the arrangements in place to manage seasonal pressures across Adult Social Care. This report provides Members with an overview of the measures in place to support winter resilience, maintain safe and effective service delivery and contribute to wider health and care system resilience. Ongoing performance monitoring, governance and post-winter review arrangements will continue to provide oversight and assurance throughout the winter period.
- 7.2 Periods of increased seasonal demand may impact the ability of health and social care services to respond effectively, potentially resulting in increased waiting times, delays to discharge and poorer outcomes for residents. To mitigate this demand, capacity and performance will be monitored throughout the winter period, with escalation arrangements in place to respond to increased pressures and maintain service resilience.
- 7.3 Provider capacity constraints, workforce shortages, severe weather events or infectious disease outbreaks may impact continuity of care and support for vulnerable residents. To mitigate this Adult Social Care will maintain oversight of the care market through established commissioning, contract monitoring and quality assurance arrangements. Providers are required to maintain business continuity plans, whilst the multi-agency Provider at Risk Group will monitor emerging concerns and coordinate support where required to maintain safe and effective service delivery.
- 7.4 Additional demand for discharge support, short-term care, reablement services and commissioned care capacity may result in increased expenditure during the winter

period. To mitigate this expenditure relating to winter pressures will be monitored through established Adult Social Care financial governance arrangements. Any material financial pressures or variances will be reviewed through routine budget monitoring processes and managed through existing Council and partnership governance arrangements.

- 7.5 Without coordinated planning and oversight across health and care partners, there is a risk of increased hospital admissions, delays in discharge, reduced service resilience and poorer outcomes for residents. To mitigate this the Council works closely with NHS, Public Health, provider and VCFSE partners through established urgent and emergency care, discharge and winter planning arrangements. Operational and senior management oversight, supported by system escalation processes and business continuity arrangements, will ensure risks are identified and managed in a coordinated and timely manner.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 Winter planning has been undertaken in collaboration with NHS, Public Health, provider, and voluntary, community, faith and social enterprise (VCFSE) partners as part of a whole-system approach to winter preparedness.
- 8.2 Intelligence and learning from people who draw on care and support, unpaid carers, operational teams and commissioned services will continue to inform operational delivery, service improvement and post-winter review activity.

9.0 EQUALITY IMPLICATIONS

- 9.1 Wirral Council has a legal requirement to ensure its policies and decision-making do not unlawfully discriminate against any individual or community. Equality Impact Assessments support services to identify and address potential impacts on people with protected characteristics.
- 9.2 Winter pressures can disproportionately affect older people, disabled people, people with long-term health conditions, unpaid carers and people experiencing poverty or social isolation. Winter arrangements will therefore seek to ensure equitable, person-centred access to care, support and information, with particular regard to vulnerable residents and those most at risk of adverse outcomes.
- 9.3 An Equality Impact Assessment (EIA) for this report is located here:
<https://www.wirral.gov.uk/communities-and-neighbourhoods/equality-impact-assessments>

10.0 ENVIRONMENT, BIODIVERSITY AND CLIMATE CHANGE IMPLICATIONS

- 10.1 Severe cold, storms, flooding and other adverse weather can disrupt care delivery and increase risk to residents. Relevant business continuity and emergency planning arrangements will therefore form part of winter preparedness.

11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 A resilient local care market supports employment and economic activity within the Borough. Effective winter planning also supports people to remain independent in their communities and can reduce avoidable reliance on more intensive forms of care.

12.0 CRIME AND DISORDER IMPLICATIONS

- 12.1 There are no direct crime and disorder implications arising from this report. Existing safeguarding, community safety and emergency response arrangements will continue to apply where relevant.

REPORT AUTHOR: Donna Locke
Interim Head of Service Commissioning, Contracts & Quality Team

APPENDICES

N/A

BACKGROUND PAPERS

[NHS England » Winter planning 2026/27 – expectations and assurance 17 July 2026](#)

TERMS OF REFERENCE

This report is being considered by the Adult Social Care and Public Health Committee in accordance with its Terms of Reference relating to Adult Social Care performance, commissioning, risk and service delivery.

- a) adult social care matters (e.g., people aged 18 or over with eligible social care needs and their carers);
- c) all Public Health functions (in co-ordination with those functions reserved to the Health and Wellbeing Board and the Overview and Scrutiny Committee's statutory health functions).
- d) providing a view of performance, budget monitoring and risk management in relation to the Committee's functions;
- e) undertaking the development and implementation of policy in relation to the Committee's functions, incorporating the assessment of outcomes, review of effectiveness and formulation of recommendations to the Council, partners and other bodies, which shall include any decision relating to:
 - (i) furthering public health objectives through the development of partnerships with other public bodies, community, voluntary and charitable groups and through the improvement and integration of health and social care services;
 - (ii) functions under or in connection with partnership arrangements made between the Council and health bodies pursuant to Section 75 of the National Health Service Act 2006 ("the section 75 Agreements")
- g) in respect of the Health and Social Care Act 2006, the functions to:
 - (i) investigate major health issues identified by, or of concern to, the local population.
 - (ii) consult, be consulted on and respond to substantial changes to local health service provision, including assessing the impact on the local community and health service users.

(iii) scrutinise the impact of interventions on the health of local inhabitants, particularly socially excluded and other minority groups, with the aim of reducing health inequalities.

(iv) maintain an overview of health service delivery against national and local targets, particularly those that improve the public's health.

(v) receive and consider referrals from local Healthwatch on health matters which are to include the establishment and functioning of joint arrangements as set out at paragraph 14 of this Section.

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

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ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Tuesday, 13 October 2026

REPORT TITLE:	ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE WORK PROGRAMME UPDATE
REPORT OF:	CHAIR OF ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

REPORT SUMMARY

The Adult Social Care and Public Health Committee, in conjunction with the other Policy and Service Committees, is responsible for proposing and delivering an annual committee work programme. This work programme should align with the corporate priorities of the Council, in particular the delivery of the key decisions which are within the remit of the Committee.

It is envisaged that the work programme will be formed from a combination of key decisions, standing items and requested officer reports. This report provides the Committee with an opportunity to plan and regularly review its work across the municipal year. The work programme for the Adult Social Care and Public Health Committee is attached as Appendix 1 to this report.

RECOMMENDATION

The Adult Social Care and Public Health Committee is recommended to note and comment on the proposed Adult Social Care and Public Health Committee work programme for the remainder of the 2026/27 municipal year.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 To ensure Members of the Adult Social Care and Public Health Committee have the opportunity to contribute to the delivery of the annual work programme.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 A number of workplan formats were explored, with the current framework open to amendment to match the requirements of the Committee.

3.0 BACKGROUND INFORMATION

- 3.1 The work programme should align with the priorities of the Council and its partners. The programme will be informed by:

- The Council Plan
- The Council's transformation programme
- The Council's Forward Plan
- Service performance information
- Risk management information
- Public or service user feedback
- Referrals from Council

Terms of Reference

- 3.2 The Adult Social Care and Public Health Committee is responsible for the Council's adult social care and preventative and community based services. This includes the commissioning and quality standards of adult social care services, incorporating responsibility for all of the services, from protection to residential care, that help people live fulfilling lives and stay as independent as possible as well as overseeing the protection of vulnerable adults. The Adult Social Care and Public Health Committee is also responsible for the promotion of the health and wellbeing of the people in the Borough. This includes, in respect of the Health and Social Care Act 2006, the functions to investigate major health issues identified by, or of concern to, the local population. The Committee is charged by full Council to undertake responsibility for:-

a) adult social care matters (e.g., people aged 18 or over with eligible social care needs and their carers);

b) promoting choice and independence in the provision of all adult social care

c) all Public Health functions (in co-ordination with those functions reserved to the Health and Wellbeing Board and the Overview and Scrutiny Committee's statutory health functions);

d) providing a view of performance, budget monitoring and risk management in relation to the Committee's functions; and

e) undertaking the development and implementation of policy in relation to the Committee's functions, incorporating the assessment of outcomes, review of effectiveness and formulation of recommendations to the Council, partners and other bodies, which shall include any decision relating to:

- (i) furthering public health objectives through the development of partnerships with other public bodies, community, voluntary and charitable groups and through the improvement and integration of health and social care services;
- (ii) functions under or in connection with partnership arrangements made between the Council and health bodies pursuant to Section 75 of the National Health Service Act 2006 ("the section 75 Agreements")
- (iii) adult social care support for carers;
- (iv) protection for vulnerable adults;
- (v) supporting people;
- (vi) drug and alcohol commissioning;
- (vii) mental health services; and
- (viii) preventative and response services, including those concerning domestic violence.

f) a shared responsibility with the Children, Young People and Education Committee for ensuring the well-being and support of vulnerable young people and those at risk of harm as they make the transition into adulthood

g) in respect of the Health and Social Care Act 2006, the functions to:

- (i) investigate major health issues identified by, or of concern to, the local population.
- (ii) consult, be consulted on and respond to substantial changes to local health service provision, including assessing the impact on the local community and health service users.
- (iii) scrutinise the impact of interventions on the health of local inhabitants, particularly socially excluded and other minority groups, with the aim of reducing health inequalities.
- (iv) maintain an overview of health service delivery against national and local targets, particularly those that improve the public's health.
- (v) receive and consider referrals from local Healthwatch on health matters which are to include the establishment and functioning of joint arrangements as set out at paragraph 14 of this Section.

FINANCIAL IMPLICATIONS

- 4.1 This report is for information and planning purposes only, therefore there are no direct financial implication arising. However, there may be financial implications arising as a result of work programme items.

4.0 LEGAL IMPLICATIONS

- 5.1 There are no direct legal implications arising from this report. However, there may be legal implications arising as a result of work programme items.

5.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 There are no direct implications to Staffing, ICT or Assets.

6.0 RELEVANT RISKS

7.1 The Committee's ability to undertake its responsibility to provide strategic direction to the operation of the Council, make decisions on policies, co-ordinate spend, and maintain a strategic overview of outcomes, performance, risk management and budgets may be compromised if it does not have the opportunity to plan and regularly review its work across the municipal year.

7.0 ENGAGEMENT/CONSULTATION

8.1 Not applicable.

8.0 EQUALITY IMPLICATIONS

9.1 Wirral Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. An Equality Impact Assessment is a tool to help council services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision or activity.

9.2 This report is for information to Members and there are no direct equality implications.

10.0 ENVIRONMENT, BIODIVERSITY AND CLIMATE IMPLICATIONS

10.1 This report is for information to Members and there are no direct environment and climate implications.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 This report is for information to Members and there are no direct community wealth implications.

12.0 CRIME AND DISORDER IMPLICATIONS

12.1 There are no crime and disorder implications arising from this report.

REPORT AUTHOR: Christine Morley
email: christinemorley@wirral.gov.uk

APPENDICES

Appendix 1 - Adult Social Care and Public Health Committee Work Programme

BACKGROUND PAPERS

Wirral Council Constitution

Forward Plan

The Council's transformation programme

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Standing Item	

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ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

WORK PROGRAMME 2026/2027

DECISIONS TO BE TAKEN BETWEEN JUNE 2026 TO MARCH 2027

Title	Key/ Non-Key	Date	Director/Lead officer
November 2026			
Housing, Health & Supported Accommodation Strategy	Non-Key	November 2026	Lisa Newman and Jayne Marshall
Outcome of the CQC Assessment of Adult Social Care from June 2026 to September 2026, including the on site assessment in August 2026.	Non-Key	November 2026	Sayyed Osman
Financial Monitoring	Non-Key	November 2026	Jess Whitley
Performance Monitoring	Non-Key	November 2026	Nancy Clarkson
Council Plan Performance Report 2024-25 theme: promoting independence and healthier lives	Non-Key	November 2026	Nancy Clarkson
Sec 75 Pooled Fund	Non-Key	November 2026	Jayne Marshall
Mental Health Services Overview	Non-Key	November 2026	Chris Judson CWP
Work Programme	Non-Key	November 2026	Director of Law and Governance

FUTURE AGENDA ITEMS

Item	Key	Approx. timescale	Lead Officer
Safeguarding Performance Deep Dive	Non-Key	January 2027	TBC
Health Inequalities & Public Health Outcomes Report	Non-Key	January 2027	TBC
Drug & Alcohol Treatment System Performance	Non-Key	January 2027	TBC
Minimum Income Guarantee Review	Non-Key	March 2027	Jayne Marshall
Application and Review of Charges Review	Non-Key	March 2027	Jayne Marshall
Savings Delivery & Financial Recovery Plan Review	Non-Key	March 2027	TBC
Transitions (Children to Adult Services) Demand & Planning	Non-Key	March 2027	TBC
Annual Workforce Report	Non-Key	March 2027	TBC
CQC Assurance Final Readiness Position	Non-Key	March 2027	TBC
Adult Social Care Market Sustainability & Commissioning Strategy	Non-Key	March 2027	Jayne Marshall
CQC Assurance Readiness – Self-Assessment & Gap Analysis	Non-Key	TBC	TBC

Adult Social Care Workforce Overview)	Non-Key	TBC	TBC
Council Plan Performance Report 2024-25 theme: promoting independence and healthier lives	Non-Key	TBC	Nancy Clarkson
Transport Review	Non-Key	TBC	Jason Gooding
Update on Housing and Heath	Non-Key	TBC	TBC
Charging Policy	Key	TBC	Simon Garner

STANDING ITEMS AND MONITORING REPORTS

Item	Reporting Frequency	Lead Officer
Financial Monitoring	Each scheduled Committee Finance have set out the below for finance reports June, September, Q2 November, March Q3	Jess Whitley
Performance Monitoring	Quarterly Reports Q1 September, Q2 November, Q3 March, Q4 June	Nancy Clarkson
Council Plan Performance Report 2024-25 theme: promoting independence and healthier lives	Quarterly Reports	Nancy Clarkson
Work Programme Update	Every Meeting	Director of Law and Governance
Adult Social Care Annual Complaints Report	Annual Report – March	Director of Adults, Health and Strategic Commissioning
Adults Safeguarding Board	Annually – January	Sue Redmond/ Alison Marchini
Public Health Annual Report	Annually – November 2027	Director of Public Health

Health Protection Strategy Update	June 2024 then at least an annual update	Director of Public Health
Appointment of statutory committee and member champion for domestic abuse and joint health scrutiny	Annually – June	Christine Morley
Sec 75 Pooled Fund	Finance - July or September Assurance - November	Jayne Marshall
Better Care Fund Plan	Bi-Annual September 2025	Jayne Marshall

WORK PROGRAMME ACTIVITIES OUTSIDE COMMITTEE

Item	Format	Requested	Timescale	Lead Officer
Working Groups/ Sub Committees				
	Working Group		Monthly	
Task and Finish work				
Spotlight sessions / workshops				
Budget Oversight Panel	Workshop		21 July 2026, 23 September, 19 October, 26 November, 28 January 2027, 24 March 2027	Jess Whitley
Briefing Notes				
Carers Strategy & Support Update	Briefing Note	TBC		Simon Garner

Adult Social Care and Public Health Committee – Terms of Reference

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The Committee is charged by full Council to undertake responsibility for: -

- a) adult social care matters (e.g., people aged 18 or over with eligible social care needs and their carers);
- b) promoting choice and independence in the provision of all adult social care
- c) all Public Health functions (in co-ordination with those functions reserved to the Health and Wellbeing Board and the Overview and Scrutiny Committee's statutory health functions).
- d) providing a view of performance, budget monitoring and risk management in relation to the Committee's functions; and
- e) undertaking the development and implementation of policy in relation to the Committee's functions, incorporating the assessment of outcomes, review of effectiveness and formulation of recommendations to the Council, partners and other bodies, which shall include any decision relating to:
 - (i) furthering public health objectives through the development of partnerships with other public bodies, community, voluntary and charitable groups and through the improvement and integration of health and social care services;
 - (ii) functions under or in connection with partnership arrangements made between the Council and health bodies pursuant to Section 75 of the National Health Service Act 2006 ("the section 75 Agreements")
 - (iii) adult social care support for carers;
 - (iv) protection for vulnerable adults;
 - (v) supporting people;
 - (vi) drug and alcohol commissioning;
 - (vii) mental health services; and
 - (viii) preventative and response services, including those concerning domestic violence.
- f) a shared responsibility with the Children, Young People and Education Committee for ensuring the well-being and support of vulnerable young people and those at risk of harm as they make the transition into adulthood

g) in respect of the Health and Social Care Act 2006, the functions to:

(i) investigate major health issues identified by, or of concern to, the local population.

(ii) consult, be consulted on and respond to substantial changes to local health service provision, including assessing the impact on the local community and health service users.

(iii) scrutinise the impact of interventions on the health of local inhabitants, particularly socially excluded and other minority groups, with the aim of reducing health inequalities.

(iv) maintain an overview of health service delivery against national and local targets, particularly those that improve the public's health.

(v) receive and consider referrals from local Healthwatch on health matters which are to include the establishment and functioning of joint arrangements as set out at paragraph 14 of this Section.